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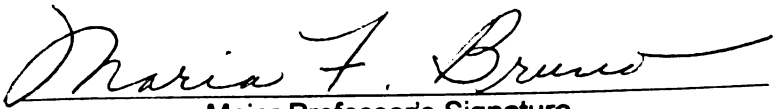
THE FEMALE BODY IN AMERICA: OPPRESSIVE
EMBODIMENTS, OPTIONS FOR RESISTANCE

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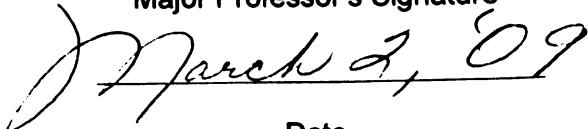
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**THE FEMALE BODY IN AMERICA:
OPPRESSIVE EMBODIMENTS, OPTIONS FOR RESISTANCE**

By

Emily Caroline Martin-Hondros

A DISSERTATION

**Submitted to
Michigan State University
in partial fulfillment of the requirements
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ABSTRACT

THE FEMALE BODY IN AMERICA: OPPRESSIVE EMBODIMENTS, OPTIONS FOR RESISTANCE

By

Emily Caroline Martin-Hondros

This work is an examination of the state of the female body in American culture. It offers not just sad news regarding what girls and women cope with, but also what they do (or could do) to fight back, change, or resist the current status of the female body in America. The work contains an exploration of the ways the American female body is situated within American culture, with a focus on the ways in which poor body image, eating disorders, pregnancy, motherhood, and breastfeeding figure into the experience and perception of the female body. Great attention is paid to how strikingly similar the experiences of pregnant women, breastfeeding mothers, anorexics, bulimics, and average women are. In this work it is argued that American culture's demands regarding the female body do specific harm to girls and women, leading many of them to do both mentally and physical damage to their bodies. The damage they do to their bodies is not exactly the same for every girl and woman, but lies along a spectrum, from feeling as though she should lose a few pounds to having a deadly eating disorder. However, while the damage girls and women do to their bodies is not the exactly the same, the damage does follow remarkably similar patterns. While many girls and women suffering from these and other issues feel alone and isolated, these phenomena are not the individual

issues of only a few girls and women, they are caused by the fact that these girls and women live in and are affected by America and the demands it puts upon the female body. While the condition of the female body across time is fascinating, the focus of this work is the late 19th century through the early 21st century. Chapter One includes a historical and literary overview of the female body in American culture. Also included are discussions of myths and clothing trends from the late 1800s to the present. Chapter Two offers a description of the physical and psychological aspects of living in a female body in American culture. Explored are average women's experiences in their bodies. Chapter Three addresses the female body in contemporary America and Chapter Four, like Chapter Three, addresses the female body in current American culture, and keeps at the forefront the psychological oppression that may be caused by the issues discussed in the chapter. This work concludes with Chapter Five – an analysis of the ways in which women may resist, adapt to, and change the ideals for and the status of the female body in American culture. Within Chapter Five are possible solutions to the issues addressed in Chapters One through Four. Considering how girls and woman resist or adapt to cultural demands can help figure out how to change the way the female body specifically, and girls and women in general, are situated in and affected by American culture.

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To Dean, my partner and my blessing, and to Jackson, our lightning in a bottle.

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It is striking to me, at the end of this process, how much effort and sacrifice on the part of many have gone into completing what had the potential to be an isolating and solitary process. I first thank my students in the spring 2009 semester of The Female Body in Western Culture course at North Carolina State University. Each of you reminded me why my dissertation topic is important, that girls and women are affected by these issues daily, and that those who dismiss young adults as detached, as not needing or craving feminism, couldn't be more incorrect. My students were engaged, at times enraged, often annoyed, and craved options for resistance and real solutions. To Dr. Lawrence Rosenfeld, your pep talk in August of 2008, telling me I needed to just go ahead and write my dissertation, to just get it done, was motivating beyond my ability to describe. (I've cleaned up the language Lawrence used for the sake of posterity.)

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My husband, as I describe in the Dedication, is my blessing and my partner. Dean carries out incredible acts and immense kindnesses without any need for recognition. He does these things because, to him, they are just the “right” thing to do, which makes him all the more admirable. Dean does more than is expected, more than anyone could ever ask for, and he does it quietly, calmly, without even a hint of show. During the last months of my dissertation composition he picked up more than his fair share of the slack: increased solo parenting, meal preparation, bedtimes, naptimes, dishes, and laundry. And, incredibly, he did all of that while also listening patiently to my “revelations” about the content and structure of my dissertation. Lucky for me, Dean is my partner in every sense – small and large, from the seemingly inconsequential to the life-altering. I am

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INTRODUCTION

Girls and women in 2009 feel pressure to succeed in all realms of life – professionally and personally. They believe they should be excellent partners and parents, as well as excel at work and academics. In addition to these pressures there remains an overwhelming emphasis on looking a certain way; even if one is intelligent and “successful,” it is not enough. Girls and women still are judged based largely on their appearance. Intellectual pursuits, for example, are not emphasized or cherished as much in girls and women as having small hips or a flat stomach. When one’s body does not meet certain ideals, it is held against a woman, used to degrade or demean her, or to diminish her other accomplishments. American girls and women know the state of things and they cope with this knowledge in a host of ways: dieting, bingeing, exercising, adapting, and sometimes resisting.

Girls and women (more than boys and men) learn to conform to cultural standards regarding what their bodies “should” look like, and inscribe their bodies according to these standards. They change their bodies to resemble ideals to make up for what they believe is a lesser, female, body. They work diligently to more closely approximate these ideals. Although the demands across time are different, the female body is always the focus of the demands and restrictions. In Western “democracy,” according to Andrea Dworkin in *WomanHating*, the notions of beauty are democratic, so if one is told that they were not born beautiful, they believe that with enough work they can become attractive (113).

Largely American culture prevents the female body from doing and feeling what comes naturally. This affects both what is expected from girls and women and their

bodies and how they look, behave, and are treated when they “step out of line.” Girls and women suffer – both physically and psychologically - due to feeling they must meet others’ expectations. “For virtually all women as women, success is defined in terms of interlocking patterns of compulsion: compulsory attractiveness, compulsory motherhood, and compulsory heterosexuality,” according to Kathryn Pauly Morgan in “Women and the Knife” (Morgan 311). They feel *guilt* and *shame*, for both having a female body at all and for not being able to more closely approximate the ideal. Most girls and women feel they are not living up to some “ideal,” and while each woman is an individual, the ideal individual women take as their own is based on the universal ideals American culture has regarding the female body. These ideals are those against which girls and women constantly judge themselves, and which some are able to subvert or resist and fight.

The following work is an examination of the state of the female body in American culture. It offers not just sad news regarding what girls and women cope with, but also what they do (or could do) to fight back, change, or resist the current status of the female body in America. This paper is an exploration of the ways the American female body is situated within American culture, with a focus on the ways in which poor body image, eating disorders, pregnancy, motherhood, and breastfeeding figure into the experience and perception of the female body. Great attention is paid to how strikingly similar the experiences of pregnant women, breastfeeding mothers, anorexics, bulimics, and average women are. It is not just women who are pregnant, breastfeeding, or suffering from eating disorders that have bodies which are restricted, patrolled, and examined – this is the condition of the American female body in general. The experience of having an eating disorder, being pregnant, breastfeeding, and rarely feeling “okay” in your female

body are alarmingly similar. There is a circumscription to these lived experiences; each is in many ways the product of restrictions and internalized ideals for the female body. In each experience many women often speak and act as though their bodies are not truly their own. Many bodily imperatives express a detachment from the female body and a psychological oppression of the mind. In all its various forms, and in a host of contexts, the female body is under constant scrutiny – both from external sources and from within the women themselves. Many girls and women feel the ideals and the scrutiny take over their lives.

In this work it is argued that American culture's demands regarding the female body do specific harm to girls and women, leading many of them to do both mentally and physical damage to their bodies. The damage they do to their bodies is not exactly the same for every girl and woman, but lies along a spectrum, from feeling as though she should lose a few pounds to having a deadly eating disorder. However, while the damage girls and women do to their bodies is not the exactly the same, the damage does follow remarkably similar patterns: the perception of one's pregnant body as a "public" body; the hesitancy to breastfeed in public because of the American cultural construction of the female breast as wholly sexual; the romanticization of anorexia nervosa as something to be begrudgingly admired; the disgust for the bulimic's inability to resist the binge and her lack of "control." While many girls and women suffering from these and other issues feel alone and isolated, these phenomena are not the individual issues of only a few girls and women, they are caused by the fact that these girls and women live in and are affected by America and the demands it puts upon the female body.

While the condition of the female body across time is fascinating, the focus of this work is the late 19th century through the early 21st century, concentrating on the time period from the 1980s to the present. Chapter One includes a historical and literary overview of the female body in American culture. The philosophical traditions and legal status of the female body begin the chapter. Included are a discussion of the philosophical view of the female body as a lesser version of the male body, the view of women as more tied to their bodies, woman as her body, as well as laws regarding the female body as property and the racial dimensions to those laws. In this section the view of the female body as a defective male body also is discussed. Medical views of the female body and their effect on the cultural perception of girls and women add another dimension to the discussion. Leslie Heywood's "anorexic logic" is discussed in order to elucidate the connection between Western male philosophical traditions, modern culture and writing, and the view of the body as something which needs to be controlled or done away with entirely. Heywood's work also aids in clearly discussing the polarities of male versus female and black versus white. The constructed dualisms of Western culture, and the way they affect American cultural views of the body, are highlighted. Attention then is turned to the myths surrounding the female body and the way those myths are "texts" which are written upon American female bodies based on the how American culture wants women to be perceived and the degree to which it wants women to be included in having power in that culture. The female body, because of its biology, often is portrayed as disruptive and unruly. The myths discussed in this work can be categorized in two ways: the female body as dirty and the female body as mysterious, supernatural, and overpowering. The myths focused upon in this work include menstruation, breastfeeding,

birth, and pregnancy. The contradictory nature of these myths is examined, as are the consequences of these myths. The ways in which the myths about the female body affect women's perception of their bodies and the way others view and treat women because of those myths are emphasized. The social effects of these myths, as well as the damaging internalization of these myths, are examined.

In the latter half of Chapter One the focus turns to The Cult of True Womanhood and the femininity of sickness, followed by an examination of clothing trends. The Cult of True Womanhood is examined in the ways it affected the perception of the female body as feminine, the connection of this feminine standard to race and class, as well as the view of women as more moral than men in nineteenth century America. Also included is a discussion of the ways in which the Cult of True Womanhood as a "cult." Attention then is turned to the construction of femininity, the similarities between femininity in the nineteenth century and current standards of femininity, and the exclusion of women of color, immigrant women, and working class women from being perceived as feminine are examined as well. The enforcement of the dictates of femininity during times of social confusion regarding women's roles in society also is discussed. The femininity of sickness – the disorders and illnesses which lent themselves to the perception of a woman as feminine – is examined in the context of the late nineteenth century specifically. The discussion then turns to the creation and consequences of the "rest cure," and the attendant isolation and infantilization of women.

In the discussion of clothing trends from the nineteenth century to the early twenty-first century, the corset, the brassiere, the Baby Doll dress, and the low-rise jean are focused upon. The control and alternation of the female body and the use of clothing

to accomplish these goals, as well as the connection between this control and alternation and social power, are examined. Class implications in looking like the ideal – from the bound foot in upper class Chinese society, the corset of upper class American (and European) society, to approximating the upper class ideals by those of the lower classes – also are considered. The evolution from the corset to the brassiere and its many permutations follows the discussion of the corset. The Baby Doll dress and its logistical and social implications, as well as the low-rise jean and the ways women learned to alter their bodies and their movement due to these clothing trends are inspected.

Chapter Two offers a description of the physical and psychological aspects of living in a female body in American culture. Explored are average women's experiences in their bodies, including body image, the drive for thinness, the preoccupation with the body, the hatred of fat, and the long-term consequences of these issues. The adolescent female psychology and the ways in which this may make one more vulnerable to the demands regarding body image in American culture are discussed. Aspects of this psychology include the dependence on the opinions of others and the ways in which female identity is connected with relationships with others. Attention then is turned towards what eating disorders look like and are (possibly) caused by, including an overview of the psychological literature regarding anorexia and bulimia, the effects of bingeing and purging, as well as starvation, and the differences in the ways eating disorders occur and are diagnosed in women of color, poor women, and lesbians. The psychological and physical demands of pregnancy, motherhood, and breastfeeding are then discussed, including the discomforts and dangers of pregnancy, the public nature of pregnancy, and the ways in which breastfeeding is experienced in American culture. The

similarities between these forms of embodiment and disordered eating or body image issues so common in American girls and women are considered.

Chapter Three addresses the female body in contemporary America, and includes a discussion of sexist language, the hatred of the “natural” female body, femininity, and the objectification and fragmentation of the female body. Chapter Three is a cultural analysis and includes a discussion of such issues as the effects of sexist language, consumerism, detachment from and objectification of that “natural” female body, the work involved in femininity, race and the effects of white beauty standards on women of color, and the ways in which rape can be seen as representative of the position of the female body in American culture. The psychologically-oppressive nature of these phenomena is incorporated throughout these analyses. The psychological oppression of American girls’ and women’s minds with expectations for their bodies is important to keep in mind when examining these issues. The ideals and restrictions regarding the female body in American culture are often psychologically oppressive and can be physically painful and dangerous. An additional problematic aspect is that when living up to these ideals girls and women often feel powerful because they have learned American culture’s lessons well: they believe if they live up to the ideals they will be accepted and loved. In Chapter Three the perspectives of a variety of girls and women – white, middle-class, women of color, poor women, and lesbians – are included in order to integrate race and ethnicity, class, and sexuality into the analysis and look at the ways in which girls and women explore and experience their bodies differently due to the various ways they are situated in American society. The characteristics of American culture – the way the female body is viewed and treated, as well as how women come to view their

own bodies – are the focus of both Chapter Three and Four. Within these chapters it becomes clearer why those with a female body suffer due to the demands placed upon them in American culture and why so many women are put at risk just by virtue of living within female bodies.

Chapter Four, like Chapter Three, addresses the female body in current American culture, and keeps at the forefront the psychological oppression that may be caused by the issues discussed in the chapter. In Chapter Four the focus becomes the normalization and romanticization of anorexia and bulimia, the restriction of women's sexuality and desire, the cultural ideal of motherhood, and the embodied experiences of pregnancy and breastfeeding. As evidenced in Chapter Four, many girls and women are circumscribed, to varying degrees and in a variety of ways, by the American cultural expectations and demands regarding their bodies. Chapter Four begins with a discussion of female sexuality and desire, with a focus on the cultural confusion of eating with being sinful and seeking pleasure, rather than filling a biological need. Attention then is turned to the lack of female frames of reference or female subjectivity regarding purely female sexuality. How men frame sexual experiences and female desire has become *the* way to frame sexual experiences and desire. Women learn their bodies are to be used, as objects, not experienced and not used as a way to express their own sexuality. The roles of the "Other" and the "male gaze" are included. Additional issues discussed include the effect of this lack of distinctly female pleasure on those who are not heterosexual as well as on those who may learn to gain pleasure in no pleasure, on withholding, on giving up food entirely.

The focus then is shifted towards the ways in which anorexia and bulimia, while caused by a myriad of factors, not all of which are cultural, can be seen as representative of much that is wrong with American cultural views of the female body. Anorexia and bulimia are not just harmful in and of themselves but are symbolic of the daily and hourly struggle many girls and women in American culture fight just because they live in female bodies. Both eating disorders are disturbingly similar to the American cultural rhetoric regarding the female body and also issues unrelated to food or the body as well. The ways in which pregnancy and motherhood are seen as what a woman “should” be, as well as the cultural encouragement for women to meet these cultural ideals, are then explored. Complicated aspects of these embodiments, including the circumscription of the pregnant body to still meet certain ideals, the “policing” of the pregnant body, and the extolling of motherhood as the highest calling yet the lack of social support for actual mothers, are discussed. Another aspect of motherhood, breastfeeding, is then investigated. Ideal mothers, “good” mothers, are seen as those who breastfeed. Those who do not are seen as not giving their child everything they have. Yet because of the public, sexual, nature of the breast, many women are hesitant to breastfeed, particularly outside their homes. This last section of Chapter Four examines how it seems that women often cannot win. If they breastfeed they may be seen as being sexual with their children; yet if they do not breastfeed they are seen as not performing the most “natural” act of nurturing their children. Issues of both race and class also are considered in discussing pregnancy, motherhood, and breastfeeding in American culture.

This work concludes with Chapter Five – an analysis of the ways in which women may resist, adapt to, and change the ideals for and the status of the female body in

American culture. Within Chapter Five are possible solutions to the issues addressed in Chapters One through Four. Looking at these issues and how girls and women may fight against or maneuver around the American cultural dictates will accomplish two goals: the creation of a realistic picture of how girls and women experience and perceive their bodies, and the highlighting of areas upon which activists, theorists, teachers, and therapists might focus their attention in their works to help girls and women avoid, resist, or overcome what American culture has taught them about their bodies. These solutions and options for resistance include: gaining knowledge from purely female bodily experiences and body parts; framing female biological differences with reverence rather than shame; choosing to see oneself as a victim in order to clearly see what needs work; and acknowledging that the male frame of knowledge is not neutral. Additional options for resistance outlined in Chapter Five are: seeing the female body as powerful physically; women becoming subjects to themselves; a rejection of the view of the female body as a “flawed” body; the use of stereotypical, subservient, female language for women’s own gain; and the recognition of the differences between women due to race, ethnicity, sexuality, and class. To understand the full spectrum of the way the female body is situated in American culture can allow for an examination of the way females are situated in American culture, which can lead to change and resistance in areas involving not just the body, but larger social change as well. Considering how girls and woman resist or adapt to cultural demands can help figure out how to change the way the female body specifically, and girls and women in general, are situated in and affected by American culture.

CHAPTER ONE: HISTORICAL AND LITERARY OVERVIEW

In Chapter One a historical overview is offered regarding the various ways in which the female body has been controlled, portrayed, and experienced in late 19th, 20th, and 21st centuries. Literary and historical sources are examined in order to outline perspectives on the female body from philosophical, legal, and medical standpoints. Attention is then turned to myths regarding the female body, the Cult of True Womanhood, femininity and sickness, and clothing conventions from the nineteenth century to the present.

PHILOSOPHICAL TRADITIONS, LEGAL STATUS

According to Catrina Brown and Karin Jasper in their Introduction to *Consuming Passions*, “Historically, women’s social value has been inseparable from their bodies. Their social role has been identified with and expressed through their bodies: in bearing children, in satisfying men’s sexual needs, and in the labour of caring for men’s and children’s emotional and physical needs” (18). Rose Weitz echoes this in her work, *The Politics of Women’s Bodies*, regarding legal codes for the female body:

Beginning with the earliest written legal codes, and continuing nearly to the present day, the law typically has defined women’s bodies as men’s property. In ancient societies, women who were not slaves typically belonged to their fathers before marriage and to their husbands thereafter. For this reason, Babylonian law, for example, treated rape as a form of property damage, requiring a rapist to pay a fine to the husband or father of the raped woman, but nothing to the woman herself. Similarly, marriages in ancient societies typically were contracted between prospective husbands and prospective fathers-in-law, with the potential bride playing little if any role. (3)

From ancient laws through the nineteenth century, it was a common, accepted belief and opinion that women were men’s property; this was supported and edified by women’s legal status. Women were treated and seen as property and this “reflected the belief that

women's bodies were inherently different from men's in ways that made women both defective and dangerous" (Weitz 3). For centuries, a woman was viewed as the property of the men in her life – her father or her husband. As Susan Brownmiller explains in *Against Our Will*,

Women were wholly owned subsidiaries and not independent beings. Rape could not be envisioned as a matter of female consent or refusal; nor could a definition acceptable to males be based on a male-female understanding of a female's right to her bodily integrity. Rape entered the law through the back door, as it were, as a property crime of man against man. Woman, of course, was viewed as the property. (18)

This view of woman as property also has a racial dimension to it as well. While the white woman was viewed as a piece of property whose chastity had to be protected so that she could gain a useful dowry for her family upon marriage, the white man whose white daughter or wife was his property and thus needed to be protected, bodily and sexually, at the same time could "daily violate the sexual integrity of his black female slave," who also was his property (Brownmiller, *Against Our Will* 219).

Leslie Heywood, in *Dedication to Hunger: The Anorexic Aesthetic in Modern Culture*, links philosophical tradition, particularly white male philosophical traditions including Aristotle and Plato, to the ways in which women live in their bodies in the 21st century. Heywood links female embodiment (or the lack and hatred thereof) with the ways in which male philosophical tradition has constructed how female embodiment, female bodies, and female biology are seen and experienced. For Heywood, modernist and Western philosophical writing and modern culture are characterized by what she has labeled "anorexic logic." Heywood critiques Western culture, specifically modern culture (and modernist literature), and discusses the ways in which anorexia is an extreme form of literary anorexia that is the foundation Western culture as well as modernist

writing. This anorexic logic includes viewing the female body as that which must be reigned in before it gets out of control, the need to do away with the body in general, and the association of women with their bodies and as their bodies. The anorexic logic Heywood describes is “a set of assumptions...that values mind over body, thin over fat, white over black, masculine over feminine, individual over community” (xii). It constructs and frames Western society, and restricts how people view others and themselves. To Dworkin the “polar opposites” of male and female makes “their mode of interaction conflict. They cannot possibly understand each other because they are absolutely different: and of course, it is always easier to do violence to something Other, something whose ‘nature and values’ are other” (161).

This valuing of white over black and masculine over feminine, as well as harsher legal codes, and the identification of women as their bodies has led to assumptions about the African-American female body (as well as the bodies of other women of color). These assumptions can have even more extreme consequences, particularly related to rape and whether the rape of African-American women was even viewed as rape. The African-American female body has “a history of enslavement, colonial conquest and ethnographic exhibition,” according to Janell Hobson in “The ‘Batty’ Politic” (87). Whereas many women who were (and are) raped are viewed as (at least partially) to blame, African-American women were (and are) subject, to an even greater degree than white women, to the view that they were “asking for it” because they are thought to be even more sexual. Their “‘disruptive’ bodies provide[d] further justification for their devaluation and discrimination” (Hobson 89). For example, “Both before and after the Civil War, the rape of African-American women was explained, if not *justified*, by an

ideology that defined African-Americans, including African-American women, as animalistically hypersexual, and thus responsible for their own rapes” (Weitz 4-5, emphasis in original).

African-American women were seen as, in fact, not “rape-able,” as they were rarely seen as human but as property: “The body of the black female, the ultimate ‘wild savage,’ elicited only ‘complex interstices of desire and repulsion’” (Hobson 94). For many years if an African-American woman was raped it was not viewed as a crime, particularly if carried out by a white man, in large part because he was seen as the owner of African-American women. In fact, “while white men were *rarely* convicted for raping white women [they were] probably *never* convicted for raping African-American women,” according to Weitz (5, emphasis added). And even when white women began obtaining rights that allowed them to be seen less as property of their husbands or fathers, these social and legal changes had very little, if any, effect on African-American women and their social and legal status or their rights to control their bodies. According to Weitz, “the legal definition of women’s bodies as men’s property experienced its first serious challenges during the nineteenth century,” when women gained the right to hold property” (5). This did not lead to many “significant changes in the lives of African-American women [...] but was a major change for white women” (Weitz 5).

The view of the female body in general as “defective and dangerous,” which Heywood would link to anorexic logic, Weitz explains as in large part connected to the opinion that female children were defective male children who just had not developed fully in the womb and thus were worth less inherently than male children. Aristotle wrote regarding the defectiveness of female children that “only embryos that had

sufficient heat could develop into fully human form. The rest became female. A woman was, in Aristotle's words, a 'misbegotten man' and a 'monstrosity' – less than fully formed and literally half-baked" (Weitz 3). According to Weitz, Galen, a Greek doctor, expanded on these ideas, declaring "that women's reproductive organs were virtually identical to men's, but were located internally because female embryos lacked the heat needed for those organs to develop fully and externally. This view remained common among doctors until well into the eighteenth century" (3).

What Heywood and Weitz discuss regarding the "defectiveness" of the female body, the polarity of masculine versus feminine, as well as the preferences for masculinity, thinness, and whiteness, also is discussed by Elizabeth Grosz in "Notes Towards a Corporeal Feminism." As Grosz explains, the body and the mind have been theorized as dualisms, as binary opposites that cannot meet and share knowledge. The body, in the dualistic view, cannot give the individual knowledge about oneself. Instead, the body is seen as other, an outsider, something that is far from the mind (Grosz, "Notes"). It is as Carol Smart describes in "Disruptive Bodies and Unruly Sex": "The problem is that each reference to the gendered (hence feminine) body implies the superiority of the ungendered (hence male) mind" (32). Thus, being in touch with one's body is looked upon negatively. Because the Western worldview conceives of women as more tied to a fixed corporeality, or materiality of the body, as more "natural" than men, oppression of women is justified. Being in touch with one's body, using the body for knowledge, is negative, thus women are seen as less than human. Their oppression then is more easily explained away as a product of their inherent inequality, because they are tied to their female bodies. Dworkin emphasizes the constructed nature of these

supposed inequalities, stating that the designation of the “feminine [as] synonymous with the passive, receptive, etc.” is arbitrary (168) and that they are fictions (161).

Instead of the female body merely being seen as different, because males have most of the social and cultural power, these differences take on a new meaning, namely that women are lesser than men. In order to maintain their rigid masculinity, men work hard at not just being male, but at making being female negative. Yet, the differences sometimes are taken even further. Being *human* is equated with being male. Thus, being female means that one is not human at all (Chodorow 99-100). Thus, society’s view becomes not just that women are different and lesser, but that they are not even human.

MYTHS SURROUNDING THE FEMALE BODY

Different cultures “write” upon the female body with different “texts” depending on the prevailing view of women and whether that culture wants to include them. In each culture, the body has a communicative function, with different cultures creating different female physical ideals (Thesander), as well as myths about the female body. These ideals and myths are given form and meanings “with which the culture wishes women to be identified” (Thesander 11).

The myths about the female body, and the effect they have on women and how they are treated within American culture, signal women’s status as well as the control under which women find themselves. Women’s bodies have been constructed “as unruly and as a continual sources of potential disruption to the social order” leading to a “more and more sophisticated and flexible mechanism for imposing restraint and achieving desired docility” (Smart 31). The alteration of the female physical form, and according to Marianne Thesander in *The Feminine Ideal* there always are physical alterations, often is

due to the myths about the female body and signifies different things in different cultures, based on the needs of that culture. Each culture's ideal female body, as well as the myths it creates or continues to perpetuate, communicates how it wants women to be interpreted, viewed, treated, and how women should act. As Thesander explains, each "culture transfers a different significance to the moulded and remodeled body" (11).

The number, type and variety of myths which have developed regarding the female body and female biology are astounding. Many of these myths can be categorized in the following two areas: the female body as dirty (particularly regarding genitalia and menstruation) and the female body as mysterious, supernatural, and overpowering. These myths lead women to be categorized as abnormal, with their primary purpose being sexual objects and breeders or as needing containment and control. Dworkin emphasizes in *WomanHating* that the view of women as mysterious and needing constant bodily control often leads to the justification of the segregation of women and viewing the male body as the norm and reinforces that norm (161). Because of this segregation, women are seen as less human because they are less known, less knowable, less "normal" and less visible. The male, by virtue of familiarity and because maleness sets the standard by which to judge others, is seen as the norm. The myths regarding the female body, particularly "the myth of feminine evil" for Dworkin "developed and provided justification for laws, rites, and other practices which relegated women to pieces of property" (167).

Women's perceived abnormality, mystery, and lesser nature are so pervasive that, for example, men in the Bushmen society are told not to occupy a woman's seat position or he will become impotent (Hays 117). Like the belief that if a man walks over a

birthing spot he will lose his ability to hunt, these myths perpetuate the belief in the lesser nature of women and that their “supernatural” powers can affect others (Hays 115).

These myths also lead to the separation of women and men, dividing cultures along sex lines, alienating women, and segregating them to a different, often less powerful, section of culture.

Girls and women learn from the cultural myths to fear their own bodies. The female body is written upon with these myths and sometimes women take these myths as their own. They are not able to know or learn about their bodies because of the fear and dread surrounding it and its natural processes and rhythms. Many women believe that their bodies need to be changed and altered because they learn that their bodies are lesser, abnormal, mysterious, and dirty. Yet this alteration (and torture) not only serves the purpose of cleaning “dirty” genitals or finding a husband. From these myths women learn not to take part in the world, to be passive and victimized, to restrict what they do – both individually and socially.

There is a fear of female genitalia and menstruation in a variety of cultures; the natural female body is seen as “horrific,” as needing control or erasure. The female body is seen as a source of suffering (Dworkin 34). As H.R. Hays describes *The Dangerous Sex*, female genitals are seen as a wound, created through castration of or attack on the penis (113). Further, as Hays describes throughout, because the female genitals are viewed as the product of castration, female genitals and the female body are seen as mysterious and dangerous, as possessing a lesser form of male genitalia or as lacking the right equipment entirely.

However, the fact that others believe these myths about women and their bodies is not the only effect. The discrimination and cruelty carried out against women due to the creation and construction of a social system based on myths and inaccurate beliefs regarding their bodies were not the only effects of these ingrained myths. In addition to treatment from the external world, women also must deal with the fear and hatred they come to internalize regarding their own bodies and the products of these bodies. The female body, and anything associated with female biology, such as pregnancy or menstruation, comes to be feared both by men *and* women.

The fear of the menstrual blood is deeply ingrained in both the female and male psyches and is acted out through social restrictions and mores, as well as internally, within a woman's own mind - leading to discomfort with and fear of her own body. Accordingly, "children are not raised in a vacuum and quickly internalize the negative messages associated with menstruation" (Lee 96). As Ros Bramwell states in "Blood and Milk," "menstrual blood is viewed as very different to other blood" (92). In some cultures there is believed to be a danger "of contact and contagion" during a woman's menstrual cycle (Hays 114). Many women and men are hesitant to engage in intercourse during a woman's period. They learned that the blood is dirty from the onset of menses, that the blood should be contained and controlled; it is believed to smell and should be covered up or masked. Indeed, Bramwell emphasizes that "menstrual bleeding is an event women are encouraged to conceal" (88). As Janet Lee discusses in "Menarche and the (Hetero)sexualization of the Female Body," "Historically and cross-culturally, menstrual blood has been considered both magical and poisonous, and menstrual taboos have structured and restricted women's lives;" they go to "great lengths to hide such

evidence of their contamination from the potentially disapproving gaze of others. There [is] overwhelming evidence of women's fears of showing evidence of wearing pads or staining garments or sheets" (84, 85). This region of the body, girls and women are told, should be deodorized and sanitized. They are told to douche, use sanitizing sprays and wipes or flowery-scented tampons and sanitary napkins. According to Bramwell, "modern Western women experience [...] menstrual bleeding [...] in the context of a capitalistic culture. There are clearly substantial profits to be made from the so-called 'sanitary' products which women use to soak up their menstrual flow" (Bramwell 93).

There are complicated rituals involved in menstruation, often incorporating perfuming, cleaning, deodorizing, and sanitizing a female body part that is believed to be mysterious, powerful, and supernatural. As Dworkin addresses in her work and Eve Ensler addresses in her play *The Vagina Monologues*, there is intense scrutiny, time, and money involved in cleaning both the vagina, in large part because of the mystery and danger associated with it. It is feared, and the process of menstruation signals that being a woman is a misfortune and involves sacrifice. The vagina, in its natural form (and the female body in its natural form) requires special, constant, and comprehensive attention, as well as control and restriction. If left to develop naturally these parts (and the female body in general) are believed to be perverse, lewd, and sinful (Dworkin). In 2009 there still are instances of the promotion of fear of women *because* they menstruate, and not trusting a woman extends to beyond when she is actually menstruating. As the joke goes, "how can you trust something that bleeds for seven days and lives?"

Whether menstruating or not, in some cultures women are told to avoid contact with food and instruments involved in hunting and fishing because they can cause bad

luck in those activities (Hays 116). Women are told they should avoid cattle and poultry because their bodies can cause animals to die (Hays 116). Women's bodies are seen as a misfortune, as dangerous, to be avoided. Pregnant women, according to Hays, were believed to cause the death or infection of their neighbors in some cultures and in many cultures, pregnant women "must give birth alone" (Hays 115). Additionally, because of this fear there are varieties of purification ceremonies used to cleanse an area after birth (Hays 115). If a man walked over the place where a woman had given birth, it was believed he would lose his hunting skills (Hays). Pregnancy, in fact, was used as a reason for men to "organize social life in a way which excluded woman, which limited her to the living out of her reproductive function" (Dworkin 166).

The pregnant body, according to Rosemary Betterton in "Promising Monsters," has been associated with the "trope of the monstrous," reflecting a "deep-seated anxiety that surrounds the issue of women's maternal power of procreation" (81, 82). As Betterton describes in "Prima Gravida,"

From Aristotle until well into the 19th century, popular and biomedical beliefs made links between monstrosity and birth. Monsters were 'linked to the female body in scientific discourse through the question of biological reproduction. Theories of the conception of monsters are at times extreme versions of the deep-seated anxiety that surrounds the issue of women's maternal procreation in a patriarchal society.' Monstrous births could be linked to women's sexual excess or perversion, the mixing of sperm from different men or of different races, intercourse during menstruation, eating forbidden food and demonic possession – or, in a modern version of the theme, toxic or genetic contamination. (261-62)

These myths and fears have led menstruation, as well as pregnancy and mothers, to not be as visible in the public arena and thus public consciousness.

Women's bodies – the fact they menstruate and can get pregnant – have led theorists and scientists across time to use these biological facts to justify discrimination

against women. The inherent biological differences between women and men are used to explain away why women should not have certain rights, or that they are not equipped to do many of the things they so obviously can do. As Marilyn Yalom clearly states in *The History of the Breast*, “the presence of breasts, womb, and menstruation [demonstrated] that women were unfit to perform male tasks” (206). For example, Darwin argued that “females must expend so much energy on reproduction that they retain little energy for either physical or mental development. As a result, women remain subject to their emotions and passions: nurturing, altruistic, and child-like, but with little sense of either justice or morality” (Weitz 6).

Breastfeeding, like menstruation and pregnancy, is associated with many myths across time: breast milk as dangerous and contaminated; breast milk and the breastfeeding mother exemplifying purity; breastfeeding as unfeminine; and, conversely, breastfeeding as inherently feminine. In contemporary American, breastfeeding is largely hidden from view: “Western women living in the late 20th century (and early 21st century),” according to Bramwell, “have an experience of both breastfeeding and menstruation which is unique in time and place, largely because of contraception and a social norm of small families” (87). Girls and women have “far more experience of menstrual bleeding and far less experience of breastfeeding than would be the norm across time and around the world” (Bramwell 88). As with menstruation, American women are encouraged to hide breastfeeding and it is seen as something women should be ashamed of if done in public. In large part this is due to the fact that

Both breast milk and menstrual blood are uniquely female bodily fluids, and both leave the body by parts which our society identifies as ‘sexual.’ The vagina, through which menstrual blood is lost, is very much seen as a

sexual part of the body, and it is likely that this is an important element in the embarrassment which surrounds menstruation. (Bramwell 90)

The negative associations and myths regarding menstrual blood have been found to have a negative effect on the perception of breast milk. In fact, according to Bramwell, “Negative representations of menstrual blood may arguably undermine attempts to promote breast milk and breastfeeding. For instance, it may affect women’s confidence, and lower confidence in ability to breastfeed has been shown to predict failure to meet one’s own goals for breastfeeding” (Bramwell 86) as they feel uncomfortable with their bodies and the female body’s basic processes. In spite of all the education a woman may receive about the benefits of breastfeeding and breast milk, “negative constructions of female bodily fluids may produce negative attitudes which are little changed by positive information about the benefits of breast milk [because they] fail to address the underlying negative constructions of female bodily fluids” (Bramwell 86-87).¹ Breast milk is seen as “sexualized, ‘dirty,’ and comparable to excretory fluids” (Blum 41). While “Menstrual blood [...] is almost universally presented as bad,” as dirty and contaminated, currently in America most see breast milk “as symbolic of purity and of motherhood” (Bramwell 89).

Currently breastfeeding is seen as something which wealthier, middle- or upper-class, white, educated women do for their children. Middle- and upper-class women are perceived to have time to breastfeed, know about the “benefits” of breastfeeding, and can take time off from their jobs to stay home with their breastfed infants. Breastfeeding is associated with a feminine ideal of domestic bliss with the stereotypical mother spending time in a nightgown nursing in private. She is currently viewed as the epitome of

¹ Another myth regarding breast milk and its connection to menstruation is that “Aristotle, in the 4th century BC, argued that lactating women converted menstrual blood into breast milk” (Bramwell 87).

femininity. Yet while associated with femininity and purity, it also is viewed as suspect by some because of the association of the breast with sexuality.

However, while at certain points in time breast milk was seen as pure, breastfeeding also has been associated with what the lower classes did, and thus it was perceived as unfeminine. Aristotle stated that “swarthy women [give] healthier milk than fair women” (Yalom 207). Thus “heartier” milk was believed to come from more robust women, and the task of breastfeeding could, by extension, be seen as something too difficult to be carried out by fragile, feminine women. Breastfeeding “signaled a closeness to ‘nature’ and the low social status, the animal-like” (Blum 131). Breastfeeding in the past was seen as “hurting” a woman’s breasts from an aesthetic perspective in that breastfeeding would almost “suck the life,” or at least suck the femininity, out of her, as Yalom explains (207). It was believed breastfeeding aged a mother quickly: “the mother who nursed her child” causes “wear and tear” on her breasts and that she will “‘grow prematurely old, having spent herself through the daily suckling’,” according to Yalom, quoting an ancient gynecologist, Soranus of Ephesus (Yalom 207). According to Bernice Hausman in *Mother’s Milk*,

During the first half of the nineteenth century, mothers were still considered authorities concerning infant care. In the middle of the nineteenth century, as the social and cultural effects of the Industrial Revolution took hold, American physicians and reformers began to notice what seemed to them a significant decline in maternal nursing, yet the steps taken to reverse this decline had an ambivalent effect. Nineteenth-century concerns articulated skepticism about the ‘declining stamina of American women’ and suspicion about the biological quality of specific women’s breast milk. (11)

There have been various myths perpetuated across time about the female body. These myths addressed menstruation, breastfeeding, and pregnancy, and perpetuate the

view of the female body as dirty, mysterious, and supernatural. Their effects are far-reaching and affect not only cultural beliefs about women but also what women think about themselves and do to their own bodies. As Dworkin explains, because these myths justify the seclusion and segregation of women, this leads to the isolation of women and prevents them from being able to be part of human society or from being seen as human at all (167).

*WOMEN IN NINETEENTH-CENTURY AMERICA: THE CULT OF TRUE
WOMANHOOD AND THE FEMININITY OF SICKNESS*

In America in the nineteenth-century, depending on her class and race (among other circumstances), a woman was expected to adhere and conform in different degrees to the ideals of femininity and the Cult of True Womanhood. According to Susan Coultrap-McQuin in *Doing Literary Business*, “[T]rue women” were “pious, pure, domestic, and pleasing to others,” as well as “naturally domestic, submissive, and morally pure” (11, 9). According to the dictates of the Cult of True Womanhood, the “True Woman’s special responsibility was to be guardian of the cultural, religious, and moral values of Victorian society in America. She was to maintain the noncommercial values of love, hope, and charity,” possess innocence and charm, and should work to “create a home life that was a refuge” (Coultrap-McQuin 11). In addition, women were seen as “emotional and [as possessing] few rational qualities” (Coultrap-McQuin 9).

According to Coultrap-McQuin, the Cult of True Womanhood is labeled a “cult” because of “what appears from a twentieth-century perspective to be an obsessive, almost ritualistic repetition of very narrow views of women” (10). While restrictive enough on its own, what made the Cult of True Womanhood so damaging was that it was

“superimposed on the older European tradition that proclaimed the inferiority of women” (Harris 32). These new beliefs “powerfully reinforced the deep, preexisting cultural bias against females with intellectual and professional aspirations. The majority of women internalized these values,” according to Barbara J. Harris in *Beyond Her Sphere* (32).

In addition to the Cult of True Womanhood, nineteenth-century women were encouraged to live up to the ideals of femininity as well. The feminine ideal changes across time and place. According to Susan Bordo in *Unbearable Weight*, “the demonstration of femininity has involved the arrangement of items within a *system* that gives them their meaning” (24, emphasis in original). Yet while the specific ways in which femininity is enacted may change across time (and may look slightly different in the twenty-first century as opposed to the nineteenth century), what is consistent is that femininity and one’s ability to embody femininity are not natural. Rather, “femininity itself has come to be largely a matter of constructing...the appropriate surface presentation of the self” (Bordo 170). Femininity is a construction, not naturally given by the types of bodies with which women are born. Rather, a body is molded, shaped, and created to *become* feminine; a feminine body “must constantly reassure its audience by a willing demonstration of difference, even when one does not exist in nature,” according to Brownmiller in *Femininity* (15).

The feminine body does not arise out of nature because, as Londa Schiebinger states in the Introduction to *Feminism and the Body*, “the body is cultural and political as well as biological” (1). Sandra Bartky explains in *Femininity and Domination* that “Femininity is an artifice, an achievement, ‘a mode of enacting and reenacting received gender norms,’” and it is created by various “disciplinary practices” which “produce...in

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gesture and appearance” a recognizably feminine body (65). The expectations of femininity, such as the

Loss of mobility, loss of voice, inability to leave the home, feeding others while starving oneself, [...] and whittling down the space one’s body takes up – all have symbolic meaning, all have *political* meaning under the varying rules governing the historical construction of gender. (Bordo 168, emphasis in original)

While women in the nineteenth-century were told that they were inherently virtuous and pious according to the Cult of True Womanhood, feminine ideals told these women that their bodies also were inherently weak and needed to be “fixed” or improved. As

Michelle Payne explains in “5’4” x 2””:

constructions of femininity demand[ed] certain behaviors and appearances, yet those very activities ‘partake of the general depreciation of everything female.’ Feminine gestures, rituals, and dress are seen as trivial, just as the bodies women are trying to make more beautiful are seen as already (and always) deficient. (42)

In the nineteenth-century, white, Anglo-Saxon, and middle- and upper-class women exemplified what was considered feminine.² Being a proper “lady” in the nineteenth-century “was idealized in terms of delicacy and dreaminess, sexual passivity, and a charmingly labile and capricious emotionality” (Bordo 169). Women in general were expected to be “childlike, nonassertive, helpless without a man, ‘content in a world of bedroom and kitchen, sex, babies and home’” (Bordo 170). The women and girls who pursue the feminine ideals in 2009 “may find themselves [as] distracted, depressed, and physically ill as female bodies in the nineteenth century were made when pursuing a feminine ideal of dependency, domesticity, and delicacy” (Bordo 184).

² What was expected of women in order to be feminine in the nineteenth-century does not differ in significant ways from the feminine expectations of women in the twenty-first century, particularly the white and middle- or upper-class ideal.

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There were class and race dimensions as well regarding which women were seen as fragile, lacking, or incapable. White skin was (and is) seen as more “feminine.” As Weitz explains, “Paradoxically, at the same time the scientific ‘experts’ emphasized the frailty of middle-class white women, they emphasized the robustness of poorer women, both white and nonwhite” (7). Women were (and still are) considered more feminine when they are lighter-skinned, emotionally-labile, and silent. African-American women and poor women, women who were former slaves or worked in factories, for example, were not considered able to be feminine, nor to be “true” women, according to the Cult of True Womanhood. Being feminine, being a member of the Cult of True Womanhood, was the domain of white, upper- and middle-class women. The lifestyle of “true” women, feminine women, “was accessible” only to these women (Harris 33). They did not have access to housekeepers and nannies, did not dress “properly,” and could not just “not work.” By virtue of having black skin, an African-American woman could not be seen as feminine. Because she had to work for others to support *others’* decadence and ability not to do housework or tend to children, a poor woman could not become a member of the Cult of True Womanhood. The resources to be considered feminine simply were not accessible to these women.

One must keep in mind that because of their relative wealth and the work of women of color, middle- and upper-class women had access to the time and money to be ill. Working-class women, immigrant women, women who had only a decade ago been slaves, did not have the money to be sick; they had to work many hours a day and did not have the money to buy feminine accessories and clothing. An additional facet to this is that working class women who also were mothers, according to Smart, were seen in the

early twentieth century as “bad mothers,” “dangerous mothers,” because they worked outside their homes (23).

Because of their lack of money and time, because of their skin color, these women also could not worry about looking feminine and in fact were seen (and are seen) as inherently unfeminine. Yet while being a strong African-American woman may be intended as complimentary and a call to empowerment, to Tamara Beauboeuf-Lafontant in “Keeping Up Appearances, Getting Fed Up,” although it is an “empowering alternative to the dominant construction of white womanhood as weakly dependent and uncertain,” it also assumes “black women will demonstrate strength and never break down physically or emotionally” and that they “have the reserves to allow them to face, bear, and perhaps surmount adversity” (108). This again assumes and perpetuates the view of African-American women as the mules of the world, the never weary. Thus while African-American women’s power was hindered based on their race, class, and their lack of access to femininity, the wealthier women who had the time and money to be sick *also* were hindered in their social power, because they were viewed as sickly, as delicate. While “For the affluent women, society prescribed lives of leisured indolence; for the working-class women, [it prescribed lives of] back-breaking toil” (Ehrenreich and English 11).

According to Bartky, the styles of the female body, indeed the expectations of femininity, “reflect cultural obsessions and preoccupations” (66). The ideal of femininity reveals much about the societal context of nineteenth-century America. It was a time of role confusion and fear by many men of a loss of power and social domination. A bodily ideal that signals weakness, delicacy, and fragility speaks to the cultural role many

wanted to encourage in women. Many feared that women were becoming too powerful. When women gain enough power to threaten those in power, often women's social, political, and economic gains are countered, and further gains are prevented. "Men [were] not the enemy," according to Bordo, "but they often may have [had] a higher stake in maintaining institutions within which they have historically occupied positions of dominance over women" (29). The solution to this threat from women and a way to maintain a position of dominance (then and now) was twofold: first, make women believe they were naturally so weak that their bodies could not cope with any activity outside of the home and, second, preoccupy women with an unrealistic, feminine ideal so that they would become weaker physically and mentally and become unable to focus on other issues. Demanding femininity from women hindered their ambition. As Brownmiller explains, "ambition is not a feminine trait. More strongly expressed, a lack of ambition – or a professed lack of ambition, or a sacrificial willingness to set personal ambition aside – is virtuous proof of the nurturant feminine nature" (*Femininity* 221).

Because many men in positions of power in the nineteenth-century wanted to protect their positions of power, it benefited men at that time to create scientific, "objective," and "rational" reasons to keep women from entering universities and professions, from barely entering public life at all. As Karen Sanchez-Eppler explains in "Bodily Bonds," the "subordination of...women...was predicated upon biology" (94). Further, according to Barbara Ehrenreich and Deirdre English in *Complaints and Disorders*, "Science in general was invoked to justify the social inequities imposed by race and class as well as by sex" (8).

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Physicians benefited when women who had served as midwives were told they were no longer “qualified” to aid another woman in childbirth because their sensibilities might be offended and their delicate systems might be shocked. “Society agreed that” women were “frail and sickly. [Their] delicate nervous system[s] had to be shielded as carefully as [their bodies], for the slightest shock could send [them] reeling off to bed,” according to Ehrenreich and English (15).

