

THE DEVELOPMENT OF ANOREXIA
NERVOSA AS A MODERN
ILLNESS

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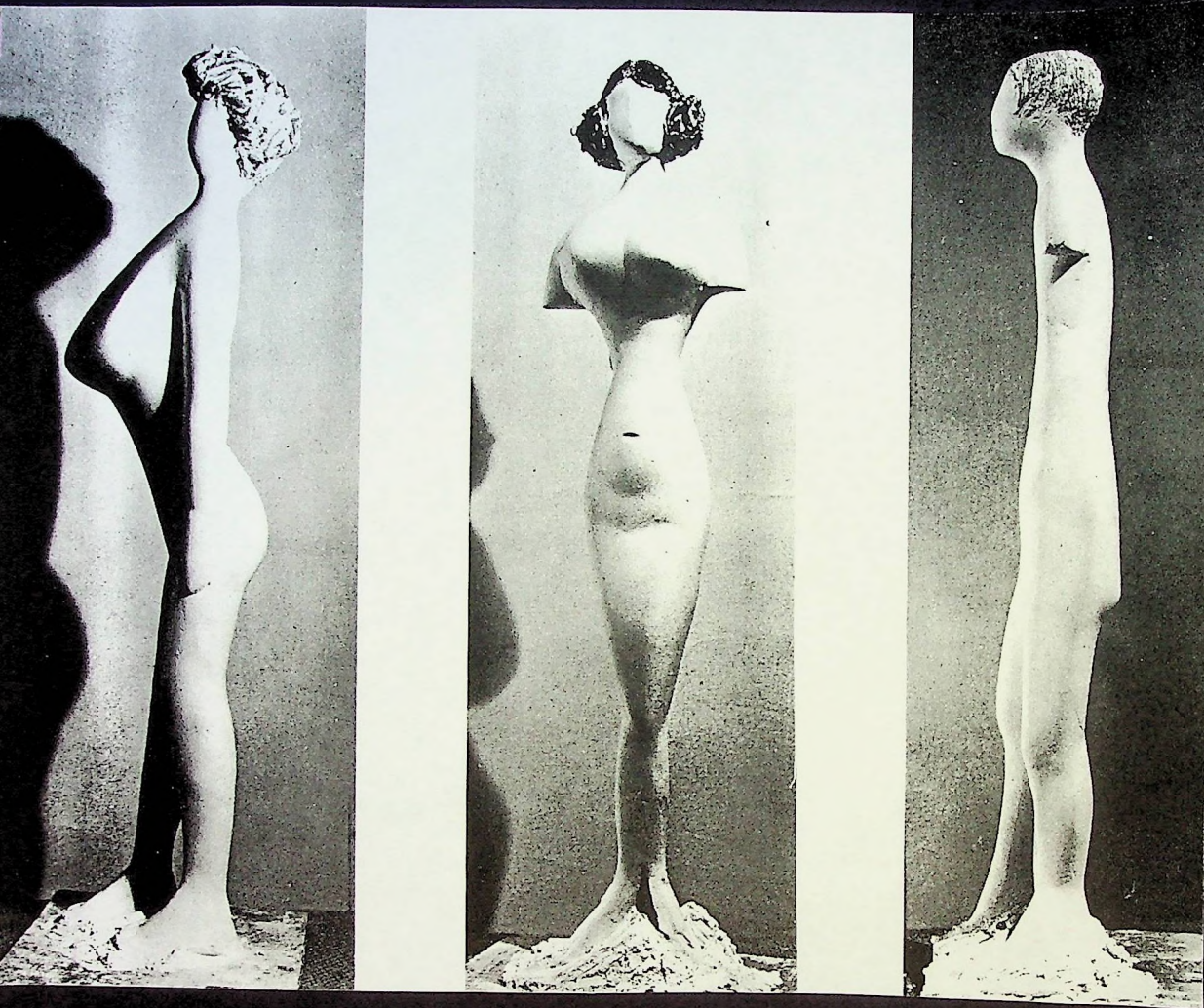


FIG. 1.

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PREFACE

The choice of the anorexic to inflict self starvation on herself is of particular interest to students of Fashion on many levels. Why the individual should choose an action that is detrimental to their health and even life-threatening raises many questions. Is Anorexia Nervosa simply a condition concerned purely with the individual's self image? Is the increase in cases since the 1960s due simply to women's attempts to match the fashionable ideal of the female body? Or is the choice of the anorexic to reduce her food intake a conscious political stance in the face of the many demands that are placed on women in modern society?