Preventing women from becoming doctors was beneficial in two ways to physicians. In addition to preventing professional competition by making women believe they were naturally delicate, physically and emotionally, physicians also acquired new patients in those women who believed they needed medical attention. “For the doctors, the myth of female frailty thus served two purposes. It helped them to disqualify women as healers, and, of course, it made women highly qualified as patients,” Ehrenreich and English summarize (23). The effects of these beliefs are discussed by Weitz as follows:

Belief in the frailty of middle-class women’s bodies similarly fostered the epidemic rise during the late nineteenth century in gynecological surgery. Many doctors routinely performed surgery to remove healthy ovaries, uteruses, or clitorises, from women who experienced an extremely wide range of physical and mental symptoms - including symptoms such as rebelliousness or malaise which reflected women’s constrained social circumstances more than their physical health. These operations were not only unnecessary but dangerous, with mortality rates of up to thirty-three percent. (6-7)

As Joan Raphael-Leff explains in “The Mother as Container,” this control of women’s bodies via medical practice is part and parcel of those in power grasping for

control over female sexuality and procreativity by means of rituals and rules determining who can become pregnant, under what conditions and (by taboos on intercourse after birth) how frequently. In [...] Western societies, female-controlled fertility and childbirth has since the thirteenth century been gradually medicalized and centralized by male obstetricians. (396)

Frederick Newberry explains in “Male Doctors and Female Illness” that to gain a new set of patients male physicians proselytized “the outlook that women were physically and mentally inferior to men” (143). Thus, women began “to consider themselves as physiological, psychological, and intellectual weaklings” and saw themselves as “inherently frail” (Newberry 143). This is similar to “experts” such as Galen and Aristotle who said the female body is a lesser model of the male body. Women began to believe medical authorities who told them that if a woman did too much physically or mentally, her body would be strained and she possibly would not be able to bear healthy children. Male-dominated society’s interests were served when women began to be seen as weaker, because “female strength, sexuality, and self-respect pose threats” to those with social, economic, and political power” (Wolf, “Hunger” 99). As Diane Price Herndl states in “The Invisible (Invalid) Woman,”

[T]he figure of women’s failing health arises from a specific conflict over women’s ‘proper role’ in the 1840s. At the same time that women – guided by the tenets of domestic ideology - were asserting their increasing importance in the household and feminists were beginning to argue for their rights as political and social equals, physicians, seeking to improve their economic and professional standing, were asserting women’s weaknesses and innate unhealthiness. (22)

Another way in which women were restricted from gaining more social power and physicians gained more power was in the perpetuation of the belief that the female body was inherently sick. There were illnesses with which girls and women were diagnosed that were exceedingly common. The symptoms of two disorders Joan Jacobs Brumberg discusses in *Fasting Girls* have decidedly feminine characteristics and were common among girls and women of the middle- and upper-classes. The first, dyspepsia, a “form of chronic indigestion with discomfort after eating was widespread in middle-

class adults and in their daughters;" it was common enough in this class group that it was included in novelists' "portraits of social life" at that time (Brumberg 169). The second, chlorosis, a form of anemia, had symptoms which involved a "lack of energy, shortness of breath, dyspepsia, headaches, and capricious or scanty appetite" (Brumberg 170). Both dyspepsia and chlorosis prevented women from eating large quantities, preserving the belief that feminine women should not or did not eat large quantities. In addition, both disorders contributed to femininity, as girls and women afflicted with either disorder would not be capable of much physical exertion, would suffer from headaches, and would lack energy to carry out any activities. Thus, sickliness contributed to a woman's femininity and to be seen as feminine, a woman should have easily become ill.

An added dimension is that these disorders affected those seen as being *able* to be feminine at all: the middle- and upper-classes, who were believed to be both naturally sick and naturally feminine. If one was too robust, strong, and healthy, she was not feminine enough. When a woman was struck with tuberculosis or hysteria for example, she lived up to feminine expectations that women's sensibilities and bodies were easily offended by external stimuli and the insults to their inborn morals and virtues. The symptoms of disorders such as agoraphobia and hysteria in the nineteenth-century are feminine expectations taken to the extreme. The "extreme mutability" of the symptoms that "isolate, weaken, and undermine the sufferers" of those disorders are characteristic of many middle- and upper-class women in the nineteenth century, not just those diagnosed with the actual disorders (Bordo 169). Like women who suffered from agoraphobia and hysteria specifically, *many* women were "'gagged and chained to [the] feminine role'" (Bordo 180).

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In the nineteenth century, in part evidenced by novels of the time, “illness is sentimental and beautiful” (Price Herndl, “Invisible (Invalid) Woman” 142). Those who were sick were often described as silent, passive, moral and saintly, and their appearance as thin, pale, and with rosy-red cheeks. These characteristics are strikingly close to the feminine ideal. Yet this sickliness, often labeled invalidism, did not just describe the physical condition of women. It spoke to the social and political status of women as well. According to Price Herndl in *Invalid Women*, “Invalidism...referred to a lack of power as well as a tendency toward illness” (1). Invalidism “best describes the cultural definition of women in the nineteenth century (and perhaps the twentieth) and the ill woman’s relation to power and her culture” (Price Herndl, *Invalid Women* 1). The invalid is “recognized as even weaker and more powerless than most women and is required to stay at home” (Price Herndl, *Invalid Women* 2). The label, as well as the condition, of being physically and socially invalid diminished women’s power, their perceived abilities, and the possibility that they might be able to step outside the role of helpmate and mother. A woman’s sickness, being labeled as physically embodying the role of invalid, explains her place in society (Price Herndl, *Invalid Women* 9).

Many women came to believe “the historically dominant view of them [as] delicate and thus prone to illness” (Newberry 144). In fact, the appearance of delicacy and femininity often were connected to women’s sickness. Being prone to illness was *part* of being feminine; “sickness was the very key to femininity” (Ehrenreich and English 25). The illnesses from which women suffered often were described as feminine and also enhanced their feminine appearance. The effects of not eating, the pale skin, and the thin features *caused* by sickness also *looked* feminine. In fact, the “behavior

characteristic for [tuberculosis] fit expectations about women's personality, and the look of the disease suited – and perhaps helped to create – the prevailing standards of female beauty” (Ehrenreich and English 21).

As binding (and familiar) as the restrictions of nineteenth-century femininity seem, additionally shocking is that the sickly, ill, invalid, and suffering women were, in fact, portrayed as very feminine: emotionally labile, passive, exhausted, thin, and weak. Women who were sick, either because they had convinced themselves they were sick, or had been convinced by others that they were sick, were idealized, idolized, and admired. Women who had the flushed complexion of tuberculosis or the translucent skin of a consumptive strikingly resemble the feminine expectations of that time. When women were sick, dying of diseases often with causes unknown, they were described as becoming more pure, closer to the angels, and also were seen physically as feminine. Illness and sickliness could make a girl beautiful. Sickly women were described in ways that romanticized the appearance of being ill: “The invalid girl...in spite of ill health...still retained much of the freshness and all the loveliness of her girlhood,” according to Newberry (146).

A woman's morality contributes to the perception of a woman as feminine. Brumberg explains these connections: “Many novelists linked asceticism to physical beauty as well as to spiritual perfection. In short, beautiful women were often ‘saintlike,’ a relationship that implied the inverse as well – the ‘saintlike’ were beautiful” (181). Femininity in the nineteenth-century was the product of both “purity” and illness, which also were contingent upon each other. One's sickness makes one more moral; one's need to be more moral led one to sickness; both led to a feminine appearance. While a woman

was weakened by the illness, she continues to look like the feminine ideal – fragile and delicate. The following from Brownmiller explains men’s reactions to femininity, fragility, and vulnerability: “the feminine principle is composed of vulnerability, the need for protection, the formalities of compliance and avoidance of conflict – in short, an appeal of dependence and good will that gives the masculine principle its romantic validity and its admiring applause” (*Femininity* 16).

In *Little Women* by Louisa May Alcott, the character Beth, who is dying from consumption, is described in a way that hints at not only her beauty, but her spirituality and saintliness as well. Beth is described as the “‘angel in the house’” with a “thin face” and “‘a strange, transparent look...as if the mortal was being slowly refined away, and the immortal shining through the frail flesh with an indescribably pathetic beauty’” (Gorsky 44). As Gorsky describes, “Beth becomes ‘a household saint’,” with a “‘frail body’” but a strong soul (Gorsky 44).³

As Ehrenreich and English explain, female invalidism had huge racial and gender overtones. Invalidism and the “rest cure” did not affect and was not encouraged, nor was it diagnosed, among women of the lower classes, nor among women of color and immigrant women in nineteenth-century America. It is an example of the ways in which race, class, and gender intersect and how the racialization of one’s class and gender, the gendering of one’s class status, and the intersection between one’s race and one’s class, led many upper- and middle-class white women to be diagnosed as needing the rest cure because of their “delicate” bodies. The “rest cure” was prescribed by S. Weir Mitchell to treat women diagnosed with nervous disorders. It involved isolating the woman almost

³ Although Beth is dying and her body weakening, *thank goodness* she is still beautiful, saintly and angelic.

entirely; his rationale was that “seclusion was the only sensible way around what he regarded as the manipulative politics of female invalidism” (Brumberg 151). The “rest cure” also involved total avoidance of reading and writing as they were seen as too “stimulative” (Brumberg 151). This “rest cure” (and the mental state of a woman who is being treated with the “rest cure”) is described in-depth by Charlotte Perkins Gilman in *The Yellow Wallpaper*, as she was treated by S. Weir Mitchell for a nervous disorder.

According to Gilman,

I take phosphates or phosphites – whichever it is, and tonics, and journeys, and air, and exercise, and am absolutely forbidden to ‘work’ until I am well again. Personally I disagree with their ideas. Personally, I believe that congenial work, with excitement and change, would do me good.
(42)

As Gilman emphasizes, her feelings, her desires, what she believes would be good for her is not taken into consideration. She is silenced by the “experts” who tell her they have her best interests in mind.

Women were to be attended by a nurse and could have no visitors (Ehrenreich and English 33). As Brumberg points out, truly carrying out the “rest cure” was something only the very wealthy could adhere to, as “Real isolation required intensive private care, an expense not every family could afford” (151). The rest cure was available only to a certain group of women, middle- and upper-class women, and thus the diagnosis with a nervous disorder and the prescribed treatment of a “rest cure” reinforced the association of these women with femininity, delicacy, and fragility. The “rest cure” reiterated that only certain women even had the opportunity to rest at all. Female invalidism and the “rest cure” as Ehrenreich and English discuss, were prevalent within certain social and

racial strata, while the women of lower classes, who also were often women of color, and who performed endless amounts of work, never were seen as *needing* rest.

In nineteenth-century America, middle- and upper-class women inscribed femininity and “true” womanhood upon their bodies, often either by literally becoming sick, or in acting-out sickness. The more sickly women became (or appeared), the more feminine ideals they embodied. The more they suffered, the more characteristics of invalidism they took as their own, the more moral, feminine and truly womanly they were perceived to be. Women were not *naturally* sick, just as they were not *naturally* feminine. By using science and medical authority, those in positions of power made women believe and in fact *feel* that they were sick naturally, that they were not good enough “as is.” “The doctors’ view of women as innately sick did not, of course, *make* them sick, or delicate, or idle. But it did provide a powerful rationale against allowing women to act in any other way,” according to Ehrenreich and English (22, emphasis in original). These were “‘arbitrary’ cultural conventions,” not based in biology or the “natural order” of society (Newberry 154). As Brumberg describes, the “health of young women was definitely influenced by a general female fashion for sickness and debility. The sickly wives and daughters of the bourgeoisie provided the medical profession with a ready clientele” (168). So that women did not step “into the man’s realm,” women were prevented from doing so by the creation of ideals and beliefs that told them they were, naturally and biologically, incapable, not good enough and needed improvement, and yet *also* too moral to be outside of the home, according to Susan Rubinow Gorsky in *Femininity to Feminism* (xi).

The Cult of True Womanhood, the perceived female sickness and inferiority, and need to work on oneself to be feminine, were not harmless, nor merely the theoretical views of detached medical authorities. These beliefs had a literal and practical effect on women, preventing actions, agency, and education. The combination of the belief in the morality of women with the view of women as imperfect affected women intellectually and socially. It also affected women emotionally by leading them to believe in and participate in their own degradation. The Cult of True Womanhood and the feminine ideals affected women in such a way that the female sickness common among certain classes of women in the late nineteenth-century may be one way in which women acted out this internalized lack of respect for, and perceived inferiority of, women on their own bodies. Extreme “self abnegation” became the “female ideal” (Harris 34).

Telling women that their place was in the home (because that is where it was more beneficial to keep them) did not benefit women. It hindered crucial progress in the fight for social and political rights and prevented women from having a voice in how they were treated medically. It led to the development of such disorders as hysteria and agoraphobia, disorders that directly reflected, in an extreme form, the feminine expectations that women were irrational, emotional, and should remain cloistered in their homes. Many women did not allow themselves to participate in any activities that would be perceived as less than virtuous or were not socially approved. Other women grew ill and stayed in bed, sequestered from the rest of their household. Women were not being protected; rather, their actions were being prevented. Making women believe they were sick physically and weaker intellectually made (and makes) women less confident and less able to think clearly. If one looks at the feminine ideal acted out in extreme ways in

the form of such disorders as hysteria, anorexia or agoraphobia, “we find the body of the sufferer deeply inscribed with an ideological construction of femininity emblematic of the period in question” (Bordo 168). Preoccupying women with their bodies, their perceived illnesses, their perceived faults, had the effect of countering “the historical groundswell of female success” that came about with the rise of the women’s rights movement (Wolf, “Hunger” 97).

The more passive a woman was (and is), the more feminine she was considered to be. The belief in women’s inherent “natural” weakness are still part of the way gender roles are constructed even today. The ideals of femininity and the sickly woman as feminine do not seem that far removed from what American culture demands from women in 2009. Sickly women, suffering women, are perceived to be very feminine in their suffering and proximity to death. Sickly feminine women embodied (and embody) feminine values – silence, thinness, and a detachment from one’s body. These are values American society held (and holds) up as the ideal. The context may be different; the demands are strikingly similar.

Much like many women in 2009 – their withering and diminishing bodies and minds, and the praise they receive for this body – the women who were idealized as beautiful and feminine in their suffering and sickness in the nineteenth-century tell much about the value of women during these time periods. The general, horrific lack of concern and attention given to women who are dying, or ailing, and not participating in their lives and society speaks much about the care for women in general – then and now. In current American culture the more feminine one’s body is – because that is more valued – the higher one’s status within that culture, just as in the nineteenth-century. If

one currently does not meet those feminine ideals, or transgresses from those ideals too extremely, one may lose one's status and may be viewed as dangerous or as lesser. Yet, ironically, while one may gain status in certain realms by looking like the feminine ideal, working to meet this ideal, just as in the nineteenth-century, may signal women's lack of power and their oppressed status within their society.

As exemplified above, the femininity, sickness, and purity are interlocked, dependent upon, and caused by the other. The Cult of True Womanhood, the standards of femininity, and the femininity of sickness led women in the nineteenth-century to inscribe their bodies in different ways, yet these standards may still lead women to inhabit and write upon their bodies in shockingly unhealthy and, at times, dangerous ways. More shocking (or perhaps it should not be) is that this unhealthy appearance led (and leads) women to be considered beautiful and feminine. The dictates of femininity, the Cult of True Womanhood, and the femininity of sickness largely have stayed with American culture, and have, according to Harris, become "such an integral part of American social ideology that [their] definition of women's role long survived the passing of the nineteenth century" (Harris 32).

CLOTHING

Women learn to alter their bodies – in a host of ways - in order to influence their social position. Meeting certain cultural ideals, from the way the body looks to the way one dresses their body, is a form of social control because those with more social power create the ideals. Those with less power come to believe that to gain power they should work to look like the dominant group's ideal in order to get closer to what is valued and accepted. The ideals of those with power dictate what those without power believe they

can be, how they can act, and what they should wear to decorate their bodies. Other classes and groups want to emulate those with power and wealth.

As Sanchez-Eppler states, “the body is an inescapable sign of identity” (93). The body’s appearance and the way one clothes the body leads others to make certain assumptions about one’s class membership, one’s intelligence, and one’s morals. The association of different bodily features with facets of one’s personality, character, and abilities, however, has meant different things to different groups in various social and historical contexts. In 1950, for example, a woman who wore a size twelve was considered to have the “ideal” body; in 2009, a woman who wears a size twelve is considered “full-figured.”

The female body is subject to social control and is also a bearer of social status in different cultures. Thesander states that “Physical presentation is an expression both of the view a specific period has of women and of the way in which women themselves understand their position in society and their ability to influence this position – self-expression conditioned by the choices available” (11). In particular, the beauty ideal, because it expresses the values of the dominant group, allows one to believe that attainment of that ideal will lead to an increase in one’s social prestige and status. An example of this is that in 2009 a thin body signals one’s membership in the middle- or upper-classes; in contrast, at various points in the past those of higher classes were plumper because this signaled access to more and richer foods than that to which lower classes had access (Thesander). For many in America in 2009, while food is accessible, and many can obtain a sustenance level of food, the middle- and upper-classes have access to healthy, lower-fat foods, as those foods are often more expensive. In cultures in

which food resources still are scarce, the upper class still is plumper. Their plumpness signals they can afford enough food, and differentiates between them and the starving lower classes. Looking different and being thinner are an expression of one's financial status and differentiates one from the lower classes in current American culture (Thesander).

Similar to the way thinness or plumpness signifies different things in different societies at different times, according to Thesander, citing Thorstein Veblen, there is a "demonstrative purpose" to the clothes of different classes as clothes signal "how the wearer wishes to be regarded by others" (27). While certain items an upper-class woman wears may be expensive, the "actual practical value" is not as important, per Baudrillard via Thesander, as the status value, or the signal the item sends within a certain system which allows one to gain power by employing the right symbols (Thesander 28).

Clothing conventions underline the class and status distinctions outlined above (Thesander 22). The way one dresses and decorates one's body signals one's material circumstances and social position. What one wears shows one's ability to work hard to look "right" and make money to buy what is fashionable. If one's clothes are in fashion and one's body meets certain standards, often one is accorded a higher cultural and social status. One's clothes show who a person is and "signal cultural and social affiliation with a particular group" (Thesander 20).

However, according to Thesander, "fashion has never taken account of the wearer's health" (168). An example of this is the bound foot, common in the upper-classes of China for thousands of years (Dworkin 108-110). As Thesander outlines,

In China, the crippled but much-prized small women's feet were a sign of female value and thus important in negotiating a bride price. The feet of

girls from wealthy families were tightly bound from the age of about six. A bandage was wound tightly over the four small toes so that they were forced back on themselves. Only the big toe escaped this mutilation. The bandage was then bound round the heel to reduce the distance between the heel and the toes as much as possible. The aim was to reduce the foot to about one third of its natural size. (25)

The bound foot was indicative of one's membership in the upper class because as a woman of leisure, a wealthy woman was able to have her movement and abilities restricted as she had servants to carry out all the tasks. Because she was so debilitated by the foot binding, a woman with bound feet was unable to move or perform many physical tasks. The fact that she could *not* do anything physically was *admired*. It showed she could be provided for in a way that allowed her to be pampered. Further, "As adults the girls were invalids, although everyone admired them. Because they were unable to work, the women were dependent on their husbands' income and in this way served to enhance their status" (Thesander 25). Additionally, while the bound foot indicated one's class, it also involved also the mystification of a female body part, leading to a host of deodorizing and cleansing rituals. These rituals were much like those surrounding the vagina, as it was viewed as mysterious and in need of cleansing because of menstruation, pregnancy, and childbirth. Both the vagina and the bound foot involved rituals of perfuming, deodorizing, and cleaning a "mysterious" female body part.

Like the bound foot in China, in nineteenth-century America (and Europe as well), corsets differentiated upper-class women from those of the lower classes. According to Yalom, "Corsets were a must for bourgeois and noble ladies, marking their distinction from the popular classes. [...] Wage-earning women and peasants could hardly afford the financial outlay that such garments entailed, and even if they could, corsets would have inhibited their labor" (164). Further, the corset emphasized the

feminine ideals of morality, as the “corseted female body of the 1800s was the image of middle-class self-discipline and of a restrictive sexual morality, which literally locked women into a role in which it was almost duty to be attractive” (Thesander 43). Yet in contrast to this morality they signaled previously, in the 1860s the “corset transformed the female body into an erotic and aesthetic object, adapted to men’s dream images of women.... [The corset] conjured up associations with eroticism and control” (Thesander 52).

This is similar to the eroticization, and fetishization, of the bound foot and its supposed effects on the vaginas of women who had bound feet (Dworkin 108). In fact, the women with bound feet were believed to have “wondrous folds of vagina” and the bound feet made other parts of the women’s bodies more desirable (102). According to Dworkin, not only were the feet mysterious and “sexually charged” (108), but having bound feet was seen as the “‘art’ of making living matter insensible, inanimate” (108). This resembles in striking ways how the corset created a body shape that was believed to be stereotypically female when in fact it *created* this female shape – small waist, lifted breasts – through molding and construction. As Dworkin so clearly emphasizes, “footbinding did not formalize existing differences between men and women – it *created* them” (107, emphasis added). The corset also created physical differences for the female body, exaggerating what many believed to be natural differences. Like the bound foot which crippled women, making them slow in carrying out almost any physical task, and creating a mysterious and supernatural aura around the feet (and vagina), the corset also crippled women, making physical tasks difficult and creating an eroticized, unnatural female body shape.

In addition to playing on men's fantasies, the corset symbolized the husband's social status and the discipline the woman had to make sacrifices for her looks. It was not something that women chose to wear because they enjoyed it.⁴ While signaling femininity and a certain social status, a smaller waist and a tighter corset signaled that one is more moral and closer to God: "As the middle classes became predominant [...]. Women were reduced to being decorative objects and moral guardians" (Thesander 45).⁵

The corset sent a similar message as the dictates of femininity that a woman's body is not good enough without work, constraint, or reformation. Even a woman with a "perfect" body is believed to need some sort of reformation, restriction, and constraint via the corset. And what form the restrictions took depends largely on the cultural ideals of that time. As Thesander states, "in its various forms the corset has [...] altered the female body according to the prevalent ideals of beauty" (43). "Foundations (namely, corsets, brassieres, and girdles) provide a 'second skin' or a 'second skeleton' aimed at constructing the preferred form of one's time, place, and class," according to Yalom (161).

While the corset was a status symbol and signaled membership in a certain class, the corset also controlled women, just as the bound foot had in China, just as the femininity of sickness and the Cult of True Womanhood also did in the nineteenth-century. The corset "[rendered] women weak and unfit for work, and [they became] increasingly dependent on their husbands, who could count their sickly wives as emblems of prosperity" (Yalom 171). The corset was painful, caused permanent bodily damage

⁴ On the contrary, many women came to think it was necessary and when they began to fight for the vote, many no longer wore their corsets.

⁵ The closeness to God for many members of the upper class also is signaled by the very fact that they have money in the first place, because they believe God wants them to have money.

and shortness of breath. Just as in 2009, when women suffer due to restrictions regarding their bodies, “The exaggerated hourglass figure [of the corset] required that waists be laced in so tightly that some women reputedly died from the strain” (Yalom 166-67). In corsets women could not breathe and their movement was restricted. As the nineteenth-century progressed, corsets became even more binding, cutting off circulation, causing women to faint from lack of oxygen. This perhaps also reinforced the sickly ideals for middle- and upper-class women. A woman wearing a corset signaled the social status of her husband in upper-class society, as the corset was an “expression of the upper-class rank” (Thesander 26). A woman’s “personal behavior and dress were the ultimate evidence of her husband’s social position and their level of cultivation. Dressed in tasteful, fashionable clothes which accentuated her corseted figure, she not only demonstrated her husband’s wealth, but also embodied middle-class ideals” (Thesander 96).

The corset was a control mechanism as well as a signal, a projection, of the meaning about a woman’s place in society, a symbol that they lacked power and were oppressed, yet closely approximated the ideal. According to Thesander, “the corset was more than a status symbol: it was a complex of control and meaning systems connected to women’s ‘frozen’ position in society; not surprisingly it was regarded as a symbol of women’s oppression” (Thesander 13). Further, although “It was certainly partly of their own volition that women wore tight-fitting corsets, [...] it cannot be called a free choice” (Thesander 43). Thus, in part women colluded in the signaling of their own lack of status, while trying to signal a higher social status. The corset sent a message of romanticism and while painful to the wearer (as well as sometimes permanently

damaging her body) it was viewed as feminine, as aiding a woman in looking like a romantic ideal she was encouraged to resemble.

In the early 20th century, there was a change in emphasis regarding the female body being heavily corseted and possessing an hourglass-shaped figure; the ideal became a female figure with slimmer hips and a more slender ideal (Thesander 109). In the early 1900s, “Women did not agree among themselves about the necessity of wearing a corset; indeed many probably wished to liberate themselves from it” (Thesander 91).⁶ The slender hiped ideal evolved into a more slender ideal overall. By the 1920s, “Emancipated women had a streamlined body without curves and a short, boyish hairstyle” which allowed for more freedom of movement (Thesander 112). These trends were connected to the need for “women’s labour” during World War I, leading women’s clothes to become more functional (Thesander 112). The change also was connected to the larger social liberation of women. “Many women,” according to Thesander, “had become self-supporting and financially independent” after World War I (116). There was a “new femininity” that was “not expressed in an accentuation of the female body but in a toning down of female curves, a trend that became even more pronounced in the boyish body ideal of the 1920s” (Thesander 113). In fact, women wanted to look so much like the boyish ideal that in the 1920s, that they wore “bandeau bras that flattened the breasts and made them disappear into a boyish silhouette. Young girls took to wearing brassieres later and later and some women dispensed with them altogether,” working instead to have “plank figures” (Yalom 176). This is a historical anomaly, according to Yalom (176).

⁶ Additionally, according to Thesander, “The heavy corset ceased to be the foundation for the shape of varying fashions at the beginning of the twentieth century, but it has lived on as an erotic fetish object” (52).

Then in the 1930s, due to a time of economic crisis in America, there was a reversion in the ideal female figure. People felt uncertain and thus clung to previous stereotypes and traditions. Because of this, “Women were to be feminine, decent and muted again; their appearance had to be attractive but not sensual and under no circumstances was it to be offensive or show signs of a desire for emancipation” (Thesander 143). In the 1930s the “female silhouette [...] was slender and ‘natural’, but it was a natural look that required some artifice. Care for the body and a good corset to shape it were necessary, but women were not supposed to look as if they were wearing a corset” (Thesander 132). The purpose of the corset at this point was to “correct any ‘faults’” (Thesander 133) and women were, of course, assumed to have faults. One was not supposed to be able to tell a woman was wearing a corset and they became more comfortable because new corsets had a material called lastex in them to make them stretchable (Thesander 134).

After World War II, which had resolved much of the economic crisis of the 1930s, “bullet,” “torpedo,” and “cone-shaped” brassieres became popular (Yalom 177), lending themselves to extreme caricatures of the female breast. They were very stiff and played “into men’s fantasies with rigid torpedo shells” (Yalom 178). In contrast, with the rise of the second wave of feminism in the 1960s, the shape of bras became less about the structure underneath one’s clothes. In the 1960s bras became more stretchable; the “no-bra bra” was created, which “gave support despite the transparent effect that one was wearing nothing underneath” (Yalom 178). So a woman was to look a certain way but not look like she was trying. She was to look like the ideal *naturally*. According to Thesander, “the slim, youthful but above all natural type gained currency. Breasts were

allowed their natural shape and no bra was thought necessary for support” (Thesander 183). These bras “were as light and discreet as possible” (Yalom 178-79) and the look of the 1960s and early 1970s was “distinctly androgynous” (Yalom 179).

In the late 1980s and early 1990s there was a resurgence in the popularity of large breasts and cleavage. “After two decades of playing down breasts,” according to Yalom, “it was no longer considered bad taste to display them ostentatiously” (181-82). In the late 1980s push-up bras became popular, so a woman’s breasts would look like she had breast enlargement surgery (Yalom 181). These bras – push-up bras, Wonderbras – are what Yalom calls “cleavage-producing bras” (181). Along with these bras there was an increase in the rates of breast augmentation. The ideal breast came to be less realistic-looking, less available for women who actually had *real* breasts. Breasts were expected to be bigger during the period of the 1990s, but not at all saggy or pliable. Instead they were to be large, but perky, without needing a bra to hold them up and with naturally-occurring cleavage.

Like the corset and brassiere, which symbolized one’s class, morality, or effort to approximate the ideals for the female body, other clothing conventions of the late 1960s to the early 2000s also reveal much about the America in which the conventions arose and about the view of women during those time periods. These clothes revealed parts of the body which previously had been concealed from view. In the late 1960s during the “cult of youth” (Thesander 179), out of which the “no-bra bra” and more natural and comfortable undergarments had arisen, there was a “Liberation of the body” and women were not focused on the “body-fixated sex role” (Thesander 183). During this time, the mini-skirt rose in popularity. The cult of youth rejected “middle-class society and its

conventions” (Thesander 180), which said much of women’s legs needed to be concealed. At times when longer skirts were worn, the hidden legs of a woman were eroticized because they were mysterious and hidden. With the miniskirt showing off women’s legs, there was a “desexualization of the female body” (Thesander 185).

Similar to the mini skirt’s surge in popularity during the cult of youth in the late 1960s, in the mid-1990s the Baby Doll dress became increasingly popular. In 1990s America there was an idealization of youth, a disrespect and fear of youth power, a fear of women’s power, and an eroticization of little girls. The Baby Doll dress is representative of these trends. In the 1990s, there was increased pressure to look young and a permeating ideal that “youth is king” (or queen, as it were). There was a fear of aging, exemplified by the marketing of anti-aging cream, anti-wrinkle cream, hair dye to cover gray hair, and the prevalence of youthful images as the ideal towards which one should strive. Baby Doll dresses could be worn only by girls and women of certain ages, yet because of the preference for youthfulness, women believed they needed to work to fit into the dresses to be fashionable and youthful. This emphasis on preserving the youth of women by having them look young through clothing and cosmetics also is indicative of a fear in American society of women gaining power socially and politically in the 1990s. The emphasis on youth and the encouragement of women to look like girls is due to what Becky Thompson in *A Hunger So Wide and So Deep*, citing Chernin, describes when she states that “men are drawn to women of childish body and mind because there is something less disturbing about the vulnerability and helplessness of a small child and something truly disturbing about the body and mind of a mature woman” (5).

The Baby Doll dress perpetuated this romanticization and idealization, as well as the eroticization, of youth. In many ways, adult women already were (and still are) expected to look pre-pubescent – no leg or underarm hair, thin bodies, and a lack of pubic hair. The “little girl” image was sexy, erotic. A woman projecting a girlish image in a Baby Doll dress may be seen (and may actually be) more easily violated and less powerful in fending off another’s sexual advances. She may be perceived as not meaning it when she says “No” because she’s so innocent and naïve. Additionally, the idea of taking a woman’s innocence and virginity away appeals to some men. A common heterosexual male fantasy is that a young woman is innocent yet the man can awaken her burgeoning sensuality. In these dresses, women looked virginal, which for some is even sexier; she is “fresh meat,” controllable, childlike, yet sexual.

If women are kept busy working to look young and thinking they should strive to look youthful, naïve, and innocent, they will not work as hard at achieving in other realms. If women are in Baby Doll dresses and look ineffectual and young, they are more easily written off. The social power of both youth and women may be less threatening if they are dressed in a way that takes away some of their power and makes others not take them seriously (or at least leads to the perception of this diminishment in power). Even if women are powerful socially, economically, and politically, that power is tempered when they look like little girls or are distracted by striving to look more youthful.

Logistically, while the Baby Doll dresses were loose and not necessarily restrictive, they were restrictive in the prevention of movement. These dresses showed a lot of one’s body; there was nowhere to hide bodily flaws because of the short length and the short sleeves. This made a woman more accessible to others and put the female body

on increased display. The way one dresses is connected to the way in which one portrays herself, the way one thinks about herself. Thus, if one thinks she looked like a little girl in a Baby Doll dress, what happens to the power she feels she has? To dress younger than she is diminishes a woman's power and diminishes her ability to take herself seriously, as well as have others take her seriously.

Ironically, and perhaps as an attempt to temper the messages of innocence and vulnerability of the Baby Doll dress, many women wore Baby Doll dresses with combat or hiking boots. This served, at least in part, to make a woman seem stronger, on sturdier ground, more in "command," because she wore the boots of war, boots in which hard work is done. The contrast, and perhaps purposeful manipulation or playing with the images set forth, in juxtaposing those two items of clothing is important to keep in mind.

In the early 2000s another clothing trend – the low rise jean – gave increased access to another area of the female body: the midriff. Low rise jeans were ubiquitous – in music videos, commercials, all forms of media. There were tutorials in fashion magazines showing women how to wear low rise jeans without showing their underwear. Aside from the fact that these jeans were not made for girls and women who had actual womanly bodies – curves, hips, and body fat - there are other problems, both theoretical and practical, with low rise jeans.

Because more of the female body is exposed, particularly when paired with a cropped tee, more of one's body, specifically the midriff, is "out there" and subject to external scrutiny. With low rise jeans, beauty standards become fixated on yet another part of the body. There was another part of the female body that had to meet very rigid and unrealistic standards. A girl or woman is considered beautiful if certain parts meet

certain expectations. Similar to the foot bound woman, wherein “Beauty was the way feet looked and how they moved” (Dworkin 106), during the popularity of low rise jeans, a woman was judged by whether her midriff met certain standards.

Because of the amount of the body showing increased dramatically when wearing these jeans, there were more places to shave, wax, tan, and maintain. With more skin showing, there were more places upon which attention was focused, more places that needed to be toned and exercised. And more exercise of a different kind was necessary because the women who wore these jeans did *not* have natural, rounded, womanly stomachs, but stomachs which were the product of much bodily discipline and exercise.

The natural body of a woman had to be “reigned in” to wear low rise jeans. One could not have any fat around her waist and hips, or the fat rolled over the top of the jeans (often called a “muffin top”) because they were cut so low. Both a woman’s body and her movements were restricted by these jeans. She had to work to meet a new skinnier ideal, lose weight in her stomach and hips, strive for unrealistic standards, and fight against the body that is womanly. Special underwear was required, as one could not wear regular underwear with low-rise jeans.⁷ Again, one product, the low rise jean, led to a need for other products and activities: new underwear, increased shaving, waxing, tanning, and more exercise. Women could not sit normally or comfortably in low rise jeans, a woman wearing them had less mobility. Similar to the way in which Dworkin describes foot-binding and what is involved in walking when foot-bound, when wearing low rise jeans, sitting or bending required “tremendous exertion” (Dworkin 101) and great caution. One worried that others could see down her pants and see one’s underwear

⁷ Yet a strange trend in the mid 2000s was to let the top of one’s thong show above the low rise jeans, so that others can not only see one’s exposed hips and hip bones, but also one’s underwear.

(or lack of it). Like the Baby Doll dress, a woman could not bend over in low rise jeans without worrying about who will see what when she did.

As outlined throughout Chapter One, the female body has been and is judged based on a variety of standards – most of which do not have women's best interests (physical or psychological) in mind. The restrictions, ideals, and myths by which women's bodies are judged, and the clothing women wear, overwhelmingly run counter to women's health and what the female form looks like naturally. There is a circumscription of women's free movement, an exaltation of the masculine, white, and thin, and an encouragement of female weakness throughout most of the expectations regarding the female body from the late nineteenth century to the present.

CHAPTER TWO: THE PSYCHOLOGICAL AND THE PHYSICAL

Chapter Two is a discussion of both the physical and the psychological aspects of having a female body in America. Outlined are the physical aspects and psychological elements of anorexia nervosa and bulimia nervosa, pregnancy, motherhood, and breastfeeding. The following chapter offers a discussion of the ways in which women in general are affected psychologically by living in American culture and how this can do irreparable harm to one's body and psyche, even if one does not develop an eating disorder, for example. As many are unfamiliar with what happens to a girl's or woman's body when she starves herself, or binges and purges and hides what she has purged in Ziploc bags in her closet, the physical effects of anorexia and bulimia are examined. An overview of the vulnerabilities and psychological traits found among many anorexics and bulimics is offered in order to show the similarities (and differences) between anorexics and bulimics and the average women who suffer in their bodies. The roles of race, ethnicity, class, and sexuality in the diagnosis of eating disorders are discussed as well. The physical and psychological aspects – including the dangers and risks – of pregnancy, motherhood, and breastfeeding are then examined.

BODY PREOCCUPATION AND STARVATION IN AMERICAN WOMEN

American girls and women are preoccupied with their bodies. Magazines telling them how to “get in shape for bikini weather,” “lose ten pounds in a week,” and “slim your figure with five minutes of exercise a day” fly off the shelves of the supermarket. Many girls and women whose weight is “normal” or “healthy” have such a distorted view of their bodies that they cannot see their actual bodies in the mirror. Many believe if they only lose those extra ten pounds they will be happy. On coffee breaks, in the carpool

line, at school, and at the gym, girls and women discuss and complain about their bodies and food – how much they ate (and feel guilty about), how little they have eaten all day, or how fat they are (how fat they feel). Even elementary school-aged girls express concerns about weight and body issues. In a study of girls aged 13-17 in December of 2000, “Almost half of girls (49%) say they know someone who is struggling with an eating disorder” and “Nearly nine in 10 girls (88%) report feeling unhappy about their own body size or shape” (EPM Communications).

Young girls are bombarded with the ideal female body image from an early age; they “internalize the fashionable body image, recognizing that how they appear affects how they are valued and treated” (Brown and Jasper 19). They see women with “perfect” bodies on TV, in magazines, music videos, and movies. Before adolescence, girls know which bodies meet cultural standards and which do not. As they reach puberty, girls form negative body images because their bodies are fleshier and their hips are wider than those of the “perfect” women they see in the media. By adolescence, they have internalized an ideal body image. Yet their bodies have started to look less like this ideal.

Many girls and women feel unhappy and dissatisfied with their bodies, and constantly work to change them because “Current appearance norms call for women to be not only painfully thin, but muscular and buxom – qualities that can occur together only if women spend vast amounts of time on exercise, money on cosmetic surgery, and emotional energy on diet” (Weitz 8-9). Many of these girls and women have bodies considered healthy on medical height-weight or fat-to-muscle ratio charts. It seems, then, that many girls and women in general are not really battling against unruly, fat, overweight bodies, but against unrealistic, harmful ideal body images and ideals for the

female body. In American culture, many women feel constantly horrible about their bodies because they cannot “overcome” their basic, biological needs, urges, and desires; they eventually turn against their own bodies.

There is a drive for thinness in girls and women of a variety of races and ethnicities in America. And the extent to which a society is “Westernized” seems linked to the degree to which women in those societies work to make their bodies resemble the Western, or American, body ideal. As Brown and Jasper explain, “the degree of westernization women of all backgrounds are exposed to seems to increase their risk” for body image issues or worse (18).

This preoccupation with the body leads women to go to amazingly dangerous lengths in order to look “perfect.” For example, in Alice E. Adams’ “Molding Women’s Bodies,” she describes a character in a novel, *Life and Loves of a She-Devil*, by Faye Weldon. The character, Ruth, endures amazing amounts of plastic surgery just to get her husband back after he has left her. She “undergoes dental torture to restructure her teeth and jaw, loses forty pounds, has her legs and arms shortened, her breasts made smaller, and her belly and buttocks lifted” (Adams 71). In spite of these efforts she does not get her husband back. Yet these types of procedures are not just carried out by women in novels, but also by real women who feel that the link to happiness and fulfillment in their lives is a pretty face and more toned body.

This concern is not evident only in women stereotypically believed to be concerned with weight, body shape, and food – white, middle- and upper-class. According to Brown and Jasper,

it now seems that more older women and women of lower economic classes also have difficulties related to food, weight, and shape. Lesbian

women seem to have higher ideal weights than heterosexual women or gay men, but are more dissatisfied with their bodies, more concerned with weight, and more often dieting than are gay and heterosexual men. (Brown and Jasper 17)

Many women of a variety of races, sexualities, and ethnicities feel that their worth comes from external appearance and how they are judged by others and they also have inaccurate perceptions of what their bodies look like.

Girls learn to hate their bodies early and this hatred often is long-lasting and difficult to overcome. As nomy lamm explains in the zine *i'm so fucking beautiful*,

for seventeen years, i have been hating my body [...]. even when I weighed only 130 pounds, i thought i was 'too fat.' i have dieted a lot, which, reflecting back, makes me really made [sic]. my first diet started when i was five. it was self-inflicted. my parents thought it was cute. (they were both on diets themselves at the time.) that was the beginning of my body-hating. i have never been *allowed* to love my body. when i weighed 130, my friends weighed 105 and complained that they were fat. when people finally started realizing that they should stop hating their bodies, they said 'i guess i'm not that fat. i could be worse. i look ok. which i interpreted as 'i look ok, but you are too fat. you are beyond the boundary of ok-ness' [...]. but what if you just *are* fat? why am i never told to just accept it? these [magazine] articles play with my mind, because on one hand, they say, 'it's cool to accept your body,' but on the other hand, they say 'but not if you're fat.' and so i am left with the choice of losing weight so that i can accept my flaws, or being uncool and left out. (Issue 1 4-5, emphasis in original)

As evidenced by lamm, from early childhood, girls learn that the girls and women who possess culturally-desirable looks get more positive attention. As they grow up, girls begin to learn that those who do not have "the look" encouraged by society will have a lower social and cultural position, will be seen as flawed, and will be left out, as lamm experienced and describes.

As a society Americans are taught to hate fat, to think that fat people are lazy, slothful, disgusting, stupid, slow, out of control, and worthless. "Body weight [is seen as]

an indication of character as well as of health,” according to Brown and Jasper (26). The effects of this preoccupation and hatred are pervasive. According to lamm:

most women, and many men as well, are obsessed with the fear of fat. [...] it makes me so mad – i am an intelligent, talented person, there are so many cool things about me, and still i spend almost every moment of every day thinking about my body and my fat. it is always there in the back of my mind, nagging at me: ‘i’m fat. that person is making fun of me because i’m fat. that boy doesn’t like me because i’m fat.’ it’s really disgusting, and i realize that i shouldn’t spend so much time thinking about it, but *this society has made it impossible for me not to*. at this point, i can consciously say that i do not care that i am fat and i am glad of it [...]. but subconsciously i can’t get rid of it. every time i look in the paper, turn on the t.v., read a magazine, watch a movie, i am confronted with blatant sizeism [sic], i am told that i am shit and that i should disappear. (euphemistically referred to as ‘losing weight.’). (Issue 1 2, emphasis added)

This fat hatred is exemplified by lamm’s experience at a spoken word event during which one of the performers said “fat women are stupid and lazy and mean and petty and bitchy and have poor fashion sense and isn’t this what I’ve been hearing *my entire life?*” (Issue 2 ½ 7, emphasis added).

Those who have gained weight are characterized as “letting themselves go.” Successful people who are “fat” or even “heavy” have their success viewed through a different lens – “she’s a great writer – if only she would lose 20 pounds.” Due to America’s “Puritan heritage,” Americans consider “obesity ‘bad’ and ugly. Fat represents moral failure, the inability to delay gratification, poor impulse control, greed, and self-indulgence” (Hesse-Biber 4). When men gain weight they are viewed as putting on a few extra pounds. When women gain weight, in contrast, it is viewed much more harshly; it is seen as detracting from her beauty: “she’d be so pretty if she just lost that extra weight.” As a user on a pro-ana website expresses, the ways anorexics feel about

fat, the body, and the media often are merely extreme enactments or embodiments of what is heard every day in American society. As swallowthepain states:

But consider this, there are something like 10,000 websites for fat people, supporting fat people, telling jokes about their fatness. THIS is what is discusting [sic] to me. Obesity has a much higher fatality rate than Anorexia does. Obesity is our country's greatest health risk. Many (if not most) people who are Obese have an Eating Disorder, and are eating themselves to death, clogging their arteries, causing obesity related diabetes, spending billions of dollars (collectively) a year on diet products. The Bible preaches against gluttony and Jesus fasted for 40 days. The pro-fat people are as sick as the pro-ana people and helping kill eachother [sic] as well. So why doesn't the media concentrate on those sights as well? Because attacking Obese people is Politically incorrect while attacking anorexics is fine. Everyone hates us. Fat people hate us because we're skinny. Thin people hate us because we're thinner.

The hatred of fat is so common that it drives “many overweight women [...] to adopt other drastic measures of weight control that are potentially life threatening” (Szekely and DeFazio 371).

Women are portrayed in American popular culture as competitive. They learn they should be competitive over their looks and over their access to men, specifically the “right man.” Access to the right man is attained by looking a certain way, and thus women learn that they should not want other women to look closer to the ideal than they do. Women are not encouraged to be friends, set up alliances, or support networks in order to become better people (in contrast to better looking). Women learn from an early age, through a variety of popular culture representations, that they are in competition for a small pool of men and so they must fight to look better than other women. Women do not learn to trust other women and do not believe that other women will look out for their best interests. Women do not learn that they can look beautiful in different ways and still

be friends. They learn that if they look a certain way, they will get a man, that this will give them access to power, and that this will make them a “success.”

As Sharlene Hesse-Biber discusses at length in *Am I Thin Enough Yet?*, “girls as young as seven and eight learn that the rewards of our society go to those who conform” and “If you want to be valued, as a potential spouse, as a coworker, as a friend, then get thin” (4). These messages can have harmful effects on girls’ and young women’s self-esteem and self-perception. They begin to believe that if they do not have a certain body type, not only will they not be successful, they will not be loved. According to Katy in the zine *Grrl-a-Liscious*:

I must stay home / I don’t deserve to go out/to have fun / to look pretty /
Everyone will make fun of me / They’ll say I / Look disgusting / that I
need to / Gain weight / and that they are worried / But they need me / To
be thin / It is part of me / They hate me now / They will hate me more if /
I’m fat / They only pretend to / Love me / *I need thinness* / It will make up
for my / Low English grade / It will make up for / Being poor / It is not my
fault. (3, emphasis added)

As Judith Rodin describes in *Body Traps*, society is preoccupied with women’s bodies. Girls and women are very susceptible to the idea that their bodies need to be perfected, shaped, and sculpted. According to Helen Malson and Catherine Swann in “Prepared for Consumption,” “‘the body’ is thereby produced as something plastic to be worked upon with an increasingly diverse array of ‘body-enhancing’ products and consumer services” (403). Girls and women are both consumed and consumer: the “subject of consumer culture is thus produced both as an (embodied) subject who is both prepared to consume ‘body-enhancing’ products and services and who is the ‘owner’ of a body, constituted as body *image* to be viewed, interpreted, read or consumed by others” (Malson and Swann 403, emphasis in original). This preoccupation with women’s bodies

is not only a twentieth century phenomenon. As Rodin explains, “Women’s bodies have always and everywhere been perceived as unfinished, in want of carving, perforating, incising, refining, and realignment” (24). Victorian women wore corsets that cut off their circulation; now women starve themselves and overdose on laxatives so that they will not gain weight.

Americans are more concerned about their bodies now than ever before, according to Rodin. Yet instead of this manifesting as a healthy concern about nutrition and exercise, becoming more in tune with one’s physical and emotional well-being, the attention on the body has “become more harmful to both individuals and society alike” (Rodin 22). It is natural to be aware of one’s body, the way the body moves, the way one feels after exercising, or after eating a large meal. It is when one begins to become *preoccupied* with the way their body looks that the attention becomes unhealthy. As Rodin explains, the body is experienced subjectively and psychologically. One not only feels what is occurring internally in their body, but they use their body to experience the world.

A person’s body image is crucial in defining their relationship with the world. As Rodin defines it, body image is “the picture of our own body which [is formed] in [the] mind, and [which] relates to all other images and attitudes [held] about [oneself]. Body image plays a major role in [one’s] self-concept” which includes “not only [the] body but ... social roles, material possessions, and personal relationships” (50). One’s body image, and how it affects one’s interaction with the world, also affects one’s self-esteem. When someone begins to focus on their body, and how they believe others see their body, one’s self-esteem is actually lowered (Rodin 50).

For Janet de Groot in “Eating Disorders, Female Psychology, and Developmental Disturbances,” body image is a psychological phenomenon. It is the “psychological representation of size, shape, and form of the body as a whole and its component parts, as well as attitude and feelings toward the body experienced individually and in relation to others” (128). Like Rodin, de Groot emphasizes that body image affects many facets of daily life, and is not just how one “sees” one’s body. A person’s body image and sense of self are entirely subjective.⁸ The body self includes all subjective experience centered on the body and is related to the attitude one holds about their body image (de Groot 129).

As one begins to dissect every part of their body, noticing the flaws, the bumps, the lumps, the imperfections, and the blemishes, they feel worse about themselves, not just their bodies. What is ironic about this increased attention to one’s body and one’s body image is that while one believes that they are seeing their bodies accurately, they are not. As one stands looking in the mirror, inspecting every inch, they are seeing how they “see” their body in their minds, not an accurate picture of one’s body. As Rodin explains, “inaccurate judgments of body size and shape and feelings of low self-worth influence each other in a descending spiral of poor self-image” (Rodin 53). According to some theorists and psychologists, this focus on the body, and the inaccurate body image many have, leads some women to develop problematic relationships with food, or, in more extreme cases, at least in part contributes to the development of eating disorders.⁹

⁸ As Joseph Lichtenberg determined, it is when an aspect of body image, the body self, becomes disrupted that an eating disorder is likely to develop (de Groot 129).

⁹ The causality regarding body image and eating disorders (and whether a causal relationship exists) will be discussed later in this chapter, during a review of psychological literature.

Not only do women think about their bodies, how they look, what they should or should not eat, and how other women are judging their bodies, but they think about these issues in a distorted and unhealthy way. While women think about their bodies more than men, men have a more accurate mental picture of how their bodies look. Women tend to not really look at their bodies; they look to other people to tell them how they look. Because they depend on others' reactions to their bodies, they lose "control of a central feature" of their sense of self (Rodin 57).

ADOLESCENT FEMALE PSYCHOLOGY

Certain people in the American population may be more vulnerable to the demands regarding body image and are more likely to turn those demands into something more serious. While eating disorders are not caused purely by the demands regarding the ideal female body in current American culture, the psychology of adolescent females may be a contributing factor to the increased prevalence of eating disorders in adolescent females. There is "powerful evidence that early adolescent girls who internalize conventional femininity ideologies [...] have lower self-esteem and higher depressed mood" (Tolman et al 91). Further, as Deborah Tolman et al point out in "Looking Good, Sounding Good," "internalizing conventional norms of femininity may lead girls to question their worth as individuals and the more depressed they become, the more they may suppress their own bodily feelings and authentic voices" (Tolman et al 91, 92).¹⁰ By forming body images in relation to what is seen in magazines, on television, and from other sources, adolescent girls come to view themselves as lesser than other girls and women because they do not believe they measure up to society's ideals of the female

¹⁰ An interesting point to note is that in the same way that femininity affects girls' psychological well-being negatively, Tolman et al also found that "boys who espoused" and internalized "traditional ideas about masculinity" had "lower self-esteem than boys who did not" (93).

body. In fact, “Girls who internalize messages that their real thoughts and feelings are not valued and their looks are their greatest commodity may be doubly at risk for experiencing poor mental health” (Tolman 87).

Because as children girls learn to depend on the opinion of others to determine their own beliefs, as women it is difficult to form their own, independent, body images. As Rodin explains, “young girls learn that being attractive is intricately interwoven with pleasing others” from their parents, friends, and teachers (58). In learning about the importance of relationships, de Groot emphasizes the effect mother-child relationships can have on a child. In their relationships with their mothers, female infants become more attuned to their own subjective experience, which can “render them more vulnerable to the disapproving responses of others” (de Groot 134). The mother-child relationship can also affect a girl’s later sense of affectivity and agency. During the first months of infancy, a child develops her sense of affectivity, which de Groot (drawing from the work of Daniel Stern) defines as an “inner sense of vitality...contributing importantly to the development of a ‘core self’ during the first months of life” (138). When the ability to find one’s core self is disturbed, eating disorders can arise because the girl cannot see that she has needs that are as important as others’ needs. If there is no foundation for seeing one’s self as distinct and important, a girl learns that responsibilities to her family come before nurturing herself. de Groot found that because of the inborn temperament and the early emotional foundations laid by girls’ mothers, girls are more likely to disregard their needs and opinions and tend to those of others.

de Groot further explains that “female identity is more closely tied to relationships and interdependence ... [and] females may be more in tune with their own subjective

experience and that of others” (132, 134). Because of this characteristic of identity formation, women see themselves based on how they are viewed by others. Their own opinion of their self-worth and self-image will not be as important as how they believe others view them. According to deGroot, girls’ emphasis on “external confirmation to consolidate the sense of identity and maintain self-esteem may heighten concern about physical appearance in females” (134).

In addition, because girls and women are so in tune with other’s feelings, they worry more about what others think of them. This concern combined with unrealistic expectations about their bodies leads them to become overly concerned about how others view their bodies. According to Hesse-Biber et al in “A Longitudinal Study of Eating Disorders Among College Women,” women who remain at risk for an eating disorder after recovery, grew up in families in which there was an “over-emphasis on physical appearance with particular concern for the importance of being thin” (399). In contrast the women in the “get-better group reported that their parents never placed emphasis on issues concerning weight and/or appearance” (Hesse-Biber et al 399). To conclude, as Lee writes,

[the] journey from girlhood to womanhood involves forms of self-silencing whereby girls become preoccupied with how they are perceived by others. Femininity means moving from assertive actor to developing woman, learning to respond to the world indirectly through the filter of relationships. Women are encouraged to accommodate male needs, *understand themselves as others see them*, and feel pleasure through their own bodily objectification, especially being looked at and identified as objects of male desire. (88, emphasis added)

In addition to a disrupted sense of self in adolescent females who are dependent largely on others’ views, bulimics and anorexics specifically exhibit similar psychological disturbances in regards to the formation of relationships. As de Groot

discusses, Richard Geist found that both anorexia and bulimia are “two variations of a defensive structure mobilized to cope with a disruption in the early parent-child relationship” (de Groot 130).

While girls and women value love and relationships, American culture values those who are independent. As Hesse-Biber et al explain, many “adolescent girls are hindered by the cultural beliefs that place greater importance on separation and individuation at the expense of relationships” (390). At the onset of adolescence, when the demands that they become more autonomous interact with the emphasis on relationships and interdependence, girls often are thrown into a tail-spin. While they value the benefits of relationships, culture values those who do not need relationships.

Jean Kilbourne in *Deadly Persuasion* explains:

As most [...] know so well by now, when a girl enters adolescence, she faces a series of losses—loss of self-confidence, loss of a sense of efficacy and ambition, and the loss of her “voice,” the sense of being a unique and powerful self that she had in childhood. Girls who were active, confident, feisty at the ages of eight and nine and ten often become hesitant, insecure, self-doubting at eleven. Their self-esteem plummets. (129)

It is important to note that the effect of these relationships can prevent one from fully recovering from an eating disorder. As Hesse-Biber et al explain, “women in the remains-at-risk group express extreme self-doubt and a diminished self-esteem with regard to their ability to contend with both autonomous and relational aspects of their lives” (396). What they learn to value as girls and what culture values are entirely different. Girls learn that if they want to survive, much less thrive, in society, they will have to become more like what society wants: rational, self-sufficient, and independent, yet they also learn that to be feminine they should place higher value on relationships. Because girls desire and value love and relationships, they are threatened with the

removal of love and acceptance if they do not look like society wants. They learn that thinness and beauty mean happiness. Thinness and beauty mean more relationships. Thinness and beauty mean acceptance. *Thinness and beauty mean love.*

Young girls may not realize that what they think about themselves is comprised largely of what others think. This is complicated by the fact that as many girls start to develop, they begin to feel more and more uneasy about their bodies and its changes. They do not know what to think about their developing breasts, or their widening hips. However, when girls begin to listen to the generalized “Other,” to media sources or popular culture, they learn that this bodily development is not positive. In fact, as girls become more and more like women, the more ashamed they become of their bodies. The adolescent body is becoming fleshier and has rounded edges; it does not resemble the rail-thin looks of fashion models and the cultural ideal. Girls have “strong negative experiences of self-consciousness and embarrassment” surrounding their bodily changes, and there is “the internalization of ambivalence about women’s flesh and sexuality” (Lee 90). As she looks at herself in the mirror, she sees herself with the eyes of the larger society in which she lives. She is not seeing herself as she truly is (or should), but as she believes others see her. The weaker the foundation for seeing one’s self as distinct and important, the more what others think (or what one believes others think) may take hold.

With these messages about love, relationships, body image, and perfection internalized, girls and women often begin to act out against themselves. They have learned to hate their bodies as much as culture does. Their source of self-worth comes from external sources rather than from within. The low self-esteem that girls and women develop because of cultural messages about the female body greatly affects their eating

habits. Their lack of love for themselves translates into eating patterns that reflect feelings of worthlessness. With the psychological damage done, some women, in extreme cases, begin to inflict physical violence on their bodies via starvation or bingeing and purging. They begin to believe that if no one else is going to notice if they are gone, if no one truly loves them, because they believe they are so “fat” or so “ugly,” then why not shrink into the background? Or they may believe that if they lose enough weight they will be worthy of love and attention, or that if they control their eating and their bodies, the chaotic environment that is their home life or career will by extension be controlled.

The ability to control what a girl eats and what her body looks like may reflect a “distorted attempt to achieve a sense of mastery and to ward off disturbing affects” (de Groot 138). Thus, when a girl refuses to eat, it may be her only way of showing that she controls her actions and her body. She may also be praised when she loses the weight, giving her the attention and “love” she so craves. As Sirena J. Riley describes in “The Black Beauty Myth,” “it wasn’t being overweight that really screwed up [her] body image and self-esteem, it was *losing* weight. All of a sudden I was pretty” (360, emphasis in original). Riley found that her self-esteem improved with these messages about her new, thinner, body and beauty and knowing she looked more like the ideal (361-62).

While culture can have devastating effects on a girl or woman regarding her body image, it is not a straight line from cultural influence to an eating disorder. There is a spectrum of disordered eating: from women who worry about not fitting into a certain size jean or yo-yo dieting to girls or women who are hospitalized with severe eating disorders. These cultural factors intermingle with other factors; according to de Groot,

eating disorders and body image distortion are due in large part to temperamental and psychological factors. Yet de Groot also acknowledges the power of the *interaction* among these psychological factors and the cultural forces with which girls and women are bombarded. The early emotional foundations lay by family and American culture encourage girls and women to disregard their own needs and opinions. Girls are taught to be in tune with and tend to the needs of others. They come to believe what others feel or think is most important and develop a strong need for approval from others. In a society that emphasizes certain types of physical appearances, they become overly concerned about how others view their bodies. When they lose weight and are praised for doing so, they feel they have met others' expectations and gained their approval. They may enter a cycle in which they will not stop losing weight because of their continuous need to gain the acceptance of others and they are put at risk by other pre-existing psychological and familial factors.

WHAT EATING DISORDERS REALLY LOOK LIKE

Anorexics are not just "on a diet." They eat slowly, methodically, often taking hours to eat a small amount – one carrot, a cup of yogurt, one baked potato, or a cup of soup. Many anorexics exercise for hours a day to compensate for any food intake. Because anorexics eventually rid their bodies of all body fat, and their diets contain inadequate protein, they grow fine hair (called lanugo) on their faces and bodies, which helps keep them warm. The lack of fat in anorexics' diets (and on their bodies) also causes their periods to stop, a condition called amenorrhea, which can sometimes lead to serious, permanent damage to their reproductive organs and often causes infertility. Their hair becomes brittle and dry, as does their skin. Anorexics' blood pressure often

drops to dangerously low and unstable levels, a condition called hypotension (Hornbacher 130, 178). As David Hartman et al conclude in their article “Bone Density of Women Who Have Recovered from Anorexia Nervosa,” anorexics’ bones often are unable to develop fully, leading to “skeletal abnormalities,” reduced bone density, “irreversible developmental and growth retardation,” an increased risk of bone fractures, and osteoporosis, even after a full recovery (107-108, 111).

Anorexics’ bodies begin to lose the features that resemble anything womanly – rounded hips, breasts, and thighs. The anorexic body becomes androgynous and childlike. The anorexic has no breasts and no hips; she does not menstruate. The anorexic body is fragile, harmless, and without sexuality. Anorexia silences one’s sex. It removes all traces of natural, female body fat, which according to Wolf is part of a woman’s sexuality (“Hunger” 98).

Bulimics are characterized by “food hoarding, stealing and disappearance” to binge and their purging behavior often involves various methods, including “self-induced vomiting, diuretics, laxatives, amphetamines, cocaine, insulin, enemas, exercise, fasting, emetics” (Kronberg). The binge-purge cycle, causes “stomach cramps, malabsorption of fat, protein and calcium,” as well as “abdominal bloating, constipation, sluggish bowel function” (Kronberg). Bulimics specifically, due to the purging activity, experience “frequent dental problems: loss of tooth enamel, receding gums, increased cavities,” “split lips, mouth sores, sore throat, hoarse voice” (Kronberg). Purging also creates “esophageal tears, chronic esophagitis” (Kronberg). Bulimics have “muscle spasms, dizziness, cardiac arrhythmia,” and hypokalemia (low potassium) (Kronberg).

Eating disorders in general hinder one's growth, cause osteoporosis, infertility, "and raise the risk of frequent miscarriages or low birth weight babies" (National Women's Health Resource Center). Anorexics are easier to spot than bulimics because of their dramatic appearance. In contrast to anorexics, "Bulimic women may be of any weight, from very thin to fat by social standards" (Brown 62). Bulimics often look like the average girl or woman, yet they are not healthy: "Generally, the symptoms [of bulimia] are subtle, and bulimic women aren't necessarily thin. Even so, women with bulimia may be starving nutritionally, since they are not getting the vitamins, minerals, and other nutrients they need" (National Women's Health Resource Center). Many bulimics are medically classified as malnourished and dehydrated. Those with eating disorders often become addicted to appetite suppressants and laxatives, or ingest less than three to four hundred calories per day because they fear fat and food to such an extent they literally will do anything to rid themselves of it.

Both anorexics and bulimics often develop include anemia, a deficiency in the hemoglobin, which causes a pallor, or weakness, and breathlessness; they also develop unstable and bradycardiac (slow) heart rates. Anorexics often become faint or dizzy upon standing, and can develop cyanosis, or poorly oxygenated blood, heart murmurs, and digestive ulcerations (Hornbacher). Anorexics often have ketones in their urine, showing their bodies are not metabolizing fatty acids, which can sometimes lead to blood vessel damage (Hornbacher 141, 178). Due to the lack of fat in their diets, anorexics' bodies eat all the fat stored in their bodies. Their bodies then eat their exoskeletal muscles, eventually eating up their internal organs, "one of which is the brain" (Hornbacher 257). Anorexics' brains, bones, and muscles shrink. Because their brains shrink, the longer

they endure starvation, and the more cognitively distorted they become and the more they cannot reason that they should stop starving themselves. Their kidneys are failing, as are their hearts. And these consequences often are irreversible.

Anorexia is the most fatal of the psychiatric disorders. It is estimated that between five and twenty percent of treated cases of anorexia are fatal, “a rate considerably higher than that of other psychiatric disorders” (Gordon 25). In addition, many sufferers of anorexia never fully recover and often relapse repeatedly. These incidence and mortality rates should not be easily ignored, as women and girls are suffering, mentally and physically, in the prime of their intellectual and bodily development. While anorexics are slowly killing themselves by starving themselves, bulimics also are doing irreparable damage to their bodies and are characterized by “Suicide thoughts and attempts” (Kronberg). Between thirty to sixty-three percent of bulimics relapse (Stein), yet there is “no evidence of increased mortality in bulimia nervosa” (Keel et al 183).

PSYCHOLOGICAL LITERATURE ON EATING DISORDERS

There are at least eight million victims of eating disorders in America, seven million of which are women (“Facts”). According to the National Association of Anorexia Nervosa and Associated Eating Disorders, “Only 50% report being cured” and “it is estimated that six percent of serious cases [of eating disorders] die” (“Facts”). The rate of bulimia appears to be on the rise, whereas while the rates of anorexia increased in the 1970s and 80s, its rates have been stable since that time, though its incidence “appears to be on the rise among preadolescent girls,” according to Helen Gremillion in *Feeding Anorexia* (211). Anorexia is clinically diagnosed only in 0.5 percent of the

population, typically in women between the ages of 13 to 25, yet one can extrapolate the percentage and age range to determine that “the number of young women with clinical anorexia nervosa...in the United States...[is] around 120,000” (Gordon 69). According to Lucy Colvin in “Thousands of Women are Throwing Up Their Food Today,” “25% of women on college campuses have bulimia and 150,000 women die each year from anorexia nervosa and bulimia” (7) and “as many as 80 percent of female [college] students have reportedly binged at one time or another. That may be especially true among minority women” (National Women’s Health Resource Center).

One’s culture, environment, and family have an effect on the ways in which people perceive their bodies and, as de Groot explains, eating disorders are caused by a mixture of many psychological factors and cultural forces. Cultural pressures working in tandem with other key traits and personality vulnerabilities, caused by an interaction of one’s genetics and their familial and social context seem to be useful predictors of future or current eating disorders.

G. R. Leon et al’s study, “Four-year Prospective Evaluation of Risk Factors,” addresses the influence of pressures to be thin and achieve the female body ideal on the development of eating disorders. According to Leon et al, “Psychosocial influences regarding ideal body build for females and males in which being overweight is highly disapproved, and for girls and women in which unrealistic standards of slenderness are imposed may [...] provide a pathway to disordered eating” when coupled with certain psychological vulnerabilities (194). Further, according to David Garner in “Pathogenesis of Anorexia Nervosa,” “restrictive dieting and feelings of insecurity can *induce* anorexia nervosa in those who are vulnerable” (Garner 1633, emphasis added). Additionally,

Garner asks pointedly: “Given the profound cultural pressures on women to diet, it is perhaps pertinent to ask why all women do not develop some level of disordered eating?” (Garner 1633).

Cultural attitudes about the female body ideal are a specific risk factor for the development of bulimia. Other risk factors for bulimia include being female and thus being pressured to live up to the values of attractiveness and thinness and to develop further concerns about one’s body and diet. As Ruth Striegel-Moore et al conclude in “Toward an Understanding of Risk Factors for Bulimia,” “bulimia is primarily a woman’s problem,” as “weight concerns and dieting are so pervasive among females today that they have *become normative*” (246, emphasis added).¹¹ The salient socio-cultural variables which contribute to the development of bulimia nervosa, according to Striegel-Moore et al, include: a societal value of “attractiveness and thinness,” a stigmatization of obesity, and rules which are applied more stringently to women than to men (“Toward an Understanding” 247). Striegel-Moore et al outline the personality traits which put one at risk for bulimia specifically, which include “an ability to regulate negative feelings, a need for immediate need gratification, [...] and a fragile sense of self” (Striegel-Moore et al, “Toward an Understanding” 253). Bulimics also are interpersonally sensitive and typically have low self-esteem (Wonderlich and Mitchell). These personality traits, particularly the fragile sense of self and low self-esteem would make them more vulnerable to cultural messages about what would make women feel better about themselves: improving their bodies’ appearance. Women who aspire to meet

¹¹ The normalization of anorexia and bulimia will be discussed further in Chapter Four.

these ideals are at more risk to develop bulimia (Striegel-Moore et al, "Toward and Understanding" 247).

Other risk factors for bulimia, which seem to reflect the general status of the female body in America, include: repeated dieting, restriction of eating, affective instability, and a familial context which upholds the socio-cultural value of thinness and beauty (Striegel-Moore et al, "Toward and Understanding" 254). Similar to Striegel-Moore et al's findings regarding cultural preference for a thin female body, Kelly Klump et al also found in their study of non-shared familial environments, "Does Environment Matter?," that bulimics have "higher levels of childhood and adolescent body shape/weight-related teasing experiences" (130).

Additional socio-cultural factors which may put one at risk for bulimia include: the increase in women's average body weight during the past thirty years, the socio-cultural dictum that one has total control and responsibility for their body shape and appearance, the fitness movement, sex role confusion for women, personal pressure based upon the increased opportunities women have, and the creation of unreasonable goals for oneself in relation to those opportunities (Striegel-Moore et al, "Toward an Understanding"). The fit body look is particularly problematic because of the interaction of socio-cultural factors and female biology and the un-attainability of these fit bodies for most real women, as according to Striegel-Moore et al, "women's bodies are predisposed to have a fairly high proportion of fat," thus the "no-fat ideal reflects an 'unnatural' standard for many women" ("Toward and Understanding" 257). Dieting or cultural pressures do not automatically lead to eating disorders. They must occur in tandem with other risk factors, disorders, and personality traits, but it seems that the nature of the way

the female body is viewed in American culture does play a role in the development of bulimia specifically.

Although Leon et al's review of literature found that dieting is a "precursor to eating pathology and eating disorder diagnosis," it is not *always* a precursor, because so many adolescent females diet, so "it is important to assess the psychological and behavioral concomitants of dieting in predicting later disordered eating" (182). As Pamela Keel and Kelly Klump discuss in "Are Eating Disorders Culture-Bound Syndromes?," they found that while "Anorexia nervosa does not appear to be a culture-bound syndrome" (755), meaning that they found it occurs across time and cultures at relatively the same rate, bulimia is a culture-bound syndrome, as there was a "large and significant rise increase [in its] incidence during the latter half of the twentieth century" (761). For them the influence of culture is a salient and contributory factor more for bulimia than for anorexia (Keel and Klump).

In contrast, according to Ellen Willemsen and Hans Hoek in "Sociocultural Factors in the Development of Anorexia Nervosa in a Black Woman," "acculturation plays a role in the development of eating disorders and that women in ethnic minorities are at greater risk of developing eating disorders when they identify more with White, middle-class values" (354). The cultural values of America, particularly the "internalization of the Western thinness ideal can play an important mediating role in diet restriction, leading eventually" to anorexia nervosa (Willemsen and Hoek 354). While anorexia is "rarely found among Black women," Willemsen and Hoek found that the "contribution of sociocultural influences in the form" of holding Western values in high esteem, or becoming more familiar with Western media, led to the development of eating

disorders (354). Gremillion echoes this importance of cultural context – particularly the “contemporary industrialized” contexts, adding that anorexia is reported in “places where [there has been] a surge of capitalist development,” causing a “rapid increase in the incidence of eating disorders” (5).

It would seem, however, that regardless of whether cultural views of the female body *directly* cause anorexia or simply put one at risk, certain characteristic anorexic personality traits would increase the vulnerability and sensitivity of that population to the messages of American culture. Klump et al emphasize the importance of the interaction between one’s environment and genetic risk factors and personality predispositions in “Genetic Relationships Between Personality and Disordered Eating.” As they explain, “Genetic diatheses are merely predispositions if environmental stressors do not trigger symptoms” (Klump et al, “Genetic Relationships” 387). The interaction between one’s culture and one’s individual predispositions for psychopathology can lead to the development of eating disorders. One personality trait which Klump et al found, that “Women with eating disorders have [...] decreased levels of positive affect and optimism” (“Genetic Relationships” 384), may lead certain women to be even more vulnerable to the cultural demands regarding the body than other women. They may be less able to resist the pressures regarding the female body or may believe that looking like the ideal will improve their emotional and psychological state, making them happier, increasing their positive affect.

According to the American Psychiatric Association, “patients with anorexia nervosa have been described as having difficulties with separation and autonomy [...], affect regulation [...], and negotiating psychosexual development. These deficits may

make women who are predisposed to anorexia nervosa more vulnerable to cultural pressures for achieving a stereotypic body image” (American Psychiatric Association 9). Anorexia is not *only* women taking an obsession with their bodies and dieting to an extreme. Anorexia is an expression of a variety of factors, including an interaction between psychological vulnerabilities which then are exacerbated by a society that demands that girls and women meet certain ideals for the female body.

Anorexics in particular often have co-morbid social phobia. This social phobia may lead one to further believe that losing weight may help one socially, as the cultural perception is that looking like the ideal will lead to more social acceptance. Further, the expectation that girls and women in general put others’ needs ahead of their own may affect anorexic women in particular, as they live up to the “idealized conventional female expectation in which self-worth is defined and evaluated by the ability to care for and protect others” (de Groot 133). As Geraldine Shipton outlines regarding anorexics specifically in “Anorexic Space,” “Due to their lack of interoceptive awareness, they are more in danger of not fulfilling their own needs, concentrating on fulfilling the needs of others, and are not in touch with their own emotions” (443). Kaye et al emphasize that other personality traits of anorexia include: “conformity,” the need for external approval, and excessive compliance, adding that other common personality traits include a tendency towards “perfectionism” and “obsessionality” (Kaye 300-301). These traits may lead anorexics, more than average girls and women, to work harder to do what gets them praise and worker harder to meet an ideal.

Similarly, as N. M. Srinivasagam et al explain in “Persistent Perfection, Symmetry, and Exactness,” “even after 8-10 years of recovery, women previously ill

with anorexia nervosa showed greater risk avoidance, restraint in emotional expression and initiative, and *greater conformity to authority*" (Srinivasagam et al 1631, emphasis added). These characteristics, particularly the need to conform to authority, may hinder recovery as others' opinions take precedence and the urge towards perfectionism may lead them to need to perfectly approximate cultural ideals. According to Shipton, anorexics' "need for control and their perfectionism work in tandem to lead them both to enact their need for control on their bodies and to never think they are good enough. Anorexics fear making themselves heard, they fear taking up space, and being seen as verbally and physically powerful" (Shipton 443).

Like many girls and women, those with eating disorders believe that they have "little or no personal control over events in the world" and work to "*control absolutely* some aspect of their life'," as Tim Dalgleish et al state in "Perceived Control Over Events in the World in Patients with Eating Disorders" (453, emphasis in original). Restrictor-type anorexics specifically "have a desire to maintain control over one's self, life, and world, show extreme self-criticism, and show a need to maintain control at all costs," according to Klump et al in "Temperament and Character in Women with Anorexia Nervosa" (565). Abra Fortune Chernik, a former anorexic, also emphasizes in "The Body Politic" the importance of the role of control for an anorexic: "I felt powerful as an anorexic. Controlling my body yielded an illusion of control over my life" (78). This need for control is echoed by an anorexic, named Janine, on a pro-ana site. According to "Janine,"

I am full-fledged anorexic and beleive [sic] that this is the ONLY way to control. The power that I feel after starving for a week is just unbleivable [sic]. ana is my best friend and has taught me alot [sic] about self control

and over-coming urges to eat. it's hell for the first bit, but you'll get through it and so will everyone else if they just try. (emphasis in original)

For many anorexics, as well as bulimics, the need to control their bodies and their environments is tantamount to their need for nourishment, health, and their lives. Control and power over their body, their hunger, and their need for nourishment takes precedence over the fact that they might do irreparable harm or die. As swallowthepain states,

I have become a bulimic and i feel like it is the best thing that has ever happened to me, so far i have lost 40 lbs in only a month and a half, i know i have a long way to go but i feel like bulimia has cured me. I am getting so much a better life, being healthier happier and thinner. Having an eating disorder is not a problem, everyone else is just jealous because we are stronger than they are and *we have learned to control our bodies.* (emphasis in original)

Those with eating disorders are characterized by: “negative emotionality;” “high stress reactivity and depression;” and “poor interoceptive awareness” (Leon et al 182). Negative affect also is predictive of eating disorders and it serves “as a nonspecific psychopathological vulnerability factor; the particular disorder or disorders manifested may depend on cultural influences, personal experiences, and family vulnerability factors, either environmental or genetic” (Leon et al 194). Given this negative affect, it seems that girls or women who develop eating disorders often misinterpret everything through a negative lens (their negative affect), and every event is distorted. As Marya Hornbacher explains in *Wasted*, people “with eating disorders tend to be very diametrical thinkers – everything is the end of the world, everything rides on this *one thing*, and everyone tells you you’re very dramatic, very intense, and they see it as an affectation but it’s actually just how you *think*” (237, emphasis in original).

This negative affect may be similar to what William James describes in *Varieties of Religious Experience* in discussing sick souls (120). Sick souls are full of “darkness

and apprehension” with a “peculiar form of consciousness” (James 12). They feel helpless and powerless and when they are met with criticism, resistance, or negativity; they are easily sent into a state of sickness. James’ sick souls seem to have an inborn temperament that leads them to feel they cannot be happy. Similarly, anorexics have high expectations for themselves; yet these goals are made to seem unattainable, because of their negative outlook. While the sick soul described by James is suicidal and melancholic, believing no good can reside in the *world*, the anorexic may be seen as a sick soul who believes no good can reside *within her*.

Regardless of how unrelated an event is to her, a woman with an eating disorder still believes she is partially to blame for it and possibly could have prevented it. While there is no one to turn to outside of herself, an eating disorder sufferer also lacks a sense of self. She is unable to make decisions herself, instead relying on what others believe and conforming to it. This could lead her to no longer be able to define how she believes she should look or what she should eat. As de Groot explains, women with eating disorders are “unaware of or confused about their subjective experience” (137). They cannot label their experiences accurately, have “difficulty identifying emotions,” as well as feel “unable to regulate affects, which contributes to their ineffectiveness” (de Groot 138, 140, 142). While both anorexics and bulimics have a lowered sense of internal control, anorexics in particular have problems “in recognizing or accurately labeling their feelings, bodily experiences, or distortions in body image” (de Groot 143, 137). This resembles in many ways the adolescent female psychology and the heightened attention to what others think. As Leon et al explain, “within particular cultural contexts, there is a link between” a “psychopathological vulnerability in which high stress reactivity and

negative mood coupled with difficulties in labeling emotional arousal” and “body dissatisfaction and poor self-esteem” (Leon et al 194); these characteristics “form the vulnerability through which some type of psychopathology develops over time” (Leon et al 182).

Girls in general are put at additional psychological risk upon entering adolescence, as by this point others’ perceptions of their appearance has become fundamental to them and at this stage the body begins to change in ways that looks less like the thin feminine ideal. When puberty, adolescence, and reliance on others’ approval are combined with females’ increased dissatisfaction with their bodies, “pubertal development may create a particular problem for girls,” becoming a “major developmental challenge that amplifies a variety of risk factors for bulimia in adolescence” (Striegel-Moore et al, “Toward an Understanding” 250). Given the sociocultural context in which girls and women live and develop, those women who “are genetically programmed to be heavier than the svelte ideal... [rather] than those women who are naturally thin” may be at increased risk for bulimia (Striegel-Moore et al “Toward an Understanding” 254). A protective factor seems to be a girl’s ability to “put distance between the societal ideal and her own expectations for herself” (Striegel-Moore et al 1986 257).

Given the importance of one’s cultural context and the influence it can have on the development of eating disorders, how much of what women experience regarding their bodies is a product of occupying a certain position due to one’s race or ethnicity, class or sexuality? Factors such as being a member of a higher socioeconomic class or being white, while they may have a protective function in American society against some

problems, do not seem to protect against the development of eating disorders.

Hornbacher, for example, despite having many “advantages” – white, middle-class, and highly educated – in her personal account of her fight against anorexia, bulimia, and other forms of disordered eating gives insight into the ways in which gender expectations, the standards of female beauty, and the family dynamic can interact to lead to the development of eating disorders among women in American culture. Hornbacher’s memoir addresses, while not explicitly, the ways in which sex, race, and class interlock and while having given her many advantages both did not protect and may have contributed to the development of eating disorders. In spite of what many would see as a privileged situation, Hornbacher’s life still carried with it many risk factors, which led to the development of a life-threatening disease. She was expected to look a certain way and achieve at a very high level from a very young age.

Although Hornbacher, because she is a white, middle-class woman, was put at a disadvantage in certain ways, also had advantages because of those factors as well. She was not prevented from obtaining psychiatric treatment in various forms, many times, because of her race and class, as women of other races or classes might have been. Other women – women of color or poor women – often do not have access to any treatment, are not suspected of having an eating disorder, do not have the ability to take time “off” to get psychological help, or do not report that they have an eating disorder. In fact, as Striegel-Moore et al found in “Eating Disorders in White and Black Women,” “black women [are] particularly unlikely to have received treatment specifically for an eating disorder” (1330). Yet it may not only be a lack of access which causes women of color to not get treatment. They may not self-report their disorders or professionals may make

assumptions based on stereotypes about women of color not being prone to eating disorders or body image issues. According to Striegel-Moore et al, “health care providers [may be] unfamiliar with eating disorders in ethnic minority groups and are therefore less likely to assess patients for the presence of an eating disorder” (“Eating Disorders” 1330). Because eating and body issues are not expected in women of color, as Shelly Grabe and Janet Shibley Hyde emphasize in “Ethnicity and Body Dissatisfaction Among Women in the United States, “women of color [...] may be overlooked” and “body image dissatisfaction may be ignored as an issue” (635).

The assumption that body image issues and the female body ideals affect white girls and women more often than girls and women of color is not supported by psychological research. In fact, according to Kilbourne, the differences between girls and women of color who are lower-class and white girls and women

more often mean that the problems remain hidden or undiagnosed and the girls are even less likely to get help. Eating problems affect girls from African-American, Asian, Native American, Hispanic, and Latino families and from every socioeconomic background. The racism and classism that these girls experience exacerbate their problems. (130)

According to Meg Lovejoy in “Disturbances in the Social Body,” white women and African-American women both “tend to distort their body image” but “in opposite directions,” with white women striving towards thinness and African-American women towards obesity (243). In contrast, Striegel-Moore et al found in “Drive for Thinness in Black and White Pre-Adolescent Girls” that “black girls evidence [a] greater drive for thinness than white girls,” which “challenges the common assumptions about the relationship between race, weight, and eating disorders” (67). However, Striegel-Moore et al also found that African-American females are not as willing to take drastic steps to

achieve that thinness, as white females often are (“Drive For Thinness” 67). This may be due to the fact that “overweight Black women are not as stigmatized by the larger society or by their own culture as are white women” (Beauboeuf-Lafontant, “Strong and Large” 115). African-American women may not be as affected by the American cultural beauty standards because, according to Lovejoy, African-American women may have “strong positive self-valuations” or may not be as susceptible to the political and social institutions which “promote [...the] exacting feminine ideals of thinness and beauty” (249).

Grabe and Hyde also found more body satisfaction among African-American women than for white women (624) and while some research shows there is a larger body ideal for Latina women, research is not conclusive regarding “whether a different cultural ideal of beauty buffers [Latina] women from body dissatisfaction” (Grabe and Hyde 624). Grabe and Hyde also found that Asian-American women feel similar to white women about their bodies, expressing a lower body satisfaction.

Regarding race and ethnicity and their role in the development of eating disorders, according to Cecilia A. Arriaza and Traci Mann in “Ethnic Differences in Eating Disorders Symptoms Among College Students,” “severely restricting one’s food intake for the goal of losing weight [is] more common among Whites than among Hispanics and Asian Americans” (313). However, according to Arriaza and Mann, some results of their study run counter to the stereotype of Whites and Asian Americans being more concerned about their weight than Latinos. Their study suggests that “Hispanics, Asians, and Whites, compared at similar weights, show equivalent levels of concern about their weight;” the difference is the response to the concern about their weight (Arriaza and

Mann 313). As in other studies, they also found it is White women who “restrict their food intake to change their weight” (Arriaza and Mann 313).

Regarding the acceptance of fat on an African-American woman’s body – to Riley that fat is more acceptable on an African-American body is *not* positive. Instead, for her it is “patronizing, because they’re basically saying “It’s OK for you to be fat, but not me. You’re black. You’re different” (Riley 368). The fact that fat is demonized in America, but is acceptable on an African-American body, to Riley reveals another layer of racism in American culture (369), particularly surrounding the African-American female body. As Beauboeuf-Lafontant discusses in “Strong and Large Black Women?” via Cheryl Townsend Gilkes, “many African-American women know that *the most respected physical image of black women, within and outside of community, is that of the large woman*” (114, emphasis in original). But in spite of this ideal and this stereotype, it is “a myth that the body ideal for black women is large, or that black women aren’t concerned about their looks, or that they don’t diet or binge. [...] We think that these problems affect only affluent white women. [However,] Eating disorders cut across the socioeconomic and ethnic spectrum” (National Women’s Health Resource Center).

It is problematic that there is a dearth of studies about the body image and eating disorders of women of color, because to assume that all “women who are not White evaluate their bodies in similar enough ways to warrant being analyzed as a homogenous group” (Grabe and Hyde 624) is troubling and should be remedied. The stereotype of the strong African-American woman who is larger or overweight, or the Latina woman with a “large, full-bodied” (Grabe and Hyde 624) stereotypical ideal, does not serve African-American or Latina girls and women well, because it downplays that there might be other

issues causing a woman to be heavier: oppression, overwork, lack of access to someone with whom she can discuss the difficulties she faces, lack of money or time or healthy foods. As Riley emphasizes, “Just because women of color aren’t expressing their body dissatisfaction in the same way as heterosexual, middle-class white women, it doesn’t mean that everything is hunky-dory” (369). The image of the “‘strong black woman’,” according to Beauboeuf-Lafontant, “is a limiting rather than empowering construction of black femininity and [...] it rewards women for a stoicism that draws attention away from the inequalities they face in their communities and the larger society” (“Keeping Up” 105). It does not address systems of interlocking oppression, such as racism and sexism, and the expectation that African-American women can “handle it.”

This stoicism is discussed by Siobhan Brooks in “Black Feminism in Everyday Life.” As she explains, therapy or help for mental illness either was not available or was not something sought out by the African-American women she grew up with because they “prided themselves on being ‘strong Black women,’ not ‘weak’ like white women or ‘crazy’ like white people who were in therapy” (Brooks 108). Thinking that women of color are not affected by the “*golden girl problem* [...] can be costly for ethnic-minority women” (Grabe and Hyde 634, emphasis in original). Thompson emphasizes that “The association of eating problems with ‘whiteness’ has made some women of color unwilling to seek help” (15). The ideal of the strong African-American woman, according to Lovejoy via bell hooks, is a “destructive myth” as it makes it seem that all African-American women can “‘deal with all manner of hardship without breaking down” (255). They must be strong in body and strong in mind and not reveal all that they deal with. This myth and ideal hinders African-American women from addressing issues

specific to them; it prevents eating disorders or body images issues from being seen as even possible in African-American women; it does not aide them in getting help for eating or body issues, which may look very different from the expressions and causes of body issues white women have, because they are not expected to have them at all.

This image of the strong African-American woman does not promote taking care of one's body in a healthy way. It does not address what healthy eating or a healthy body looks like. Nor does it speak to the prevalence of binge eating disorder in African-American women, which may be why African-American women are prone to obesity. The prevalence of binge eating among African-American women partially explains, perhaps, the "high rates of obesity in ethnic minority populations," as there is a "strong association between binge eating disorder and obesity" (Striegel-Moore et al, "Eating Disorders" 1326). While "black women are less likely than white women to report dieting and vomiting," they are "equally or more likely to report binge eating" (Striegel-Moore et al, "Eating Disorders" 1326). Further, as Striegel-Moore et al report, "black women are less likely than white women to have experienced an eating disorder," but this was the case more for anorexia and bulimia, not binge eating (Striegel-Moore et al, "Eating Disorders" 1330).

Because "Black women often 'grow up amid positive messages about eating,' [...] compulsive eating may be a culturally acceptable way for these women to speak the unspeakable" (Beauboeuf-Lafontant, "Strong and Large" 118), this does not mean compulsive eating, binge eating, or obesity are healthy or should be idealized. Neither of the two ideals African-American women feel compelled to live up to – either a thin, unrealistic, white female ideal or a heavier, sometimes obese, African-American female

ideal (which often is unhealthy and may be the result of consuming food as an emotional outlet) – are healthy. However, through compulsive or binge eating these may be some of the only ways in which African-American women can speak their truths.

Similar to the effect of believing women of color do not have eating disorders or deal with body issues, the identification of eating disorders with white, middle-class, heterosexual women also does not encourage lesbian women to get help with their eating problems, or to identify them as problems. As Thompson states, “The connotation of [eating disorders] as problems developed by those who accept male models of beauty means that a lesbian with an eating problem is admitting to being male-centered and therefore not appropriately lesbian” (15). Shame, guilt, embarrassment hinder the recognition and reporting of disordered eating in lesbians. Again, the view of eating disorders as only affecting those who strive to look like the stereotypical white, middle-class, heterosexual cultural ideal prevents those who need help from obtaining it.

While not all girls and women desire to look like the American cultural ideal, women of many different races, ethnicities, and sexualities *do* use their bodies as a way to express issues, problems, and traumas; they use their bodies to express their control or power over *something*. As Thompson found during her interviews with women of color, poor women, white women, heterosexual and lesbian women for her project, eating disorders do not develop as a result of *only* striving for the cultural bodily ideal. Eating disorders or eating problems are ways of coping with “inequalities besides sexist ones,” such as physical and emotional abuse, racism, or poverty, among others (8-9). As Thompsons emphasizes, assuming that eating disorders are always and only about wanting to look like the cultural ideal for white women, and always and only about not

worrying about obesity for African-American women makes white women appear much more vain and shallow than they are, and reinforces the stereotype of the African-American women as a stoic, obese, ugly Mammy (14). The complexity of what eating disorders are responses to must be kept in mind always, according to Thompson, as they reveal much about what girls and women struggle with as individuals in female bodies.

PHYSICAL AND PSYCHOLOGICAL ASPECTS OF PREGNANCY, MOTHERHOOD, AND BREASTFEEDING

The pregnant body is an outward manifestation of what largely has been achieved in private. It is a “visual manifestation of sexual activity and feminine fertility” according to Lucy Bailey in “Gender Shows” (117). It is a time of great confusion and turmoil, as well as happiness, for a woman – bodily, emotionally, mentally, and socially. Even if a woman is overjoyed to be pregnant, there are physical aspects of pregnancy which can be embarrassing, uncomfortable, and all-consuming. These include morning sickness, heartburn, gas, stretch marks, and vision and dental changes. There are other physical changes, complications, and conditions of pregnancy, childbirth, and the post-partum period which can be dangerous to a woman physically: gestational diabetes, hyperemesis gravidarum (an extreme form of morning sickness which can cause a woman to be unable to ingest any food or liquids), cesarean sections, hemorrhaging caused by placental tissue remaining in the uterus after birth, post-partum depression, and episiotomies. Another very serious condition is preeclampsia, which causes high-blood pressure, protein in the urine and edema; it can be fatal. As Barbara J. Berg explains in “Listening to the Voices of the Infertile,” “women experience pregnancy with [their]

whole bodies – from the changes in [their] hair to [their] swollen ankles – with all of [their] bodies and perhaps with [their] souls as well” (90).

According to Betterton, “‘being pregnant’ is represented as *unnatural* rather than a natural state and as a cultural rupturing of feminine and maternal norms” not from “the embodied viewpoint of the maternal subject nor to pregnancy as a process in itself” (Betterton, “Prima Gravida” 256, 266, emphasis in original). This is due to a male model of medicine which says that pregnancy is a condition which needs medical treatments. It is not viewed as something that is part and parcel of the embodied experience for women across time. For a pregnant woman, according to Iris Marion Young in “Pregnant Embodiment,” “The integrity of [the] body is undermined in pregnancy not only by [the] externality of the inside, but also by the fact that the boundaries of [her] body are themselves in flux” (277). She not only *feels* the bodily changes and sees them outwardly manifested (as do others), she also is subject (to the often very vocal) scrutiny of others - the pregnant body is a *public* body. “Pregnancy does not belong to the woman herself,” according to Young; rather, “It is a state of the developing fetus, for which the woman is a container; or it is an objective, observable process coming under scientific scrutiny; or it becomes objectified by the woman herself as a ‘condition’ in which she must ‘take care of herself’” (“Pregnant Embodiment” 274).

The “pregnant subject [...] experiences her body as herself and not herself. Its inner movements belong to another being, yet they are not other, because her body boundaries shift and because her bodily self-location is focused on her trunk in addition to her head” (Young, “Pregnant Embodiment” 274). She can both see outwardly and feel inwardly the movements of the fetus. She can *feel* the effects of her body changing and

can see them – as can others. When a woman is pregnant her body is not her own. As Raphael-Leff states, “Pregnancy, a quintessentially female experience, overnight virtually changes a woman into a container, as her womb becomes hothouse to the embryo. Conception invalidates the axiom of personal singularity – two people now live under one skin” (397).

Lucy Bailey interviewed a group of middle-class white women who were going to be first-time mothers about how “motherhood renegotiated their sense of a gendered identity” and how they “reconceptualized their sense of being women” (111). As she found in her interviews,

Bodily boundaries often had to be renegotiated because of external demands as well as changes within. Many commented that their bodies had become ‘*public property*,’ whereby friends and sometimes even strangers would come up, touch and stroke their bodies and comment on their changing bodily shape. For these privileged, white, middle-class women, this was a challenge that several had rarely previously encountered, and it is interesting to speculate on whether others’ readiness to touch them was connected to the discursive desexualization of the pregnant women’s body. Some of the women experienced this as an intrusion, although they also welcomed the breakdown of social barriers. (Bailey 122, emphasis added)

Thus, pregnant women’s bodies are public and up for more scrutiny than average female bodies, making others believe it is their “duty” to keep tabs on women, make sure pregnant women are acting in the best interest of the fetuses. Julia Epstein’s use of Katha Pollitt in “The Pregnant Imagination, Women’s Bodies, and Fetal Rights” is useful here: “How have we come to see women as the major threat to the health of their newborns, and the womb as the most dangerous place a child will ever inhabit?” (Epstein 123). What is mandated of women when pregnant is horrifyingly invasive. Women’s “wombs are coming to be seen as ‘dark prisons’” and women seen as

“threatening, irresponsible agents who live in a necessarily antagonistic relationship with the fetus” (Morgan 319).

Ultrasounds also contribute to the disembodied nature of pregnancy and the public nature of what is growing internally. The pregnant woman becomes “the site of her proceedings” (Young, “Pregnant Embodiment” 274). The interior of one’s own body is seen in live action, on a screen; as Epstein states, “female interiority has been made public” (112). This detachment eerily resembles the ways in which many women (not just pregnant women) do not know what they *actually* look like and are so detached from their body that it is an object to them. An ultrasound reinforces this disembodiment.

When pregnant, strangers feel permitted to touch the woman, to comment upon how she looks – that she is glowing; she is carrying low so she is carrying a boy; she must be overdue; or she is carrying twins. Others judge her, often openly. What she eats, drinks, breaths, or cleans with all are open for public judgment. “Does she drink caffeinated coffee? Is she eating unpasteurized cheese?!” shriek those who believe it is their place to say something. As Pollitt puts it in “Fetal Rights,” this is

a world in which women will be held accountable, on sketchy or no evidence, for birth defects; in which all fertile women will be treated as potentially pregnant all the time; in which courts, employers, social workers and doctors – not to mention nosy neighbors and vengeful male partners – will monitor women’s behavior. (416)

Once a pregnancy is visible to others, it is public. If a woman is seen eating something that is not “healthy” for a pregnant woman (and who deems something healthy is subjective to a great extent) then many feel they have the right to say something. They pass judgment on what the woman is eating because to them it is not really about her but about the health of the baby she is growing.

Jeffner Allen explains in “Motherhood: The Annihilation of Women” that “motherhood is dangerous to women,” as a woman’s biological ability to reproduce “becomes what *defines* her” (Allen 380, 381, emphasis in original). Women are supposed to sacrifice everything to have a baby, to have what makes one a “real” woman. Terry Arendell echoes this in “Conceiving and Investigating Motherhood” in stating “womanhood and motherhood are treated as synonymous identities and categories of experience” (Arendell 1192). Having a child is what many believe makes a woman a woman: “It is what makes her fulfill her true purpose;” it is seen as “a woman’s *raison d’être*,” according to Berg (85, 80). A woman is viewed as more of a woman when she is a mother: “being a wife and mother is still viewed as a woman’s primary and central function” (Berg 81). This is, as Thesander explains, due to the way motherhood is conceived of in American culture:

Biology has been used socially and culturally to maintain various feminine ideals based exclusively on motherhood. This perception of sex has not generally been used directly as a means of oppression, but by cutting women off from participating in most functions outside the domestic sphere – by not giving women any choice with regard to work – myths of femininity have been perpetuated and have indirectly worked as a mechanism for oppression. (21)

Due to the way motherhood is viewed as completing a woman, women take many risks to get pregnant and become mothers. In-vitro fertilization, intra-uterine insemination, hormone treatments, heparin shots, bed rest, vaginal birth, natural birth, caesarean sections, miscarriages – these are what many women go through to be a mother, and are often viewed as common occurrences. Becoming a mother can become a “compulsion” (Meyers 747) and when there is difficulty getting pregnant many women talk of how they will give up everything to have a child (and eventually they might).

They believe “not having a child would be devastating,” according to Diana Meyers in “The Rush to Motherhood” (Meyers 748) and so feel they should do everything to avoid that devastation. There is an encouragement to go to great lengths to have a child, and often these lengths disregard a woman’s needs, health, and welfare. By age thirty-five, if a woman does not have any children, most assume she cannot have children, that she wants them and is trying to conceive, or is now “too old” by medical and thus social definitions.

Being a mother often prevents women from being seen as (or perceiving themselves as) anything more than the reproductive services they provide and the roles they are supposed to play as mothers. Adrienne Rich explains in *Of Woman Born* that motherhood can be a source of power for women because it is something women can do that men cannot. But according to Rich, American culture values women when they are mothers and devalues them when they do other things in “other spheres” and puts pressure on women to “validate themselves in maternity” (ix), tempering the power women could possibly gain.

In addition to the demands of conceiving and pregnancy that are physically demanding, motherhood as an ideal is touted as the *only* thing a woman might want to do. As the women in Bailey’s study expressed, “Fertility [...] seemed to be integral to womanhood” (Bailey 117). A false naturalness is foisted upon motherhood to make it appear as though it is the *only* and easiest thing for a woman to carry out because it is what women were naturally “made for.” The family and being a mother are idealized in American culture in a way that makes it hard to escape (without tough consequences). Because of this idealization, as P.Choi et al explain based on their interviews with new

mothers in “Supermum, Superwife, Supereverything,” “it could hardly be surprising if some degree of unhappiness, characterized by negative affect/dysphoria, resulted as [women] adjusted to motherhood” (168). The rhetoric of what being a mother should be and should mean are internalized by women so that if they do not feel what they believe they “should” about their role or about their children, or are not the type of mother that they believe they “should” be, they feel like less than real women. As Choi et al describe, “[the women’s] accounts of the postpartum were predominantly negative. Their expectations, based on various myths of motherhood, were not met and they felt both unprepared for and overwhelmed by new motherhood. They experienced considerable loss as their lives became consumed by the tasks of mothering” (176).

Due to these expectations about motherhood specifically – that it will be a time of maternal bliss and relaxation – “the women overwhelmingly reported being unprepared for motherhood when their first child was born” (Choi et al 170). There are changes in a variety of realms a new mother will have to cope with: she “may also have to deal with feelings about her changed status as a woman and the loss of her former self, and changes to her relationship with her partner, where appropriate. Moreover, whilst some or all of this may be occurring, there is the overwhelming tiredness that inevitably follows childbirth, sometimes there is pain from childbirth procedures, and stress resulting from having to learn the practical skills of caring for an infant” (Choi et al 168).