INTRODUCTION

Anorexia Nervosa has a curious way of eluding categories that people use in an attempt to pin it down, and this is a difficulty that besets the professional and lay person alike. It is by no means clear which is the right way to think about it. The problem is a conceptual one.

In view of this it is not surprising that there is no general agreement about the nature of A.N., nor about the kind of information that needs to be obtained to make it less puzzling. It also follows that there is an unusually wide range of theoretical opinion. On one hand endocrinologists in their persistent search for hormonal abnormalities pursue the ideal that it might be a purely physical illness whereas on the other hand some feminists contend that the extreme emaciation that occurs in A.N. is an alternative to obesity as a reasonable response to women's role in society. There are many other theoretical positions across the whole spectrum of thinking which are argued with equal vigour.

In the ordinary way most people bring to the problem of A.N. a set of common sense assumptions about the nature of human actions and how these are to be understood. They make the important distinction between things that people do deliberately, which they have reasons for doing and natural events such as physical illness. Although it makes sense to hold a person responsible for the things they do, the same cannot be said of natural events for it is not possible to have the same control over things that happen outside one's actions. If it were possible to place A.N. in either one of these two categories it would be considerably easier to decide what might be done to help but the condition does not readily fit into either.

Although the physical symptoms of A.N. are clear and often very striking the prevailing medical opinion is that these are not the result of any physical abnormality. It does not happen that the anorexic is severely emaciated because she is physically ill. Her emaciation is something she has induced through persistent food refusal. Although she may have an interest in

disguising it she does actively want food. Her hunger mechanisms are essentially normal. This would appear to suggest the alternative that the anorexic is starving herself quite deliberately.

It is often suggested, through the media especially, that A.N. is a cosmetic fad or a fashionable slimmer's disease that has been taken too far. This mistakenly serves to trivialise the causes of the problem, A.N. is not simply a product of the media and fashions portrayal of a slender feminine ideal. It is interesting to observe that the increase of A.N. appears to parallel an increase in the severity of economic problems far more than changes in the world of fashion. In the early 1970s, for instance, when the Twiggy look was at its height there were far fewer cases of A.N. than at present.

The ideas that are involved in the anorexics actions go even deeper than notions of desirable body shape, for A.N. has its roots in society's most deeply held ideals. These ideals link diligence, self control and achievement with moral goodness is the suggestion to become trim and fit will power plus the advertisers product are the key. This reinforces the qualities of restraint and self control in relation to becoming a better person. As women are major consumers, a great proportion of advertising is directed at them. In regulating oneself, one does not depend on anyone else. Qualities of diligence and control in relation to oneself have an immediacy that cannot be matched in any other sphere

N. Fost claims in his 1984 study Food for Thought. (Wisconsin), that the discussion of the anorexics motives are merely speculative because her stated motive, to get rid of her fat, makes no sense and forces us to guess at her real motives. The motivation behind the anorexics actions is the most difficult aspect of the condition to understand. If we believed that the anorexics body image was really extremely distorted, then her actions would seem much more understandable / it would be a question of, as Gorden Miles puts it:

" Figuring out which neurochemical imbalances were responsible"

(Miles, 1988, p. 149)

Part of the reason that we have difficulty in determining the

anorexics motivation is that she does seem to appreciate that she is quite thin. Dresser for example reports a conversations between two anorexics in which one claims that others (non-anorexics) are jealous because they are unable to achieve what the anorexics can achieve, weight loss. The point is not that the anorexic believes that others are jealous of her accomplishment but that her comment pre-supposes her recognition that she is indeed much thinner than the expected norms for her height.

If we believe this is true, that the anorexics conception of body is not distorted, then we must look deeper at her true reasons for self emaciation.