Breastfeeding adds an additional dimension to the demands of motherhood. Breastfeeding can be a rewarding time of bonding and making a connection with one’s infant. It can be beneficial to both infant and mother – physically and psychologically. Yet breastfeeding also is hard *work*. In the newborn stage some women breastfeed their

infants as often as every 1.5 hours. This is demanding, both physically and mentally – the woman is able to sleep only for brief periods; she is drained of calories and liquids, and must drink more to increase her production of breast-milk. She is encouraged to eat only healthy foods during breastfeeding and may have to change her diet drastically if her infant has food sensitivities or allergies. When it goes well, breastfeeding can be difficult; when there are complications it becomes that much more challenging and sometimes uncomfortable: cracked nipples, mastitis, thrush (yeast), engorgement, breast infections, and low milk production.

When breastfeeding does not go well this can be devastating for a mother – she may feel like a failure and that she is not living up to a maternal ideal or giving her child what she or he needs. She may feel like a sub-par mother. If she works outside the home she may use a breast pump, which can be cumbersome and time-consuming. And while some women find breastfeeding to be an inherently rewarding experience, for other women, aside from the physical discomforts or issues they also may feel awkward socially – as though they should be ashamed for “exposing” a breast or nipple in public. For some women breastfeeding may not be possible because of sexual and psychological issues from their past which breastfeeding may bring up. Although many spouses are supportive, some women may also cope with a spouse who is not supportive of breastfeeding, who expresses a lack of attraction to their partner because she is breastfeeding, and either may not encourage or may outwardly discourage women from breastfeeding. She may be forced to breastfeed in private in her own home, or if she is in public she may be sent to the restroom to breastfeed.

In American culture the messages and ideals conveyed to girls and women can cause harm in a host of ways: from low self-esteem to consuming body preoccupation to feeling like a failure as a woman if you do not become a mother. While each woman is an individual, there is an alarming similarity in how girls and women experience their bodies physically and what they encounter psychologically – as mothers, as pregnant women, as adolescents, and as average women. When those ideals of American culture interact with genetic or familial psychological vulnerabilities, the consequences can be serious. Turning from these physical experiences and psychological vulnerabilities, in Chapters Three and Four the focus is on specific views of the female body and the ideals American culture has for that body. Chapter Three offers an in-depth analysis of American culture and the messages it sends women regarding such issues as femininity, sexist language, consumerism, rape, and race. Chapter Four is a cultural analysis of eating disorders, female sexuality and desire, and pregnancy, motherhood, and breastfeeding.

CHAPTER THREE: SEXIST LANGUAGE, FEMININITY, CONSUMERISM, RACE, AND RAPE

Bodies are not neutral, biological entities existing in a vacuum. One's body, the way one sees their body and the way others see it, is created in and viewed by a society that attaches different meaning depending on its biology. There are societal expectations based on biological sex regarding how one should look, how one should act, and what one should eat. Chapter Three is a cultural analysis and includes a discussion of such issues as the effects of language; consumerism; detachment from and objectification of the female body; hatred and "ugliness" of the female body; the "work" of femininity, race, and rape. The characteristics of American culture – the way the female body is viewed and treated, as well as how women come to view their own bodies – are the focus of both Chapters Three and Four. Within these chapters it becomes clearer why those with a female body suffer due to the demands placed upon them in the American cultural context and why so many women are put at risk just by virtue of living within female bodies. Considered are the roles of the color of one's skin, one's class, and one's sexuality in the perception and experience of the female body in American culture, and the ways these factors converge and affect the situated nature of the female body in American culture.

As a female body in American culture, a woman serves two important functions: an object on display and a receptacle for reproduction. While simultaneously constraining their sexuality and their bodies, women also are supposed to serve as an object for others to look upon or as a womb. As Morgan states, a woman's body is "viewed as a 'primitive entity' that is seen only as potential, as a kind of raw material to

be exploited in terms of appearance, eroticism, nurturance, and fertility” (316). It serves those purposes, but is not to be trusted and must be controlled. Yet, simultaneously, women (and men) learn that they must rely on the body to gain power in society. It is much as Morgan describes when she states that “Women have traditionally regarded (and been taught to regard) their bodies, particularly if they are young, beautiful, and fertile, as *a locus of power* to be enhanced through artifice” (313, emphasis in original).

Because of these messages regarding display and reproduction, women feel they must alter and change their bodies and more girls and women feel less satisfied with their bodies and looks from an earlier age. By the time they begin puberty, girls also have learned about the emphasis society places upon the way they look and the functions their body serves. How others view them becomes a crucial aspect of their self-images. However, the hatred of their bodies goes far beyond the emphasis society places on the way females look. The core sense of self that females develop is in large part based upon the way their bodies look and whether or not their bodies do what and look the way society demands. The community in which women live, the public with whom women interact, largely affects their senses of self.

To see how a woman’s self has been constructed, one cannot separate the person from the context in which she lives. The construction of one’s identity, one’s sense of self, and one’s body in accordance with messages from others can be problematic, particularly for females in America. As Hesse-Biber et al explain, “As part of membership in our society, young women have to learn how ‘to be a body.’ And, for the most part, what a woman observes in the mirror is what she uses as a measure of her worth as a human being” (58).

THE EFFECTS OF SEXIST LANGUAGE ON THE FEMALE BODY

As Kim Chernin discusses in *The Hungry Self*, men have had thousands of years to learn to express their fears and anxieties in a variety of ways they have deemed acceptable; women have not (31-32). As Chernin explains via Gerda Lerner, for five thousand years women's lives have been most damaged by the "'systematic deprivation from access to knowledge and from participation in the formation of philosophies which explain the world [...] and from the religions which shape [...] emotions and values'" (32). Thus, not only do women not have adequate social power, they do not have the linguistic or philosophical framework with which to organize their experiences. Now that women increasingly are part of the public life from which they were excluded, they are expected to adapt within a matter of decades, without any problems, to a public life for which they largely did not help set the standards. Their problems and crises cannot be expressed adequately because they did not help create the modes of acceptable expression or language of Western culture.

Many women often feel as though they cannot define their experiences. The experiences of women throughout history, and the role they played in the creation and development of many facets of American culture, have been ignored or suppressed by those who recorded history. Because women have been excluded from public life, and the role they played in the development of society has been ignored, they were unable to construct any accepted knowledge using a female frame of reference. The experiences of *men* came to define all *human* experiences. Thus, unlike men who constructed the framework within which their feelings and concerns are expressed, women's linguistic experience is similar to being in a foreign land, where they cannot speak the language.

They are linguistically alienated within that society. This complicates full immersion into any powerful positions within society, because, as the Sapir-Whorf hypothesis states, “language shapes the perception of reality as much as reality shapes language” (Frank and Treichler 3). Thus, omitting women from language creation and authorization leads women *and* men to believe women are not part of reality. This tells us much about women’s place in the world: when women are not visible enough in language, they begin to believe they are as unimportant as language tells them they are.

One of the effects of women not being part of the language creation is that the language which did develop is largely sexist. Sexist language leads women to feel degraded and invisible in American society. This type of language has a large “impact on women – the individuals most likely to feel demeaned and excluded by it – and language learners in general, for whom sexist language appears to foster sexist behavior” (Frank and Treichler 6). Believing such words as “*mankind*,” “*men*,” and “*he*” represent both women and men is accepting a myth. Instead, by using these words, young men’s egos are bolstered and young women’s egos are shattered (Bosmajian 98, 99). By using this type of language, women begin to realize they are not even seen as significant. Culture wants women to be invisible, without a voice, without power, without the ability to take part in their own lives or shape society. It wants women to have “no weight in the world” (Chernik 75).

American social structure, according to Sandra Bem in *The Lenses of Gender*, is “androcentric” or male-centered, and gender polarized (135). Androcentrism communicates that “males are the privileged sex and the male perspective is the privileged perspective;” gender polarization is the belief that women and men are

inherently different and women are lesser (Bem 138, 144). Due to the androcentrism and gender polarization characteristic of American society women and men begin to believe women are not part of reality. Thus, not only do those in Western culture learn to *speak* in a sexist way that does not include women, but, more importantly, they learn to *exclude* women because women are not visible in language. When androcentrism and gender polarization work in unison, women and men become predisposed to “reject any way of being or behaving that treats females as people whose needs, desires, abilities, and interests are to be taken seriously” (Bem 158). Women are “silenced and made inarticulate in the language” and become a “*muted group*,” whose “experiences...are rarely given attention” (Henley and Kramarae 386-387, emphasis in original).

Yet in spite of this linguistic disconnect, this linguistic invisibility, girls and women do learn that American culture expects *certain* things from them. The cultural messages of female silence, body control, and harnessing of female sexuality, for example, are transmitted via a host of sources, including sexist language, myths, and images. Sexist language communicates to women that they are worthless and insignificant, almost that they do not exist (or that they exist for very specific, male-centered, purposes). Those with authority in American culture are not content to maintain power and control over most every part of that culture. Many largely want to prevent women from participating in society at all and this is more easily attained if women are kept quiet, without a voice, without a language to speak.

Girls and women may internalize and come to believe what sexist language tells them regarding their worth and value. They may then come to take such ideas as their own and believe that the rhythms and cycles of the male body are connected to

rationality, or that natural female bodies are chaotic, disrupted by menstruation, childbirth, and the cycles of the female body. They may agree that because of their “chaotic” bodies, they are less connected to their minds and to reason, and are in need of control. Women’s bodies are more subject to the control of society and are more written upon by culture and society because they may come to believe their unruly, natural bodies need to be controlled because of “unknown powers” and the consequent “insecurity and mysticism” (Thesander 7). The language used to talk about girls and women, and the female body more specifically, is not only harming girls and women psychologically, but often leads them to harm themselves physically. Because their needs are not given a voice, women come to believe that their needs are not important and they may act this believed worthlessness, conveyed to them via sexist language, out on their bodies (to varying degrees and in a variety of ways).

What is communicated to girls and women about their bodies in particular (whether fat, skinny, or anywhere in-between) has an effect. Whether criticizing women’s bodies or extolling the virtues of a certain type of body, it can have detrimental, dramatic effects on girls and women and how they perceive and treat their bodies. Cultural attitudes about the female body in particular, and about girls and women in general, have a *real* effect on *real* girls and women. The body and the changes demanded of it by culture – the need to constrict it, restrict it, and clean it – symbolize what is demanded of women’s bodies by larger society. Beauty notions, the female ideal, and the need to change the natural body – conveyed via sexist language – are crystallizations of America’s values (Dworkin 112-113). Yet the way in which culture controls women has a personal, intimate effect on individual women. It is not just social, it is personal and

individual in the way it affects those women. As Dani and Sisi explain in the zine

Housewife Turned Assassin:

Ever since I can remember I have been teased about being 'too' skinny and as a result I hated my body. I tried everything I overate, wore a lot of clothes, stayed away from flashy colors, didn't wear shorts, dresses or skirts to school. I was constantly reminded my body was not approved of. 'skinny-bone jones', 'lanky', 'awkward', 'stringbean'. That's what I heard everyday [sic]. Not harmless, or funny. Mean shit to keep me feeling obsessive and self-conscious. I hated myself for not being/looking 'normal'. I hated being singled out. *People think these criticisms are harmless. Well, think again.* I feel the reason I was not accepted was because of the ideal body images that we see every minute of every day on TV, movies, magazines, books, billboards and overall social attitudes. Our lives are saturated with these bullshit images that we must live up to in order to be considered normal. (18, emphasis in original)

THE FEMALE BODY AS A BAROMETER OF SOCIAL CHANGE

During many historical eras, women's bodies and the decoration of their bodies has been representative of the changes taking place within their societies. As women gain more and more social power, for example, the more restrictions are put upon their bodies, as any "change of attitude in society and between the sexes has an immediate and obvious influence on the shape of new developments in fashion" (Thesander 53). Culture affects women's bodies in a subversive and covert way. Women's bodies can never be truly natural; they are always shaped to some extent by the culture in which they live. There is always some sort of ideal to which they must conform or battle against. The female body is a useful barometer for the societal changes taking place and the status of women in that respective society.

Historically, these messages are nothing new. In fact, whenever "material constraints on women are dangerously loosened" the violent messages that women must look and behave in a certain way become more prevalent (Wolf, *Beauty Myth* 14). At

various points throughout history, as women have gained social power, there has been a backlash against this power, a push back to either decrease or stave off any further increase in power. For example, in the late nineteenth-century, as Weitz explains, there was a combination of “new ‘scientific’ ideas with older definitions of women’s bodies as ill or fragile to argue that white middle-class women were unable to sustain the responsibilities of political power or the burdens of education or employment” (5-6). To this end, according to Weitz, “ideas about the physical and emotional frailty of women – with their strong echoes of both Christian and Aristotelian disdain for women and their bodies – were adopted by nineteenth-century doctors as justifications for keeping women uneducated and employed” (6).

Another example of the use of the female body to hinder and counter women’s social power is via the use of the corset. When women began to fight for the right to vote, they were encouraged by fashion magazines, one of the central conduits of popular culture, to wear corsets, which prevented proper breathing, sitting comfortably, or taking steps more than a few inches at a time. These debilitating garments kept women docile. However, as Thesander explains,

[As a] number of women gradually gained more influence over their own situation, [they] began what amounted to a revolt against the prevailing image of femininity. Emancipated women wore masculine clothes to distance themselves from specifically ‘female’ attitudes, which they believed kept women in a subordinate position: equality could be gained [they believed] only by eliminating the feminine. (100)

For thousands of years, women were denied access to most facets of public life. Since the 1960s, women who have careers and participate in life outside the home have been more accepted by larger society. However, to many in male-dominated culture and businesses, the power women were gaining was threatening. As women began to climb

to the highest positions in companies, for example, they were debilitated by the message from advertisements and from society that there was still one area they had not conquered, making their bodies thin and beautiful *enough*. It seems as though when “Possibilities for women [...] become so open-ended that they threaten to destabilize the institutions on which a male-dominated culture has depended, [there are] collective panic reactions [which force] a demand for counterimages,” writes Wolf (*Beauty Myth* 17).

One way in which women’s power has been kept in check is to keep women preoccupied, often obsessed, with something besides gaining more social power. Wolf describes “beauty” as the currency system that kept “male dominance intact” (*Beauty Myth* 12). The purpose of using beauty, and by extension what women eat and how thin they should be, is a “result of nothing more exalted than the need of today’s power structure, economy, and culture to mount a counteroffensive against women” (Wolf, *Beauty Myth* 13). According to Weitz:

as the modern feminist movement has grown, a backlash has developed that has attempted to reinforce more traditional ideas. [...] Throughout history, women have experienced social pressures to maintain acceptable appearances. [Yet] the backlash against modern feminism seems to have increased these pressures substantially. (8-9)

For example, as women began to proclaim their equality, “the weight of fashion models plummeted to 23 percent below that of ordinary women [...] and a mass neurosis was promoted that used food and weight to strip women of that sense of control” (Wolf, *Beauty Myth* 11).

A key part of keeping women chained to body ideals that work counter to their best interests is to make them collaborate in their own psychological oppression and act out that oppression upon their bodies. This process, according to Marilyn Frye in *The*

Politics of Reality, “requires that those [who are] exploited be relatively mobile, self-animating and self maintaining.... But it also requires that they not be free enough, strong enough or willful enough to resist, escape or significantly misfit the situation of exploitation” (59). Frye further explains that women’s “will and intelligence [must be disengaged] from the projects of resistance and escape [so] that they not be simply broken or destroyed” (Frye 60). Thus the woman has to believe she has the free will to “choose” to do these things to her body, but is so immersed in the cultural beliefs that she cannot adequately resist them or see that they work to her detriment. Women must not be weakened to such an extent that they believe they have no free will – they must at least perceive that they have some semblance of control. When women believe that they are their bodies, and when others see women as bodies, this makes psychological oppression easier by “breaking the spirit of the dominated and by rendering them incapable of understanding the nature of those agencies responsible for their subjugation” (Bartky 23).

Thus the woman who strives for a perfect, thin body works toward her further downfall, because what she is doing to her body has been made to appear as though it will benefit her and that it is *her* goal, what she *wants*. She is not simply making herself weaker knowingly, but is made to believe that looking like the ideal is a testament to her own control, willpower, or strength. She is made to feel good for living up to these standards and made to believe she chooses to do so. Because of this she does not resist, but complies, does not escape, but furthers others’ goals and takes them as her own.

CONSUMERISM, CAPITALISM, AND MEDIA IMAGES

The prevalence of advertising, the created and perceived need for objects, the marketing, blankets one’s life – whether a tween, teenager, pregnant woman, career

woman, or mother. Many blame society in general, and advertising in large part, for the state of the female body in American culture. From an early age, girls internalize advertisers' (and larger culture's) messages about their bodies. They are encouraged to worry about their appearances, and begin dieting from an early age, often due to the messages others send in order to sell products. In *The Beauty Myth*, Wolf cites the economic need to maintain women as consumers after they joined the workforce as one of the main reasons women distort their body images. As she explains, when women left the home and found that they had talents beyond domestic chores, manufacturers and advertisers began to panic. They needed something with which women could be controlled and coerced into buying millions of dollars of products. While women who were living in the "feminine mystique" era were coerced into buying household products and appliances, advertisers needed to make women who were working outside the home feel as though they needed new products as well. As Wolf explains, "the ideology of beauty is the last one remaining of the old feminine ideologies that still has the power to control those women whom second wave feminism would have otherwise made relatively uncontrollable" (*Beauty Myth* 10-11).

The capitalistic system depends in many ways upon women feeling as though they must live up to ideals they can never attain. According to Wolf, middle-class women in Western culture, since the beginning of the Industrial Revolution, "have been controlled by ideals and stereotypes as much as by material constraints" (Wolf, *Beauty Myth* 15). If women were working outside the home and proclaiming their equality many believed that the entire social structure would crumble.

Consumerism became a powerful force making women believe that instead of buying appliances and household cleaners they needed to buy diet products, get cosmetic surgery, and buy \$20 billion worth of cosmetics every year (Faulkner-Bond). American women spend “\$12,000 to \$15,000 every year [...] on products and salon services” (Faulkner-Bond). Women’s beauty became a commodity, which could be bought at the local cosmetics counter. They believed the propaganda that if they were not beautiful enough, life would not be as fulfilling for them as it was for “other women” and that this happiness and fulfillment could be attained via purchasing products. Women’s “beauty [becomes] technologically achievable, a commodity for which each and every woman can [...] sacrifice if she is to survive and succeed in the world [...]. Now technology is making obligatory the appearance of youth and the reality of ‘beauty’ for every woman who can afford it” (Morgan 321). The message is that women would have more well-behaved children, a better husband, and a happier life if they improved their appearance. But of course this culture of beauty did not help women have a better or more fulfilling life. In fact, it kept “male dominance intact” (Wolf, *Beauty Myth* 12). Women worked hard in trying to attain a beauty ideal that was created by men, who both feared a disruption of the social structure and economically needed women to be consumers of products they created, according to Wolf (*Beauty Myth*).

The effects of advertising and consumerism is that many women are continuously pushed to reach a goal that they can never attain, remaining in the “self-hating, ever-failing, hungry, and sexually insecure state of being aspiring ‘beauties’,” who will purchase more and more products that will make them look ten years younger and fifteen pounds lighter (Wolf, *Beauty Myth* 66). Kilbourne echoes this in stating that

[American] culture, both reflected and reinforced by advertising, urges girls to adopt a false self, to bury alive their real selves, to become “feminine,” which means to be nice and kind and sweet, to compete with other girls for the attention of boys, and to value romantic relationships with boys above all else. (130)

Thus, they begin to believe that beauty, more than other talents and skills, is expected of them. Girls learn that dieting is part of the experience of being a female because they see it on television, in movies, and in diet ads in magazines.¹² Girls and women are affected dramatically by the advertisements. As Kilbourne explains,

Adolescents are new and inexperienced consumers—and such prime targets. They are in the process of learning their values and roles and developing their self-concepts. Most teenagers are sensitive to peer pressure and find it difficult to resist or even to question the dominant cultural messages perpetuated and reinforced by the media. Mass communication has made possible a kind of national peer pressure that erodes private and individual values and standards, as well as community values and standards. (129)

As one study found, young women who were shown the ads in magazines “responded immediately with depression and hostility after viewing the ‘ideal women’ shown in these ads;” the ads have an “immediate negative impact on a woman’s self esteem” (Henderson 11). In fact, discouragingly, the head researcher stated “I know I’d be hard pressed to find a young woman who felt *good* about her body, never dieted, and ate normally” (Henderson, emphasis added). As China Martens explains regarding the effects of advertisements, and article content, in magazines in *Supermarket Supermodel*:

On the cover of woman magazines are always the same empty promises. *Woman’s Day* will have a new diet and cake recipe: some decadent high calorie seasonal dessert: *Glamour* will have 20 secrets to please him in bed

¹² An additional aspect to this consumerism is that the editors of magazines are forced to encourage women to buy products in order to get financial backing from beauty companies, even if they do not believe in the product. Thus, women are being lied to by the very sources of information they trust. If the magazines they rely on for beauty and health advice are merely driven by their pocketbooks, who will tell them the truth?

and how to increase your bust size. *Vogue* will have some obscure writing with too many advertisements and glossy fashion spreads that make bag ladies pushing shopping carts of mineral water through back alleys look edgy-divine. The covers always make the same old promises, they promise to reveal secrets, they promise what the insides never deliver. There is no content. Yet you pick them up and look in.... Naked bodies spread out on yachts and strutting down city streets. (9)

In 2009, many just do not know entirely what to do with women in positions of power; according to Brown and Jasper, making “the thin body [an ideal] expresses the ambivalence of society towards increased social power for women” (29). Women’s power in the workplace, in society, in politics, in many circles is feared or at least viewed with suspicion and anxiety. America is ambivalent about women’s roles in society – stay-at-home moms, moms who also work outside the home, moms who work part-time jobs, mothers who found their own companies, a woman running for president. Is she too calculating or too hormonal? What about her family? Can she balance it all? Will her children distract her from her job? Is she too pretty to be in power? Society is ambivalent and women are ambivalent as well. What should they do and be? Should they stay at home with their children? Can they both work outside the home and be a good mother? What if she wants to do it all? Can she care about her looks without caring “too much” (because then she is a diva)?

An expression of those feelings may be what Mary Winkler discusses in “Model Women.” As she explains, in magazines the photos of models “offer the viewer images of danger, aggression, or uncertainty, which surely reflects [American] society’s ambivalence about and fear of ‘liberated’ women, women who don’t ‘know their place’ or function, ‘wild women’” (Winkler 230). While on the surface a positive face is presented towards women gaining power in their given profession, there is a tension, an

anxiety, and (from some) a hostility. The thin body can be seen as an expression of “liberation through its connotations of mobility, independence, sexuality and freedom,” but can also “express women’s continued oppression in that [...] it also connotes diminutiveness, dependence, and vulnerability” (Brown and Jasper 29-30). This dependence and vulnerability, and the connection of those with a female ideal, may be what some wish women would revert to.

THE FRAGMENTED FEMALE BODY

The body is an individual’s way to express ideas and perceptions about their place in society. The signs and symbols created by society, written upon the body and enacted by individual bodies, serve a communicative purpose and become “a system of control and interpretation” (Thesander 11). In other words, how a woman displays her body and the degree to which she meets cultural body ideals largely indicate her adherence to those ideals and tell larger society the way she wants others to “read” and interpret her body to the larger culture. According to Bartky, when women are identified with their bodies it “feeds into an essentially infantile narcissism – an attitude of mind in keeping with [women’s] forced internalization in other areas of her life” (Bartky 28). Individual identity becomes unimportant, as long as the woman possesses the perfect figure and a beautiful face.

There is a flattening-out of female embodiment – individual differences are not respected or encouraged. Instead, ideal female embodiment splits the female body into parts; women are not seen as holistic entities. Because of this representation of the female body as a series of parts and objects, women themselves become unable to see their bodies and their selves as whole. They begin to dissect their bodies into its parts –

asses, hips, thighs. When women in popular cultural representations are fragmented, their body parts no longer belong to the individual. There has been, according to Thompson, a “rupturing of women’s embodiment, of their ability to see themselves as grounded in and connected to their bodies” (16).

Often a woman’s individual parts are shown in ways that are disconnected from the actual body; their parts (and the actual women) come to be judged based only on how close they approximate the ideal. It is as Winkler states: fashion magazines do not offer “an integrated, fully adult, sexual woman” (230). Their body parts (and whether they fit in with the larger cultural ideal) become as important, or perhaps more important, than the sum of those parts. Women truly become objects, as do their body parts and bodies. There’s the segmentation of women’s bodies, the denial, or lack of acknowledgement of a woman’s entire being. A woman becomes a series of parts she should have. The dividing of women’s bodies into parts contributes to the view that the most important thing about a woman are those respective parts. Men become “ass men” or “leg men” or “bound foot men.” Further, as Morgan writes, “Rather than aspiring to self-determined and woman-centered ideals of health or integrity, women’s attractiveness is defined as attractive-to-men” (311). Women come to learn that the body and its respective parts are to be used by another, to be altered for another’s enjoyment, that they are interchangeable for another woman as long as the parts are “right.” So based on the messages they hear as girls and adolescents regarding love and how to get it, many women may come to concentrate on the body and its parts as viable ways to gain love and approval.

When women’s parts are segmented and idealized, it leads the parts to be focused upon rather than the women as a whole. Such parts as her head (and thus her mind) are

invisible, cut off, omitted, thus the “important” parts, such as breasts and legs, are more easily consumed and eroticized by others. The parts which can make women real and powerful forces in the world – her head, her brain – are rarely acknowledged other than to exhibit how she approximates the ideal with their facial beauty. Rather than woman as a holistic entity, the dichotomy of the woman as body and the male as mind is reinforced because all that is focused upon is the woman’s body.

Seeing a woman as a fragmented body, as her body parts, reiterates that women’s parts are most important and that women are interchangeable but the individuality of a woman is not as important as the parts that she offers. Believing that those parts should look like the white, heterosexual, middle- or upper-class, heterosexual ideal prevents women of color and poor women, for example, from feeling they could even come close to the ideal. Not because they cannot improve themselves, but because their race or class precludes even the possibility. Women of classes, races, and sexualities other than the white, middle- or upper-class, heterosexual norm become invisible or are degraded for falling farther outside the norms and ideals. The actual, individual, woman is lost. When there is a focus on the female body, but this focus centers upon a few particular types of bodies, if a woman falls outside of the ability to meet the ideals she often is either ignored by society or is given negative attention because she looks so far from the way she “should.”

Women’s bodies were often likened to machines in the 1920s and 1930s, whose parts could be replaced if they fell into disrepair. Today, however, women are taking the message that their body parts are replaceable seriously and acting upon it in drastic ways – cosmetic surgery, Botox, extreme exercise regimens, fasting, and body wrapping

(which supposedly will “melt” cellulite away). “In principle,” to Morgan, “there is no area of the body that is not accessible to the interventions and metamorphoses performed by cosmetic surgeons intent on creating twentieth century versions of ‘femina perfecta’” (309). In print media and on television, women are increasingly portrayed as anonymous. Individual identity is unimportant, as long as a woman possesses the perfect figure and a beautiful face – the right parts. Women in ads and in fashion layouts are fragmented, with their body parts no longer belonging to the individual. Instead, the sum of their parts merely represents an ideal (or a series of ideals).

As Christine Moneera Laennec describes in “The ‘Assembly-Line Love Goddess’,” “women [now] reconstruct their bodies through surgery, and/or through rigorous programs of ‘body building’” (100). They are beginning to believe that if each part of their body is not perfect, then it can be rebuilt or “replaced,” like a part of a machine; women are “at the stage of regarding [them]selves as both technological subject and object, transformable and literally creatable through biological engineering” (Morgan 309). As Morgan emphasizes, the “manipulation of technology [...] has often been used to the particular disadvantage and destruction of some aspect of women’s integrity” (317). It does not seem to matter if women feel pain in trying to attain these ideal parts. And while some would say women *choose* to endure this pain, as Ann J. Cahill warns in “Feminist Pleasure and Feminine Beautification,” “If there is no significant limit to what the woman will undergo for beautification [there should be a suspicion] of claiming that she is doing it solely out of free choice” (59). The lack of concern for women’s pain or agony is remarkably similar to the way in which anorexics are characterized as having a “difficulty in recognizing and identifying internal bodily stimuli,” “a lack of interoceptive

awareness,” and a “difficulty in recognizing hunger” (de Groot 140). Some seem to encourage those characteristics in girls and women in general.

Bartky’s concepts of psychological oppression, fragmentation, and mystification are useful in discussing this focus upon the female body and viewing the female body as a series of parts. As Bartky explains, psychological oppression attacks a woman at her personhood and both oppressor and oppressed “come to doubt that the oppressed have the capacity to do the sorts of things that only persons can do, to be what persons...can be” (29). When women are seen as possessing a series of parts, or women are believed to be interchangeable they may doubt their abilities, may doubt that they have any importance beyond those parts or bodies. Related to psychological oppression (and perhaps making it occur more readily) is fragmentation, which Bartky defines as an inner impoverishment, where the parts of one’s being have fallen under the control of another (34). It is the “splitting of the whole person into parts of a person” (Bartky 23). Additionally, specifically regarding sexual objectification, fragmentation may take the “form of a coerced and degrading identification of a person with her body” (Bartky 23). The concept of fragmentation is strikingly similar to the process of making a woman’s worth equal to the way *certain parts* look, to dividing a woman into desirable parts.

Mystification, which is the “systematic obscuring of both the reality and agencies of psychological oppression so that its intended effect, the depreciated self, is lived out as destiny, guilt, or neurosis” (Bartky 23), which facilitates psychological oppression and may prevent girls and women from seeing the cause of the perceived need to look like the ideal. Mystification involves “processes of human estrangement” (Bartky 30). An example of this is the way in which ambiguous messages are sent to women regarding

their equal status in American culture. The rhetoric is that women have “achieved” equality, and that they are, of course, considered full and equal people. However, when women begin to look at their reality of their lives it does not fit with that reassurance and rhetoric. There is a “rhetorical camouflage” of psychological oppression that “takes place in the areas of [...] women’s right to bodily self-determination” (Morgan 317). Women see a disconnect between what they are told they can and should strive for, all that they have access to, and what they see playing out in their daily lives. They begin to blame themselves and feel guilty when they are unable to reach all that society has told them they should be able to attain (or have attained). Their blame is directed towards the wrong source, themselves.

As Bartky explains, mystification is psychologically oppressive because the psychological oppression occurs when one believes a contradiction, and it then affects their identities (30). When a woman believes that she is her body, and when others see her as a body, not as human, this makes domination easier by “breaking the spirit of the dominated and by rendering them incapable of understanding the *nature of those agencies responsible for their subjugation*” (Bartky 23, emphasis added).

FEMININITY AND THE FEAR OF THE NATURAL FEMALE BODY

Ironically, while women are defined as and by their bodies and body parts, they are simultaneously taught to fear and hate those bodies. As Phyllis Chesler describes in *Women and Madness*, “Female biology and nature have increasingly been devalued by [American] culture – but women have not yet been freed from being defined in biological terms” (289). Women are subject to negative messages regarding their biological bodies: American culture tells women that the female body is too chaotic, too sexual, that it

needs to be contained or used for male sexual pleasure. Yet women are “cast in the role of the body,” with a “chaotic, carnal atmosphere of infancy” (Bordo 5). In contrast, men are the “Absolute Spirit” with “uncontaminated humanness” (Bordo 5).

Currently, the manipulation of the body to look like the ideal, to get “control” of the natural body, takes a variety of forms: use of weights to tone muscles, aerobic exercise to reduce the amount of body fat, and cosmetic surgery and Botox to “correct” facial and bodily “problems.” The access to these procedures and surgeries not only gives one a body which many believe will give one a higher status in society, but having access at all to these procedures differentiates and segregates one from those who cannot afford them.¹³ The naked body (how one imagines a naked body “should” look, not how naked bodies *actually* look) has taken on meaning. People signal their status not only in the clothes they wear, but also in the way they look without clothes or how they want others to imagine they look without clothes. The body without clothing “is equipped with distinctive cultural and social characteristics” to Thesander (19).

The female body in American culture is seen as less civilized and in need of control. As Hesse-Biber explains in *Am I Thin Enough Yet?*, the “split between mind and body is a central idea in Western culture. It often frames [the] perceptions of what it means to be feminine and masculine” (Hesse-Biber 17). Dworkin takes this a step further. For her, “woman=carnality=nature” and “separation of man from nature, man placing himself over and above it,” has led to the treatment of both nature and women with “rape, plunder, [and] violence” (Dworkin 156). As evidenced by the behavioral

¹³ There are a growing number of people – women and men - who go into debt for cosmetic surgery and other cosmetic procedures. Many are accruing heavy loads of debt in order to get the body they believe they should have.

restrictions, images, myths, and sexist language, there is an inordinate amount of fear about the natural female body being able to exist without containment and restriction. As O. Wayne Wooley states in "...And Man Created 'Woman'," "Patriarchal culture still has not found an acceptable way to represent a whole woman; women remain far too frightening. An intelligent, strong-willed, full-bodied woman could, according to the ancient dogma of patriarchy, use her sexual powers to arouse the lust of man and thereby cloud his previous reason" (Wooley 46). Farah M. Shroff echoes this in "¡Deliciosa!," stating that women's bodies are seen as "pleasures to be consumed by men, showing the contradictory position women find themselves in. Women are, on the one hand, a source of male pleasure and, on the other, 'bad' when they tempt male appetites; in fact, they are seen as responsible for the unleashing of those appetites" (112).

The idea that the natural female body is threatening is perpetuated by the diet and cosmetic surgery industries in further emphasizing that the bodies women are born with are unacceptable. Instead, women learn the body must be constantly molded, remade, shaped, cut, added to, or exercised. The more they are bombarded with these images and messages, the less beautiful and comfortable they feel in their natural bodies. As Rodin writes, society "sets the standards for the 'right' look and to the extent [women] accept and internalize those standards, they become the measures by which [women] judge [them]selves" (Rodin 46). Girls are warned from an early age that it will not always be easy to stay thin. The changes that occur at puberty are not explained to them as the *natural* process of becoming a woman, but as something that will "happen *to*" them, something which is detrimental and beyond their control. They often feel betrayed, as though some sort of trick has been played upon them (Rodin 60, emphasis added).

Any imperfections in women's natural looks are viewed as alterable. If a woman naturally has larger hips than other women, she feels compelled to change them. Any form of natural beauty is only the starting point from which cosmetics, dieting, or plastic surgery take over. Women learn they do not have to live with looking "imperfect" – that how they look or act naturally is not normal or acceptable, and definitely *not* beautiful. A woman's natural form "requires camouflage, alteration, or re-creation" (Winkler 215). As hard as women try to find perfection in their looks they never feel they will find it; there will always be more work. As often as they run five miles a day, eat rice cakes, and drink gallons of water, women come to know that no amount of effort will make them look perfect. Winkler puts it most accurately when she writes that a woman's "self-denial and self-control are always tempered with the bittersweet recognition that the goal remains slightly beyond reach.... No body is perfect" (229).

As Bartky explains, women as a group have more freedom in modern society than ever before. They work outside the home, can divorce their husbands more easily, and have moved beyond the traditional family life of fifty years ago (Bartky 79). However, because of the freedoms women have gained, according to Bartky, they are more policed internally by the ideal of "femininity." When one is not sufficiently feminine, one is seen as failing in fulfilling one's "core sexual identity" (Brownmiller, *Femininity* 15, 16). To Bartky, there has been a bodily invasion by feminine discipline. Femininity is socially constructed to control women, to teach them how to be females, but it becomes something that they believe they should be, that they believe should come *naturally* for women. Yet it also is seen as hard work and they are taught they should work to achieve.

Women feel that if they do not adhere to certain feminine norms, they not only risk disapproval from external society, but also internal, psychological disapproval, because they internalize social demands. Women's appearance, (hetero)sexuality, right to bear children, all are part of upholding this ideal of femininity. As Bartky explains, patriarchy is obeyed without having to lift a finger. In Foucault's terms, patriarchy has been internalized to such an extent that it is not questioned. Women are in a "state of conscious and permanent visibility that assures the automatic functioning of power" (Bartky 65).

Many are not formally taught the lessons of femininity regarding what to do and how to look. Yet girls and women know the rules: how to sit; what to wear; what and how to eat and drink; what a feminine woman can say and still be considered feminine. Girls and women are constrained by this feminine regimen. Women's bodies are not good enough without help, without working to look feminine, leading women to believe that the ornamentation, decoration, and accessorization of femininity help women improve themselves (Atwood 90). This "self improvement" is evident in the marketing and advertisements for products needed to "become" women and maintain one's womanliness and feminine appearance.

This femininity dictates much about a woman's life. It addresses her physical behavior, the timbre of her voice, and the capacity of her intelligence (that she can freely portray). Women in American culture must keep their legs crossed, heads bowed, and sit and stand in ways that diminish the size of their bodies. They are supposed to "slim down," naturally or with undergarments, to not take up "too much" space. They also are to restrict the tone and volume of their voices and often are told to remain silent. They

learn that their purpose is to heighten the status of the man they are with, not convey their own status, thus they yield their “autonomy” and work to make “contrived manifestations of helplessness” (Brownmiller, *Femininity* 200).

Femininity “serves to reassure men that women need them and care about them enormously” (Brownmiller, *Femininity* 17). Further, as Bailey explains, “Emphasized femininity ‘is defined around compliance with [female] subordination and is oriented to accommodating the interest and desires of men’” (113). Femininity goes further than conveying a man’s middle-class status or maintaining a woman’s silence and self-containment; it also prohibits women from becoming too powerful, too hungry, or taking up too much space. Their bodily needs are sacrificed in order to look more feminine: “Feminine psychology adjusts to the required denial of routine initiative by claiming that ‘feeling ladylike and protected’ is a preferred state of being” (Brownmiller, *Femininity* 201). Femininity involves the contrivance of passivity and a denial of self-assertion (Brownmiller, *Femininity* 201).

To be feminine is to be silent and take up as little space as possible, to be subservient “in movement and gesture” (Brownmiller, *Femininity* 198). Femininity can consume a woman’s entire life. “Femininity was a challenge thrown down to the female sex, a challenge no proud, self-respecting young woman could afford to ignore,” according to Brownmiller (*Femininity* 14). Women cannot look exactly like the feminine ideal but they are constantly striving towards that goal. It is as Brownmiller states: “Femininity always demands more” (*Femininity* 15). Feminine ideals are models to which women feel they must aspire. Women who are not feminine enough are feared, are seen as “potentially threatening and destabilizing to the community” (Coleborne 55).

The impossibility of actually attaining feminine ideals is precisely the aim; women will not achieve the goal, but still will feel the need constantly to aspire to attain it (because of their continued “failures”). Their bodies become a constant work-in-progress, preoccupying them, preventing them from taking part in their own lives.

These feminine expectations are extreme forms of the general female expectations. According to Bordo, “the construction of femininity is written in disturbingly concrete, hyperbolic terms: exaggerated, extremely literal, at times virtually caricatured presentations of the ruling feminine mystique” (169). They are not to take up “too much” space, but be “[S]elf-contained and non-aggressive” (Brownmiller, *Femininity* 199).

Femininity is constructed with the intent of making women less powerful, keeping their bodies physically powerless. Femininity is socially constructed to control women, to teach them how to be female, as femininity and what comes naturally for actual girls and women are not the same. Femininity prevents their competition for social power, as women are controlled (to varying degrees) by the social ideals perpetuated to prevent their success in other realms. Ironically, women often work to attain femininity or resemble these ideals for the very purpose of gaining social power.

The norms of femininity and what the female body should look like differ in different historical and social contexts. Yet across time, femininity is intended to be work, to preoccupy women and maintain their inferior positions within society. Femininity is *supposed* to be work, leading to preoccupation and obsession. While women believe they can gain power by accessing the social power beauty can give

women, this is not real social power. It is the kind of power patriarchal culture feels it is acceptable and safe for women to have.

Women who are preoccupied or obsessed with doing these things are not able to be liberated because they have to conform to contemporary perceptions of what their bodies should look like (Thesander 15). For many women, this translates “directly into power” because it means “male admiration, male alliance, male devotion” (Dworkin 36) and many women have learned that male attention is the pinnacle of power. Like Cinderella’s stepmother, women have learned that beauty and femininity are power and to be “the most beautiful [or feminine] was to be the most powerful. Cinderella’s stepmother knew how the social structure operated, and she was determined to succeed on its terms” (Dworkin 38).

To rid themselves of the natural bodies they have been taught to fear, many women turn towards embracing wholeheartedly the feminine ideals and begin to do the extraordinary amount of work it takes to be “feminine” in American culture. In order to overcome what sexist language, imagery, and myths communicate to women and girls in America, they work to become more “feminine.”

The dictates of femininity reveal that the female body is faulty and needs correction and improvement. Yet “achieved femininity becomes all the more invasive when it resides in the incisions, stitches, staples, and scar tissue of women’s bodies as women choose to conform” (Morgan 316). Women’s “abnormality,” need for containment, need for improving and cleaning the “dirty” female body, not only affects women physically, mentally, and emotionally in that they fear their own bodies, but it

also leads women to hurt their bodies, to torture their bodies, and to romanticize that torture.

The pain of working towards femininity “teaches an important lesson: no price is too great, no process too repulsive, no operation too painful for the woman who would be beautiful. The tolerance of pain and the romanticization of that tolerance begins [...] in preadolescence” wherein girls learn the “‘pain of being a woman’ casts the feminine psyche into a masochistic mold and forces the adolescent to conform to a self-image which bases itself on mutilation of the body, pain happily suffered” (Dworkin 115-16). To produce a feminine body there must be an “uninterrupted coercion” directed at the “very processes of bodily activity” (Bartky 63). The following passage by Kirsten Frickles in the zine *Grope* sums up much of what femininity means in American culture:

Make her want all those things she doesn't need. [...] Teach her to be a slave. Tell her that good little girls grow up to be mommies and have little girls of their own. Show her how to dress up to make men happy. Teach her to lie down and keep her mouth shut. She's a good little girl. Just how her mommy and daddy want her to be. She has no mind. She is mute. (17)

As Bartky explains, when women buy into the feminine ideal of taking up less space, eating small amounts, not using curse words, ornamenting their bodies with fashionable clothes, make-up, and jewelry, they are permitting others to define who they are and what they want to look like. Women also are allowing others to define how they want to spend their time and how their bodies look and feel. When the feminine ideal becomes their own ideal, women become one of their own worst enemies, because being feminine is not in their own best interests.

Many women who are “professional beauties” have written books which “begin with a confessional of ‘original ugliness’” which needed to be altered in order for them to

be considered beautiful by society (Adams 72). They believe their impetus to alter their original looks is normal and they, along with their surgeons, believe “cosmetic surgery is ‘essential to their *nature* as women’” (Adams 73, emphasis added). Women are forced to believe that their “natural aspect is a crude resource, made valuable in the process of surgical transformation” (Adams 73). Beyond the amazing amount of time and effort women put into looking beautiful at the gym and in front of the mirror, they also sacrifice their health and safety. When women go under the knife to have cosmetic surgery, the results can be “infection, bleeding, embolisms, pulmonary edema, facial nerve injury, unfavorable scar formations, skin loss, blindness, crippling, and death” (Adams 74).

Girls thus learn that to be a good, feminine, woman, she must be a victim and is defined by that victimization. This victimization often is carried out in the form of pain and torture women enact upon themselves in order to make their bodies less “dirty,” less natural, and less “sinful,” to meet the standards of ideal beauty. Because women learn to fear their bodies and work to contain and restrict the mysterious, abnormal, and lesser nature of their bodies, women learn to treat their bodies with “brutality” and “sadism” (Dworkin 112). This pain and torture often involve working to attain the feminine ideal to confine her natural body. Women pose and posture in these ways to “reassure themselves that they will not be abandoned or annihilated” (Winkler 230).

Like the crippling, constant pain involved in foot-binding, the torture and constant need to maintain femininity involves the belief that women are so sinful and so mysterious in their natural form that “no price is too great, no process too repulsive...for the woman who would be beautiful” (Dworkin 115). Yet women do not just come to expect that they should inflict pain upon themselves to “get a husband.” This pain

tolerance is romanticized and forces women to become masochistic (Dworkin 115). Self-images are not based on inward abilities, talents, or intellect; a woman is often admired when she does more and more to achieve femininity.

The quest for femininity can have ramifications for women's lives in a variety of ways and affect their lives and the decisions they make about such varied and unrelated things as make-up, schooling, or a career. As Devon and Sara explain in *Bathory's Blister*, femininity is detrimental and possibly deadly:

To totally accept the cultural definitions of femininity and conform to the pressures is to kill the self. Girls who do this [...] have become thin, shiny packages, outwardly carefully wrapped and inwardly a total muddle. Girls have long been trained to be feminine at *considerable cost to their humanity*. They have long been evaluated on the basis of appearance and caught in the myriad double binds: achieve, but not too much; be polite but be yourself; be feminine and be adult [...]. Another way to describe this femininity training is to call it *false self-training*. Girls are *trained to be less than who they really are*. They are trained to be *what the culture wants of its young women*, not what they themselves want to become. America today is a *girl-destroying place*. Everywhere girls are encouraged to sacrifice their true selves. [...] Many girls lose contact with their true selves, and when they do, they become extraordinarily vulnerable to *a culture that is all too happy to use them for its purposes*. (6-7, emphasis added)

As Devon and Sara emphasize, girls and women learn about what to do to be feminine from very early ages in a host of ways. These lessons affect their bodies, their minds, the way they carry themselves.

If women worry about the attainment of an ideal enough, they are unable to focus on intellectual development, social issues, or political power, because they are too busy exfoliating, plucking, and bleaching. In general, the ideals regarding the female body, the demands placed upon it, and the manner through which they are achieved, lead women to be passive, victimized, and acted upon. Many women are hindered from being actors or

subjects with agency because of the debilitating, tortuous, and crippling nature of the methods and outcome of attaining an ideal because they want to harness and reign in the natural body they believe hinders them. These ideals become what they strive for as they are internalized and become women's own.

The motivations for taking such drastic measures and going to such great lengths are, in part, specific to the individual woman, but they often possess the belief that their natural parts, the parts they were born with, are not desirable, would not attract a mate, and that she just needs to "fix" them. She has been told (via a variety of sources) "what a man wants" and that how she needs to look to "find a husband" does not resemble the way she looks when she gets out of bed. The psychological oppression of the need to shape one's body to look like an ideal "is transmitted through and by those women whose own bodies and disciplinary practices demonstrate the efficacy of 'taking care of herself' in these culturally defined feminine ways" (Morgan 316-17). Because of this, women and girls do not learn to value their bodies or, just as importantly, themselves.

Women hear, see, and begin to believe that they should look like the cultural ideal via the lessons of femininity, the hatred of the natural female body, and the overwhelming preference for the cultural ideal. Women see advertisements on television and in magazines portraying a woman being admired for her looks by others, bringing satisfaction and happiness. Because of the prevalence of these images, they begin to believe that satisfying men should be a goal to which they aspire. As a woman flips through the pages of a magazine, she is barraged by the images of ultra-thin models, being watched and admired by men staring at them. Similar to the fragmentation and discipline Bartky discusses, and the display of the female body as an object, even to the

woman herself, the gaze of the “Other” also is an example of the psychological oppression of women within American culture.

In magazines and other media forms, women often seem to be posing their bodies in a way that is performing for an “Other,” which for many is a male “Other” as “Actual men – brothers, fathers, male lovers, male beauty ‘experts’” and “hypothetical men live [...] powerful lives in the reflective awareness of women,” according to Morgan (315). Eventually, after seeing these images consistently, she begins to believe that looking like that model (whose body often has been altered by computer imagery) should be her goal. Her worth is not centered in her mind or her soul, but in her body and what pleasure it gives the “Other” she is acknowledging. Her appearance becomes her primary concern. Further, according to Morgan, the presence of an “Other” may be “so diffused as to dominate the consciousness of a given woman with no other subject needing to be present” (316-17). Even without anyone present, women know what others will think about their bodies.

Due to the rhetoric and images of the female body in American culture, many women often feel like their bodies are not their own. One’s body is often an object, even to the person living within it. Frickles explains this phenomenon in the zine *Grope*:

a few weeks ago a friend and I were talking about body image [...]. i look at these naked polaroid pictures of myself so i could get a new perspective on what my body really looks like. i really wouldn’t have recognized these pictures as ones of me if i hadn’t taken them and my tattoo wasn’t there and this is the same body i look at everytime i’m in the shower. how come I don’t see it as my own? (6)

The female body is, in general, not seen as one’s own, but that which is subject to others’ approval and inspection. As Winker explains, the “ideal woman must willingly present herself for inspection” (220).

The body becomes an object, according to Tolman et al, due to “relating to one’s own body as an object of another’s gaze and desire (i.e., taking up the perspective of looking rather than feeling)” (87). This is doubly harmful in that it tells a woman that she should want to be looked upon and judged by another and that she should work that much harder to look like the (increasingly unattainable) ideal. The pervasiveness of the gaze of the “Other” is echoed by Bartky: “Knowing that she is to be subjected to the cold appraisal of the male connoisseur and that her life prospects may depend on how she is seen, a woman learns to appraise herself first” (38). Thus she is able to look at herself as another would.

Women spend more time working on their bodies because they believe much of their existence is based on being *watched* - not tended to, cared for, or heard. As Thesander explains, “in more sophisticated cultures it has principally been the female body that has been subjected to constant modification” (25-6). Women judge their own body as harshly (if not more harshly) as others. No one needs be present for many women to feel as though they must conform to certain rules regarding their behavior and appearance. They can judge themselves just as others would. According to Bartky there has been an “emergence of a new and unprecedented discipline directed against the [female] body” (63). This discipline affects women’s bodies in particular because their bodies are viewed as more amenable to societal forces and pressures than men’s bodies.

Using Foucault’s theory of internalized surveillance, Bartky explains that it is not just women’s bodies coming under increased control; it is their minds. This surveillance, this internalized “need” to look like the feminine ideal, is constant, powerful, and, as Bartky explains: “the disciplinary power [of femininity] is dispersed and anonymous;

there are no individuals formally empowered to wield it" (79). Women become "isolated and self-policing subjects" who feel as though they live in a "state of conscious and permanent visibility" and exist to be watched by "an anonymous patriarchal Other" (Bartky 79, 65, 72). In 2009, more of the body is under scrutiny. Because more of the female body is exposed, more is subject to the gaze of the "Other." In mass media portrayals, women are seen as enjoying being the object of that gaze. Thus, because of this widespread portrayal, more women believe they should want to look like the ideal in order to be objects of this gaze and satisfy what they believe they should look like.

As Foucault explains, American society has becoming increasingly invasive in the way it wields power over individuals. The way power structures control individuals' behavior are increasingly invasive because of the use of more "social and psychological control" than was previously used (Bartky 79). Little external controls are needed. Because the control is internalized, control of individuals takes place within the individual. There is increased access to individuals' bodies, gestures, and actions, thus there is little need for external surveillance (Bartky 79). In addition, one's time and movements are controlled. Their schedules are regimented according to institutions' time structure, not the individuals. This power over one's life, schedule, and movements is, for Foucault, an anonymous power, which falsely makes individuals think they are expressing their individuality more freely. Yet in reality, one person becomes more like every other individual. No one has to watch over anyone anymore, because the gaze of the "Other" has been internalized – no one needs anyone to control their movements, as everyone is watching and policing themselves. The gaze of the "Other," according to

Bartky, leads one to feel ill-at-ease in their body, to believe “I must be made to see myself as they see me,” which is humiliating (27).

The gaze of the “Other,” or male gaze, and the need to meet cultural beauty ideals affects women’s health and well-being, as well as their ability to resist the negative messages society sends to women. As Cahill discusses, there are “possibilities for women’s own pleasure in their beauty, in creating it and in [...] ‘reveling’ in it,” but these possibilities “are denied when the male gazer assumes that the beauty exists for him – and, more explicitly, for his own particular use” (“Feminist Pleasure” 49). When a woman gets her self-worth or self-esteem from her beauty, “she risks succumbing to/reducing herself to being little more than the object of male desire and hence eradicating the possibility of her own subjectivity and agency,” according to Cahill (“Feminist Pleasure” 50). The pull and power of the rhetorical and real-life punishments, from others and from the internalized “Other,” women are met with when they do not meet the cultural ideal may be too strong and seem to be causing women to carry out more dangerous and risky behavior to shape their bodies in a culturally-ideal mold.

THE PSYCHOLOGICAL OPPRESSION OF WOMEN OF COLOR WITH WHITE BEAUTY STANDARDS

Thinking about women’s minds as psychologically oppressed by the cultural ideals for the female body is instructive when thinking about the ways in which race affects the experience and perception of the female body in American culture. As Kim Shayo Buchanan discusses in “Creating Beauty in Blackness,”

African women are subject to the same pressures to attain an ideal of beauty as are white women [...], but efforts to approach the blonde, thin, young, white ideal are made at even greater cost for Black women. Weight preoccupation is not a central concern for many Black women, but

weight is one among many factors that preclude Black women from attaining 'beauty' according to the cultural archetype. (37)

There is a widespread hatred of fatness in American culture, "But the fat Black woman finds herself even more despised than the fat white woman. In the eyes of racist whites, her body evokes the racist-sexist stereotype of the Black mammy, the opposite of the thin, blonde, ideal" (Buchanan 46). This is echoed by Maya Washington in the *It's Raining Men* zine. As Washington discusses,

For centuries the standard of black women has been one of a curvaceous, health women, who were not afraid to eat. As we move into the next century, and the media continues to condone a westernized sense of beauty, small waists, no hips, and boyish type figures, more and more black women are being driven to conform to this new standard of beauty. A standard that is destroying our bodies. 'If only I could look like Kate Moss, Jisele.' For what these women look sick [sic].

As Toni Morrison examines in *The Bluest Eye*, in the American cultural context the ways in which the standards of beauty – which reify whiteness – affect African-American girls and women can be seen as a form of psychological oppression. Buchanan echoes this in stating that "like all other women, [African-American women's] 'beauty' or lack of it determines [their] value in Western society" (38). The white cultural standards psychologically oppress African-American girls' and women's minds regarding their appearance; they send the message: anything *not* white is *not* beautiful. Yet "Fat Black women have to deal with a thin, white ideal that they can never achieve. The more a Black woman identifies with white beauty standards, the more she will value thinness" (Buchanan 46). The "grotesqueness" of the African-American female body, according to Janell Hobson in "The 'Batty' Politic," leads "whiteness [to serve] as an emblem of beauty" across time (88). The African-American female body has been "variously

labeled the black female body 'grotesque,' 'strange,' 'unfeminine,' 'lascivious,' and 'obscene'," according to Hobson (87).

As Bordo and Heywood discuss, there is a preference for whiteness in American culture. Heywood connects it to anorexic logic and modernism; Bordo explains that one of the effects of Western culture on women's bodies is the way in which gendered embodiment and representations of the female body homogenize, normalize, and flatten out individualized perceptions of gender, sex, race, and body (25). Rarely is anyone who is not white (or who attempts to hide what makes them different racially) portrayed as anything but deviant, abnormal, or ugly. The effect of flattening out gender, race, sexuality, and class via these representations is twofold: those who do not look like the ideal are ignored or they are ostracized, abused, or pushed to the margins. Additionally, the pressure is increased on those who have a chance to meet or do meet the ideal. Those who do look like the ideal feel a constant need to maintain those looks and feel the crushing psychological and external potential for punishment if they stray. In representing women's bodies in certain, restrictive, ways regarding race (class and sexuality), women who both meet and do not meet those ideals and requirements are psychologically oppressed.

As bell hooks explains in *Black Looks*, the system of racial domination is maintained because there is a "connection between domination and representation" (3). If whiteness and white standards of beauty are held in highest esteem, then racial domination will be perpetuated because, as she explains, the "control over images is central to the maintenance of any system of racial domination" (hooks, *Black Looks* 92).

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Using hooks' conception of the connection between domination and representation to look at the way in which the ideal female body is represented, the white, middle- and upper-class, heterosexual ideal female body becomes psychologically oppressive for most any who possess bodies which stray too far from this narrow ideal. For example, "African looks signify to others inferiority, ugliness, and shame" (Buchanan 38). So by extension whiteness signifies superiority, beauty, and pride. Because of this reverence for white beauty ideals, African-American girls and women write these ideals upon their bodies in a variety of forms. These include that lighter-skinned African-American women are considered more beautiful, that "'mixed' children are all good-looking," that African-Americans have "bad" hair which is "kinky, nappy, African hair" (Buchanan 41, 42), and the upward mobility of African-Americans when they strive to look more "white." These views of African-Americans lead to painful and harmful actions taken to counteract the African-American "ugliness": skin lightening with chemical products, chemical straightening of the hair to get "good," straight hair (Buchanan 42). These efforts to "look white" are sometimes made to gain access to societal benefits.

Morrison points to not just the harmful ideals which whites create, but also the ways in which African-Americans end up internalizing and believing in those ideals and standards, the ways those ideals oppress African-Americans, and that African-Americans often ostracize or punish themselves or others in their community when they do not live up to them. Adopting the white ideal as their own has the effect Buchanan describes: "'By taking away a people's culture and pride in their appearance, you literally change the way they see themselves'" (43).

Morrison takes as a point of critique the African-American community, which has internalized the white standards of beauty. She takes issue with what Buchanan also points out – the use of external, white standards by African-Americans to judge one another: “‘African-American women experience the pain of never being able to live up to externally defined standards of beauty – standards applied to us by white men, white women, Black men, and, most painfully, one another’” (40). Morrison points out the way these standards affect women in the African-American community, particularly on African-American girls. Similarly, as Buchanan states, “this anti-Black ideology erodes the self-image and self-esteem of Black women. Blackness is a symbol of the inferiority” (37). By looking at the value given to those with lighter skin in the African-American community, she points to the damage a community can do to its own members, acting out the psychological oppression of America’s cultural ideals that “Blackness is abnormal and ugly” upon themselves (Buchanan 38). Yet if they do not work to live up to those ideals, African-Americans have learned, they “will be penalized” because they will be seen as “rejecting white beauty standards” (Buchanan 44).

Morrison is not just critiquing white society nor the internalization of white beauty standards by African-American girls, but also critiques the sexist culture in which the ideals arose and were constructed, which is illustrated pointedly by the ways in which the ideals affect African-American girls to a much greater extent than they affect boys. “Clearly it is not just white America telling them [these things]. Sexism has played a starring role,” according to Riley (367). Sexist society has encouraged these sorts of ideals (and subsequent insecurity and striving to look like the ideals in girls and women). While “Both boys and girls learn that whiter is better, [...] the anti-Black aesthetic is

even more damaging to Black girls and women because this culture ties women's self-esteem so closely to [their] appearance" (Buchanan 39).

Gloria Anzaldúa echoes this connection between whiteness and sexism in her work, *Borderlands/La Frontera*: white supremacy and the preference for whiteness is a fiction (109), a creation. The biases of patriarchy are linked to this white supremacy – leading the idealization of whiteness to have a greater effect upon female members of the population. This underlines the enmeshment of the preference for whiteness with the psychological oppression of women regarding their bodies and the hatred of the female body, because it is seen as too natural and chaotic. This view of the body affects women and people of color to a greater extent because women's natural bodies and people of color are seen as more irrational, base, sexual, and tied to nature than those who meet the white, male, "rational" norm.

Buchanan, Washington, and Morrison emphasize the harm that can be done when one learns and internalizes these unrealistic ideals. As Morrison points out, the more "beautiful" one is according to white ideals, the more one believes she will be loved, and the more "ugly" one is the less she believes she will be loved, the less she will believe she "deserves" to be loved. In *The Bluest Eye*, the character Pecola Breedlove is a vehicle to point out these issues; Pecola is described as "A little black girl who [wants] to rise up out of the pit of her blackness and see the world with blue eyes" (Morrison 138). Pecola has learned the hatred of blackness and the value of whiteness, represented by blue eyes, from larger culture, her community, and her family. Pecola's desire for blue eyes is reflective of the African-American adults' and fellow African-American children's love of white baby dolls, white children, and light-skinned African-American

girls. Because of her own ugliness, Pecola's mother, Mrs. Breedlove, loves to be near beauty, order, purity and cleanliness. Because her daughter is "ugly" according to social standards, Mrs. Breedlove does not love her. Pecola knows her mother does not love her because she is "ugly" and wonders aloud at one point *how* she can get someone to love her. She asks another character, "'How do you do that? I mean how do you get somebody to love you?'" (Morrison 23).

Pecola and Claudia see that people love white baby dolls, white movie stars, and a light-skinned African-American girl in town named Maureen Peal. Maureen Peal is an example of the treatment one receives from the African-American community when she possesses the highly-valued light skin and "good hair." She is adored by all, because of her "high yellow skin," her "lynch rope" braids, and her light-color eyes (Morrison 24). Maureen is loved by her teachers and classmates, whereas Pecola is taunted and harassed. Based on the overwhelming number of clues in her life, Pecola easily concludes that one's looks determine whether one is loved, and an African-American girl's white features lead to love. This is much like adolescent girls in general learn about what will bring them love.

The white standards of beauty psychologically oppress Pecola. She has learned that she is treated poorly because she is ugly, African-American, and poor. She is not the only one who notices the connection between love and beauty. Claudia realizes the connection between beauty and love. She tellingly asks about white baby dolls and white girls: "What was the secret? What did we lack? Why was it important? And so what? Guileless and without vanity, we were still in love with ourselves *then*" (Morrison 57, emphasis added). Nor is she the only one who is psychologically oppressed by white

standards of beauty and the idealization of whiteness. The community in which Pecola finds herself is affected by the larger White dominant society in which it exists and transmits this love of whiteness and light skin to Pecola without transmitting any love of herself (nor of themselves). This love of whiteness and blue eyes, and hatred of anything African-American because it is “ugly,” is the product of a community that has taken the values of the larger society in which they live and made those values their own. As Patricia Hill Collins describes in *Black Feminist Thought*, there is “a clear pecking order [which exists] among African-Americans, one based on one’s closeness to Whiteness,” leading to a “different valuation and treatment of dark-skinned and light-skinned Black women” (91, 92). This pecking order is the result of a society which enacts these ideals much more drastically upon the girls and women (rather than upon the boys and men). African-American girls and women who are considered by white society, and often their own community, to be beautiful are rarely, if ever, dark-skinned. They most often are said to have “white features” and “light skin.”

Pecola does not have the tools to resist the external imposition and internalization of African-American hatred. She has these messages coming from too many sources. She cannot ever find herself beautiful, or love herself; she cannot think that anything but Mary Jane, Shirley Temple, or Maureen Peal are valued. She has not been taught to think otherwise. As Hill Collins explains, “Pecola Breedlove [...] internalizes the negative images of African-American women and believes that the absence of blue eyes is central to her ‘ugliness.’ Pecola [...] longs to be White so that she can escape the pain of being Black, female, poor, and a child” (93). She believes being white is the answer to all of her problems, just as many women of all colors and shapes believe that being closer to

the female beauty and bodily ideals will solve all of their problems, will make them successful and bring them love.

The pervasiveness and power of these ideals is exemplified by the way they are internalized by those outside America, who have just been exposed to American culture. As American cultural values spread to other parts of the world the effects of these standards and expectations also is spread. An example of this exporting of American beauty and bodily ideals and the hatred of dark skin is the increasing popularity of skin bleaching products in Senegal. As Ben Barnier reports in “Senegal’s Fashion Victims,” Senegalese women [...] are trying to look like the white girls they see on television.” Women in Asia are getting these messages, internalizing these ideals, and thus using the products as well. They believe that “It’s more beautiful to have light skin. A bit lighter, it’s a bit better” and that “Men prefer women with lighter skin” (Barnier). As in American culture, many in Western African countries, as well as in Asia, have learned to believe that “lighter skin leads to success and happiness” (Barnier). Lighter skin and access to these creams also has become indicative of women who are more modern (Barnier). In spite of the proven and the increasingly well-known risks and side effects – skin-cancer, “infection, acne and facial hair growth” – poor as well as middle- and upper-class women in these countries which have just been exposed to these values and standards are bleaching their skin (frighteningly enough sometimes during pregnancy) (Barnier).

By having Pecola live in a garbage heap, mentally-ill, and without the blue eyes she so desperately wanted at the end of the book, Morrison points to how detrimental and powerful the psychological oppression of African-American girls’ and women’s minds

can be. The preference for light or “high-yellow” skin, “good” hair, and “white” features should not be looked upon casually as “just the way it is.” It has real effects on real girls and women and it can lead to dramatic, sometimes dire, consequences. While Pecola’s outcome is definitely dramatic (and a literary device), it highlights the inner hatred and hellish internal dialogue many African-American girls and women often experience due to the constructed preference for light skin in American culture.

RAPE

Due to the flattened out perceptions of individual bodies, the lessons and internalization of femininity, and the almost constant presence of an “Other,” many girls and women do not feel their bodies are their own. Women feel fearful in their own bodies and may resent that their bodies are seen (and felt) as inherently vulnerable. That girls and women do not see their bodies as their own is particularly relevant in the discussion of rape. Thus, paradoxically, while a woman learns she should focus all of her attention on the body and work to make it look like the ideal, make it sexually appealing, she also realizes that her body is not her own – she does not control the standards she strives to uphold, nor does she have the right to refuse sex. It is as Shroff describes when she states that “Women are encouraged to make themselves sexually attractive and vulnerable in a social context which is not sexually safe for women” (113).

Many women live with an additional aspect to their psychological oppression – the pervasive threat of rape. Whether fearful of rape or a rape survivor, a woman is psychologically oppressed by the threat of rape or, if a rape survivor, the replaying of it in her head and feeling it with her body. The rape survivor learns that in multiple arenas – medical, legal, physical, and sexual – her body is not her own, not just that it has been

taken from her during the actual rape. Yet the fear of rape for many women, not just survivors, is psychologically oppressive and can hinder a woman's actions and thoughts regarding what she believes she can safely do without encouraging rape. As Inga Muscio explains in *Cunt: A Declaration of Independence*, rape "is the fundamental, primal, most destructive way to seize and maintain control in a patriarchal society" (155).

A raped woman's body is not her own in that it is taken by the rapist, and then the medical community and law enforcement come into the picture and the raped woman's body becomes theirs to manipulate and judge. She loses her body both during and after the rape. Yet in many ways a woman's body is not her own from the start, due to the pressures of meeting bodily ideals for the female body. Whether actually raped or fearful of it, how much is a woman's body or mind truly her own when she is constantly or frequently fearful and worried about being raped? How freely can she use her body if she is worried that the expression of her sexuality or showing parts of her body, for example, will "cause" a rape? A woman's body is not her own when she feels she must change the way she carries herself so as to not "invite" rape. She lives psychologically oppressed by this fear and works to carry her body in such a way that she will not be blamed if she is raped.

Some of the lessons conveyed to women about femininity include rules and suggestions – sometimes overt, sometimes subtle – which say that being a proper feminine lady will prevent the rape of one's own body. While tongue-in-cheek, the list¹⁴ below, from Megan in the zine *From the Gut*, offers some of the basics of feminine behavior and their relation to the prevention of rape. Some excerpts include:

¹⁴ This list originally appeared in the zine *Ms. America*; the original author and source are unknown.

Do not behave seductively. Do not smile sweetly, dress cutely, or behave charmingly. On the other hand, do not become sullen or tomboyish – someone may have to teach you a less about being a real woman.

Don't go out on dates alone – you could get assaulted. Don't go out on dates in groups – you could get assaulted by a bunch of people. Don't stay home alone – it's dangerous.

Don't say 'yes' – you'll get a reputation for being loose, and that's an invitation for sexual assault. Don't say 'no' – 'no' really means 'yes,' and you'll get a reputation for being a tease, and that's an invitation for sexual assault.

Avoid all areas in which sexual assault commonly take place: bars, restaurants, parks, streets, offices, corridors, elevators, cars, lobbies, apartments, homes. Avoid all people who commonly commit assaults: strangers, relatives, friends, spouses. (Issue 2 20)

As one can garner from the list above, femininity not only psychologically oppresses girls and women regarding how to carry themselves. But those rules about femininity also suggest that woman's behavior will cause or prevent the rape of her body: "Well, what does she expect when she dresses like that?;" "She shouldn't have been out that late."

The onus is put upon the woman to *prevent* the rape of her body when, ironically, in the same breath she is told she should display her body and be sexually available (but of course not overly so). Legally her prior sexual activity may be used as proof that because she is sexually active she is "not rape-able." Medically and legally, it is up to the woman to prove that not only was she raped, but that she was "rape-able" at all, that she was not asking for it by putting herself in the position to be raped, such as being out after dark. For women, knowing that they will be under unrealistic scrutiny if raped is psychologically oppressive to women.

Women who have not been raped internalize the fear of rape and the warnings about rape to such an extent that they feel they cannot go out and do what they want

because they are scared. Brownmiller describes rape as “nothing more or less than a conscious process of intimidation by which all men keep all women in a state of fear” (*Against Our Will* 15). There is always an “Other” who could be waiting out there for her. Thus, even if a woman has not actually been raped, she still is psychologically oppressed by the fear of a potential rape. According to Muscio, she feels she must take specific steps to protect herself from rape just to make a late night trip to the grocery store. Muscio writes: “*I can’t stand the fact that the danger of having a cunt is threatening enough to keep me from doing as I please*” (150, emphasis in original). The possibility of rape leads most women to limit their actions and fear what their looks and movements might invite. They learn they should only go out at certain times of the day, otherwise they are just “asking for it” and putting themselves in danger, even more so if they are wearing a short skirt or going out after dark. As Muscio states “[I do not] pretend too realistically that I am free to go where I please. At least, not without taking extreme precautionary measures” (Muscio 151).

As evidenced in Chapter Three, the ideals and restrictions put upon the female body in American culture are often psychologically oppressive and can be physically painful and dangerous. Yet in enacting these ideals women often feel powerful because they have learned culture’s lessons well – live up to the ideals and you will be accepted and loved. Much rides on looking like these ideals, being feminine: happiness, success, cultural acceptance, the prevention of rape. The attention given to changing one’s natural body, striving to look like girls and women believe they “should” has detrimental effects for girls’ and women’s actual power within society – it prevents attention being paid to more important matters. As Winkler puts it, “[Women] mortify flesh [...] to declare

[...they] are engaged in attending to [them]selves and are therefore no threat to the status quo in the body politic” (220, emphasis added).

The dictates of femininity, the disdain for the natural female body, the gaze of the “Other,” and the fragmentation and objectification of the female body (to others and to the women herself) are not the only harms. Women pay in many ways: they risk cosmetic surgery; pay a hefty financial price for products to help them approximate the cultural ideal; pay psychological costs; and “pay” in the time they spend working towards bodily ideals rather than working towards their own *actual good* through education, career advancement, or general satisfaction with life. In Chapter Four the focus is turned towards the normalization and romanticization of eating disorders; female desire and sexuality; and pregnancy and motherhood. All are viewed with an eye towards the ways in which American culture affects these bodily experiences and psychologically oppress girls and women with ideals regarding those forms of embodiment.

CHAPTER FOUR: DESIRE AND SEXUALITY, THE NORMALIZATION OF ANOREXIA AND BULIMIA, PREGNANCY, AND MOTHERHOOD

Chapter Four is a continuation of the cultural analysis started in Chapter Three. Included are discussions of such issues as female desire and sexuality; the normalization and romanticization of anorexia; anorexia and bulimia as crystallizations of American culture's stance on the female body; and pregnancy, motherhood, and breastfeeding. As becomes even more evident in Chapter Four, girls and women from many walks of life in America are circumscribed, to varying degrees and in a host of ways, by the expectations and demands of American culture.

WOMEN'S DESIRE AND SEXUALITY

In American culture, many view feeding the body as giving in to desire, not as filling a biological need. Eating is perceived as a sinful, pleasurable experience, rather than meeting a need to ensure survival. While nourishing one's body meets a biological need, eating is conceived of as satisfying the pleasure principle. Eating "is seen as an admission of weakness and need, an admission of desire for physical pleasure, a succumbing to the 'lesser,' the base sides of the self" (Hornbacher 112). Equating nourishment with sin, seeing it as an almost sexual pleasure, is prevalent in American culture, particularly in advertisements in the print and electronic media. Eating a piece of cake is viewed as fulfilling a carnal urge; using low-fat cream cheese gets one closer to heaven and gives one angel wings in one commercial for cream cheese. American women have learned to temper, or sometimes relinquish, their need for food because it has become a cultural "sin."

According to Margaret Miles in “Textual Harassment: Desire and the Female Body,” women have not been allowed to construct or maintain expressions of desire or sexuality that serve the needs of women specifically because, in part, “women have had few literary paradigms, few images, few models” and few “female epic heroes,” only “male models for passionately seeking women” (59-60). This lack of female models, this lack of expression of distinctly female desire is particularly harmful to anorexics and bulimics who, as discussed earlier, lack a belief in their own views and who place fundamental, primary emphasis and importance on the needs and the opinions of others. Seeing “no image of an integrated, fully adult, sexual woman” (Winkler 230) is harmful and degrading to all women; however, for someone already vulnerable it can push them over the edge.

Because of the structure of American culture and its ideals, there are few female frames of reference, female subjectivities, or ways for a woman to be a subject and have agency in her own sexuality. Women rarely create their own strategies to express their sexuality and desire. Women are not able to “represent themselves as subjects of their own experience rather than as objects of male projections” (Miles 62). Female sexuality is seen as serving the purpose of male pleasure. Because of the androcentrism of American culture, in which the male definition of experiences becomes *the* definition, how men frame sexual experiences and female desire has become *the* way to frame sexual experiences and desire.

Women learn that their bodies and their sexuality are to be used, but not for their own pleasure. Because a voice is not given to women to express their own sexuality and desire, these aspects of women’s lives and the way they act them out are defined *by* men,

for men. As Miles explains, “women’s desire [in the Christian West] has been constructed to serve male desire as its mirror and counterpart” (60). Miles, via Frigga Haug, states that there is a

complex and intricate process by which women learn to please others, to attract the male glance and gaze. Female sexualization...is intimately concerned with achieving the right body parts – the right hair, breasts, legs – and behavior – the right walk, the right eye movements. Female desire, then, is socially constructed as the passive complement of male desire rather than as a distinctive female ‘I want’. (51)

Women are not given a way to achieve pleasure purely for themselves without factoring in another person’s needs. Pleasure is created around the need for an “Other” to watch and give approval. An example of this appears in the zine *100%*:

I’d stage dive so I could get mass felt up by about twenty guys at once in less than a minute. The only cool part about it was I knew I was fluff and enjoyed the hell out of it. I’d curl my semi-long hair and bat eyes at anything that had a cock. 50 lbs of makeup on my art school skin, 50 pts of I.Q. located within! I began to get a growing dislike for men in general because of their constant attraction to this hammed up Shirley Temple façade. [...] Sometimes I think I did it for attention [...]. I’d prance around using my double d’s to get attention. (N. pag.)

This approval of the “Other” is exemplified by women in advertisements, who in their poses represent the way in which women in general feel on display in public, in private, and within their own bodies. In ads, women often are looking at the camera, as though they are acknowledging and taking pleasure in the fact that someone else is watching them, as though they “become” *sexy* when they are being watched by someone else, that this is the route to pleasure. Because of the manner in which female desire has been portrayed and perpetuated in a variety of media forms, a woman is again made aware of the gaze of the “Other,” as “her own eye has been trained by the same methods” (Wooley 40).

In advertisements for such products as expensive shoes and clothing, the models often stare into the camera, acknowledging the “Other” who is watching. They are acknowledging that they are on display, that they are objects. They stare into the camera, with recognition that they are performing and posing for the benefit of someone else. They are posing, displaying the “right parts.” Even when surrounded by men in ads who are obviously interested in them sexually, women stare into the camera, with recognition that they are performing for and displaying their bodies for someone else who is watching them. As Wooley describes, women “have had to think of themselves as objects to be viewed, interpreted, and judged, like works of art” (39). Because women are both within their bodies and must know how they appear to an “Other,” their selves are split into two parts (Wooley 39). Further, according to Wooley,

‘A woman must continually watch herself. She is almost continually accompanied by her own image of herself.... From earliest childhood she has been taught and persuaded to survey herself continually.... The surveyor of woman in herself is male [and] she turns herself into an object – and most particularly an object of vision: a sight’. (Wooley 39-40)

Because of this “Other,” this sense of visibility, and “judging [the] self by external standards” often girls and women define their own desire and sexuality based on their others’ needs and feelings (Geller et al 9). This lack of voice in defining one’s desire and the importance of external standards resembles alexithymia, common in women with eating disorders, which is characterized by an “absence of words for emotions,” a “difficulty in describing subjective feelings, an impoverished fantasy life, and a cognitive style that is literal, utilitarian, and *externally oriented*” (de Groot 140, emphasis added). This external orientation combines with a “lack of symbolic authorization” and a “lack of institutional recognition and confirmation” leading

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“women’s longings [to] never take form – individually or collectively – as a powerful force” (Miles 50).

The lessons girls and women learn from sexist language about female sexuality are reinforced by various myths regarding the female body. The “predominant message is that it is acceptable to hate, fear, and attack women’s bodies” (Wooley 34). In myths, as well as in imagery, both past and present, powerful women, particularly *sexually-powerful* women, are portrayed as animal-like, uncontrollable, and threatening. They are depicted as possessing sexuality and bodies that are “too much.” Much like Eve is portrayed as “tempting” Adam and leading him astray, women who are overtly sexual are seen as leading men from cerebral and philosophical concerns into the “lesser” realm of the body. Women who are aggressive, sexual, or powerful, are portrayed using “images of danger, aggression, or uncertainty, which surely reflect our society’s ambivalence about and fear of ‘liberated’ women, women who don’t ‘know their place’ or function, ‘wild women’” (Winkler 230). This fear of powerful women also translates into depictions of female sexuality as “safe” only when occurring for male pleasure. The only acceptable female sexuality is that which is passive and objectified. By making sexuality for men and controlled by men, women (and the possible threat their sexuality poses) are less threatening, less something that can “eat men up” with their sexual bodies.

These portrayals of women’s sexuality as only for male pleasure also affect girls and women who are not heterosexual. Compulsory heterosexuality is thrown into relief and the restrictions it places on girls and women become evident when thinking about them from a lesbian standpoint, as female sexuality for female pleasure becomes the focus rather than female sexuality as created for the benefit and pleasure of men. As

Sandra Harding explains in “Thinking From the Perspective of Lesbian Lives,” there is a connection between the “oppression of women and the oppression of deviant sexualities” because “women’s sexuality *is* the paradigm of deviant sexuality for traditional social and biological theorists” (261).

An example of the view of female sexuality as only acceptable when it is for male pleasure and in the context of heterosexuality is the content of abstinence-only education curricula. As discussed on NPR’s The Diane Rehm Show in September of 2008, in abstinence-only education students learn about bodies only within a very rigidly-conceived heterosexual framework. Bodies which fall outside this framework – be they lesbian, gay, bisexual, or transgender – are left out of the discussion entirely. In fact, research shows that homosexual and transgender bodies are demonized by abstinence-only education (Abstinence-Only Education). As Debra Hauser stated on the program,

abstinence-only programs, at best, totally ignore gay kids in the classroom and at worst they totally demonize homosexuality and they have to because their exclusive purpose...is to promote only sexuality within a heterosexual marriage. Many of the programs contain homophobic content. (Abstinence-Only Education)

Thus in these programs students learn not only that expressions of sexuality occur only within marriage, but that for the sexuality to be viewed as a valid, accepted form of sex it must be heterosexual. Women who fall outside of these narrow boundaries learn they are doubly in-valid.

An additional complication to this issue within larger American culture is that even when lesbian or bisexual females are acknowledged it is in the role they play in the fulfillment of a heterosexual male sexual fantasy. Thus, if a woman is a lesbian, she learns that men view her as someone who just needs to be “converted” sexually, or that

the manner in which she has sex is co-opted by men for men's own sexual pleasure. This is yet another example of the female body and female sexuality being used for the purposes of the male gaze.

Working in concert with this portrayal of women's sexuality and desire as for male sexual pleasure is the general disregard for women's needs in American culture. Girls and women learn that taking care of others is most important. This lack of caring for oneself and one's own needs, as well as the lack of expression of one's feelings and gaining validation for those very feelings, can lead girls and women to not take enough care in finding their own desire and sexuality important. Girls and women are taught to care more for others, even in the realm of desire. They are not taught to create or act out their own sense of sexuality and sexual desires, or to ask for what they want. They learn to worry instead only about their partner's needs and desires (and how they look as an object to others).

The phenomenon of a lack of adequate or fulfilling authentic female sexualities may add another layer in understanding another aspect of female food restriction and starvation in American culture. In starving herself, a girl or woman may feel pleasure. Withholding the fulfillment of desire, in this case food, can be as pleasurable as fulfilling the desire immediately. Dieting, fasting, eating disorders may not just be a combination of psychological vulnerabilities, expressions of unworthiness, and an attempt to meet cultural bodily ideals. As Miles theorizes, because women lack a distinct and original expression of female desire and sexuality, women who restrict food may be acting out a different form of pleasure, because they find pleasure in starvation, in saying "No." According to Miles, the lack of authorization and recognition of women's longings and

desire is what causes the perpetuation of what she calls “problematic pleasures” (51). Rather than being able to find existing models of female pleasure, or create new models, women who develop eating disorders, to Miles, have developed alternate ways of finding pleasure; as she explains, eating disorders “are produced by constraint, that is, by the foreclosure of more directly pleasurable routes” (Miles 62). Women gain pleasure in the “*activity* of desire, temptation, and resistance” (Miles 63).

Considering eating disorders in this light, as a type of “perverse pleasure,” a type of “dangerous, ‘kinky’ pleasure,” may (and should) lead clinicians to “identify and cultivate more direct and unambiguous satisfactions” (Miles 50). A lack of female desire may be leading women to find pleasure in no pleasure, in withholding. Giving up food, the feeling of starvation – the deep, gnawing, hunger – can be construed as pleasurable. According to Miles, there is “an important connection between the social construction of female desire in middle-class North American society and asceticism, ‘the pleasure of no pleasure’” (50). There is a

‘weakness’ of female desire, ‘[and a] lack of authorization, symbolic representation, support and encouragement.’ [Thus], if female desire...is not cultivated, or if it is construed merely as the complement to male desire, this could help to explain why so many young women practice and enjoy the asceticism of fasting.¹⁵ (Miles 50)

Starvation and finding pleasure in resisting pleasure, as Miles sees it, is a resistance to socialization (51). Rather than supporting the existing social emphasis on the established “place” for women and the emphasis on the female body, food restriction in its many forms is an “alternative to the pleasure of assuming the roles and capabilities established by one’s society,” and can be pleasurable (Miles 51, 49). A woman with an

¹⁵ Miles defines desire not only as sexual desire but “also as including a broader repertoire of desire for particular social roles and achievements” (50).

eating disorder either prevents herself from wanting food at all, or after admitting that she needs and wants food, she purges what she has binged as a representation of the way in which a ravenous female desire for food cannot hold, and must be expelled from the body. As Hornbacher explains, the anorexic may feel pleasure in pain due to the disruption of the body self, whereby the anorexic specifically equates “self protection with self destruction, or pleasure in pain” (193). Often this disruption of the body self takes place early in childhood so it is difficult for the anorexic to give up because it is the way she expresses emotions physically, starting as an infant (Hornbacher 193 footnote).

Another interpretation of this withholding of pleasure as pleasure may be related to what James describes regarding Martin Luther. As James describes, Luther was preoccupied with what he called a sinful lusting of the flesh; he resigned himself to the fact that he was going to sin *because* he had flesh. The anorexic may exemplify this struggle between the flesh and the mind, yet she is unable to accept that she must meet the demands of the flesh, as Luther did. Rather than thinking logically about the body as needing nourishment, the anorexic may feel pleasure in sacrifice; the anorexic also may gain pleasure by showing how much power she has over her body. According to

Rudolph Bell in *Holy Anorexia*,

The suppression of physical urges and basic feelings – fatigue, sexual drive, hunger, pain – frees the body to achieve heroic feats and the soul to commune with God. [...] Once this new and special reward system is experienced it does indeed become self-induced and self-perpetuating.
(13)

The anorexic may have altered her “sensibility” and turned “torment into a perverse kind of pleasure” (James 248).

Due to the prevailing societal message connecting eating and sinning, anorexics in particular may have learned to ignore their hunger urges almost completely. They may take the social proscription against eating to an extreme because they believe that feeling hunger is an urge that makes them lesser and if they conquer it they will feel both purer and in doing so they also may feel pleasure. Bulimics, on the other hand, binge on the “sinful” food then purge that sin out, leading them to feel empty and “pure.” When those with eating disorders are truly hungry they may not feel it, because one of the consequences of an eating disorder is an inability to feel one’s actual, biological, hunger, or also perhaps because overcoming hunger gives them a perverse pleasure.

ANOREXIA NERVOSA AND BULIMIA NERVOSA IN AMERICAN CULTURE

Why is there a concern about anorexics and bulimics and what they represent in American culture? Many women fight daily against their bodies and against what is expected of those bodies. Many women, not just anorexics and bulimics, do permanent damage to their bodies via forms of disordered eating. While anorexics and bulimics work on their bodies in particularly rigid and harmful ways, the desire to do away with their bodies is shared by many women in America. In fact, approximately seventy-five percent of women believe they are overweight (*Slim Hopes*). Body image distortion, body hatred, and self-mutilation occur at alarming rates, and with increasing prevalence.

Both anorexia and bulimia have far more dire, often permanent and sometimes fatal consequences than what the average girl or woman does to her body. As discussed earlier, the death rate for anorexics is the highest of any psychiatric disorder and often the effects of both anorexia and bulimia are permanent, enduring long after recovery (if recovery is at all successful long-term). Anorexia and bulimia are not just harmful in and

of themselves but are symbolic of the daily and hourly struggle many girls and women in American culture fight just because they live in female bodies. They extend far beyond what a certain woman will not eat or will binge on privately or an individual woman wanting to lose the last then pounds for swimsuit season.

Eating disorders can be seen as extreme versions of the more common fights girls and women confront when living in American culture. As Brown and Jasper emphasize,

women may express conflicts in their lives through their bodies and food at this time in history for two important reasons: the propagation and internalization of the thin body ideal, and the conflictual relationship women in our society tend to have towards food and the body. The violence and childhood traumas women experience in their lives add an additional layer, and seem to increase the likelihood that women will develop weight preoccupation or eating disorders as a consequence of looking for a greater sense of control and self-esteem by regulating food intake or body shape. These factors together make 'eating disorders' a viable response during this contradictory and uncertain period of women's history. (34)

Eating disorders are, according to Beauboeuf-Lafontant, "expressive, embodied protests against the social reality of restrictions, devaluations, and violence directed at women" ("Keeping Up" 105). The resemblance between anorexia nervosa and the struggle many women fight with the cultural expectations about the female body led psychologist Richard Gordon in *Eating Disorders: Anatomy of a Social Epidemic* to label anorexia an "ethnic disorder" (189) and Bordo to conceptualize of anorexia as a "crystallization" of the psychopathologies of Western culture (141). They are "sensible ways women cope with the difficulties in their lives," "survival strategies," and "acts of self-preservation" (Thompson 16, 1).

As Gordon discusses, "the sorts of conflicts which occur in a person who develops an ethnic disorder are much more widespread than the actual number of

individuals who manifest symptoms” (189). Anorexia reveals much more than only information about the individual suffering from it. Anorexia can be seen as “a pattern that...has come to express crucial contradictions and core anxieties” of Western society (Gordon 8). Analyzing it in this way, according to Gordon, can “unravel the mysteries and paradoxes of culture itself,” not just anorexia (7). While anorexia with its physical consequences and extreme psychological and cognitive distortions is shocking, it also is a “socially acceptable” way to go crazy (Gordon 166). It is seen as aberrant, yet looked upon with envy. It is shunned as deviant, yet viewed with awe, according to Gordon. Because thinness is valued and women are not, anorexia is both a shock and shows Western culture’s lack of true concern for women.

Similar to Gordon’s ethnic disorders, one of the key aspects of Bordo’s work is her conception of eating disorders as “complex crystallizations of culture” (35). For her, culture is “not simply contributory but *productive* of eating disorders,” and pathologies such as eating disorders are on a continuum “on which the normative and the disordered” are located (Bordo 50, emphasis in original). “Culture not only has taught women to be insecure bodies,” but to Bordo also to “constantly [monitor] themselves for signs of imperfection, constantly engaged in physical ‘improvement’; it also is constantly teaching women (and, let us not forget, men as well) how to *see* bodies” (57, emphasis in original).

In Bordo’s view, attention must be turned to what occurs within contemporary American culture to find out what, in part, may cause eating disorders. The psychopathologies that are found within particular societies tell much about those societies. As Bordo explains, she has found the “psychopathologies that develop within a

culture...to be characteristic expressions of that culture; to be, indeed, the crystallizations of much that is wrong with it" (141). Thus, eating disorders can reveal much about the cultures in which they arise. Instead of placing blame only on magazines, television shows, or other forms of mass media in which a harmful female ideal is exalted, a deeper examination must be carried out of the cultures which produce that mass media. For Bordo, eating disorders are a symptom of a larger disease to which American culture (and more broadly Western culture) must attend (141). What is viewed as pathological and disordered thinking about one's body and the food one consumes actually are "fairly accurate" representations "of social attitudes toward slenderness or the biological realities involved in dieting" (Bordo 58-59). To Bordo, anorexia's prevalence is a commentary on contemporary American culture. Further, she emphasizes that the anorexic (and the bulimic as well) "does not 'misperceive her body; rather, she has learned all too well the dominant cultural standards of *how* to perceive" that body (Bordo 57, emphasis in original).

Anorexics enact the cultural belief that women are only as important as their bodies in a strange, paradoxical way. They believe that if they control their bodies they will have true and total control of their lives. They are concentrating full attention on that body, but in order to make it disappear. The anorexic, for Bordo, is not "a victim of a unique and 'bizarre' pathology" but rather the "bearer of very distressing tidings about [American] culture" (Bordo 60) as she possesses "a deep and embodied *understanding* of what culture demands" (Bordo 65, emphasis in original). Anorexia "appears [to be] a remarkably overdetermined *symptom* of some of the multifaceted and heterogeneous

distresses of our age” (Bordo 141, emphasis in original). As Catrina Brown writes in

“The Continuum: Anorexia, Bulimia, and Weight Preoccupation,”

anorexia and bulimia are not centrally about weight or eating. Rather, those behaviours [sic] represent an attempt to deal with psychological distress in women’s lives. Viewing these behaviors as ‘dieting gone crazy’ frames these problems in terms of weight and eating and can obscure larger and often more substantial issues. (65)

More broadly, as Thompson posits, “eating disorders are orderly and sane responses to insane circumstances” (2).

Another similarity between the average girls and women and anorexics and bulimics is, according to Lintott, that those with “Eating disorders [...] view [...] their bodies] as ‘other,’ as something that can be dominated” and as “natural [forces] that can be overcome” (75). This domination of the body by anorexics and bulimics is rejecting yet enacting the Western cultural dictum that a woman’s body is her most important part. As Bordo explains, via the anorexic’s disappearance of the body and her belief that this expresses her power and the bulimic’s control and subsequent lack of control via the binge shows the problems within American society (141). The anorexic is “precisely ‘obeying’ what society and her parents appear to be asking of her” and she follows “the rules of patriarchy to the ‘letter’ (i.e., be thin, be slender, achieve)” (Jagodzinski 31). As for the bulimic, to Bordo it “emerges as a characteristic modern personality construction. For bulimia precisely and explicitly expresses the extreme development of the hunger for unrestrained consumption...existing in unstable tension alongside the requirement that we sober up, [...] get back in firm control [...] (the necessity for the purge)” (201). Although purity and morality are inextricably connected to the food one consumes, and much of American culture is based on a cycle of bingeing (overspending, overeating) and

then purging (controlling one's spending, dieting) to purify oneself, bulimia is not just about eating too much and purging it out. It is also an extreme metaphor for American culture's treatment, view, and socialization of girls and women, as well as the damaging expectations and requirements for females in Western culture as a whole.

While anorexia and bulimia are personal, "violent act[s]," bespeaking "a profound level of anger toward and fear of the self," they also reveal much about what is wrong with American culture (Hornbacher 123). Anorexia can be seen as representative of the way in which girls and women live in a society that teaches them to not listen to their bodies, to ignore and suppress their hunger, to turn against their bodies to look "perfect." The struggle girls and women fight against society's demands is exemplified by the cultural ideal: a woman who is "starving, self-obsessed and powerless, a woman called beautiful because she [threatens] no one except herself" (Chernik 81). American culture must "claim anorexia [and bulimia] as political damage done to [women] by a social order that considers [female] destruction insignificant" because it sees women as less than whole, yet also as too much (Wolf, "Hunger" 105). Anorexia and bulimia are not only the simple consequences of genetics or psychology, but the interaction of a myriad of factors; they also are "a disgrace...of an inhumane social order" (Wolf, "Hunger" 105).

While femininity and the silencing of needs are encouraged in all women, anorexia is not about beauty or taking dieting too far. The anorexic's goal is not to look like a supermodel. For Thompson this "notion that women's foremost worries are about their appearance" is sexist (9). As Helen Malson explains in "Women Under Erasure,"

Conceptualizing 'anorexia' in terms of an *over*-internalization of cultural prescriptions about female beauty and the 'necessity' of dieting only

begins to understand how our socio-economic, cultural and political contexts are implicated in the production of 'anorexic' subjectivities, experiences and body-management practices. It does not, in itself, constitute an adequate end-point in understanding 'anorexia nervosa' as a complex and heterogeneous culturally-produced category of distress. (138, emphasis in original)

Similar to anorexics, "bulimic women live lives dichotomized around feeling in control and feeling out of control" and

often feel they have found the perfect private solution to the pressure to be thin since they can eat as they like, control their weight, and please others simultaneously. In this sense, bulimia conforms more to social expectations of women [than anorexia], as bulimic women's behavior remains hidden and secret, and their emotional turmoil is obscured from others' vision. Such is not the case with anorexic women whose unwillingness to eat is often displeasing to others, and whose emaciation is mute testimony to their emotional suffering. (Brown 62)

Bulimics feel they must hide what they do from view because "the giving over of one's self to [bingeing and purging] leads to shame and guilt" (Boskind-Lodahl 352).

According to the National Women's Health Resource Center, "In bulimia, dieting is used for emotional control" and "Bingeing becomes a way to relieve stress, anxiety, or depression. Purging the calories relieves the guilt of overeating. It becomes a habit" (National Women's Health Resource Center).

Bingeing in particular is socially unacceptable because, as Sheila Lintott states in "Sublime Hunger," "Exercising [...] willpower is something that is respected in society, and anyone who is able to do so seems to earn the right to be extremely proud. Moreover, [American] culture is one that respects successful weight loss and in fact demands it of women" (78), thus bulimia is seen as more shameful than anorexia. There is a "hierarchy within eating disorders with anorectics exalted above bulimics" (Lintott 76), as their ability to control their hunger and not give in to what has been framed as a

desire or urge is admired culturally. Even though many express concern for anorexics, they also are respected for their control. In fact, “bulimics were initially called ‘failed anorexics’” (Seid 21).

American culture’s idealization of purity and shaming of loss of control, leads many to feel as though they must punish themselves if they do “lose control” or do something that is perceived as “impure.” Many women (and some men) feel as though they are more pure (whether religious or not) when they reduce the amount of food they consume. As Marlene Boskind-Lodahl states in “Cinderella’s Stepsisters,” a “woman feels ‘good,’ ‘in control,’ and ‘disciplined’ when her life has narrowed to self-denial” (352). Regarding the association between morality, status, and representations of women’s bodies, Wooley states that “Patriarchy’s attempt to reduce women to bodies has been met with a spiritualization of the representations of women’s bodies – a removal of ‘excess’ flesh, reminiscent of the spiritualization attempted by medieval saints and ascetics” (42). In modern society, women (and men) learn that losing fat is linked to morality.

The connection between morality and looking like the feminine ideal has been theorized as being taken to the extreme by anorexics, who desire to “purify” one’s body. As William Davis discusses in his epilogue to Bell’s *Holy Anorexia*, both asceticism and anorexia nervosa “are characterized by an unwillingness to eat, but one is driven by the desire to be holy and the other by the desire to be thin. The point is that anorexics in the fourteenth century and those in the twentieth century do not want to eat because they abhor the consequences. And, whether in the service of holiness or thinness, they determinedly relish the effects of starvation” (Bell 181). According to Bell, “there is

good reason to equate medieval holiness with contemporary thinness. Both represent ideal states of being in the cultural milieus under consideration” (Bell 181-182).

Furthermore, “Both in medieval Italy and in the twentieth century anorectics are hyperactive, perfectionistic, and never satisfied or comfortable with the results of their efforts to be holy or thin” (Bell 182). Both groups want to do away with their bodies, as they believe that in doing so they will be more pure.

This belief in the connection between food restriction and morality and spirituality is not just a characteristic of anorexics or ascetics. Currently many women diet and work to do away with their bodies to look like the cultural ideal because thinness is seen as moral. “Achieving the proper weight is not just a personal responsibility, it is a moral obligation,” according to Hesse-Biber et al (11). Roberta Seid continues this thinking in *Never Too Thin*, stating that “Today thinness [...] seems a prerequisite for *decency and godliness*” (17, emphasis added). Many anorexics see their anorexia as a choice that they have made in order to avoid being seen (and seeing themselves) as many see fat people. According to many anorexics, they have *chosen* to be anorexic because of the control it affords, because it puts them closer to purity and further away from the slothful, lazy, and negative aspects of being fat (or even of eating normally). Anorexics may feel powerful *because* of the pain they feel in their bodies and, like cultural rhetoric connecting dieting and morality, express that not eating makes them feel “pure.” Anorexics may believe, as larger culture tells them, that they benefit morally from what they endure. Many average girls and women associate ridding the body of fat with being more moral.