In her book, Fast, Flesh and Feast: The Religious Significance of Food to Women, Caroline Walker Bynum explains that during the Middle Ages women such as Saint Catherine of Siena (1347-1380) used extensive fasting and appetite control as a demonstration of their piety. Famed to exist on only the blessed Eucharist and a handful of herbs a day St Catherine occasionally shoved twigs down her throat to regurgitate unwanted food (Ref 1.1). Many other such women who are chronicled as Saints of the time, are recorded as having Anorexia Mirabilis, (A miraculous loss of appetite) They were regarded as a female miracle. This trend for holy women who sought their own ecstatic relationship with God through starvation in the thirteenth and fourteenth centuries, seems to have been particularly prevalent in Italy with cases such as Margaret of Cortona and Eustochia of Messina pursuing their extreme course to death. This is needed in contrast other parts of Europe such as England where such excessive spiritual behaviour was not seen in such saintly terms. English spiritual directors of the fourteenth century prescribed a moderate and wholesome diet. This exemplifies how in different societies ways according to prevalent beliefs.

However despite the apparent symptomatic similarities between the A.N. of today and the fasting saints of the High Middle Ages we should avoid generalisations about the existence in the past of what we now consider A.N. to be. Just because similar behaviour occurs across centuries and societies does not mean it is biologically based. The claim that A.N. is a

psychologically continuity across centuries as claimed by medievalist Rudolph Bell in his book Holy Anorexia, (1985 London, pg 45) is also simplistic. His claim that A.M. and A.N. are psychologically analogous states makes the assumption that the psychology of women is fixed through out time and is uninfluenced by historical and social factors such as religious beliefs of the time, family structures, the changing role of women in society and media pressures. It also ignores the important fact that A.M. was not restricted to young adult women as is the case with the anorexia we know today, as it was defined in 1870 by William Gull.

The key to understanding A.N. in whatever period is in the changing and varying reasons for the control of appetite. We must first realise that appetite is a more complex mental force than hunger. Hunger develops when physiological changes in the body signal more fuel is needed. Animals in the wild maintain their weights at a constant level because hunger, not appetite is the controlling force in them. Only domestic pets and other captives become fat. Appetite is not basically concerned with energy balance as hunger is. It arises from habit and past experiences with food. Cream cakes, may through associates with pleasurable childhood treats, may be craved by the adults when he is unhappy, lonely or wishes to retrieve happy memories. Appetite links food with memories and fantasies, with power, love power, love and prestige, with happiness and misery. More precisely appetite is influenced by emotions and is unconcerned or only tenuously with nutritional requirements.

In medieval times the suppression of appetite by Holy women was looked upon in miraculous terms. The medieval women's capacity for survival without eating meant she found other forms of sustenance, such as the Eucharist and prayer. Reports of such women were numerous in the thirteenth to fifteenth centuries mainly in Italy in the Franciscan and Dominican orders. This was a time when food practices were central to Christian identity. Fasting was only a small part of a larger complex of food practices. Women and the female body have always been associated with food because of women's traditional role as meal maker, mother and nurturer of the young. The body was considered the temple of the spirit and so it was understandable that women of

the time should express their spirituality in terms of the flesh, food and fasting has long been a tradition in the church as it is a denial of one of the most basic human needs. It was an easy progression for the medieval ascetic to take this tradition of fasting to an extreme level in an attempt to achieve spiritual perfection. However many other austerities were as important to the medieval ascetic. Saint Catherine's life consisted of flagellation, scalding and sleeping on a bed of thorns as well as fasting her.

Although there are important continuities in female fasting, A.M. and A.N. are not literally the same. In the history of western civilisations there have been two major periods when non-eating and appetite suppression have been notable in female culture. In the thirteenth to fifteenth centuries appetite suppression was linked to piety and belief; through fasting the medieval ascetic strove for perfection in the eyes of God. In the modern period female control of appetite is embedded in patterns of class, gender and family. The modern anorexic strives for perfection in terms of societies ideal of physical perfection rather than spiritual perfection.

Theories such as that by Lawrence (1983) (REF 1.2) considers A.N. food for the spirit. In the pursuit of moral worthiness, the body, and especially the woman's body, may be dissociated from the self, and such separation is perceived as an act of moral dedication. An excellent example of this comes from the writer Simone Weil (1951) who died of anorexia at the age of 34.

" At fourteen I fell into one of those fits of bottomless despair that come with adolescence ... After months of inward darkness, I suddenly had the everlasting conviction that any human being can penetrate the kingdom of truth reserved for genius, if he longs for truth and perpetually concentrates all his attention upon its attainment ... for me it was a conception of the relationship between grace and desire. " (REF 1.3)

The link between the anorexic's conception of moral worth and her choice to starve herself remain of central importance in understanding the motivation behind her actions. The anorexic believes that self control and deprivation exemplify moral strength. She feels superior to her elders and ' betters ' in

terms of their own value system, Mark Strasser (Washington, 1988p pg 201) quotes the typical remark of one anorexic:

" They (Teachers and parents) believe in self-control but you should see how they stuff themselves!"