Modern-day anorexics discuss this need to be more pure, and their discussion of their starvation often has the undertones of a medieval saint. As Chelsea explains on her pro-ana website's list of "40 Reasons Not To Eat," "Bones are clean and *pure*" (emphasis added). Anorexics have no patience for their bodies. As Hornbacher explains, the pain of hunger is reassuring because it makes the anorexic feel she is strong and not a slave to her body (124). The anorexic both feels like a failure because she feels hunger, and feels the need to prove she is not a failure by further restricting what she eats. The anorexic can be seen as starving herself and ignoring her hunger to become more "pure," yet because of this starvation she enters a vicious cycle in which she is constantly hungry, leading her to feel constantly impure. (While not identical, this is similar to the experience of many women who feel that by working hard they can look like the feminine ideal, even when that ideal is impossible to attain.)

Regarding morality, purity, and bulimia, as Boskind-Lodahl explains, there are "Socialization and cultural pressures [which] intrude to initiate the purification rites, purging or fasting. [...] In purging, the mind separates itself from the body by focusing on the shame of being out of control" (Boskind-Lodahl 352). The purge is caused by women "[admonishing] themselves for [bingeing] and [promising] themselves they will diet or exercise in compensation. They tend to feel guilty, ashamed, and out of control" (Brown 64). Average girls and women express the same feelings. They feel shame in eating, talking about how "bad" they were to eat two pieces of cheesecake, that they were "gluttonous" for eating potato chips. According to the National Association of Anorexia and Associated Disorders (ANAD) "In bulimia, there is an intense connection between

self respect and the way the body looks. [Women] can be great in a lot of things, but if our thighs are too big, well then, we are just not good enough” (“Bulimia Nervosa”).

The “Bulimic women’s binge/purge cycles often convey the ambivalence they feel towards feeding and nourishing themselves” (Brown 63). But it is not just bulimics who express these feelings. As Jan Jagodzinski states in “Women’s Bodies of Performative Excess,” “the bulimic’s oscillation between bingeing and vomiting maintains the social contradiction between desiring to be thin and also desiring a fit slender body which can easily slip into becoming ‘fat’” (32) and which they have been taught to fear. The “bulimic is thus not so unreasonable in thinking that total control over food is required in order for any control to be maintained” (Bordo 59). Bulimics have indeed internalized the importance of “controlling” the body (or at least appearing to do so) in American culture. The anorexic may feel pride, feel sinful, and, perhaps, feel pleasure at taking the punishment she doles out. She feels she is cleansing her dirty and sinful female body and may find pleasure in the pain. The bulimic, in purging, feels she is cleansing herself of the impurities and “sins” she consumed during the binge.

According to the myths and ideals in American culture, the female body is seen as sick, lesser, and substandard to the male body. Additionally, the physical characteristics of sick women are seen as beautiful. Similar to the femininity of sickness and the Cult of True Womanhood in the nineteenth-century, women in 2009 with eating disorders, particularly anorexia, embody much of what is seen as beautiful and feminine, as thin, delicate women are seen as submissive and vulnerable, both of which are associated with beauty. Their thinness and “beauty” are believed to indicate one’s wealth, success, and are believed to bring happiness. The anorexic body’s appearance is very close to the

cultural ideal; it is not as shocking as it *should be*. American culture is less shocked by *actual* sick women as the image of sick women is commonly used to advertise objects many people want. Thus this image becomes less problematic and shocking and more praised.

Like many girls and women in American culture, anorexics have difficulty demanding what they need and want. In fact, they do not think that those needs are valid; they have learned to attend to the needs and wants of others first. Again, anorexics take the general female inattention to one's own needs and wants too far and act out this lack of expression of one's needs in an extreme manner. Because they have difficulty maintaining awareness of their own emotional states and being aware of internal stimuli, they often ignore or do not have sexual needs at all, in part due to a lack of body fat and the subsequent effect this has on one's reproductive organs. When this lack of internal perception in anorexics interacts with the American cultural beliefs that female sexuality is for men and that the body should be conquered or ignored, the results are hazardous for anorexics. Whereas for some women this lack of need fulfillment may affect only their sex life (which still is detrimental and serious), this inattention to one's needs can be deadly for anorexics.

Yet the anorexic is not just silencing her body and sexuality, she *is* silent. She is the epitome of femininity – she is silent and demure. The feminine expectation that women be silent may be particularly damaging to anorexics, considering their proclivity to silencing negative affect and their belief that their own opinions are not important (Geller et al 9). Anorexics enact this demand for female silence to the letter. They are seen as “good girls” who do what they are told. Yet the hungrier they become, the louder

the silence becomes. They do not speak, as they are too attuned to the voices in their heads, willing them to starve. The anorexic is too quiet to challenge anyone. Anorexics are not dead, but close enough. If they carry out their goal, silencing the body, to its logical and tragic conclusion, they will be silent – literally, permanently, and mortally – silent.

As Heywood discusses, literal anorexia nervosa (as well as other eating disorders) arises from a society that operates using the broader anorexic logic, as this logic produces an isolation and alienation from one's body, a lack of value for the body in general, and an arbitrary designation of valuing masculinity over femininity. This hatred of the female body is inextricably linked to anorexic logic, which according to Heywood is a fight between two bodies – the male and the female, where the male body is the common standard and the female body should “disappear altogether” (67). The dichotomy is also racialized, hetero-sexualized, and the ideals are associated with the middle- and upper-classes. According to Heywood, the “dominant cultural stereotype” associates not just white women but all “non-white peoples with the body and materiality,” and this dichotomy, as well as the dichotomies of “soul/body, male/female oppositions,” is linked to anorexic logic and literary modernism (65, 66). Women of color, poor women, and lesbians stray in a variety of ways from the American cultural norms and ideals regarding women and their bodies.

Related to the cultural preference for the masculine over the feminine is the fear expressed by anorexics of the female side of themselves. They want to avoid being associated with anything that is characteristically female, and fight being seen as having the stereotypical female body with uncontrollable sexuality or bodily boundaries. It is as

Josephine Brain discusses in “Unsettling ‘Body Image’”: the anorexic body “becomes asexualized, disowned [so that] the anorexic *becomes* embodied as she starves off the flesh through which her body is experienced and read as feminine and sexual” (Brain 161, emphasis in original). Anorexics often express a fear that if they give in to typical female roles or female bodies that they will be unable to move beyond the “social limitations” imposed upon women by American culture (Bordo 155) and thus they work to control that which has been framed as “out of control.” As children, according to Bordo, many anorexics “dreamt and fantasized about growing up to be boys” (155). However, the hatred for female roles does not arise naturally. It is caused, to a large extent, by the culture in which women live. They learn to hate other women and themselves from the myths about the female body and the hatred of the natural female body in American culture.

The anorexic may work to look less feminine – either androgynous or masculine – because if one looks more like a man, it may be believed she will be more powerful (because men have more social power and status). Anything that might be seen as powerful that women do has been re-cast as a negative by American culture. Women have recognized that the sexed female body signals powerlessness and thus they turn the oppression inward and fear their own bodies. They believe their own female form is a trap that prevents them from realizing their full potential as human beings.

The renunciation of the female body also may be a rejection of the treatment women receive as a product of being in a female body, a rejection of the discrimination and lack of opportunities girls and women have. Anorexics are “characterized as rejecting the feminine in pursuit of the masculine,” as Robin Sesan discusses in “Feminist

Inpatient Treatment for Eating Disorders” (256, 257). They see the female body as “weighed down” by female body parts, marking it as lesser and subordinate. As Deborah Perlick and Brett Silverstein state in “Faces of Female Discontent,” “Though few express it openly, [anorexics] had felt throughout their lives that being a female was an unjust disadvantage and they dreamed of doing well in areas considered more respectful and worthwhile because they were ‘masculine’” (Perlick and Silverstein 84). The anorexic body, according to Hornbacher, is “both an apology for being a woman and a twisted attempt to prove that a woman can be as good as a man” (229).

To anorexics, losing body fat and the markers of a distinctly female body are not signals they are dying, but becoming less female, more male, and (they believe) more powerful because they have internalized the hatred of their female bodies. As Wooley explains, because “the female body [is seen as] evil and the male spirit [is seen as] good, then it [is] good to control or, better yet, to deny bodily needs. To succeed in this [is] to become like a man” (Wooley 35). This male identification is part of what Heywood labels the anorexic paradox. As she states, “in the attempt to gain access to that subjectivity through male identification and an acceptance of male terms, women literally become the ‘impotent shadows’” (Heywood 28). In lacking a female body, the anorexic may be trying to prove that she is not the lack that society has defined her as, even though she starves herself because she believes she is lacking. Anorexics may believe that in becoming “disembodied” and “not there” they will be accepted in the masculine realm (Heywood 29), that they will have some sort of power in the masculine realm if they do away with the female bodies which they have learned to hate and rid themselves of. They thus become the “masters” of ridding themselves of their own bodies.

Bulimics also may be seen as rejecting the female side of themselves in the expulsion of the food they binge on. The food would cause their bodies to gain weight and they would look more like women. The food also represents feeding a carnal urge, feeding themselves is construed in American culture as sinful. In order to escape the “trap” of the female form, women are characterized by what Donna Wilshire, in “The Uses of Myth, Image, and the Female Body in Revisioning Knowledge,” calls a detachment from their menstrual blood, from all of the knowledge their bodies can give them (107). While many women internalize the view that their bodies need control, and feel shame and fear about those bodies, anorexics and bulimics literally and stringently work to conquer the body in an extreme fashion. They understand that the body is “dangerous, alien and eruptive” (Malson 139).

Because of what the female body signals, according to Heywood, the anorexic wants to do away with any aspect of her female body, any “remnant of a feminine, bodily presence;” she wants to rid herself of the body that defines her (Heywood 4, 29). She might be seen as saying: “Yes, I am an evil body. Yes, I am a witch. Because I am this, I will destroy myself, this part of myself. I will become something else. I will become male, or at least not-female” (Heywood 52). Anorexics believe that with each pound lost, one’s power is increased, as it is believed that “power over the body has a ripple effect” (Hornbacher 85). Bulimics show their power by purging out what they have eaten, purging out the sin, to again take over their bodies. What anorexics do can be seen broadly in what many girls and women do regarding detachment from, conquering of, and escaping the trap of, the female form. Anorexics often cannot see they are dying and girls and women in general have internalized these messages so deeply that they often

cannot see these actions work to their own detriment. Ironically, while anorexics and bulimics want to rid themselves of the female side in order to gain social power and strength, the harder they work to look male, the less powerful and strong they become.

Many women feel the effect of the gaze of the “Other” regarding how they perceive their own bodies. Many anorexics in particular express that they have a voice (not their own) within their minds that leads them to starve themselves, similar to the gaze of the “Other.” They express that the voice makes them feel *so* needy, ugly, fat, and weak, that they believe they do not deserve food (or love). Because anorexics hear the voice within their minds, many assume their starvation is under their own control because it cannot be seen that the withering away of their bodies actually occurs at the urging of internal voices.

While many girls and women have taken the gaze of the “Other,” or male gaze, as part of their own psychological construction, and the lens through which they view their own bodies, for anorexics, the gaze can be seen as internalized into the internal voice of a constantly present “Other.” This voice speaks within their minds and degrades them to the point that they feel so unworthy they will not eat. As a former anorexic states regarding her bout with the eating disorder during college, “the anorexic voice inside me was more controlling than my own” (National Women’s Health Resource Center).

For some anorexics, the voices urge them to look a certain way. While conveying worthlessness, others say the inner voice promises this worthlessness can be overcome when certain standards are met. However, these standards often are achieved in unrealistic and dangerous ways. This voice in their minds often says what women in general hear via cultural messages and gives voice to the “Other.” Women in general

come to believe they are never good enough; their bodies are always believed to need work. Regardless of how thin they are or how closely they may approximate social standards, they just are not doing enough. An example of what the ever-present voices in anorexics' minds say is as Megan describes in the zine *From the Gut*, in which she quotes from a 1994 issue of *Seventeen* magazine:

'She exists in my mind and often she nags me, 'Don't eat anymore you'll get fat...she's skinnier than you are...he don't like you 'cause your breasts are too mall...you are ugly, ugly, ugly!' I don't know why she makes me cry. She's like the bully that takes your money at lunch, but she never goes away. She goes to sleep with me at night, she greets me in the shower every morning, she scorns me at every meal'. (Issue July 1994 12)

This voice within their minds, the internal oppressor, which often is called the anorexic "ghost," is described by Bordo. This "ghost" speaks to anorexics and degrades them inside their own heads. Bordo describes the voice, the ghost, as "the dictator, the 'other self'" (155). It tells anorexics that the side that wants to eat, wants to feed the constant hunger, is female, that the female side has a "flabby will and tendency to mental torpor" (Bordo 155). The anorexic ghost, the inner voice of the anorexic, is much like the feminine discipline Bartky discusses, with its internal surveillance and self-policing.

The beliefs of girls and women with both bulimia and anorexia can be seen as illustrative and symptomatic of psychological oppression with which many women cope regarding their bodies. Often in casual conversation women state that they "wish they could be anorexic for a month" to get rid of those last ten pounds. While many look in horror at women on talk shows who weigh seventy-five pounds and refuse to seek treatment, many anorexics also are looked upon with admiration, as "triumphant," "elite," and "fashionable" (Gordon 202). Women who suffer from anorexia look *eerily* "normal," like models in fashion magazines. The punitive yet simultaneously envious

reactions toward anorexia exemplify the paradox of anorexia (Gordon 202). Bulimia should not be surprising, given the ways in which those in American culture discuss such issues as cleaning one's closet or shopping. These events are often described using bulimic descriptors: "I binged at the mall and bought \$300 worth of clothes" or "I purged my closet this weekend and now I feel so unencumbered; I was so weighted down with things I don't need." Both bulimia and anorexia, while not caused only by cultural influences, are disturbingly similar to the American cultural rhetoric not just regarding the female body but about issues unrelated to those of food or body.

THE EXPERIENCE AND PERCEPTION OF PREGNANCY

Another cultural ideal with which women must contend – both bodily and psychologically – is that of pregnancy and motherhood. The pregnant body and the maternal figure are perceived as fulfilling what a woman "should" be, as there is a "notion that *all* women *should* be and *desire* to be mothers," according to Martha Gimenez in "Feminism, Pronatalism, and Motherhood" (288, emphasis in original). According to Young, because American culture "still often narrows women's possibilities to motherhood," "the pregnant woman often finds herself looked at with approval" ("Pregnant Embodiment" 279). Women who are not mothers are not viewed as real women as "childless women continue to be perceived in a pejorative light (i.e., as selfish)" (Berg 80-81). They are viewed as not having fulfilled their ultimate purpose. Women come to believe that "not having a child would be devastating," according to Meyers (748). They thus feel compelled to do everything to avoid that devastation. There is a cultural encouragement to go to great lengths to have a child, and often these sacrifices disregard a woman's needs, health, and welfare.

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Regardless of the idealization and approval of pregnancy and motherhood, the outward, physical changes which happen to pregnant women's bodies are not idealized in American culture. Yet the restrictions and expectations for women in pregnancy do not involve only the appearance of the pregnant body. Once pregnant, restrictions are put upon a woman's behavior - what she eats and drinks and breaths, and, it would seem most importantly in 2009, what her body will look like. A pregnant woman may gain a certain amount of weight, but not "too much." According to cultural ideals, aside from her growing belly the rest of a woman's body should look like it did before she became pregnant. Ideally, after the baby is born, her body will almost immediately bounce back to pre-pregnancy size. There will be no lasting effects on her body from the pregnancy. If she gained weight it must be lost quickly, through an almost immediately-resumed exercise regimen (which she most assuredly will have time for with a newborn.) If a woman gains quite a bit of weight when pregnant she is looked upon with scorn and feels a great deal of guilt and shame regarding how "awful" her body looks.

Pregnancy weight gain has been turned into something horrifying. When young women speak about what they fear about pregnancy and childbirth, the fear of what these processes do to one's body is commonly expressed. This horror and fear reveal the cultural hatred of what fat on a woman's body indicates – lack of control and actually *feeding* her bodily hunger. According to Brown and Jasper, referencing Steiner-Adair, "fat belies [a woman's] effectiveness and control, thus pregnancy is the ultimate lack of control" (30-31). Even women who before pregnancy did not conform to all of the dictates regarding their bodies find the bodily changes of pregnancy, and the ways their bodies change permanently after pregnancy, a cause for concern. As one woman states "I

have watched my body grow. I have watched the stretch marks appear, and it changed how I felt about myself. I always laughed at women who fought the changes of their bodies in pregnancy, but now I am one of them” (Lemieux 77).

In Bailey’s interviews she found that some women felt positively about their bodies during pregnancy. According to Bailey,

Pregnancy and childbirth seemed to have the effect of reorienting many of the women studied with respect to these norms. Janey commented during her pregnancy, ‘I think I feel more confident...I think the image that is always put across that you’ve got to be so slim and everything – it doesn’t sort of count anymore when you’re pregnant. You feel that your body’s doing some function that it’s meant to – that it’s designed to do. So it makes you feel your body – you know, positive about it’. (119)

Many felt positive because they had a reprieve from living up to the ideals, yet “not all of the women felt even this temporary release from the pressures of the slender imperative” (Bailey 120). While those positive feelings occurred during pregnancy for some women, just a few short months after giving birth, negative feelings about one’s body returned: “ambivalent feelings about bodily shape were starting to reemerge, with some women feeling it was important to get their bodies ‘back to normal’” (Bailey 120).

There is a fear of pregnancy weight gain but also an idealization of pregnancy via the focus on the “baby bump,” particularly in the media’s treatment of pregnant celebrities. One minute the media is preoccupied with whether a celebrity has a “baby bump,” when she will announce she is pregnant, what she is buying for the baby, and her “glow.” When she finally does reveal she is pregnant it is celebrated, yet the next minute she is eviscerated for gaining too much weight while pregnant. A celebrity who gains quite a bit of weight and does not resemble closely enough her pre-pregnancy body either in pregnancy or immediately post-partum is looked upon as a caged animal in a zoo, as a

spectacle. Recent examples include Lisa Marie Presley, Kate Hudson, and Jennifer Lopez. In 2008, Lisa Marie Presley was pregnant with twins (at age 40) and she gained only thirty pounds and stayed physically active until the fourth month of her pregnancy (Keith). Unlike other celebrities, such as Nicole Kidman and Angelina Jolie, who both retained their willowy bodies (and did not look pregnant until far into their pregnancies), Presley looked like a pregnant woman. When it was asked if she was getting fat she was forced to reveal she was pregnant, then “proudly bared her baby bump after tabloids accused her of having an ‘unhealthy appetite’” (Keith).

In contrast, in spite of also being pregnant with twins, Angelina Jolie only showed the weight she gained in her stomach and not elsewhere on her body. There actually was some concern regarding her too-thin pregnant figure. Her arms were rail-thin and she looked almost unhealthy. She was labeled with a new term, “pregnorexic.” According to the online *Urban Dictionary*, “pregnorexic” is “a contraction of the words pregnant and anorexic” and refers to “1. A woman that, despite being several months into pregnancy has not gained any weight. 2. A condition usually experienced by slim women who refuse to eat in order to hide being pregnant for as long as possible” (*Urban Dictionary*). Further, pregnorexia refers to “a super skinny girl who is preggers” and *Urban Dictionary*’s example is that “Angelina Jolie must have pregnorexia because she is so skinny but she's showing a baby bump” (*Urban Dictionary*). Nicole Kidman could also be seen as pregnorexic, as she barely looked pregnant for months into her suspected pregnancy and after giving birth she regained her pre-pregnancy body almost immediately. Some have started to take note of this trend, expressing concern that “more and more women [who] are intent on keeping as slim a figure as possible throughout their

pregnancies, with the ultimate goal being that, from behind, one wouldn't even be able to tell she was pregnant" (Seymour).

By comparison to Angelina Jolie and Nicole Kidman, Lisa Marie Presley looked hot, uncomfortable, puffy, generally like a woman who was pregnant in the summer. Yet in spite of looking "average" in her pregnancy, Lisa Marie Presley was vilified by the press and displayed across gossip magazines and websites for going "too far" in her pregnancy weight gain. She was seen as such an anomaly that people just could believe that she would "let herself go" the way she had. Because she is a celebrity (and the daughter of one of the biggest celebrities ever) the focus upon the average-ness of her pregnant body was extreme (and ironic).

Similarly, actress Kate Hudson has admitted to gaining at least sixty pounds while pregnant. While many marveled at the enormous amount of weight she gained, because she almost immediately sprang back to pre-baby and pre-pregnancy form, due to an extreme amount of work she admitted to carrying out immediately after giving birth, the vilification was not as harsh. Her case, it seemed, was acceptable, because she paid her dues at the gym and regained her thin body quickly after she had her son.

Like Lisa Marie Presley, Jennifer Lopez also was pregnant with twins during 2008. The reaction to the weight she gained during the pregnancy vacillated between shaming her for letting herself get so "fat" by gaining fifty pounds during her pregnancy and being somewhat tempered because she is well known for having a more rounded figure and is famous for having an ample bottom. The response to her weight gain also may have been "forgiven," at least in part, because she is Latina and thus is ethnically "expected" to have a curvier figure. Yet after giving birth Lopez expressed the same

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shame many women feel when they gain pregnancy weight, stating she felt she was “beached like a whale” (Zaccaro and Ferran). Lopez, like Kate Hudson, also re-started an exercise regimen almost immediately after giving birth and competed in a triathlon just six months after having her children, expressing that competing in the triathlon and losing weight would make her babies “proud” (Zaccaro and Ferran).

A celebrity who loses her baby weight within weeks of giving birth, Heidi Klum, for example, is lauded and, unfortunately, held up as an example to which all pregnant women should aspire. And while many average pregnant and post-partum women laugh at these expectations, they also feel guilty and ashamed because, while unrealistic, there is the pull of wanting to look like the ideal (and a belief that they will be punished for not doing so).

While celebrities have personal trainers to work them into shape and nannies to watch their children while they work out, many (if not most) women do not have access to these aides to getting back in shape quickly. What if one does *not* want to work extremely hard to lose the weight gained while pregnant quickly? What if it is harder to lose that weight? What if one’s body does not “spring back” to how it looked pre-pregnancy? And, most importantly, *should* it spring back? (One just grew a baby over the course of nine months.) How realistic is it to think one will lose thirty (or more) pounds within mere months, all the while caring for that infant (if not other children as well)? Getting back in shape as quickly as American culture dictates is difficult, if not impossible, for an involved, nurturing mother, whom Raphael-Leff describes as “in constant physically close, unremittant, unrelieved, rudimentary, highly arousing contact with the needy baby for whom she is responsible, often exclusively and in isolation, up to

24 hours a day” (403). This would hinder one’s ability to exercise enough to look like the ideal very quickly post-partum. When someone has just had a baby, should she be put under the gun to exercise frequently in addition to the round-the-clock care that tending to an infant requires?¹⁶ As Winkler states, via Emily Martin, there is no institutional support for mother and child care – a woman cannot be “‘productive and reproductive’ at the same time” (Winkler 229). This is far too much to ask and, not surprisingly, similar to other unrealistic expectations for the female body.

Motherhood is most often extolled as a higher calling, a most virtuous purpose, what women are put on earth to do. The ideal of “mother” stands “for all that [is good]” (Blum 8). Motherhood is, in the American (and Western) cultural view, supposed to involve much sacrifice: “The prevailing ideology in North America is that of intensive mothering. This motherhood mandate declares that mothering is exclusive, wholly child centered, emotionally involving, and time-consuming” (Arendell 1194). Yet if one looks like a “mom” or dresses like a “mom,” then by many you are castigated. If a mother does not tend to her looks “enough” she is seen as doing too much for her children, and setting no boundaries. Others say, “I can’t believe she doesn’t care about her appearance at all since she had kids. What is wrong with her?” It is believed she should take some “me time.” Yet social support is not offered to do so. Thus at the same time she should be a mom and devote herself fully to that role, if she appears to do “too much” as a mom, or sacrifices “too much” for her children and does not care for her body and appearance enough, she is degraded for her devotion, because it prevents her from taking care of how she looks. Combining the demands of being there for one’s child(ren) with how one is

¹⁶ As a new mom I could barely find time to take a shower (and that was with my spouse at home for the first month), much less work out frequently to get my “body back” quickly.

“supposed” to look is a daunting and unrealistic, and sometimes psychologically and physically oppressive, requirement. The attention given to women telling them to get their bodies back immediately (if not very quickly) after pregnancy is yet another example of women’s bodies being under intense and constant scrutiny.

These are unrealistic demands; what is expected of post-partum women, regarding looking like the ideal and getting back in shape, is another example of the expectations regarding the female body being far out-of-line with what is reasonable or attainable. Similar to the expectation that women maintain a thin, yet buxom, large-breasted, yet with a thin-waist and small hips ideal, these expectations are not what women are actually able to do, or should have to do, with their bodies.

During pregnancy a woman is “allowed” to gain a certain amount of weight. The conceptualization of femininity changes during pregnancy to an extent. According to Bailey, “Many of the women [she interviewed] spoke about having struggled with negative feelings about the appearance of their bodies for many years and feeling excused from them by the experience of pregnancy” (Bailey 120). In fact, for many women their pregnancy weight gain allows them to revel in a more buxom female bodily ideal. For example, as Kristina Lemieux explains in “13 Short Pieces,” “My body blew up and swelled all over and it was so sexy. I was curvy, the new swells of my body made me desire to be respected and revered for what my body can do. It was powerful” (77).

Yet as the body begins to look more pregnant and less curvy and buxom, more like what Lemieux calls a “column” wherein “Those curves and swells [are] pushed out and equalized by the swell of [the] belly and waist,” the embracing of the body ends and the woman may come to see her body as “[presenting] something to the world [she has no

control of]" (77). Whereas in early-to-mid pregnancy a woman may feel her bodily changes allow her to be more "womanly" by the end of the pregnancy her body does not resemble any ideal except for perhaps that she is fulfilling her purpose to reproduce. Furthermore, if she has had a baby and is still carrying some of that pregnancy weight for "too long" she has "let herself go." While some women have positive feelings about their bodies during pregnancy, just a few short months after giving birth, negative feelings about one's body returned for women in Bailey's study: "ambivalent feelings about bodily shape [started] to reemerge" (Bailey 120). According to the cultural ideal a woman cannot lose the baby weight too fast for American culture (but medically she can lose the weight too fast). In America in 2009 if one looks like they did before they got pregnant a mere one month after having a baby then she is praised.

While all women in American culture are under certain levels of scrutiny based on the sheer fact they live within female bodies, the pregnant body is even more scrutinized, more judged, more commented upon. Yet the ironic part of this scrutiny is that even while the woman's body is harshly judged while pregnant, she is not the focus of the scrutiny. She is being held under a harsh light because of the focus on the fetus. According to Carolyn McLeod and Françoise Baylis in "Feminists on the Inalienability of Human Embryos," in making fetuses and embryos

inalienable to persons [...] is inimical [...] to the reproductive autonomy of both women and men[. It also is] incompatible with respect for women's bodily integrity, which is crucial to their autonomy and which again, includes their ability to perceive their bodies authentically. (7)

People care about the pregnant female body and the pregnant woman's health because the concern is really about the fetus. Most do not worry about what a woman is putting (or not putting) in her body when she is *not* pregnant. If *women's* health were really the

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concern, then American culture would not stand for such unhealthy body images, teens taking appetite suppressants, or the marketing of very dangerous diet pills. American culture cares so very, very much about women when they are pregnant yet does not seem to care about how women treat their bodies when they are not pregnant. Their health when not pregnant is not as important as whether they live up to cultural standards and when pregnant they have to worry only about the fetus.

The responsibility for a healthy pregnancy and baby is almost entirely placed upon the woman's shoulders. Largely, there is no social duty, just the individual woman's duty, to improve what a pregnant woman eats, breathes, and drinks. It is not society's responsibility to improve the air quality or reduce the chemicals put in the soil, water, and food. The pregnant woman should take the proper steps to avoid those things and protect her fetus from those dangers. The way in which the father has carried himself and lived his life largely is not considered to have an effect on the fetus or on fertility. Anything that happens to the fetus is viewed as the woman's fault and any problems are placed squarely upon her. It is as Pollitt states, some "impose upon women a virtually limitless obligation to put the fetus first, they impose that responsibility *only on women*. Philosophy being what it is, perhaps it should not surprise us that they place no corresponding duty upon society as a whole. [And] what about Dad? It's his kid too, after all" (Pollitt 415, emphasis added).

The mother's rights as a full-fledged human being are ignored, or at least pushed to the way-side, and the unborn child (who could not survive for most of the pregnancy without being in the pregnant woman's body) is the focus of the attention. As Epstein explains, "'At all stages of pregnancy' [...] 'the fetus is completely dependent on the

woman as everything she does could affect it” (115). Mary B. Mahowald puts it in the clearest light in “As If There Were Fetuses Without Women,” when she writes: “no fetus as such exists apart from a woman’s body” (200). But, when a woman is pregnant the woman’s body is not really viewed as her own, but rather as a receptacle for growing a baby. And this attention goes beyond the need for strangers to touch your pregnant belly. The pregnant woman becomes less important than the less-than-fully-grown humans within her. According to Berg,

Use of terms like uterine environments or incubators sums up the public status of the contract mother. This derogatory language of dismemberment encourages [the consideration of] the womb instead of the whole woman and to view the woman as somehow loaning the use of her womb for nine months, as if pregnancy only involved the womb. Such language encourages the woman to devalue herself and her social and physical relationship to the fetus. (90)

There is an “invisibility of the mother as a subject with legitimate needs and wants,” according to Glenda Wall in “Moral Constructions of Motherhood in Breastfeeding Discourse” (604). This has not always been the case. In contrast to America in 2009,

in the eighteenth century [...] *newborns did not legally exist unless born alive*. The familiar conflict between saving the mother’s life and preserving the product of her labor was not at issue in early modern Europe. The *mother’s health and survival unequivocally came first*, as it was the pregnant woman who was being delivered, not the fetus. (Epstein 118, emphasis added)

As Pollitt outlines, there is an increased control of potential children and how women tend to them and their bodies. The fetus is viewed as a child. The goal is to protect the fetus but the woman who is carrying the fetus *loses* protection. As Rachel Roth puts it in “Policing Pregnancy,” based on the messages sent via legal, medical, and cultural sources, American women are “on notice that if they become pregnant, their lives

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are no longer their own” (Roth 6). Her health only means something in as much as it means the fetus will be healthy in-utero.

The reduction of rights for pregnant women and the solidification of rights for the fetus are alarming. “If the fetus is a person, there are no limits on the state’s power to police and punish pregnant women and on the power of husbands and putative fathers and even complete strangers to interfere with women’s freedom,” warns Lynn M. Paltrow in “Punishment and Prejudice” (76). The Unborn Victims of Violence Act of 2004 (the Laci and Conner Law) takes America further down the path of putting the pregnant woman on equal footing with a fetus when, inherently, they are *not* equal, as the fetus cannot yet live outside the woman’s body (usually until after twenty weeks gestation). This edifies, in part, a reduction in control women can have over their own pregnancies and their own bodies. This is a dangerous turn, according to Epstein, as “‘Until the child is brought forth from the woman’s body,’ [...] ‘our relationship with it must be mediated by her. The alternative adopts a brutally coercive stance toward pregnant women, viewing them as means to an end which may be denied the bodily integrity and self-determination specific to human dignity’” (124-25). According to Pollitt, these laws have

the effect of broadening little by little the areas of the law in which the fetus is regarded as a person, and in which the woman is regarded as its container. At a deeper level, the ‘pro-life’ movement has polluted the way we think about pregnancy. It has promoted a model of pregnancy as a condition that by its very nature pits women and fetuses against each other, with the fetus invariably taking precedence, and a model of women as selfish, confused, potentially violent and incapable of making responsible choices. (412)

The baby’s rights often trump an adult woman’s rights and this is caused, according to Paltrow, by the fact many call a fetus (or even an embryo) a person, which is done at the woman’s expense, and at the expense of her rights. An example of this is the

proposed (but defeated) amendment to the Colorado state constitution (Amendment 48) in November of 2008, which would have defined “a fertilized, unimplanted human egg as a full person with all civil rights” (“Opposition”). Additionally, dangerously as Pollitt explains, some theorists believe “that the production of an imperfect newborn should make a woman liable to criminal charges and wrongful life’ suits if she knows, or should have known, the risk involved in her behavior” (415).

A woman is considered responsible for issues her children may have, even if those issues are not caused by anything she does during pregnancy. Historically, a woman was viewed as to blame for any deformity her child had because it was viewed as though the mother’s issues, desires, passions, and problems were made evident upon her child. The “pregnant body [...] is conceived of as *both* protective container for the foetus [sic] *and* as dangerous conductor of pathogens and negative emotions – a discursive pathology that renders the pregnant woman as an unstable, potentially sick subject” (Betterton, “Prima Gravida” 262, emphasis in original). As explained by Epstein, at points throughout history “the birth of a defective infant unveiled the secret passions of its mother” (Epstein 118, emphasis in original). She is seen, as she sees herself, as a “womb-mother,” “a placental container” and a “container, metabolizer and waste-disposer” (Raphael-Leff 400, 397). According to Epstein, “parallels exist between the eighteenth-century ascription of birth malformations to pregnant women’s imaginations and the current trend toward criminalizing the behavior of pregnant women on the grounds that it endangers their fetuses” (111). Betterton echoes this in stating that:

The maternal imagination, it was believed, had the power to kill or deform the foetus [sic] merely through an act of illicit reading or looking. Women in their maternal function therefore had to be disciplined to control their desires for the wellbeing of the child, not unlike modern injunctions on

pregnant women not to smoke, drink or take drugs. (“Prima Gravida” 261-62)

The technology used during pregnancy – particularly ultrasound and the medical management of pregnancy – “dichotomizes mind and body” and dichotomizes “the woman and the fetus” (Lyerly 103). This can have the effect of reinforcing this focus on the fetus and preventing the woman from having her own voice about her body and her (future) child. It can also reinforce the view of the woman as threatening to her fetus. As Anne Drapkin Lyerly outlines in “Shame, Gender, Birth,”

In the medical model, the man’s body is seen as the norm; because men do not experience pregnancy, the physical changes of gestation and birth are seen as disease-like and foreign. As a result, [...] ‘the working model of pregnancy that medicine has arrived at...is that a pregnant woman is a woman with an insulated parasitic capsule growing inside her. The pregnancy, while physically located within the woman, is still seen as ‘external’ to her, not a part of her’. This model of pregnancy has contributed to the tendency not only to view the pregnant woman and fetus as separate, but as two potentially adversarial patients. (Lyerly 103)

As Morgan outlines, “women are being subjected to increasingly intense forms of coercion, a fact that is signaled by the intensifying *lack of freedom* felt by women to refuse to use the technology if they are pregnant and the technology is available” (Morgan 319, emphasis in original). The role of the pregnant woman and her input on her pregnancy is diminished. In the case of ultrasound it becomes largely about what is seen by a medical professional on a screen. “The control over knowledge about the pregnancy and birth process that the physician has through instruments [...] devalues the privileged relation [a woman] has to the fetus and her pregnant body,” according to Young (“Pregnant Embodiment” 274). The fetus is only seen as “real” when it can be seen by others. Ultrasounds can have the effect of confirming the “reality of the ‘baby’ prior to [feeling] foetal [sic] movement,” according to Lorna Weir in “Pregnancy

Ultrasound in Maternal Discourse” (83). Thus the fetus is then seen as a baby to the woman and to others. Yet this “general incitement to read foetal [sic] sonograms as baby pictures” (Weir 83) leads the fetus to be seen as a human baby and it thus gains rights that only full-fledged humans who can live outside the womb actually have. The effect of this can work to reinforce the focus on the fetus, the stripping away of rights for the woman and her right to control and protect her own body and her own health.

While medical intervention such as ultrasound during pregnancy is undoubtedly essential for some women, medical treatment also can take women’s power over their bodies and pregnancies away. There is a “scientific and medical colonization of reproduction and child rearing,” according to Wall (593). Medical intervention can alienate a pregnant woman, leading to “objectification or appropriation by one subject of another subject’s body, action, or product of action” (Young, “Pregnant Embodiment” 281).

In the past, a woman controlled who knew about her pregnancy. As Epstein explains, “women controlled information, experience, and beliefs concerning reproduction, and women held authority over it. A woman only became officially and publicly pregnant when she felt her fetus *quicken*, or move inside her” (Epstein 112, emphasis in original). Using ultrasounds during pregnancy makes pregnancy more “real,” verified to others, in that it makes the fetus seen as a fully-developed baby. There is “a cultural removal of the foetus [sic] from the context of pregnancy” (Weir 79). Ultrasounds can humanize the fetus and make the pregnancy “real,” despite the fact the pregnant woman knew she was pregnant, because she could feel the fetus moving or noticed the changes of pregnancy. “In the late twentieth century,” according to Epstein,

“pregnant women have been disenfranchised from storytelling. Their stories are mediated through professional and medical discourses that disempower the experiencing subject and turn her into an acted-upon object” (112). But with the advent of ultrasounds, Doppler, and Fetoscopes, a woman’s input about her pregnancy is listened to less.

There are other, more complex dimensions to the use of ultrasound in pregnancy. If all is going well in a pregnancy, then the ultrasound confirms that; if a woman is under high-risk pregnancy conditions, the ultrasound can be problematic or torturous if the pregnancy is progressing poorly. The ability to “see” inside one’s body is commonplace during pregnancy in 2009, particularly for those who are higher-risk in their pregnancies. The fetus might not make it, yet the woman sees it on ultrasound, which in all likelihood produces more bonding. So a woman bonds with a fetus which may not make it and this will only increase a woman’s devastation if the pregnancy ends prematurely and tragically. It can lead to bonding with a “baby” that may not be born alive due to those risks causing the more frequent ultrasounds. Ultrasounds may confirm what the pregnant woman intuitively knew, and in this case an ultrasound can be a somber occasion. The emotional effects can be devastating if the ultrasound shows the pregnancy already ended or that there are major issues – the woman is put in a horrible position to have bonded with something inside her which has stopped growing or might be unable to live outside the womb. In contrast, under high-risk pregnancy conditions an ultrasound also can be incredibly reassuring if circumstances have been tenuous. It can make the mysterious occurrences in a woman’s uterus less of a mystery. This can be a positive use of ultrasounds in high-risk pregnancy situations.

The effects of ultrasounds and its disembodiment are similar to the ways in which many girls and women rarely feel their bodies are their own in American culture. The body is almost always being observed and judged, externally and within women's own minds. During pregnancy others feel that it is even more acceptable to tell women what to do with their bodies, to judge them. According to Betsy Hartmann in "A Womb of One's Own," women lack control over their own reproduction. Similar to the lack of control many women have over their own bodies, given such factors as femininity and fear of the natural female body, women feel their "reproductive fate is largely shaped by forces beyond [their] control" (Hartmann 425).

Due to these images of the pregnant woman, a pregnant woman's interests, needs, and humanity are often denied, or at least put on the back-burner. Women's needs were not considered when the "rest cure" was prescribed in the nineteenth century, just as their needs are rarely considered in the prescription of "bed rest" currently. In order to "save the baby" a pregnant woman is told to stay in bed (for weeks or months at a time) with little consideration given to what this might do to the woman – her body, her life, her sense of isolation, her emotional well-being. (This is not far from some cultures isolating pregnant women or keeping women who are menstruating away from the crops.) And during this isolated time, while her muscles atrophy, and she is removed from her own life in many ways, she is unsure whether what she is doing will actually make a difference. She does not know whether the fetus will survive. The medical community often cannot determine whether efforts of bed rest actually make a real difference in the safety of the pregnancy. Socially, emotionally, physically – this "rest" and isolation takes its toll and is far from restful.

Like women's idealized feminine, sickly bodies in the nineteenth century, the pregnancy and the pregnant woman's body often are deemed delicate and tenuous. More generally, during pregnancy "enhanced space granted by others [is] owed to a renewed link with the notion of feminine fragility" (Bailey 121). Regarding high-risk pregnancies specifically, this "delicate" label does not empower a woman to face the physical and emotional challenges of a difficult pregnancy. If a woman wants to cope with a complicated or dangerous pregnancy head-on she needs to feel capable, both physically and psychologically, and feel that her needs as a *woman* (not just as a *pregnant woman*) are important. Feeling that she could "break herself or her baby at any minute" does not lend itself to empowerment (Pollitt 416). Similar to the "rest cure" in the suspension of her life and all physical activity, what does it do to a woman when she is told what she enjoys most – her career, partner, friends, hobbies, and sex – must be put on hold? It is only the most essential personal needs to which a woman can attend while on bed rest. And this bed rest, this pattern of putting the fetus's perceived needs before the woman's actual needs, "portrays a woman as having only contingent value. Her work, her health, her choices and her needs and beliefs, can all be set aside in an instant because, next to maternity, they are all perceived as trivial" (Pollitt 416). As the women interviewed by Bailey expressed, "they [became] invisible to others" (Bailey 124) and their child (as represented by the "bump," takes precedence and becomes more visible.

The ideal pregnant woman is expected, even when uncomfortably pregnant, to exude a certain look: glowing, always enjoying the life growing within her, always with her hand upon her belly, looking adoringly at her growing baby bump. She is viewed as asexual, which Young calls the "dominant culture's desexualization of the pregnant

body” (“Pregnant Embodiment” 279). It is an “image of uneventful waiting” which “leaves out the subjectivity of the woman. From the point of view of others pregnancy is primarily a time of waiting and watching, when nothing happens” (Young, “Pregnant Embodiment” 279). She is “represented either as a container for another being or as subjected to a process that is beyond her control” (Betterton, “Prima Gravida” 266). Just as “good” women, feminine women, are white and middle- or upper-class, this also characterizes how “good,” ideal, mothers are represented in American culture: they are white, married, heterosexual, and middle-class. “Motherhood ideology is entwined,” according to Arendell, “with idealized notions of the family, presuming the institution and image of the idealized White, middle-class heterosexual couple” (Arendell 1194).

While everyone knows “other types” of mothers exist – poor, African-American, single, Latina, lesbian, when someone says “she’s a good mom” or she’s “a glowing pregnant woman” the image that pops into mind is that of a married, white, heterosexual woman. As Hausman explains, “the representations of motherhood in the United States are racialized and class-related” (Hausman 27). Furthermore, according to Hausman,

In contemporary public discourses about proper mothering [...] the norms used to distinguish the good mother from the bad imply racialized ideals of family structure and maternal responsibility; for example, the good mother stays at home and has a male spouse who supports the family on his income while their children are young, but the bad mother needs to work because her children will grow up without a work ethic if they see their mother (dependent on government support) at home caring for them. These images are linked to explicit stereotypes of black women as lazy individuals who need to be forced to be socially productive through work and of white women as appropriately domestic dependents whose nurturant care is necessary for their children to grow up normally. [...] Race and class are seamlessly conflated in these stereotypes in which all the black women are poor and all the white women middle class and educated. (41)

When women of color, lesbians, and/or poor women are pregnant, and because they do not look like the female ideal as it exists currently, their bodies are further circumscribed by others' judgment, using certain, white, middle-class, heterosexual standards regarding pregnancy. There is an aspect of racism and classism to this increasing suspicion and control of the pregnant woman. As Paltrow discusses, the courts seem to increase their involvement when women of color are involved more than when white women are involved, as women of color are farther from the cultural ideal of middle-class, white motherhood. She states,

African-American women have been disproportionately targeted for arrest and punishment, not because they use more drugs or are worse mothers, but because [...] 'They are the least likely to obtain adequate prenatal care, the most vulnerable to government monitoring, and the least able to conform to the white middle-class standards of motherhood. They are therefore the primary targets of government control. (Paltrow 66)

As Weitz so eloquently explains,

pregnant women around the country – almost all of them nonwhite and poor – have been arrested for abusing alcohol or illegal drugs while pregnant, on the grounds that they had no right to expose their fetuses to harmful substances. Others – again, mostly poor and nonwhite – have been forced to have cesarean sections against their will. In these cases, the courts have ruled that fetuses' interests are more important than women's right to determine what will happen to their bodies – in this case, the right to refuse invasive, hazardous surgery – and that doctors know better than mothers what is in a fetus's best interests. (9-10)

The dangers she is believed to pose to her child are viewed differently depending upon the class, ethnicity, or race of the woman. As Pollitt discusses,

Judges order pregnant addicts to jail, but don't order drug treatment programs to accept them, or Medicaid, which pays for heroin treatment, to cover crack addiction – let alone order landlords not to evict them, or obstetricians to take uninsured women as patients, or the federal government to fund fully the Women, Infants, and Children supplemental feeding program, which reaches only two-thirds of those who are eligible. (410)

Focusing on the health of the fetus more than (and to the exclusion of) the mother

ties in neatly with the currently fashionable suspicion of working mothers, day care and (now that wives are more likely than husbands to sue for it) divorce. For the poor, for whom it means jail and loss of custody, it becomes a way of saying that women can't even be mothers. They can only be potting soil. (Pollitt 416)

In fact, according to Pollitt, "in Florida, nonwhite women are ten times more likely to be reported for substance abuse as white women, although rates of drug use are actually higher for whites" (410).

It is poor women and women of color who get less medical care and treatment for their pregnancies. But it is due in large part to stereotypes and not what actual women are doing to their bodies during pregnancy. The pregnant woman who needs help is deemed the threat; not much is done to actually *help* her – her child is taken away and nothing is done to help her get or stay off drugs and alcohol. There is not support to help the pregnant women or new mothers who are poor, or black, or Latina, just to protect her child from her. Yet white women, who are doing the same, if not worse, are closer to what ideal motherhood looks like and thus are not suspected. Pregnant women only receive care insofar as it helps the fetuses, not to help them as mothers or as women.

A stunning example of the class, race, or ethnicity of a woman determining how she is viewed as a mother (or potential mother) and the help she deserves is when, in September of 2008, a representative from Louisiana, John LaBruzzo, proposed the state pay women \$1,000 each to have tubal ligations. According to LaBruzzo, this would help those who do not pay taxes and who are on welfare from being a further drain on the welfare system by having more children. He defended his proposal as looking towards the future and denied that it was racist, as "more white people are on welfare than black

people” (Waller). However, it is difficult to not see his proposal as racist, as LaBruzzo also said “he worries that people receiving government aid such as food stamps and publicly subsidized housing are reproducing at a faster rate than more affluent, better-educated people who presumably pay more tax revenue to the government” and that it “also could include tax incentives for college-educated, higher-income people to have more children” (Waller).

Additionally, LaBruzzo said the program would encourage not just tubal ligation, but other forms of birth control as well, so that claims of sexism would not be valid. Yet the gender overtones are hard to ignore as well. Women’s bodies are always and already more circumscribed than men’s bodies, so the chances of a man getting a vasectomy under the program would be utterly unlikely. The dimensions of race and class also are difficult to ignore, despite LaBruzzo’s claims to the contrary: the tax incentives for wealthier, more educated (read: white) people to reproduce; the association of welfare rolls with women of color; and the stereotype of women of color staying home with tons of babies, collecting welfare checks and never going to work. There is an encouragement for the white, the middle-class, and the educated, to reproduce and the complete lack of support for women of color and poor women. Thus, in 2009, women in American society continue to struggle with their bodies being controlled to greater or lesser extents by those in power, depending in large part upon their race and class. Yet “given [America’s] history of eugenics and sterilization abuse” this should not be surprising, as “the U.S. Supreme Court has declared sterilization of men unconstitutional, but has never overturned its decision upholding the sterilization of women perceived to be a threat to society” (Paltrow 69).

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Women of color and poor women are under more inspection, are more quickly and harshly judged, yet they cannot obtain the same quality medical care or social support as white, middle- and upper-class women. (The social support most pregnant women receive is lacking.) According to Rebecca Kukla in “Ethics and Ideology in Breastfeeding Advocacy Campaigns,” the United States is characterized by “abysmal maternity leave policies, privatized daycare system, [and] complete absence of workplace regulations supporting breastfeeding” (162). The poorer the woman, the less access she has to medical and prenatal care and more attention she receives from governmental authorities that hinder her control of her own body and pregnancy. “Poor women,” as Arendell explains, “have been long the object of policy regulation. Social policies have been used to enforce the idealized version of women’s roles; to maintain a double standard of womanhood; to reward and punish women based on their race, class, and marital status” (Arendell 1200). American culture speaks with reverence about mothers, family values, and a family-centered society, yet it does not support mothers. And the ones who look more like the ideal most often get more attentive care than those who do not.

THE PSYCHOLOGICAL OPPRESSION OF MOTHERHOOD

In American culture, the qualities of the stereotypical mother are extolled; she is virtuous, patient, kind. There is an “unrealistic view of mothers perpetuated in society” as well as “cultural expectations of unilateral devoted female nurturing” (Raphael-Leff 394). In American culture “nurturing others remains central within discourses of femininity” and “women [...] draw on culturally available discourses of which femininity features very strongly” (Meyers 735). Once women reach a certain age it is assumed,

particularly if she is married, that she should want to have, and will have, children. And a woman who does not want to have children at all is “reproached for selfishness or pitied for immaturity” (Meyers 735). As Gimenez explains:

To be childless becomes synonymous with failure, and those feelings are reinforced by cultural and social pressures which condemn childlessness. The equation of motherhood with self-realization, in conjunction with the lack of desirable alternatives and enhanced opportunities for sexual exploitation resulting from a ‘sexual revolution’ in the midst of sexual inequality, make women’s attainment of reproductive freedom structurally impossible. (297)

Women should be seen according to what Choi et al envision, as “choosing to have a baby as a way of producing a feminine identity as opposed to the notion that women have babies as a result of some natural (i.e. biological) force inherent within them” (169).

Motherhood is viewed just as what women do; it is what Meyers calls “psychic postulates that govern the course” of women’s adult lives (748). A woman learns she wants to be a mother well before she can actually make the decision to have one – it is not an autonomous decision (Meyers 748). The societal rhetoric is filled with messages about how empty and lost a woman will feel if she does not have children, how she will not be fulfilled as a woman and as a human without children. Yet ironically, motherhood is viewed as something a woman voluntarily chooses (Meyers). Given the rhetoric, according to Meyers, “the evidence of women’s testimony [regarding having children] suggests that the women who [make a fully autonomous reproductive decision] are exceptional” (Meyers 746). Motherhood is seen as one of the major building blocks of women’s identities, thus if a woman is unable to have children, or does not want children, she learns she is not a “real” woman.

Reverence is bestowed upon a woman who makes sacrifices or “goes through hell” to have a child. If a woman is not willing to make a laundry list of sacrifices she is looked upon suspiciously, as not a true woman, as lacking the true desire to be a mother. When a couple cannot get pregnant easily the first assumption often is that it is something within the woman, that she put it off too long, let other things get in the way, and was not willing to sacrifice everything to get pregnant. Conversely, when a woman goes “too far,” and sacrifices “too much” (and what that looks like is entirely subjective), her motivation is questioned. Does she actually *want* to have a child or has she given in to the rhetoric that in having children she will become a real woman? While some roll their eyes at the financial price and physical toll a woman goes through in order to have a child, given the pervasiveness and power of the rhetoric regarding motherhood, how could most women *not* want to be a mother or get “carried away”?

Many think the sacrifices women make are perfectly normal and reasonable because they believe having a child will complete a woman. Society constructs this image of motherhood and pregnancy in a woman’s mind’s eye from the time she is a little girl – how could she ignore it? By age thirty-five (or forty at the latest) a woman is viewed as almost pitiful if she does not have children. Something must be “wrong,” folks say under their breath. Her methods are questioned, as is her fertility. How come she has not been tested, or used in-vitro fertilization, pulled out all the stops? It is the rare person who does not expect a woman to have children by a certain age and who does not pity a woman if she does not or cannot.

Rarely is a woman who is not a mother portrayed positively in “myth and folklore” according to Mardy Ireland in *Reconceiving Women* (7). Rather, they are

described as “to be pitied (barren or unmarriageable” or as exceptional women,” e.g., writers, artists, poets (Ireland 7). As Ireland goes on to explain, “throughout history...[women without children are seen as] powerful, self-serving, usually child-hating, and a threat to the institutions of society” (Ireland 7). To be considered a “man” a male does not have to have children, “but female reproductive capacity has become central and definitive for normative female development. Maternity has been the cornerstone of the mature adult identity for women” (Ireland 7). Yet despite the fact that more women are childless now than in previous centuries, the “woman who does not have motherhood as a positive adult female identity has been, and is, a complication in our theories of female development” (Ireland 7). Women who do not have children are assumed to be selfish, too invested in their careers, loners, women who cannot find the “right man” and are too “picky,” or are lesbians.

For Rich, motherhood is a “political institution” (ix), which probably explains why, when women claim “decision power over their reproductive life,” patriarchal institutions become fearful (xi), because, similar to the backlashes during times of social change increasing women’s rights, there is an “intense fear of the suggestion that women shall have the final say as to how our bodies are to be used (Rich 30). As Winkler explains, “it is not difficult to imagine why a woman might today be deeply ambivalent about her reproductive function. The whole society has become increasingly anxious about women’s bodies and motherhood. Centuries old expectations about reproduction and maternity have been altered” (Winkler 229). There is a fear expressed by many girls and young women of becoming a woman and what that means socially and bodily. They see their mothers as less powerful than they hope to be as adult women. They see women

who get pregnant go through bodily changes, which they fear. They see the responsibilities of motherhood and worry how those changes and responsibilities will affect their lives and bodies. These fears are similar to the fear many anorexics express regarding having a female body and their desire to escape it. This fear of motherhood may be justified after looking more closely at what being a mother means in America in 2009 - the expectations and the sacrifices involved can be daunting and unrealistic to say the least.

The idealization of motherhood as the ultimate expression of what it is to be a woman is psychologically oppressive. There is a control of mothering and what mothering “should” be – it is a culturally-idealized creation. Mothering and the experience of mothering is shaped by cultural and moral constructions (Wall 593). There is a diminishment in women’s power when they cannot create for themselves what motherhood looks like; instead they believe the cultural rhetoric regarding motherhood. They learn it should be their primary goal and judge themselves and others using those ideals – it serves the purpose of taking away women’s power except as mothers in the narrowest of conceptions and bolstering male-dominated society. It convinces women that they should feel guilty if they have desires or goals outside of taking care of their children. They come to believe that if they have other aspirations that do not involve their children then they are bad mothers (or at least not *good* mothers).

And in modern America, the psychological oppression regarding motherhood has the effect of reducing the number of women who want to compete in the workforce or to fight for equal pay, or doubting whether they should be part of that workforce full-time. Tugging on mother’s heart-strings regarding making the “choice” between their children

(to whom they feel a visceral, bodily connection) and their careers (which they work hard for and enjoy) serves the purpose of making them, guilt-ridden and perhaps less effective if they work outside the home.

Making women who work outside the home believe they are too devoted to their careers, they come to feel guilty for not being devoted *enough* to their children. This also has the effect, if a woman chooses to stay at home with her children (or work part-time), of infantilizing women by making them increasingly dependent on men for financial support because stay-at-home mothers often do not have an external source of independent income. It also leads to disappointment when motherhood does not live up to the idealized conceptions of it. As Choi et al found, “a number of researchers have documented that women’s expectations of motherhood are influenced by the ideology and, when faced with the reality, have to accept that they cannot meet this ideal which leads to conflict” (168). According to Choi et al,

The reality of motherhood is very different to the myth [...]. It is, therefore, the standard for women to measure themselves against, and against which others measure women. This makes it difficult for dissatisfaction and negative feelings about motherhood to be expressed without guilt or fear of being considered a ‘bad’ mother. (168)

An example of these standards and expectations for motherhood and the weight they put upon women is in *The Awakening* by Kate Chopin. The main character, Edna Pontellier, throughout the entire novel is crushed under the weight of the expectations for a mother and wife in the early 20th century. She feels burdened by her marriage, her social commitments, and her children. She feels she will never live up to the ideal of what she should be as a wife and mother. Edna does not care for or care about her children in the expected ways: “She was fond of her children in an uneven, impulsive

way. She would sometimes gather them passionately to her heart; she would sometimes forget them” (Chopin 19). Mr. Pontellier, Edna’s husband, “reproached his wife with her inattention, her habitual neglect of the children. If it was not a *mother’s place* to look after children, whose on earth was it?” (Chopin 7, emphasis added). The ideal mother is seen as “singularly-focused,” with “childrearing as their primary responsibility in life, and one that is ultimately theirs alone” (Blum 5).

When Edna is unable to bear the weight of all of society’s expectations regarding motherhood, including overwhelming expectations for how she should care for her children, she commits suicide. It is as Choi et al found, that

women are reluctant to be seen to have failed as perhaps this would threaten their sense of self and their identity as a woman. As this is informed by discourses of femininity, femininity is performed by not revealing their true feelings and taking up the discourses of the perfect woman who can cope and who does not need help. (177)

Most women feel they cannot challenge the ideology and instead judge themselves according to it; they fear “failing” to be a perfect mother, so they escalate their performance and this reinforces the ideology of the good mother, becoming consumed by being (or appearing to be) a good mother.

These requirements regarding motherhood psychologically oppressed Edna. What she had been told she had to be was too strong. While she had fought those requirements, in the end she was exhausted and was utterly despondent (Chopin 108). She did not want her children to feel that they could “possess her, body and soul,” so she would not let them, and took matters into her own hands (Chopin 109). For Edna, the psychologically oppressive force of motherhood within her mind was just too overwhelming and society’s messages were just too strong to continue to fight. While

she said that she would give up the “unessential” for her children, “she would never sacrifice *herself* for her children” and thus, by committing suicide, she held to her pledge – she did not give up her self, only her life (Chopin 108, emphasis added). In critiquing the weight of motherhood, the author, Chopin, is critiquing the expectations of American culture, which creates those expectations that inhabit women’s minds and, while they start as others’ expectations, are internalized to become women’s own.

BREASTFEEDING IN AMERICA

A significant aspect to the perception of a woman as a “good” mother involves her choice of whether or not to breastfeed. It is assumed, just like motherhood makes a woman a woman, that breastfeeding makes a mother a mother. According to the La Leche League manual “‘Breastfeeding is the completion of a woman’s sexual cycle’” (Blum 99). In “the current eras, breastfeeding has become ‘the measure of the mother’,” according to Linda Blum in *At the Breast* (3). Women are chastised for not breastfeeding, but are criticized almost simultaneously if they breastfeed their child for “too long.” If they do not breastfeed, may be seen as a less than ideal mother because “breastfeeding is part of a process through which a maternal subject is constituted,” according to Rhonda Shaw in “Performing Breastfeeding” (101).

“Breast is best” is a ubiquitous message in American culture. Breast feeding is best for baby and mother, good for the environment, a great choice financially, more nutritious, prevents infant illnesses...and on, and on. Slogans regarding breastfeeding position “breastfeeding as easy and as natural, and even perhaps as a natural entitlement of infants; thus it suggests mothers are both failing at something simple and thwarting natural law if they don’t manage to breastfeed” (Kukla, “Ethics and Ideology” 173).

Just like the public nature of the pregnant body, breastfeeding and the decision whether to do so are public as well because “motherhood and breastfeeding have been and continue to be public matters” (Blum 2). If a woman bottle-feeds her infant it often is not commented upon as it is a culturally-accepted norm. Yet breastfeeding advocates believe a woman who bottle-feeds is not giving enough to her child and that her child is losing out; her child will not be as healthy or smart. The “cultural imperatives,” according to Blum, “imply that certainly no good mother would deny her child optimal health and longevity, and that the best mothers will do all they can to maximize their children’s intelligence and beauty” (50). Yet in spite of the pervasiveness of the message regarding breastfeeding and its benefits, as well as its connection to how mothers are judged as mothers, many women, many of whom are physically capable, do not breastfeed. And in spite of all the knowledge that breastfeeding is best, when some see a woman breastfeeding they chastise and judge her, scorn her as overly sexual for “exposing” her breasts, or for doing “too much” for her children. It is a confusing state of affairs. According to Hausman, “investigating representations of breastfeeding shows [...] how deeply conflicted [America is] as a culture about mothers’ practices, authority, and responsibility toward their offspring” (Hausman 3). Understandings of breastfeeding are [...] bound up with changing cultural understandings of children’s needs and maternal responsibilities,” according to Wall (594).

Either way, it seems women cannot win. Will they be seen as being sexual with their child or as not sacrificing enough if they do not breastfeed? However long one chooses to breastfeed, or if she chooses not to breastfeed, or cannot breastfeed, she will be viewed by someone as doing something wrong. She is breastfeeding too long, not

long enough; her breasts are sexual, not for feeding; her child is “too dependent.” And many sources and “experts” want to tell women what to do with their bodies: formula companies, parenting “experts,” the courts, and breastfeeding advocates (Hausman 93).

There is a medicalization of breastfeeding, yet simultaneously a linking of it to being more “natural.” There is an “implication that breastfeeding is natural for women and that women, as a universal category, have the inherent capacity to breastfeed,” according to Wall (597). It is believed that women “should” know about the benefits of breastfeeding. It is assumed that “mothering comes naturally” and a woman will know what to do for her child, but in the same breath assumed that if she is a “good” mother she will have educated herself about what her child needs. Women are now not considered experts regarding their own bodies; this transfers to issues such as pregnancy, motherhood, and breastfeeding. As Hausman elaborates,

Mothers have suffered a diminution in their status and authority in relation to the rise of medical vies of infant health and development. The medicalization of infant feeding encourages skepticism about the female body’s capacity to nourish infants in an uncomplicated and ordinary fashion, leading mothers to [...] distrust their physical ability [to feed their children]. (24)

But if breastfeeding comes so naturally why is there an emphasis on a mother’s education? Instead of actually encouraging women to follow their mothering instincts, it is assumed they should be *educated* about their parenting choices and that they should not just follow their instincts. The “tensions [are] evident in a culture the reveres scientific medicine yet wants mothering to be natural,” Hausman states (4). Further, “the ideology of motherhood as natural [is] reflected in the women’s feelings of inadequacy when motherhood does not come naturally” and the “women [feel] that they [...] failed as mothers when they had to ask for help” (Choi 175-176). So a mother is “failing” if she

does not get educated, but this education may be indicative that she is not following her instincts. There is a lack of faith and trust put in women and mothers to make choices and decisions for their families.

There is a “‘new cultural imperative’ to breastfeed [which links it] to contemporary perceptions of the good mother that are raced and classed in their conceptions” (Hausman 204). The “good” (read: white) mother currently breastfeeds, but in the past breastfeeding was done for white upper-class children not by their mothers but by women of color (Blum 9). Race and class also may affect who is getting information about the benefits and methods of breastfeeding as real-world restrictions and difficulties affect one’s ability to carry out breastfeeding. The rates of breastfeeding in America are divided largely along lines of race and class. According to Shirley Coleman Aikin, the rates of “initiation and the duration of breastfeeding seems to be lowest in African American mothers” at 38%, with African-American mothers being less likely than white mothers at 55%, or Latina mothers at 67% (29). Asian-American mothers immigrating from Southeast Asia to America have breastfeeding rates at 10%, which Aiken attributes to an “eagerness to acculturate” and “turn away from their cultural heritage of breastfeeding” (29).

The influence of class is such that poorer mothers breastfeed at much lower rates than middle- or upper-class mothers: “Rates of breastfeeding among low income women [...] are significantly low” with “38% of women with incomes less than \$25,000 ever breastfeed” and 11% “continuing to breastfeed at six months” (Aiken 29). According to Hausman, “in the current American context poor women do not have a real choice in infant feeding method, because breastfeeding is generally possible only for those women

with flexible professional careers and/or extensive control over their private arrangements” (227). Additionally, poorer women and immigrant women who often receive WIC benefits receive free formula through the WIC program (Aiken), which can deter mothers from breastfeeding.

An additional wrinkle in these circumstances is that African-American women, as well as poor women, often are more circumscribed in their lives and their choices, and thus “are more likely to have their mothering experience supervised by state or local authorities” (Hausman 87). Messages imploring women to breastfeed are aimed towards and more easily received by certain women in American society because “to understand the meaning of the disparities in breastfeeding initiation and duration, *in the context of structural discrimination*, [one needs] to pay attention both to health risks *and* to political contexts” (Hausman 28, emphasis in original). According to Hausman,

it’s also possible to suggest that black women are underserved by breastfeeding promotion in the context of their health care. The low rates of breastfeeding within the African-American community, given the medicalized context of infant feeding, fit with black Americans’ discriminatory experiences in U.S. medicine in general. In other words, [...] low rates of breastfeeding in the African-American community might indicate *neglect*, or the medical establishment’s inability to connect with black women’s specific concerns about infant feeding and motherhood. (221, emphasis in original)

There seem to be two lines of thinking regarding why women of color, particularly African-American women, do not breastfeed as much as middle- and upper-class white women. According to Hausman, citing Blum, “It is not simply the case that middle- and upper-class white women are the first to follow trends in expert medical advice about infant feeding because they know more about such trends, or are better at following such advice” but that “material circumstances of white middle- and upper-class

women's lives mean that they are more likely to experience such advice as appropriate and achievable. In other words, they are more likely to experience the advice as fitting in with both their worldview and their capabilities as mothers" (Hausman 219-220). When "negotiating workplace, school, and hectic households, and [...] their overwork as working-class mothers," African-American mothers believed breastfeeding would be burdensome, while bottlefeeding allowed others to help" (Blum 163). In fact, while many white mothers express guilt or shame if they cannot or do not breastfeed, many "Black mothers [interviewed by Blum...] rejected exhortations to breastfeed [and] seemed, in their telling, to be relatively free of the emotional anguish many of the white mothers expressed" (Blum 161). Thus the effects of the marketing of breastfeeding as what make a mother a true mother seem to affect African-American women to a much lesser extent than white women. Perhaps this lack of guilt is due to African-American women not seeing themselves displayed as women who look like the idealized, breastfeeding, mother from the start.

The images surrounding breastfeeding and the fact that the stereotypical breastfeeding mother is envisioned as white, with ample leisure time, feeding in the privacy of a nursery, also must play a role in the lower rates of breastfeeding among African-American mothers. Not seeing oneself in those images makes conveying that ideal into a reality less easy to carry out. The breastfeeding mother is always in a nightgown, gazing down at her infant, with a look of joy and pleasure on her face, what Kukla calls "a dyadic and private relationship of mutual attention that excludes the rest of the world" ("Ethics and Ideology" 164). As Kukla explains, "we see images of mothers in white negligees or other bedroom garb, sitting in either a rocking chair or an upper-

middle-class nursery” (“Ethics and Ideology” 164). She should, according to parenting and breastfeeding advice manuals, look youthful and slim, without sagging breasts (Blum 51). The ideal female body follows women even into how they look when feeding their children. Thus if one does not feel these things, if a woman does not resemble the image that is pervasive, then she may think, “How can I not feel this way? What is ‘wrong’ with me?” When mothers have issues breastfeeding, the problems often are not “insufficient milk” but social problems as “being poor and black and on public assistance, all of which put her in a category of women at high risk for breastfeeding failure,” according to Hausman (60). While “African-American women have, in the past few years, increased their rates of breastfeeding initiation and duration more than any other studied group, [they] continue to lag behind white and Hispanic American women significantly” (Hausman 221).

Another way of examining why many women – Latina, white, and African-American – do not breastfeed is the sexualized nature of the breast and the sexual overtones placed on breastfeeding breasts. Much like the rhetoric regarding sacrificing to look like the ideal body or being told (as a pregnant woman) the woman is not as important as the fetus, the rhetoric surrounding breastfeeding sends much the same message – that a woman’s body is not her own in two ways. A woman’s breasts either are someone else’s to be used for their sexual pleasure or they are to be sacrificed for the good of one’s child. And when the two messages become melded and merged, the message is further complicated and evolves into the message that she is ruining and damaging her child by being sexual with her or him in breastfeeding.

As discussed earlier related to sexuality and desire, women's breasts should be **used** to serve sexual purposes which gratify men, and "Breastfeeding threatens the lateral, **erotic** male-female tie" (Blum 128). If a woman is using her breasts then it is assumed it is **for** male pleasure, not the feeding of her child, as "Breasts are the most visible sign of **women's** femininity, the signal of her sexuality. In [much of American] culture sexuality is **oriented** to the man and modeled on male desire. Capitalist, patriarchal, American, **media**-dominated culture objectifies breasts before a distancing gaze that freezes and **masters**. The fetishized breasts are *valued objects, things*" (Young, "Breasted Experience" 126, emphasis added).

The gamut of messages between breastfeeding being sexual to breastfeeding **being** natural is exemplified by the comments regarding photographs of Angelia Jolie **breastfeeding** on the cover of *W* magazine in November 2008. Comments on a gossip **website**, perezhilton.com, ranged from "breastfeeding is natural," to a male posting "If I **could** swap for just a few minutes with that kid," and another, "seeing free breast is one **thing**. breastfeeding is another thing. ewwww" (Hilton).

There is a perception that breastfeeding is sexual because of the sexual nature of **the breast** in American culture, as "Most women in American society grow up with the **'idea** that breasts are primarily sensual in function" (Hausman 108). According to

Hausman, "because of the social emphasis on female breasts as sexual, the choice to **breastfeed** appears to represent an inappropriate sexuality on the part of the mother toward her children" (83). The breastfeeding mother, while living up to the expectations that American culture has about a "good" mother sacrificing for her child, in her **nurturing** also is seen as being sexual with her child, as "pathological and depraved"

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(Kukla, "Ethics and Ideology" 167). Thus, even in something as basic as feeding an **infant**, the breastfeeding mother is seen as perverse, not as meeting a biological need. **While** "women who were breast-feeding felt that their enlarged breasts did not contribute to a **bodily** shape that is widely seen as sexualized in [American] culture [and some find] that **through** breast-feeding [they find] the true purpose of [their] breasts" some women are "not able to overcome this objectification in others' minds" (Bailey 118). Some see breastfeeding as an "uncomfortable combination' between sexuality and the sacred act of **breastfeeding** one's infant" (Shaw 106). And if a mother breastfeeds a toddler (or **older** child) then she is perceived as damaging her child, not teaching proper sexual and **bodily** boundaries. According to Laurel Dykstra in "Notes on Weaning," "breastfeeding is **good** and healthy and natural, even (gasp) past the first year, but if your kid can talk **about** it, especially in words that other people can understand, it is time to stop" (20).

Given the overly sexualized nature of women and the female breast in particular in **current** American culture, and the mixture of an overtly sexual society and Puritanical **roots**, it should not be surprising that while it is acceptable for a woman to show an **amazing** amount of her body in a Victoria's Secret commercial, if she shows a small part of her breast in feeding her child, then *she* is being too sexual and really should cover up **her** breasts to meet the standards of "common decency." Blum emphasizes this as well:

while "Breasts are exposed everywhere, in television, films, magazines, and constantly in advertising [...], nursing in public is only grudgingly condoned, and mothers have been harassed at restaurants, malls, and movie theaters for breastfeeding their babies" (18).

The sexualization of the breasts "has the potential to produce deep-seated conflicts in women as to who and what her breasts are for" her own, her child's, her

partner's (Bramwell 88). This may be "a source of great confusion and distress to the mother because such feelings seem so inappropriate to her relationship with her infant in a society which sees 'mother love' as entirely distinct from sexual passion" (Bramwell 91). Can anyone really convince a woman (and others) that a woman's breasts are not sexual when everything around her says they are? As Wall explains, "it is not helpful to simply assert that breasts are not really sexual because they have indeed been coded as sexual and such coding is deeply ingrained and widespread throughout Western culture" (Wall 598). According to Hausman, "Dettwyler believes that cultural representations and ideas about female bodies and breasts negatively influence women's choices and practices around infant feeding" (210). Writing off a woman's concerns about the sexual nature of the breast without addressing fully the overarching messages that they *are* indeed sexual does not take into account the power of the cultural messages regarding the female body. As "women in American society are unlikely to perceive their breasts as having a so-called utilitarian role until they need to make a choice about infant feeding, it's hard to see how such a choice could be made freely, given years of embodied experience with breasts perceived to be primarily sexual" (Hausman 108).

The association with sexuality ultimately keeps some women from breastfeeding at all. "It is commonplace among breastfeeding advocates to find the Western view of the breast as a sexual organ and object of erotic fixation at fault for many women's distaste for even the idea of breastfeeding," according to Hausman (79). The sexually embodied aspect of the breasts and the incongruity related to women taking such a pivotal role regarding their breasts, and that the role is not sexual, are monumental issues to overcome. Even the authors of a pregnancy guide do not seem to know what to tell

women. During “the discussion of sex the authors [of *What to Expect When You’re Expecting*] write that ‘leaky breasts during lovemaking are a turn-off for some couples. *For bottle-feeding couples, the breasts can play their sensual role rather than their utilitarian one*’” (Hausman 108, emphasis in original). As Hausman elaborates, “The division of the breast function into ‘sensual’ and ‘utilitarian’ categories suggests a neat compartmentalization that is not only unusual in embodied experience but indicative of American responses to the female body – [...] an attempt to regulate women’s experiences into socially acceptable functions” (108).

Thus, even according to those charged with reassuring and teaching women during pregnancy, breasts cannot serve multiple functions. A woman must choose, according to the rubric they set up: she must be there for her husband sexually *or* for her child’s nourishment needs. In fact, “Maternal nursing [...] became difficult because it seemed to violate husbands’ ownership of their wives’ breasts. In advice literature breastfeeding is often likened to the marriage bond, and implicit then is the notion that it is something like adultery” (Blum 39). The biological role her breasts play will make her less attractive to her partner, which does not serve to make a woman more comfortable with her body and what it can do naturally. According to Hausman, this leads to shame surrounding performing breastfeeding. As she explains,

The shame attendant to breastfeeding (or not breastfeeding because of shame) concerns the breast as a part of bad sexuality – sexuality that has as its goal not procreation but pleasure. Breastfeeding is perceived to be the peak of the sexual cycle insofar as the breastfeeding woman feels no shame and experiences her breasts as functioning biologically. (Hausman 84)

That breasts serve a function beyond sexual pleasure is uncomfortable and upsetting for many.

Breastfeeding also is complicated by the way in which breastfeeding encourages the segregation of women out of public life because of the identification of women as their bodies and their breasts as always and only sexual. Many believe breastfeeding women should stay in their homes and breastfeed in private: “As a culture, we expect and demand that breastfeeding be contained within domestic space” as “new motherhood does not erase the sexualized status of the female breast in our culture, nor does it mitigate women’s sexual vulnerability in public spaces” (Kukla, “Ethics and Ideology” 166). For “many women [there are] literally [...] no socially appropriate, safe spaces in which to breastfeed” (Kukla, “Ethics and Ideology” 166) because of the fear of censure for exposing what is seen as the sexual breast. Accordingly, breastfeeding opens women to offended, sexualized, and even violent and punitive gazes” (Kukla, “Ethics and Ideology 164, 163). Bramwell summarizes:

If women internalize views that their bodies are disgusting, that they need to buy products to be ‘liberated’ from the constraints of their biology, that their bodies can be defined in terms of their capacity to provide male sexual pleasure, such views will form an important component of their attitude to breastfeeding. Perhaps even more importantly, they form the attitudes of society within which women seek to make and act upon decisions about how to feed their infants. Such a society may both stigmatise [sic] individual mothers for not giving their infants the superior product of breast milk, whilst simultaneously stigmatizing other women for exposing their breasts in public. (95)

Thus, the sexual nature of the breast in American culture combined with the misconceptions regarding the sexual nature of breastfeeding, it is easier to understand another facet of why African-American women might avoid breastfeeding, as African-American women are often “cast as primitively oversexed and thereby polluted” (Blum 21). Due to “black women’s complex relation to sexuality and embodied experience, mediated by hundreds of years of negative stereotyping that connects black women’s

bodies to exoticism, animality, and service, [this] works against their taking up a practice in breastfeeding” (Hausman 44). And so “Formula feeding emerges as a way to make the culturally perceived sexual status of the black female body a non-issue in black mothering” (Hausman 45). Finally, “Because of the historical legacies of their representation as lascivious and oversexed, black women are more at risk for public censure if they breastfeed outside their homes” (Hausman 225). Additionally, the history of the use of African-American women’s bodies as wet nurses when slaves or servants also must figure into African-American women’s decisions to not breastfeed as they may want to avoid these associations.

Having reviewed the ways in which the female body is situated in and affected by American culture – eating disorders as crystallizations of larger American culture, the romanticization of the anorexic body, the prioritization and protection of the fetus over the pregnant woman, motherhood as a woman’s only purpose, the conflict within a woman regarding whether to feed her child with what she cannot help but see as a “sexual” breast – the focus in Chapter Five becomes resistance against and solutions to these issues and problems. Chapter Five is an examination of the ways in which girls and women can and do find healthy and useful methods of resisting, co-opting, and adapting to the issues discussed in Chapters Three and Four. In Chapter Five one can begin to see at least some glimmers of hope for how there just might be a way out (or around or through) the psychologically oppressive messages American culture sends girls and women about their bodies on a daily basis.

CHAPTER FIVE: PUTTING IT ALL TOGETHER – RESISTANCE AND SOLUTIONS

Chapter Five offers an analysis of various forms of and options for resistance, as well as possible solutions to, the issues laid out in Chapters Three and Four. Looking at these issues and how women may fight against or maneuver around the American cultural dictates will accomplish two goals. It will allow for a more realistic picture of how women experience and perceive their bodies, regardless of whether they have dealt with eating disorders, pregnancy, and/or motherhood. Additionally, it will highlight areas upon which activists, theorists, teachers, and therapists might focus their attention in their works to help girls and women avoid, resist, or overcome what American culture tells them about their bodies. If the alarming prevalence of body image issues, eating disorders, and girls and women feeling circumscribed in their bodies can be overcome, what and how American culture communicates certain messages to girls and women, and how girls and women react to those messages, must be examined.

Understanding the full spectrum of way the female *body* is situated in American culture can allow for an examination of the way *females* are situated in American culture, leading towards change and resistance in areas involving the body and beyond. Exploring the ways girls and women resist or adapt can help figure out how to change the way the female body is situated in American culture. Working to change in fundamental ways the embodiment of women in America affects not only the situation of women's bodies – the scope can go beyond their bodies. In order to work on the larger project of women's liberation, women must work on radically "redefining" the "relationship

between women and their bodies” and the cultural control of that relationship (Dworkin 116).

Rather than looking only to the ways women are inscribed upon turns a lens towards the ways women interact with American cultural ideals. Girls and women are not always and everywhere passive in their interactions with culture. The view of women as passive beings “overlook[s] the agentic capacities that women exercise despite oppression. [In] stigmatizing women as victims, [...] the risible image of the helpless female” is reinstated (Meyers 739); this should be avoided. The body is not only a “passive medium on which cultural meanings are inscribed” (Butler 12). While “socialization molds [the female body]” (Frye 37), one does not want to go too far in saying that women are *entirely and utterly* controlled by what society says they should do with their bodies. Women are not just “passive victims of social conditioning” (Choi et al 169).

There are possibilities and avenues for resistance. Women can, and in some cases do, adapt to (or partially resist) expectations regarding their bodies rather than buying into them wholesale. Although many women suffer due to these ideals, in some situations they take the externally-imposed expectations and rework them to make them less harmful. Girls and women can and do cope with, deal with, and (sometimes) resist the harmful messages American culture sends them about their bodies. As Megan in *From the Gut* describes regarding the voice in a girl’s head that degrades her about what she eats and how she looks: “Finally she angers me with her words. I grab her and throw her down and down and down and down. She goes deep into an abyss, where all is

dark and cold and empty. And the *new old happy healthy girl* climbs back out again”

(Issue July 1994 12, emphasis in original).

Examining, changing, and resisting the messages sent to girls and women about their bodies will help prevent or change the “suppression of feelings, [...] loss of voice,” and “position of diminished power in relationships” for girls and women in general (Geller et al 9). The fear and doubt women feel regarding their own bodies and voices can be changed. Girls and women do not have to believe that caring for someone else means they should not listen to or trust themselves or see someone else’s needs and desires as more important.

It must be “[demanded] that advertising, media, fashion and the entire culture represent reality” and teach “young women to examine their experiences from a feminist perspective [which will help] them resist the unhealthy cultural pressures that surround them on a daily basis,” enabling “them to develop positive relationships with their bodies” (Goodman, N. pag.). In fact, as Guille and Chrisler discuss regarding lesbians specifically, “evidence suggests that feminism may serve a protective function against eating disorders” (Guille and Chrisler 141).

As Devon and Sara explain, girls and women must first see what culture does to them:

‘It’s important for girls to explore the impact culture has on their growth and development. They all benefit from, to use an old-fashioned term, consciousness-raising. Once girls understand the effects of the culture on their lives, they can fight back. They learn that they have conscious choices to make and ultimate responsibility for those choices. Intelligent resistance keeps the true self alive.’ (6-7)

Devon and Sara offer hope. They suggest what may be exactly where attention should be focused if the effect culture has on girls and women (that often leads to pain, misery, and

prevention of realizing one's true self) can be resisted: point out what culture does to girls and women so they can be informed and then offer avenues and strategies for resistance. Instead of giving in to the harmful bodily ideals, this will help girls and women accept their own bodies, "whatever size, shape, or colour [sic]," not be "compliant consumer[s] of packaged images and products," and not be "afraid of taking up space in a 'skinny' society. It means allowing [themselves] the power and pleasure of [their] own desires and appetites" (Shroff 114).

One way to accomplish these goals of change and resistance is to think about the female body and its value in a different way, see what culture does to the body and conceive of what can be done instead. For Grosz in *Space, Time, and Perversion*, there are two ways about which the body can be theorized. The first is as an "inscribed body" and by this Grosz means that American society "carves meanings onto and out of bodies," so the body becomes a "text, a system of signs to be deciphered, read, and read into" (*Space, Time, and Perversion* 34).

The solution, for Grosz, is to see the body as a socio-cultural creation (*Space, Time, and Perversion*). The meanings and signs Grosz discusses are the ways society controls bodies without using external controls, much like Bartky describes regarding docile bodies and the discipline of femininity. Society initiates the body by carving its meanings, its rules, and its prohibitions, upon it. This leads one to feel less powerful and more controlled by society. By realizing culture's effect upon the body, women then are able to see the type of body they have, and that they are socially inscribed in different ways than men. Thus, if it is recognized that the body is socially inscribed, the power structures within society which operate upon the body, as well as the body's effect on

knowledge, are revealed. One can see that they can change the type of subject they are in society once the power structures are revealed. The power structures then are easier to manipulate, circumvent, and resist out-right, once they are seen. In seeing that it is not just natural for a woman to believe that because she is a woman she is lesser, that this is arbitrary, allows a woman to think of how she can fight against these arbitrary structures and instead reconstruct her own subjectivity, her own body, and her own perception of that body.

The body, as Grosz describes it, is “*naturally social*” and should be thought of as a cultural entity (Grosz, “Notes” 7, emphasis in original). As social beings humans in general must see that they are controlled by their biology, but also that biology is controlled by the fact that humans are social beings. If bodies can be inscribed by one part of culture, women can re-inscribe them with their own view of the female body. For Grosz (and others) there are ways to write and think about women’s bodies without reducing them to mothers and sex objects. For Grosz, the body should be thought of as inscribed by “social, economic, psychical and moral relations” (“Notes” 7), and not just purely led by biological, internal urges (or purely objectified and oppressed by sexist conceptions of the female body). Instead, the body must be seen as affecting and affected by society. While the fact that there are biological aspects of the body which must be acknowledged, bodies also are products of culture. Bodies are viewed and created in different ways, depending upon the culture. Biology can be changed by culture and culture can be changed by biology.

If the body is “one of the major objects contested in power relations, then power” no longer has to be equated with the dominant patriarchal ideology of the female body,

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according to Grosz ("Notes" 12). As Grosz explains, because girls and women "actively assume" what she calls a "social tattoo," ("Notes" 12) or social inscription, they can also choose not to allow this inscription to be enacted or can change the inscription. This may be done by finding new "systems of signification and representation" so that women can define themselves "in their own terms" as subjects to themselves (Grosz, "Notes" 12). Hence, they are controlling "the process by which women are represented" (Wooley 45).

One way in which to go about taking control, defining one's own representation and inscription, is to first understand that there has been a breakdown of the foundations of knowledge, what Grosz calls the crisis of reason, or a "*crisis of specificity*," which she describes as "a crisis in status and at the level of self-representation of the (sexual) specificities at play in the production of knowledges" (Grosz, *Space, Time, and Perversion* 31, emphasis in original). Translated, this means that Americans (and others in Western culture) do not know how to look at their own specific experiences and produce knowledge. They are unable to look at the experiences of the body, or sexual experiences, and learn more about themselves and produce any new knowledge. They feel what they are told to feel, believe what they are told to believe. For girls and women the effect is that they live in a society that teaches them not to listen to their bodies, not to feel or create pleasure and sexual desire, to concentrate on pleasing an "Other," and that gaining the attention of the "Other" is the route to pleasure and fulfillment.

In contrast to Grosz's inscribed body, a second way of theorizing about the body to Grosz is as a "lived, sexed body." As Grosz explains, the differences between the sexes, women's reproductive functions, their biological natures, are "socially required, produced, and regulated" (*Space, Time, and Perversion* 36). Depending upon one's sex

they are inscribed with vastly different meanings and signs by society. Thus, women must make their bodies “capable of autonomous representation” by forming new languages, new forms of knowledge that explain women’s experiences, not women’s experiences as explained by the male view of knowledge (Grosz, *Space, Time, and Perversion* 36). Women’s bodies must play a role in defining their lives and reality, making their female experiences part of public discourse. Women “should be doing more than surviving in society. They should not be reduced or limited by conditions in which the habituated practices and performances of everyday life subsume them. [...] [They] should open up and inhabit a space in which [they] can experience [them]selves in terms of [their] intentionalities and aims,” according to Wendy Burns-Ardolino in “Reading Woman” (54).

An example of controlling the representation, inscribing experience in a more accurate way, or preventing social inscriptions, is the ways in which, while women do listen to their medical professionals’ advice, not all women take “doctor’s orders” as gospel and follow them without some form of introspection. Not all women allow the disembodiment effects of the medical management of pregnancy, for example, to prevent them from having some voice in their care. Women are smart and can be calculating. Women can figure out how to use medical technology, for example, for their own gain, for their own purposes without becoming so dependent on it that their own voices and intuition are shoved aside.¹⁷ A balance must be struck between using technology to help those who need (or want) it and using technology in a way that prevents anyone from listening to women regarding their own bodies, their own pregnancies, their own

¹⁷ Technology has, without a doubt, helped me immensely to become a mother. Most assuredly, I would not be one without technology and medical advances.

(potential) children. As Bailey writes regarding the pregnant and post-partum women she interviewed, “Many women were unclear as to how the bodily changes would affect established aspects of their identity, such as their working selves. Consequently, a sense of control over their bodies, during pregnancy, childbirth, and postnatally, was important to them” (125).

In spite of the fact that many women listen to their doctors or midwives, sometimes to their detriment, women are not just “mindless automatons” (Berg 94). Women (for the most part) think deeply about their decisions and weigh their options. Using assisted reproductive technologies to achieve biological motherhood, for example, does not necessarily reflect that a woman is acting only on what has been deemed socially acceptable. According to Berg, based on her interviews with women who dealt with infertility and reproductive treatments, “infertile women sometimes don’t hear from the feminist movement that it can be a rational choice to *have* as well as not to have children” (85, emphasis added). Going to great lengths to have children, or even wanting children, is not necessarily *not* feminist, nor is it anti-woman. Women are much more complex than that, and have richer, more interesting internal lives than that.

Just because a woman wants a child very much does not mean that she has bought into the socialization. It does not mean she cannot think critically and only wants children because she has been told she should. Believing all women only want children because they have been told they should is almost as insulting and degrading as the way women are treated as though they know nothing about their own bodies during pregnancy. Women can make actual, authentic choices about wanting or not wanting children. This is not to say that some (perhaps many) women choose to have children in

part because there are few good options for women who are married. There often are not. This is not to say that once a woman has kids she is not *always* viewed as a mom. She often is. Many women do choose to have children because it is what they are “supposed” to do or it is what they do “next” after getting married. But, as Berg discusses, “To dismiss [women’s] desire to experience pregnancy, childbirth, and rearing their own biologically related children is to endorse traditional patriarchal symbols of achievement” and that some use “these technologies to achieve biological motherhood does not necessarily reflect that a woman is acting out of mindless socialization. Nor is this incompatible with a feminist consciousness. To claim as much reveals a profound insensitivity to the experience and feelings of infertile women” (85).

Because of biological differences which have been framed from a masculine perspective, women are segregated and this reinforces their perceived differences and designation as lesser. An example of this is when “Men gain power socially because women exclude themselves from public endeavors when they choose to breastfeed” (Hausman 153). Thus breastfeeding becomes a private act, taboo, something to be covered up. And because of its hidden nature it becomes less part of public knowledge, as women are not supposed to talk about it or do it publicly, they are to go to the restroom to feed their children so as to keep it from public view. Part of getting women’s real lives into the public arena might be to make breastfeeding less something that happens behind closed doors. Just because breastfeeding “flows naturally from the fact of inhabiting a female body” does “not mean that women have to be excluded from public life” (Shaw 113). Shaw explains that “by making breastfeeding visible and bringing it into a public space” it can serve as a reminder that “breastfeeding is not only a gift of nourishment and

affection from mother to child, but also *work* that women do;” that breastfeeding “makes a vital contribution to the social well-being of the population as a whole” (113, emphasis added). According to Hausman,

To admit women into the public sphere on the condition that they give up the physiological uniqueness of maternity to be there is wrong. [...] To press for women’s right to breastfeed as an ordinary aspect of embodied maternal practice, we have to argue for equality that accommodates difference, and in political terms that means benefits for mothers and significant changes to the current organization of market work. And we have to stop using the pregnant body as the symbolic marker of female difference, and see lactation as offering both a discursive and biological argument for women’s rights as mothers and as human beings. (228)

Rather than isolating women who are mothers inside their homes or shunning women who breastfeed into restrooms or behind blankets, women in all stages of life must not be hidden or ignored because “It is in a baby’s interest to have a competent, comfortable mother, and in a mother’s interest for her baby to be healthy and well nourished” (Kukla, “Ethics and Ideology” 177). According to Hausman, “we can choose to ensure that maternity does not hurt women’s participation in civil society and the waged labor market; in other words, we can work to ensure that support for breastfeeding does not suggest the need to cloister women among themselves in the home” (5).

Women must tell their own stories about their own bodies because, according to Meyers, “when women do not tell their own stories, their lives are depicted as exercises in abject submission or deranged nonconformity” (739). It must be emphasized that the body, associated with the feminine, not just the mind, associated with the masculine, can be a source of knowledge, as Grosz would emphasize. An example of knowledge coming from the body is what Young describes regarding pregnancy and the way in which a pregnant woman experiences it:

The pregnant subject is not simply a splitting in which the two halves lie open and still, but a dialectic. The pregnant woman experiences herself as a source and participant in a creative process. Though she does not plan and direct it, neither does it merely wash over her; rather, she *is* this process, this change. (“Pregnant Embodiment” 280, emphasis in original)

The body should be seen as a source of power. Instead of accepting and enacting the cultural view of the female body as lesser than the male body, as in need of control, women can use their power as women to reconstitute power. Pregnancy could play a role in this use of the body, this privileging of the body. “Reflection on the experience of pregnancy” as Young explains, “provides a radical challenge even to [the] dualism” so common within Western and American theoretical tradition (“Pregnant Embodiment” 275). As she explains, “pregnancy reveals a body subjectivity that is decentered, myself in the mode of not being myself” and “challenges the integration of my body experience by rendering fluid the boundary between what is within, myself, and what is outside, separate. I experience my insides as the space of another, yet my own body” (Young, “Pregnant Embodiment” 276). As Grosz explains, women must move beyond allowing their bodies to be “confined to biological determinants, to immanent, ‘factive,’ or unchanging social status” (“Notes” 3). Rather, women must think of their bodies as playing a role in making them *subjects to themselves*. They then will be less likely to be objects for others to define, inscribe, or control.

Another example of how this might look is as Betterton describes in “Prima Gravida,” wherein she discusses the need to reconfigure

the pregnant body outside the maternal ideal within which it has long been framed. In doing so, [what arises are] ways of thinking about the pregnant woman not as a vessel, nor as a thoroughfare for a new life, but as an independently embodied subject, and, further, one that fundamentally disturbs the model of the disembodied unitary self of western logic. (266)

As Meyers emphasizes, “Having a child is too awesome an experience and too crucial to society for motherhood to be passed over in cultural silence” (Meyers 768).

When girls and women access the knowledge that is produced when they are in touch with the corporeality, or materiality, of their bodies, this will help girls and women in a variety of ways. Corporeality is useful as a source of knowledge because it moves access to knowledge beyond “reason,” typically seen as a male domain (and thus more privileged). Using the body’s knowledge helps highlight that while the mind has been seen as connected to the masculine, and thus the exalted point-of-view, the body has been connected with the feminine, and has maintained a lesser position in society. The body has not been seen as a way to gain access to knowledge, but now can be seen as way to gain new knowledge. As Bailey discusses regarding how new mothers felt about themselves and their bodies specifically,

In moving between the sexual and mothering versions of [...] femininity, [...] women encountered tensions, which may have enabled challenges to feminine subordination to be made [...]. However, these embodied changes did not lead most women to articulate either sensual or sexual accounts of their gender; [it] was [...] a tool of real, although limited, use to them in redefining their sensual embodiment. (119)

These specifically female experiences must be talked about more often, more vocally, and more publicly. With this new knowledge, such as the power of pregnancy or motherhood, the work of breastfeeding, women will see that their bodies are constructed socially in an interaction of discourses and that they can reframe the construction of their bodies without reifying what culture tells them to value. Women abandon the body’s knowledge and needs too often because they learn to do so. Instead they should be encouraged and taught to use knowledge the body *can* give a woman, rather than seeing the body as an enemy that needs to be controlled, policed, or ignored. This can be

achieved by listening to and valuing the female body and what it tells a woman. Women can do what Shroff urges: "Connection/With our bodies/With our spirits/[...]/With all life/Rhythms of life/Rhythms of our bodies" (116-17). The physical aspects of the female body – such as pregnancy and breastfeeding – have been constructed as though they should be hidden from conscious recognition and from public life, as neither valid nor important.

Female subjectivity is crucial in reshaping power by reconstituting power from the perspective of women. In "focusing on the physical strengths of women – lower body strength, endurance, and flexibility – have the potential to displace feminine gender norms and constitute a very different kind of subjectivity. Being at home in [their] bodies and enacting [their] intentionalities should be the goal," according to Burns-Ardolino (55). This might occur in regards to femininity. Given the effects of the inscription of femininity, rejecting the ideals of femininity is a way to develop avenues of resistance, as the effects are broad-reaching, affecting women in a variety of contexts – pregnancy, breastfeeding, motherhood, and the experiences of average girls and women. The "bodily changes of pregnancy and early motherhood offer the start of a new performance. So, a basic sense of femininity can be enacted differently as a result of bodily change" (Bailey 113-14). As Blum elaborates, "Breastfeeding can be a positive experience for mothers, and one that challenges confining norms of femininity, in the sensual, relational pleasures and the enjoyment of and confidence in the well-working body" (Blum 145). In resisting and recreating what femininity is, women can take a subject position within American society, rather than allowing themselves to be seen only as sexualized and feminine objects.

Because of the history of using women's biology and nature against them, feminists have been hesitant to theorize about a feminism that uses the body as a fundamental part of feminist theory or discussing the power of the female body – as those differences have been used against women. The body, and women's reproductive function for society, have been used to justify oppression for so long, feminists resist writing about a woman's corporeality because of the "implied limits on the possibilities of social change" (Grosz, "Notes" 6). It must be ensured that the female bodily experiences are not used to again reduce women to their biology, which differs from the male norm of what a body should be. In this culture that privileges male experience, the subordination of anything feminine must be challenged.

As Grosz explains, alternative models of corporeal existence that emphasize women's unique bodily experiences should not be framed in a patriarchal manner, in which they are analyzed "only according to men's interests" ("Notes" 14). Rather, as Burns-Ardolino states, "[Women] want [their] bodies to be reflections of [them]selves, empowered by [their] intentionalities and imaginations. [... And what is really called] for here is a raising of consciousness, a critical eye toward feminine performatives, and a recognition that the feminine body cannot continue to bear the weight of culture upon its embattled frame" (Burns-Ardolino 56). According to Grosz, in American patriarchal culture, it will be difficult to represent women's corporeality in a manner that does not frame it as lesser. Yet an example of this might be what Young describes regarding the ability to avoid the male sexual gaze during pregnancy. As she explains, American

culture's separation of pregnancy and sexuality can liberate [a woman] from the sexually objectifying gaze that alienates and instrumentalizes [a woman] when in [a] nonpregnant state. The leer of sexual objectification regards the woman in pieces, as the possible object of a man's desire and

touch. In pregnancy the woman may experience some release from this alienating gaze. The look focusing on her belly is not one of desire, but of recognition. Some may be repelled by her, find her body ridiculous, but the look that follows her in pregnancy does not alienate her, does not instrumentalize her with respect to another's desire. (Young, "Pregnant Embodiment" 279)

Similarly, after giving birth, one woman in Bailey's study stated that "She observed that she now saw her body in 'more functional' terms" (120) and some of the women "found that their pregnancies reoriented them with respect to norms of 'feminine' body management, such as the 'slender imperative' and the politics of personal space and appearance" (124). They "observed their bodies with awe now that they had managed to produce a child. So, despite often feeling exhausted and unfit, overall, for many, their bodies were seen as offering a positive reflection on a feminine self" (Bailey 116).

The body as a source of useful knowledge can counter how women are often "conceptualized as castrated, lacking, and incomplete" (Grosz, "Notes" 38). Rather, women must be thought of as both "knowable objects" and the "subject of knowledges" (Grosz, "Notes" 39, emphasis in original). When women are *knowable* objects, their experiences will become describable, real, and valuable. If motherhood, for example, "'is taken on for nostalgic reasons, [...] the mother can experience herself only as an object'" (Meyers 761), becoming a mother because it is what is expected. As the subjects of knowledge, women will take the way they have been defined as objects by patriarchal society only as a starting point from which they can create new, socially important, knowledge that is valued because it is "sexually different from the patriarchal paradigms" (Grosz, "Notes" 41). They can describe the multitude of reasons why they want to be mothers, creating new, female-centered, reasons for becoming or wanting to become

mothers, not for the purposes of male-centered society or because their heart-strings have been tugged.