Being trim and light is to the anorexic evidence of success, and the sense of elation that starvation brings about, the biochemical consequence of mobilizing reserves of fat, only serves to reinforce the anorexic's belief that she is morally just.

" I am acutely aware of my body most of the time. I rig it so that I wake up feeling high and empty. I wake up on a high. A high is a sense of effectiveness and a sense of control. It's a fragile state." (REF 1.4)

The widely argued view that the anorexic is a product of her environment and especially her family situation can be traced back to the Victorian anorexic. She was in many ways a product of her environment. In the Victorian era domestic food consumption was increasing. With improvements in transportation a wider range of foods was now available and the new and expanding middle classes were able to afford food as a luxury and not a necessity. Culinary standards were escalating. Food became a symbol of family unity as the dinner table took on a greater status within the house hold. It was a symbol that was easily manipulated by both parent and child. Sending a child to bed without supper, for instance, was an increasingly popular punishment. Denial of food was an accessible parental weapon against a misbehaving child.

The refusal of food by the child was also an emotional weapon. Children and young adults were not expected to directly part/take in dinner-table conversation, but merely to be attentive and answer questions directed at them. Emotional freedom became an effective emotional tactic within the family structure. The anorexic was able to fulfil her parents' expectations by being passive, feminine and dependant, yet be independent and special, rejecting family values in a silent, almost invisible way. She was able to command more attention at the dinner table. Naturally for this tactic to be effective the family situation required a certain degree of affluence. Food had to be plentiful and be connected with love and family values.

In lower socioeconomic classes, where meals were simple and food was eaten simply to satisfy hunger, the refusal of meals would not have caused any threat or disturbance. In this way A.N. became largely a middle class illness.

Refusal to eat was an unambiguous and non-confrontational expression of emotional hostility. Case studies of the Victorian era by physicians such as Dr George Wilson of Edinburgh (REF 1.5) show the unhappy adolescent girl was in other ways a dutiful daughter and not, as often had been diagnosed, insane. She had selected a form of behaviour that she knew would have effect within her family. The Victorian anorexic was always adolescent or in early adulthood, female and privileged both emotionally and materially.

This theory of the anorexic as a victim of her situation is still widely held today. Roger Slade (REF 1.6) for example argues that the conflict the anorexic experiences is exacerbated by particular sensibilities and circumstances of her family. These have made social position and financial security more valued and established a strong belief in the importance of hard work and sustained achievement; they have validated ideas of self-improvement and confirmed the appropriateness of emotional restraint.

Slade claims that by unhappy coincidence this particular combination of cohering and conflicting elements creates a set of expectations that is profoundly confusing, that confounds the girl's attempts to order her priorities and eventually denies her the ability to act effectively in any area except that concerning food and her body. These she disciplines with obsessive diligence. Starvation becomes the measure of her existence.

It has also been suggested that the anorexic's condition is a desperate attempt to gain autonomy within her family. Selvini-Palazzoli, the Italian psychoanalyst, (REF 1.7) argues that Anorexia stems from the mother's failure to meet and validate her child's need for autonomy and independence. Instead, the mother substitutes her own needs for those of the child. The child's first experience of feeding, therefore, is one of frustration rather than gratification; the child coming to identify its body in the process with the mother now felt to be both bad and invasive. The bodily changes of adolescence

compound and exacerbate this process. Bruch (1977) (REF1.8) has subsequently put more stress on the fact that anorexics tend to come from highly successful families. The particular parental failure in relation to anorexia that Bruch emphasises is the high achievements the parent's expect of their children. The anorexic, states Bruch quoting one of her patients, feels constricted by her parents expectations as if in a 'golden cage'. She feels that she is loved not for herself but for her achievements. The response of the anorexic is an achievement orientated struggle to be super-special by being super-thin.

The other prevalent theory presented in explanation to anorexia is that the anorexic is, through starvation, attempting to remove signs of sexual maturity. It is argued that through the cessation of menstruation that is a consequence of starvation the anorexic is a prolonged reluctance to be born into a women.