As Christine Battersby explains in *The Phenomenal Woman*, women form their identities and their senses of self upon being repulsed with what lies inside; they do not know their inner space (46). If women in general can come to know the body and accept the body, not in the way it has been defined by others, but as a “lived body,” they then will know their bodies not as *objects*, but as *subjects* (Grosz, “Notes” 13, emphasis in original). They then may come to value what lies within that body, what the female body is truly capable of, and become less fearful and ashamed of such processes as menstruation, because they will appreciate what those processes mean.

Similar to Battersby, Wilshire also discusses the importance of what comes from within the female body. As Wilshire discusses, when girls and women listen to their bodies for knowledge, they will move beyond the hierarchically dualistic thinking which emphasizes order and reason over feeling and emotion, male versus female. Women have “innate powers of knowing” arising from their bodies and their menstrual blood, according to Wilshire (Wilshire 107). Rather than seeing women’s bodies as needing control, women should be seen as “beings with wisdom and authority” whose menstrual blood is a source of wisdom, not a curse (Wilshire 107). If the female body and what comes from within it are viewed reverentially, not as disgusting or embarrassing, women then will work to control their bodies *less* and listen to them *more*. When they embrace the body as contributing to their knowledge, they then can resist society’s messages that their bodies are worthless.

Using Sandra Harding's discussion of a lesbian standpoint in "Thinking from the Perspective of Lesbian Lives" can "continue to counter the idea that "there is some essential or typical or preferred 'woman'" (250) and emphasize that women can be subjects and can construct knowledge. For Harding, using a lesbian standpoint will encourage a consideration of more women. The lesbian standpoint will not give only information about lesbians, but instead will illuminate the lives of men and women – gay or straight – because the lesbian standpoint allows women to be seen "in relation to other women – or at least *not only* in relation to men and family" but "in a variety of contexts" (Harding 252, 346, emphasis added). Women then can be seen not only as mothers or wives, as bodies or body parts, and women who are single or without a male counterpart may not only be seen as waiting to get married and have children. Using the lesbian standpoint, a different lens, shows the constructed nature of social relations that once seemed "natural" and "normal," and that those views are perpetuated for the benefit of certain people in certain powerful contexts. Harding's lesbian standpoint encourages valuing women as women, helps women "learn to 'love themselves' in ways that sexist and androcentric society forbids, [and] they are led [...] to reevaluate the misogynist attitude that women [...] are expected to have towards women generally – toward other women as well as themselves" (250).

In addition to emphasizing the importance of women creating their own knowledge based on women's bodies and experiences, it also is crucial to point out that men and male bodies are not the *neutral* sources of knowledge they portray themselves to be. They have framed knowledge so that women, and their bodies, appear as different, lesser, and abnormal. Men (and women) believe men are neutral in their access to

knowledge because men are believed to have divested themselves of using their bodies to access knowledge. Men are not in touch with their own bodies, which Grosz believes does not allow them access to “real” knowledge. While traditionally it has not been acknowledged that male sexuality structures knowledge and makes males the subjects of knowledge as the male body and male sexuality have dominated the “production of knowledges by claiming their interests are universally or sexually neutral” (Grosz, *Space, Time, and Perversion* 42). According to Simone DeBeauvoir in *The Second Sex*, “it might seem that a natural condition is beyond the possibility of change. In truth, however, the nature of things is no more immutably given, once for all than is historical reality” (DeBeauvoir xxv). It must be emphasized that “neutral” methods of evaluating knowledge – created by men – are not “neutral” in order to develop new methods of knowing, which are “*sexually* different from male paradigms” (Irigaray 41).

Lucy Irigaray’s work, *This Sex Which Is Not One*, shows how the universal status of knowledge is sexually biased. Irigaray shows how men dominate the creation of knowledge because they have portrayed women as representing the irrational body, whereas men represent the rational mind. When women become their bodies, men can then “project themselves and their products as *disembodied*, pure, and uncontaminated” (Irigaray 42). Instead of fighting to remove women from the use of their bodies as a way to access knowledge, Irigaray has instead shown that these views of women and men are arbitrary. Women could just as easily use their bodies for knowledge. Instead of “seeing the body as separate from the mind and spirit,” women should work towards a “richer more integrated approach to understanding the body” (Shroff 114).

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Once one can see that knowledge as it has been constructed is not neutral, but that male sexuality has defined and structured knowledge, one then can see that the female body and female sexuality also can be valid sources of knowledge. This can occur when women see that the subordination of the feminine to the masculine is arbitrary, not “logically or biologically fixed” (Grosz, “Notes” 15). “People have tirelessly sought to prove that woman is superior, inferior, or equal to man,” according to DeBeauvoir, however, if “we are to gain understanding, we must get out of these ruts; we must discard the vague notions of superiority, inferiority, equality which have hitherto corrupted every discussion of the subject and start afresh” (DeBeauvoir xxxiii). Women then can begin to define knowledge from a female perspective, with female sexuality and the female body being made central to knowledge as men have done with their sexuality and the male body serving as the models. An example is as Beauboeuf-Lafontant explains in “Strong and Large Black Women?” when she states that women must refashion

[their] approach to women’s weight by illuminating, in the case of Black women, one of the most troubling discourses used to contain them as well as other women who are deemed their opposites. [Realistic] views of women’s healthy weights [will not arise] until [it is acknowledged] that many [...] perceptions of women are based on flawed and controlling images of who they are expected to be and the physical forms that they are pressed to embody. (119)

This impetus to see one’s body as a source of power and become subjects to themselves can be useful in thinking about female beauty. According to Hobson, there may need to be a re-creation of

that circle of women – first enacted in childhood – who reaffirm that [women’s] bodies are fine, normal, capable, and beautiful. [Women] may also need to enlarge that circle to include men, who can challenge their own objectifying gazes, and [related to white ideals] non-blacks, who can overcome the equation of blackness with deviance. (Hobson 103)

According to Hobson regarding African-American women specifically, the “ways in which black women see themselves and each other” must be changed (89). For example, “the creation of a black feminist aesthetic must challenge dominant culture’s discourse of the black body grotesque and articulate a black liberation discourse on the black body beautiful” (Hobson 89). This reaffirmation of women’s bodies and challenge to the dominant discourse is much like an anonymous author in the zine *100%* states:

I’m sick of people telling me I am less of a person because I weigh x or because my hair isn’t y, or because I don’t have cheekbones like z. I think I am a very attractive person whether I weigh 190 lbs or 105. And I guess that means I don’t care what you think about the size of my ass, or If you think I’m pretty. you can have you bullimic [sic] sweetheart and *I will be content with my sane self.* (N. pag.)

This resistance to dominant images, this reaffirmation of women’s value and beauty, is like Burns-Ardolino describes when she states that the goal is for girls and women to “take up space, live in harmony with their bodies, be at home in the world, operate their bodies to their fullest capacities” (55). Yet women do not see these “representations [...] on television or in magazines” (Burns-Ardolino 55). To create different representations, to see the body differently, women must collectively take charge of representing themselves “in the public sphere” (Wooley 46). They must create “the imagery and language to say it” (Wooley 46). This will allow women to place themselves within the language, and define their own experiences with language and contradict the myths about women’s bodies. An example of this is as follows:

Finally, I stood staring at myself in a mirror and I saw blue under the skin of my ribs and black under my eyes. I wasn’t dying but I was a weak shell of the vibrant girl I had once been. I saw that I was dead inside, and no inner beauty shone through. It had been concealed and forgotten in my search to find pure physical beauty; a search during which I had lost a part of myself. I saw then that it was time to grow up on my terms and redefine myself outside of societal pressures. I wanted to be free [and] I

had grown tired of being who my parents wanted me to be and what others saw me as. (K.A.P. 61)

This creation of language and imagery by girls and women for girls and women could affect eating disorder recovery as well. As Lintott found regarding recovery from eating disorders,

one thing that does appear necessary for any treatment to be successful is that a woman must become convinced there are things about herself that are more impressive and more interesting than her ability to lose weight or what size she wears. [What we need is] a cultural revolution that involves the reevaluation of the value and standards of the aesthetic ideal of physical beauty. (81)

Another example of changing the inscription and changing what beauty supposedly looks like is as Dani and Sisi envision:

Girl, when you look in the mirror every morning, are you very sad? Sad cause you wanna be a magazine star?? A flawless princess with big tits, blond hair and a perfect complexion. You are stuck with brown hair. A shapeless body and a hopeless face. Think of who is making you want to be this way. Don't let them dictate what you should be or look like. Why must you be beautiful by everyone else's standards? Be beautiful on your own terms. Fuck the rules. Create your own!!! (11)

This is a useful call to girls and women because perhaps it emphasizes that they could, for example, stop starving themselves, being detached from their sexuality, or believing that they are second-class citizens to the fetus, if they see themselves as having the power to control and write upon their own bodies, change and resist their own bodily inscription.

Women should not wait for others' approval of their bodies. As lamm states "i am not going to wait anymore for other people to tell me that i'm ok. now i am telling *them*. And if they don't agree, they can go fuck themselves, because it's no longer their decision to make" (Issue 1 5, emphasis in original). When a woman's body is reclaimed

and it is seen as her body, which looks the way she wants it to, and serves purposes *for* her, she epitomizes the resistance of degrading and unrealistic cultural messages. lamm's sentiments are echoed by Winkler when she states that "The fat body resists patriarchy, or the values of the culture, by refusing the self-discipline required to achieve the ideal; in common parlance, it is a body that has 'let itself go'" (219).

Similar to lamm, Dani and Sisi discuss the effects of being shamed about one's body, and discuss *rejecting* that shame. They state,

those painful memories do not heal that easily. Constantly being told that you were 'wrong' [...]. Actually FUCK YOU!! to everyone who tried to make me into an inferior simply because I was never 'average.' FUCK YOU!! to everyone who tries to label beauty and sees through eyes that only see the superficial value. (21)

This anger and resistance against being ashamed because one does not live up to certain body ideals is much like Shannon Lee describes in the zine *Fatty Fashions* regarding owning your body, knowing it is *your* body, and getting angry:

i've found that even in faat [sic] positive online communities and within conversations between fat girls that we are still tearing each other down. a lot of gals base what they think other fat girls should/shouldn't be wearing on what they themselves are too uncomfortable to sport... i've been told that I show my rolls too much, that my skirt is too tight, my shorts too short and it has nothing at all to do with being '2 fat 4 that' but with it being a total shock to the eyes. we get so used to seeing only one type of body represented in fashion. we get so used to accepting the monopoly that thin ladies hold on what's 'hot' that when we actually see a fat girl in some high heels and short shorts we automatically think showing skin = gross. Well, i for one am a huge advocate of showing the skin. wearing a tight or short shirt that shows my fat is like the biggest fuck you out there. fuck you for all those years i wore sweaters in the dead of summer. fuck you for hating body. fuck you for being afraid of a roll of fat. (2)

Girls and women can ensure that their unique bodily experiences are not framed as inherently lesser by "[putting] distance between the societal ideal and [their] own expectations for [themselves]" (Striegel-Moore et al, "Toward an Understanding" 257).

Once women see that the body is open to their *own* inscription, they then can inscribe their own bodies with new ideas for female beauty. Women then will be encouraged to listen to their bodies rather than allowing others' vision to control them (Grosz, *Space, Time, and Perversion* 36). This could look as Alyssa explains in *Honeysuckle*: "It's so important that [...] girls stay together to form a positive force against the enemy powers of sexism[...]. When [girls] do anything to *defy* the typical girl stereotype [...] and show that [they're] proud of what [they're] doing, [they're] playing a vital part" (16, emphasis added).

Girls and women can and should claim their bodies as their own – embrace them regardless of the perceived "flaws" or issues. Refusing to live up to certain ideals by seeking cosmetic surgery, for example,

can be recognizably feminist at both an individual and collective level. It results from understanding the nature of the risks involved – those having to do with the surgical procedures and those related to the potential loss of embodied personal integrity in a patriarchal context. And it results from understanding the conceptual shifts involved in the political technologizing of women's bodies and contextualizing them so that their oppressive consequences are evident precisely as they open up more 'choices' to women. (Morgan 322)

Further as Morgan explains, "the political significance of the response of refusal should not be underestimated in the lives of individual women since achieved obligatory femininity is a burden borne by virtually all women" (323-24).

Refusing to have cosmetic surgery, refusing to change what American culture sees as "flaws," will allow women to finally claim their bodies as their own. Girls and women can claim the body and how it looks, refuse to see it as flawed, as Frickles does in the following passage:

I have a body. It doesn't look like the ones you see in magazines. No, this is a real body, you know, the kind that is blemished. The kind that is 'ugly.' I have a body. It has been tampered with. You can't tell just by looking at it because there aren't any scars – at least none you can see. I have a body. It's a place where I keep my feelings. I have a body. It feels pain. I have a body. *My body.* (3)

Girls and women have the opportunity to form new definitions of their bodies through the unique use of language or imagery. They then can see how their bodies have been defined by a culture which does not consider women's experiences or women's bodies to be part of knowledge and then change the language and the basis for that "knowledge" to experiences and embodiments which are authentically female. Women must use language differently and re-appropriate language they previously did not or could not employ. Using language in a new way will allow women, according to Grosz, to actively construct "new knowledges" ("Notes" 13) or to reclaim old language and knowledge and make them serve their own purposes.

An example of the reclamation and use of language is for women to use language in a different way for their own purposes, to subvert the dominant culture's language regarding women's bodies, which help maintain and perpetuate harmful ideals. As Susan Gal examines in "Language, Gender, and Power," women can subvert the dominant patriarchal ideologies with ideologies of their smaller communities of practice. This can be done in two ways, according to Gal. First, women can continue to speak in ways that typically have been seen as lesser, or what Gal calls the "devalued linguistic forms and practices" (175). Through this reclamation, they are refusing to allow others to define their own language use. Second, women also may use these devalued practices to "propose or embody alternate models of the social world" (Gal 175). When this is done,

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women reinterpret traditional definitions to explain their own experiences in their own ways.

These are useful ways for both girls and women to resist the language, myths, and images which encourage them to not listen to their own needs. They do not allow the dominant ideology to define their world. They also are doing what Gal calls imposing their “visions of the world” and defining “social reality” (178), which can allow them to fight against the harmful ideals (Hall and Bucholtz 13) by creating, defining, and imposing their own. They no longer have to accept the dominant cultural messages that adherence to femininity means a woman is giving in to the idea that the female body needs correction or that it is done for an “Other.” Perhaps a woman employs feminine practices because she truly enjoys being feminine.

As Grosz writes in *Space, Time, and Perversion*, women must take a central role in describing their own, unique, female lives, not just their roles as body objects. By taking a subject role in describing their lives, women no longer will be externally defined only as needing to be feminine. The emphasis on feminine subjectivity is much like what Cahill suggests when she states there should be “an analysis of an experience of beautification that, while recognizing its limitations within the context of a male-centric society, also explores its potential role within the production of a distinctly feminist (inter)subjectivity” as “beautification practices can create a communal experience” for women (“Feminist Pleasure” 43). The tasks girls and women undertake to look beautiful have “the potential for feminist agency” and can lead to “a bonding process among the women” (“Feminist Pleasure” 52). Cahill offers some caveats, though. This beautification must take the form not of being “fundamental to the woman’s essential

self' or the way "she comes into her 'true' existence," and must not be enjoyed because of how it will be perceived via the male gaze ("Feminist Pleasure" 47, 48).

When the dominant ideology does not define a woman's world, this also may help women reject the idea that pregnancy and motherhood are what finally makes a woman a "real" woman, but feel a real joy in those experiences. Women can insert their bodies into their own conception of knowledge about their bodies. It is in this way, Gal explains, that women can "parody, subvert, resist, contest, or in some way accommodate" (180) messages, myths, and images which have harmed them, caused their psychological oppression, and often worked to their physical detriment.

Another example of this reclamation and parody is in "Lip Service on the Fantasy Lines" by Kira Hall in which she discusses the way fantasy line workers use typically feminine language and typical sexual imagery (as female sexuality for men) to advance their own economic gains. As Hall explains, the language these fantasy line workers use is sexual, submissive, and powerless. However, this sexual talk is used to "further her own conversational aims" to keep the caller on the line and make as much money as possible (Hall 184). According to Hall, the fantasy line operators are using "submissive speech for reasons of power" (185). As Hall explains, while these workers are making themselves sexual commodities, they also are using subversive ways to play up American culture's dominant ideology of women's sexuality and powerlessness in order to become increasingly economically powerful in that society. Hall discusses the way in which fantasy line workers create a feeling of intimacy for their clients. She also discusses the way the workers create the image of the ideal women in order to meet their clients' needs and emphasizes how the operators create this image with words. Because they are unable

to use visual cues, Hall explains the importance of the use of sexualized and stereotypical language when creating a caller's fantasy.

The fantasy line workers act out scenarios and fantasies based upon the cultural views of women as submissive, sexual, and powerless, and men as powerful and dominant. The fantasy line workers accept and use the cultural constructions of women and men in order to make money. Their livelihood rests on perpetuating the way American culture perceives women. As Hall explains, "fantasy-line operators consciously appropriate ideologies of emotional language and sexual language...in order to intensify the perceived power imbalance" between themselves and the client (196). As Hall found in her interviews with fantasy-line workers, many are owned and operated by women. Some of the fantasy line workers often are members of organizations or groups that ensure their rights as sex industry workers. In addition, many of these workers identify themselves as feminists and work to overcome economic and social oppression, rather than sexual oppression, which they view as less important.

The fantasy line operators with whom Hall spoke choose to use sexualized, feminine, submissive language in order to produce a "language that adheres to a popular male perception of what women's speech should be: flowery, inviting, and supportive" (201). They portray themselves in stereotypical ways in order to make money and maintain the power they have over their clients. While they play the submissive role when talking to their clients, as Hall found, these operators view their position and their use of language as "powerful," identify their position in the conversation as "superior," and feel they are "completely in control of each conversation" (204). Hall concludes that the use of powerless women's language is, on the fantasy lines, a way of using the

stereotypes of female language in order to gain power. While this power is achieved economically, fantasy line operators also use stereotypical women's language to challenge the idea that women's language is powerless. Because they use a powerless language to gain power – economically, creatively, and intellectually – they are challenging the powerlessness of “women's” language.

Resistance also can take the form of resisting dominant images and myths about the female body. As Ensler emphasizes throughout the play *The Vagina Monologues*, women must find again the value of what American culture has objectified, raped, used, battered, and sometimes destroyed. Ensler's goal, with her series of monologues based on information about and interviews with real women, also is to contradict the myths and taboos regarding the female body and female biology so as to undercut how these myths have been used to keep women psychologically and socially oppressed. She wants society and women in particular to see the value and the sacredness in these parts; to Ensler, those parts should not be feared, but revered.

To learn to value the female body and resist the myths and imagery, women cannot continue to be seen as mysterious and shrouded in supernatural anxiety, but should know their bodies, feel comfortable talking about and acknowledging what goes on “down there,” and claim it. Menstruation and birth will no longer be as mysterious and fear-inducing if a woman realizes it is part of *her* body, not largely controlled by a partner or a medical professional. Younger women will know what to expect, not based on a popular culture conception but actual education about and intimacy with their bodies. It must be emphasized that the vagina is where humans come into the world, that it is a place of “awe” and “wonder,” that just like the heart it can sacrifice, “forgive and

repair,” that it changes shape “to let us in,” and expands “to let us out,” that it aches, stretches, dies, and bleeds for other human beings’ life and pleasure (Ensler 123-25).

One way women can come to resist these myths and images and learn to revere, not fear, the female body is to put control of the vagina in women’s hands more often. An example of this is a group called “Jane,” which provided abortions secretly in Chicago from the late 1960s through the early 1970s, before *Roe v. Wade*. There were up to one hundred members of Jane over the course of its four year operation and the service provided over 11,000 abortions during that time (Ter Hor). The members of Jane, according to Firestarter Press, learned and taught new members how to perform abortions so as to take the procedure (and control of who had access to performing the procedure) out of men’s hands, out of government hands, and put the power into women’s hands – literally. As Firestarter Press explains,

Jane functioned in direct opposition to modern, Western medical traditions by providing abortions outside the confines of sterile medical centers...and making the women who needed abortions feel as much a part of the process as the members, thereby demystifying the abortion procedure so everyone could make intelligent decisions [...]. Most importantly, perhaps, were the abortions (and support) they gave working-class women who lacked the money to pay private doctors or mafia abortionists, or lacked the protection and support of wealthy families. (5)

The actions of “Jane” undercut class, race, and gender privileges. While most of the women who ran “Jane” were white and middle class the women who received its services were of all races and classes (Ter Hor). They worked on behalf of precisely the women who had not previously had any advocates. In addition, the power and knowledge previously held by only certain segments of the medical field were demystified. The power and prestige were taken out of possessing the knowledge regarding abortions and how to perform them – just as before the nineteenth century when women had been in

charge of such things as childbirth and abortion. Women who interacted with the group “Jane” had their bodies defined by what *they* wanted, not constructed according to a male medical model. They re-appropriated the medical knowledge and language for the purpose of serving those upon whom the procedures would be performed and encouraging those women to own that knowledge and their own bodies.

The revaluing of the vagina entails liberating the vagina and beginning to control it, and the entire female body, again. When women control and liberate their vaginas and their bodies, violence and exploitation will be less the definitive experience of the vagina. Instead, birthing and female pleasure will become the focus, how the vagina is identified. When vaginas are liberated and are less feared and mysterious, women will be able to undo and contradict the social control of using women’s fear of their vaginas and their natural bodies to preoccupy and control them. They also will not feel coerced to spend money and time to work to freshen it and sanitize it; they will not be as embarrassed by it or fearful of it. It will not be the locus of pain, shame, and guilt, but controlled by women, by their definitions and experiences. Women will feel free to say that their vaginas want “everything,” and allow themselves to want and demand sexual pleasure (Ensler 73).

Regarding women’s pleasure and desire, according to Miles, there must be the creation of more direct, complex, polymorphous, and satisfying pleasurable experiences (63). Women must be given ways to claim their experiences, describe what they want (and how they want it), and care for themselves and their bodies, without sacrificing themselves, sexually and socially, literally and figuratively, for the “good” of others. According to Miles, there must be a formulation of “an active, effective, distinctive

female desire” (50). The goal for Miles is to find more subjective roles for women of which female desire is one part. Women must be able to claim and be part of developing their own pleasure, not just through pleasing others or being watched by others.

According to Ensler, women must make the vagina a place controlled by women, for women, not only for men. The vagina must be a place that is not sealed off, but is part of a woman and is there for a woman’s pleasure. When women have agency over their vaginas, they have agency over the other parts of their bodies. When a woman controls her vagina, she controls her body, life and liberation, similar to the connection between the liberation of women and the liberation of women’s bodies.¹⁸ When women claim the vagina for themselves, they show that their worth is not dependent on the pleasure it provides to a man, but the pleasure it provides for women. It is not just to be used and defined by men.

Reclamation of the vagina, and its pleasure potential for women, is vital, as the vagina and the care given to it is directly related to humanity. How women and their vaginas are treated reveals much about the status of humanity and its chance for survival. When one destroys women and their vaginas, one destroys the “life energy” on the planet (Ensler xxxii). When one can see that for many the vagina is not sacred (and neither is the female body) more is revealed about American culture. How society treats women is directly related to the type of society it is. The “desecration of women [indicates] the failure of human beings to honor and protect life and [...] this failing [will], if we [do] not correct it, be the end of us all” (Ensler xxxii). Like the Bosnian woman Ensler writes about who was raped and described her vagina as her “village” that was invaded,

¹⁸ This is an issue which both Dworkin and Thesander also discuss in their works.

butchered, and burned (63), when women are raped and their vaginas are not cared for and revered, what produces life, the greatest natural resource – women – are destroyed.

Like Ensler, Muscio also discusses the connection between valuing the vagina and valuing women. Both Ensler and Muscio emphasize that women should reclaim the word “cunt.” Ensler does this in her analysis of the actual word, its respective letters, and what those letters may represent. At the end of “Reclaiming Cunt” Ensler encourages the audience to say it with her, to claim it with her. Muscio discusses the ways to fight back, to resist sexual victimization, and take charge not just of one’s body, but of the way in which one’s body (and, most importantly to Muscio, one’s cunt) exists in society. She outlines many ideas regarding the revaluing of the cunt. For Muscio, part of sexual agency and resistance is to first reclaim and embrace not only the actual cunt, but the use of the word “cunt” to identify a part of the female anatomy. She wants cunt not to be a dirty word, but a way for women to unite, a way for women to see that they are not isolated and all alone, and instead, as she puts it, that “[women and cunts] are everywhere” (Muscio 4). She does not just want women to know that they are everywhere, but wants men and larger society to know that women and cunts are everywhere, that women are not (or at least *should* not be) ashamed when they hear the word “cunt.”

Muscio believes it is important for girls and women to realize that the cunt is part of their heritage, something that connects them to other women, to their female ancestors (Muscio 5). For many, the cunt is the naughtiest of naughty words, the place which sounds dirty, slutty, sexually victimized (or deserving of punishment or sexual victimization). When the word “cunt” is used derogatorily, women learn it is not

something to valorize or something of which they should be proud. As Muscio explains, of the three words, bitch, whore, and cunt, “‘cunt’ garners the most powerful negative reaction” (Muscio 18).

An integral part of a woman claiming her body and her cunt as her own is to not fear being a strong and brave woman, to not fear being called a cunt or a bitch. According to Alyssa, “Being a bitch is something that I think every girl should be proud of. What do people call you when you stand up for your rights? If you tell some asshole that you won’t have sex with him, what would he call you? [...] My point is that *the reasons girls get called bitches are nothing to be ashamed of*” (3, emphasis added).

Yet as Muscio writes, the cunt is an “anatomical jewel” (5) that helps women unite around something (as opposed to seeing differences and letting those divide and separate them). While for many feminists the actual uniting is difficult to envision because of race, class, sexuality, demography, or geography, Muscio’s use of the word cunt can lead to women finding they have something in common. As she puts it, “Womankind is varied and vast. But we all have cunts” and “All cunts belong to *all women*” (Muscio 6, 27, emphasis in original). For Muscio, loving one’s cunt as an individual is connected to loving all cunts and more broadly it is about fighting oppression: “Every girl and lady who is strong and fighting and powerful, who thrives in this world in a way that serves her, is a rockin’, cuntlovin’ babe doing her part to goad the post-patriarchal age into fruition” (21-22).

The differences which divide women that Muscio mentions can prevent some of the resistance against or developing solutions to the problematic ways women live in and perceive their bodies in America. One way to prevent these differences from hindering

change is to not allow those differences to divide women as a group or prevent the realization of common goals. Within some third wave feminist literature, there are some encouraging signs that younger women, a newer generation of feminists, are addressing issues that hindered the previous generations, issues of difference and forced “sameness” upon women. By including more personal stories by women from a variety of backgrounds – different races, ethnicities, sexualities, and classes – younger feminists emphasize the different material realities of different women and different women’s bodies. In showing the multiple positions of different women, it is highlighted that there is no one grand narrative, no singular type of women’s oppression or female body.¹⁹ For example, white, middle-class women who live in the suburbs *live different lives* from women of color, regardless of where the women of color live. And while the ideals *for* the female body are fairly universal and have more recently begun to cut across various classes and races, the ways in which the ideals affect different women differently, and the ability of women to focus their lives on their appearances, often depends upon one’s level of material privilege or the depth to which different women adhere to those ideals.

As Lorde discusses, women must recognize differences, because when the “differences among women who are our equals, neither inferior nor superior,” are recognized women can devise “ways to use [...] difference to enrich [women’s] visions and [...] joint struggles” (379). One joint struggle may be the depth at which female

¹⁹ Yet who is being allowed to speak, which women’s acts of speaking are even recognized, still is an issue as it was in the second wave. When considering the multiple positions and narratives, one must keep in mind which women get published, gain access to the education which prepares one to write a “publishable” piece, and even which type of writing is considered publishable. Many third wave anthologies are edited by women in academia, who often must publish “academic” works. It may not be looked upon favorably if they include works that are not academic or “intellectual” enough, or are not written by fellow members of the academy.

body ideals affect girls and women in different but very harmful ways. Recognizing the differences but struggling together may lead to uniting to do things as *women* to resist the harmful ideals for the female body. For hooks, “[D]ivisions will not be eliminated by wishful thinking or romantic reverie about common oppression, despite the value of highlighting experiences all women share” (hooks, “Sisterhood” 396). In fact, divisions actually may be caused by not “effectively [dealing] with the distortions that have resulted from *ignoring and misnaming* those differences” (Lorde 379, emphasis added). An example of this is as Thompson discusses regarding the effects of different types of oppression, not just sexism, on women of color and the ways that these can lead to eating disorders in women who do not work to live up to the dominant white cultural appearance ideals. As she explains, “little attention has been given to how inequalities besides sexist ones can change women’s eating patterns” and that this “complicates the picture considerably” (Thompson 8).

Yet it seems that many women – regardless of race, class, ethnicity, or sexuality – do use what they eat and their bodies to react to or deal with the issues and problems in their daily lives. According to Lorde, women should not pretend that they all are oppressed in the exact same way, but rather use the fact that they are not to explore the interrelated oppressions they do experience. An example of this is discussed by Riley. As she explains, “If we are so sure that images of rain-thin fashion models, actresses and video chicks have contributed to white girls’ poor body image, why aren’t we addressing the half-naked black female bodies that have replaced the half-naked white female bodies on MTV?” (Riley 369). While they are not the exact same ideals, they are the same in that they lead to problematic perceptions and experiences of the female body, and the

body often is the way girls and women express themselves. Though the ideals are different in appearance, both types are harmful and dangerous to girls and women.

Acknowledgement of difference should be used “to help bring about change” and “redefine difference for all women” (Lorde 379). Differences should enrich, not divide, nor should they polarize women into an “us” versus “them” dynamic. As Arendell emphasizes regarding motherhood, there must be

attention to and respect for the enormous multiplicity of mothering circumstances. Class, race, ethnicity, gender, sexual orientation, national orientation, and immigrant experience must be at the forefront of [consideration]. Not only is American society increasingly diverse, but the experiences and perceptions of minority women – as legitimate and valuable in their own right and not as a measure by which White, heterosexual, middle-class mothering is reified – have been given too little attention. At the same time, this respect for diversity and pluralism, in their many forms, need not divert [...] from also considering what mothers hold in common. (1201)

Although women of color and white women experience their bodies differently and experience female ideals differently, if difference is not confronted and recognized, then other women are seen as mysterious, as those with whom one could never relate on any level, or with whom one never could fight for any cause. Women cannot act together until they see that their difference could enhance whatever endeavor they presume to undertake – because it brings more experiences to the table. Even though the ideals for the female body affect Latina women, African-American women, and white women differently, there are similarities in the detrimental effects, and the ideals to which they aspire are very similar. By ignoring difference, it can appear that all women are the same, or that all women experience psychological oppression or their bodies in the same way.

The importance of women taking their bodies into their own hands, as well as acknowledging the different material realities women live in regarding their bodies, is illustrated by the following passage from Firestarter Press. It outlines the binds women are in regarding their bodies and how the legal and medical systems, as well as the interlocking systems of race, class, and gender oppression work to keep women from making the female body their own. In showing how these systems work, Firestarter Press also emphasizes why women need to work together:

Women should have the right to control their own bodies and lives. [...] The same society that denies a woman the decision not to have a child refuses to provide humane alternatives for women who do have children, such as child care facilities to permit the mother to work, or role flexibility so that men can share in the raising of children. The same society that insists that women should and do find their basic fulfillment in motherhood will condemn the unwed mother and her fatherless child. The same society that glamorizes women as sex objects and teaches them from early childhood to please and satisfy men views pregnancy and childbirth as punishment for 'immoral' or careless' sexual activity, especially if the woman is uneducated, poor or black. [...] [American] society's version of equal opportunity means that lower-class women bear unwanted children or face expensive, illegal, and often unsafe abortions, while well-connected middle-class women can frequently get safe and hush-hush 'D and C's' in hospitals. Only women can bring their own liberation. It is time for women to get together to change the male-made laws and to aid their sisters caught in the bind of legal restrictions and social stigma. (11-12)

An important aspect of female embodiment which must be resisted is sexual victimization. One route in fighting against sexual victimization is to do as Ensler and Muscio suggest: demand that girls and women have a knowledge of and familiarity with their female bodies, leading to a lack of shame and guilt about those bodies. If women get to know their cunts (and their own bodies as a whole) better, this could lead to less sexual victimization because women would not be so concerned with protecting and covering up a part of their body about which they feel fear, shame, or embarrassment.

They would not feel it was necessary to sit so protectively with their legs crossed and their heads bowed, nor might they internalize and act out the feminine dictates so rigidly. Girls and women would be more able to protect themselves because they would be better prepared, stronger on their feet, more willing to protect something that is *theirs* and that *they* name and claim. For Muscio, the cunt represents “the precise point of vulnerability for keeping women divided and thus, conquered” (Muscio 8-9). It is easier to protect something that is *one’s own* and that one is proud of, more readily than it is to protect something that one believes is not one’s own, that is seen as something belonging to one’s boyfriend or husband, that a woman feels is a “gift” given to someone “untainted” upon marriage. As Muscio states, “My cunt is *mine*” (Muscio 8, emphasis in original).

Reclaiming the vagina, making the it nameable, discussable, and hopefully less able to be raped, less often labeled as gross, smelly, possessing mystical powers capable of killing crops, by doing what Ensler suggests – naming it and becoming intimate with it – makes the vagina become real to individual girls and women. It becomes an important part of the body, a place that deserves pride and pampering. Like a consciousness-raising group, naming the vagina and its experiences gets the word, the body part, the experiences, and reality out in the open and turns “rage into positive action to reduce and heal violence” (Ensler xv). The vagina becomes part of public discourse and less anxiety-inducing when it is allowed to “move and spread and talk and talk,” because in freeing it and letting it speak and women speak, the vaginas, the women, and their bodies will be less constrained in speech or action (Ensler 72). The emphasis on embodiment and reclaiming one’s body and one’s vagina is similar to Muscio’s call for women to “Actively [teach women] to perceive cunts [...] in a manner generating understanding

and empathy” (9). Speaking, realizing women’s commonalities and acknowledging their differences, prevents girls and women from feeling alone and allows the women to come out of isolation in their psychological oppression and bodily fear and confusion. When women come out of seclusion and segregation and see that they share experiences, they will learn they are not alone, that they deserve to satisfy themselves and get others to satisfy them, deserve to not be scared to know what they need and to be able to explain that to others.

Muscio, throughout her chapter titled “Rape Not Cunts” discusses the problem with silence, the way it hurts the healing process, the way it actually makes the harm done to someone worse if one is silent about it. In discussing her mother’s rape (her impetus for writing her chapter on rape) she discusses how the silence used by her mother to deal with the rape hurt her and led her mother to act out her fears of her daughters being raped in ways that her daughters could not understand; they did not know the origin of those fears. For Muscio, silence keeps those with power in power. As she writes: “The power depends on the silence. Silence is our focal point of attack. Silence is the unlocked door through which intruders enter and pillage the sacred temple of womankind” (Muscio 168). As Rachel Bagby emphasizes about the power of silence in *Divine Daughters*, “Be bold. [...] Be loud. [...] Enough of us have died behind this kind of unequal silence. Break it” (56).

To prevent that silence, to become more vocal and more actively protective, as well as prevent rape, women must reclaim and revalue their cunts, by learning “self-protection” (via self-defense classes), according to Muscio (9).²⁰ This encouragement for

²⁰ Other aspects of resistance Muscio suggests include: boycotting movies that contain rape scenes, or go and protest during the rape scene, publicly embarrass a known rapist with a group of women. Muscio also

women to take self-protection classes resembles Cahill's discussion of self-defense classes for women as "physical feminism" and "embodied resistance" in *Rethinking Rape* (202). Both Cahill and Muscio specifically emphasize embodiment and taking active ownership of one's body, rather than relying on the legal system or fighting against pornography, as previous generations of feminists have done to fight against sexual victimization. As Cahill explains, "As women's bodies are constructed to be distinctly feminine, they are constructed to be vulnerable to particularly sexual attacks" (*Rethinking Rape* 200-01). So women need to work actively to protect their own bodies, by using their own body's force. As Cahill explains, "women are even less physically and psychically prepared to fend off sexual attacks than ones merely physical" (*Rethinking Rape* 200) because of the lessons learned about femininity.

Self-defense counters the feminine dictates that women believe they have to enact, as feminine dictates tell women to protect the "rapeable" parts of their bodies by making them almost invisible, by covering them up with crossed legs and hands in one's lap, by feeling the vagina is a place of great shame, guilt, and vulnerability. Self-defense for women, according to Cahill, "has the possibility of threatening the conditions that allow for a rape culture" (*Rethinking Rape* 202). When a woman has taken a self-defense class she has the ability not just to "protect" her private parts by covering them up, averting her eyes, and hoping she will blend into the background, but will perceive "dangers as worthy of retaliation and anger" and this will lessen "the dependence of women on men" (Cahill, *Rethinking Rape* 203).

points the reader to websites, magazines, books, and other resources in her "cunt lovin' guide to the universe" (243).

Much like Muscio's incitement of girls and women to be proudly vocal about their cunts, for Cahill, self-defense classes give "would-be rapists good reason to fear women" (*Rethinking Rape* 204). Cahill and Muscio arrive at a very similar vision of the female body, with a new type of femininity, wherein women are not ashamed of their bodies, but are proud of their bodies and do not comport themselves with embarrassment and fear. Instead, as Cahill puts it, femininity "will be redefined, such that it no longer necessitates physical weakness and submissiveness" (*Rethinking Rape* 207).

This call to embodiment would avoid what Dworkin warns against: seeing oneself as a victim (42). How much can one feel empowered to resist or fight back if they see themselves as a victim? As Dworkin discusses, victimization seems to be a theme that keeps many women from becoming *more* than just a victim. As she states, "Cinderella, Sleeping Beauty...all are characterized by passivity, beauty, innocence, and *victimization*. They are archetypal good women – victims by definition. They never think, act, initiate, confront, resist, challenge, feel, care, or question" (Dworkin 42, emphasis in original). Girls thus learn that to be a good woman, to get a man, she must be a victim and defined by that victimization, often carried out in the form of pain and torture enacted by women upon their bodies. Because a woman has a female body she feels this pain and torture are deserved. Because of this, according to Dworkin, girls and women come to expect pain and torture, to be treated poorly.

Yet this victim mentality can be countered when girls and women believe that their bodies and their cunts are worth taking care of and reclaiming, as Muscio encourages. Unlike femininity or victimization, Muscio's cunt reclamation and Cahill's suggestion of self-defense run counter to the pain and punishment needed to maintain

femininity. This is similar to what Cahill envisions regarding an entirely different femininity, not one where women and girls learn to endure pain, or ignore their bodies, but are strong and confident in their bodies. Muscio's work runs entirely counter to the idea of the female body belonging to anyone but the woman because she encourages women to claim their cunts (and their bodies) as their own, and (like the subtitle of her work) to make a declaration of independence.

hooks also warns against seeing oneself as a victim in "Sisterhood." For her bonding around victimhood is counterproductive to women's advancement and their resistance because believing one is a victim may lead to an inability to act and feelings of powerlessness. As hooks explains, "Women are enriched when [they] bond with one another, but [they] cannot develop sustaining ties or political solidarity using the model" of "shared victimization" ("Sisterhood" 397). The problem, for hooks, is that when a woman believes that she is a victim, and victimhood becomes part of her identity, she may become immobilized by that belief. She may wonder if she can fight against oppression or myths and stereotypes at all if she is *such* a victim. She also may wonder what the point is of fighting back if all women *are* victims – the problem just seems too big. "Bonding based on being a victim," according to hooks, "directly reflects male-supremacist thinking" as it directly buys in to the "Sexist ideology [that] teaches women that to be female is to be a victim" ("Sisterhood" 397).

Yet, for some, claiming one is a victim may not always be detrimental. In Deborah L. Siegel's "Reading Between the Waves: Feminist Historiography in a 'Postfeminist' Moment," she explains how the "victim bonding" hooks warns against might apply to young feminists of 2009 differently than to those of earlier generations.

Siegel argues for the strategic use of victim bonding, wherein one uses “victim” as an identity, which to Siegel *can* be useful at times (76). She finds herself “in the position of wanting to reclaim the term ‘victim’” (76). For her, “the radical act of pronouncing oneself victim to systemic inequity does not necessarily amount to a defeatist confession of utter weakness. In many instances to name oneself ‘victim’ is an articulation of strength, for to give a name to [what continues] to oppress is to adamantly refuse victim status” (Siegel 76). It is similar to what Grosz suggests regarding seeing the body as socially inscribed. To Siegel, one can use their position as a victim to comment upon and analyze the systems putting women in that position. From the victim position, one may see who is victimized and in that labeling, one may then figure out how to act against that position and status, against the system that causes it.

Many women will not act if they do not see that anything is wrong; those coming of age in 2009 who have reaped the benefits of feminism’s gains often need to have the oppression – psychological or physical – that many women endure pointed out to them. Knowing that they or other women are at times victimized by different oppressions that are systemic, not just “one of those things,” may lead them to fight against the larger forces that sometimes put women in general in a victimized position. Labeling an experience as oppressive can be seen as one way to show young women that resistance, bonding, and awareness are important, that oppressions still exist that must be fought, that not all goals have been achieved, that women are still seen and perceive themselves in certain, harmful ways, and that, as Shroff concludes, “Change is possible” (116).

CONCLUSION

Often girls and women feel they just cannot win. If they are too thin then they are suspected of having an eating disorder; if they are too fat then they are suspected of having no impulse control or having “given up.” If they have not had a child yet, then they are suspected of being a lesbian, not being a real woman, or of being selfish. If a woman very much wants to have children, then she is suspected of having “baby fever,” a sad soul who believes a baby will complete her. If she is pregnant and has gained what may be an average amount of weight but looks “heavy” (because expectations are skewed), then she is vilified as lazy or unmotivated. There is a tremendous pressure to look a certain way in American culture; even if one is “successful” in other realms meeting certain ideals is more important. Girls and women still are judged based largely on their appearance. Academic goals, for example, are not as valued in girls and women as having an “ideal” body. When a woman’s body does not meet certain ideals, it is held against her, used to devalue her or her other accomplishments.

What is taught to girls and women about their bodies must be “[claimed] as political damage done to [women] by a social order that considers [female] destruction insignificant” because it sees women as less than whole, yet also as too much (Wolf, “Hunger” 105). The state of the female body in American culture is political, personal, cultural, and economic. Real changes must occur so females are valued – body, mind, and soul. American culture, in a host of ways, prevents girls and women from doing and feeling what comes naturally. This affects the expectations for girls and women and how their bodies look, behave, and are treated when do not attain, or at least approximate, the ideal. Girls and women suffer – both physically and psychologically – due to feeling

they must meet the expectations of a very specific cultural context. They feel *guilt* and *shame*, for both having a female body at all and for not being able to look more like the ideal. Many girls and women feel they are not living up to an "ideal;" while each woman takes that ideal and adapts it in her own individual way, the ideal is based on the universal ideals American culture has regarding the female body. The experiences of pregnant women, breastfeeding mothers, anorexics, bulimics, and average women are alarmingly similar. Pregnant woman, breastfeeding mothers, the and eating disorder sufferers all have bodies which are restricted, patrolled, and examined, as this is the status of the female body in American culture. As mentioned previously, there is a circumscription to these lived, embodied, experiences and each is in many ways the product of restrictions and internalized ideals for the female body. In the multitude of ways women's bodies look, in a variety of different contexts in the American cultural context, the female body is under almost constant scrutiny – externally and internally.

The American culture ideals for the female body have alarmingly similar effects on girls and women, their bodies, and how they "see" those bodies. These ideals are those against which girls and women assess themselves, and which some girls and woman adapt to, subvert, resist, or fight. Girls and women are not consumed with their appearance by accident. Girls and women are not taught to value themselves or their bodies. Women's starvation, mal-nutrition, body hatred, disordered eating, and overall discomfort with their natural bodies is not due to an "overdeveloped sense of vanity" (*The West Wing*). There is a daily and hourly struggle for many girls and women in American culture just because they live in female bodies. This extends far beyond what an individual woman will not eat or another woman wanting to lose the last ten pounds

for swimsuit season. It is about being fearful of one's own needs and desires and ashamed of the natural state of one's biological body.

Throughout this work it was argued that American culture's demands regarding the female body do specific harm to girls and women, leading many of them to do both mentally and physical damage to their bodies. And while the damage they do to their bodies is not exactly the same for every girl and woman, this damage follows remarkably similar patterns: the policing of the pregnant body; the internalization of white beauty standards by women of color; the rejection of uniquely female sexuality; the fear of breastfeeding in public due to the perception of the breast as always and only sexual; the jealousy of the anorexic who has "control" over her body; and the view of one's own body as an object.

These demands, these views of the female body, are not just products of very recent American culture. They are part of Western philosophical, medical, and legal traditions that view the female body as a lesser version of the male body, women as their bodies, the body as inherently needing to be controlled and reigned in, and the female body as property of fathers or husbands. The demands are also affected by the view of the female body as more feminine when it is sickly. The constructed dualisms of Western culture and the myths about the female body indicate how women should be perceived and how they should perceive themselves.

Girls and women suffering from these (and other) issues are not alone in their struggles with these issues; these phenomena are (in large part) caused by the simple fact that they live in and are affected by American culture and its demands. From average women who have body image issues or a hatred of fat, to those with an extreme drive for

thinness or disordered eating, the over-arching experience of having a female body is that of circumscription, fear, guilt, and shame. American culture conveys psychologically-oppressive, and sometimes physically dangerous, messages, including the objectification and fragmentation of the female body; the praise of motherhood; the romanticization and normalization of anorexia and bulimia; the restriction of female sexuality and desire; and the primacy of white beauty standards, via sexist language, harmful images and myths, found in a variety of sources. Women learn their bodies are objects, not to be used for their own purposes, but for the purposes of the “Other.” And these messages affect a host of women, not just those stereotypically seen as most affected by messages about their bodies. Women of color, poor women, and lesbians all use their bodies to express how the ideals affect them. Based on their position in society, women explore and experience their bodies differently due to the various ways they are situated in American society. Within this work it has been made extraordinarily clear why those with a female body suffer due to the demands of American culture; women are put at risk just by virtue of living within female bodies.

There must be deeper digging and more exploration; major paradigm shifts must occur in order to resist, change, solve, or overcome what American culture tells girls and women about their bodies. Women must decide “what is to be said about women as women” and create “the imagery and language to say it” (Wooley 46). *Their* voices, *their* expectations, and *their* myths must be created, voiced, and forced to take hold. Girls and women in general must be given ways to claim their experiences, describe what they want (and how they want it), and care for themselves and their bodies, without sacrificing themselves, sexually and socially, literally and figuratively, for the “good” of

others. Women may resist, adapt to, and change the ideals for and the status of the female body in American culture. Girls and women may gain knowledge from purely female bodily experiences and body parts and frame female biological differences with reverence, not shame. They may see their bodies as physically powerful and reject the view of the female body as “flawed.” They may become subjects to themselves. They may learn to recognize the differences between girls and women due to race, ethnicity, sexuality, and class. Understanding not just how girls and women are damaged by cultural ideals and demands, but also how they resist those ideals and demands, will allow for a fuller understanding of the spectrum of the way the female body is situated in American culture.

When blame is placed solely, for example, on the media for the starvation of girls and women across America, the deeper, underlying issues are missed. The lack of stable selves and value for the female body in girls and women does not occur only because of advertisements on television. As Thompson emphasizes, “bingeing, purging, and starving will continue until women’s access to racial, social, sexual, and political justice is ensured” (2). Unless a lens is turned to the sources of the degrading and debilitating messages and ideals, there will never be an improvement in female body image, a reduction in the incidence of eating disorders, the ability of a post-partum woman to not feel overwhelmed by how she has “let herself go,” or a breastfeeding mother to not believe her choice to breastfeed is sexual. Unless there is a change in how girls’ and women’s senses of self come largely from that which is conferred by others, the withering female body cannot be saved. Only a self with a strong inner voice can help a

girl or woman withstand the societal pressures with which she is bombarded on a daily basis.

Girls' and women's lives can be saved, there are options for resistance. They can learn to listen to their bodies, as the female body when nourished and strong can be powerful in confronting and resisting the message society sends regarding girls' and women's worthlessness. With strong minds and improved self-esteem, women can fight against the dominant ideology of the female body as too natural, too chaotic. With strong bodies (and the belief that they own those bodies firmly in place), women can fight against or ward off physical attacks. When women have opportunities to create actual healthy and powerful bodies in a society defined by female *and* male experiences, expectations can change. The more independent girls and women become, the more they will begin to see the internal contradiction between their strength and independence and their quest to be feminine or look like a cultural ideal. They will see that the ways in which they work to uphold feminine ideals or restrain the natural body works against their goals as independent, strong, and ambitious women.

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