However it should be pointed out that this theory no longer carries as much weight as it previously has. Derek Scott says:

"Anorexia is often regarded as resulting from an inability to assume the female body, menstruation and sexual attractiveness. However a large percentage of anorexics assume a sexuality before (45)? or during (37)? their illness. It was suggested by Buvat-Herbaut and Buvat in their 1977 study that specific causes due to sexuality did not have a causally important role in more than 22 percent of the anorexics studied." (REF 1.9)

It can be concluded from these studies that in the majority of cases anorexia does not indicate an absolute rejection of the adult female body, although a fear or a refusal of sexuality can have a causal role in 20 percent to 30 percent of cases. (REF 1.10) In the 1983 study by Beumont (REF1.11) it was found that anorexics demonstrated normal or near-normal psychosexuality. In examining knowledge, attitudes and sexual experience in eating disordered patients, generally found nothing to substantiate commonly held views of oddities within sexual outlook.

It can be said that the anorexic's actions are not irrational although we may find them difficult to comprehend by our own standards. To evaluate the rationality of her actions, we must examine her goals and see if her chosen behaviour is an effective means of achieving them.

"Anorexia begins as a sane and mentally healthy response to an insane social reality: that most women can feel good only in a state of permanent starvation. The anorexic refuses to let the official cycle master her: by starving she masters it. Eating diseases are often interpreted as symptomatic of a neurotic need for control. But surely it is a sign of mental health to try and control something that is trying to control you, especially if you are a lone young women and it is a massive industry fuelled by the needs of an entire, determined world order. Self-defence bears no stigma, whereas madness is a shame."

Naomi Wolf, The Beauty Myth.
(London, 1990, pg 318)



FIG. 2.



FIG. 3.



FIG. 4.



FIG. 5.

CHAPTER ONE

Despite the seemingly recent emergence of eating disorders in society - highlighted by today's media, evidence reveals they are not a new medical phenomenon. (Ref 2.1) Chronicles of the Middle Ages (Ref 2.2) indicate forms of A.N. have been in existence since Medieval times. Female fasting has been used as a form of emotional expression since the Middle Ages. We have seen how studies by historians have detailed a form of Anorexia, known as Anorexia Mirabilis to the Middle Ages.

Rudolph Bell presents detailed case studies of Catherine of Siena, Eustochia of Messina and Margaret of Cortona from spiritual autobiography and letters, but particularly from the vitae of these saintly women. These hagiographical accounts were sometimes composed during the 'holy' anorexic's lifetime and sometimes after her death. Bell's account illuminates the attractions that this holy dedication held for a wide range of medieval Italian women.

By the seventeenth and eighteenth centuries scientifically minded physicians began to pay closer attention to the then common cases of A.M. With the break up of Medieval culture in the form of the Protestant reformation, the increased repudiation of saints and other traditionally Roman Catholic practices, abstinence suddenly became viewed as the work of the devil. Ascetic practices that until the Protestant reformation had been synonymous with spiritual purity became discouraged by the church as acts of the devil (Ref 2.3)

John Reynolds sites many cases in his book Discourse on Prodigious Abstinence, published first in 1669 in London where young women fasters were frequently viewed as possessed, demonic or insane. Medieval superstition, however, did not disappear instantly and faith in the concept of miraculous fasting co-existed with Protestant iconoclasm. Historical records (Ref) reveal quite a considerable number of fasting women in Europe still supported by superstitious believers. Most of these stories of fasting girls come from countries such as Spain, Italy and France where the Catholic tradition remained strong for example

Maria Guillani in Italy, a 16 year old girl who claimed miraculous fasting was investigated and supported by the poor Claires of Torino in 1707.

Fasting women were treated with much more skepticism in the days of the new Protestant tradition. When a young woman asserted abstinence, as in the case of Maria Guiliani, the claim was subject to verification to eliminate the possibility of Satanic influence. Physicians conducted intense investigations on Maria to insure normal health conditions, apart from the apparent loss of appetite. Following this the local poor Claires at the orders of their confessors carefully scrutinised the character of the girl. All manner of enticements and temptations in the form of food were presented to the faster. This is typical of fasting girls of the seventeenth and eighteenth centuries. Authenticity was of the utmost concern in these stories, especially in Protestant dominated areas such as Germany and Scandinavian countries where any superstitious remainders of the Catholic tradition were treated with uneasiness. William Hammond outlines in his study, Of Fasting Girls Their Physiology and their Pathology, first printed in 1879, that suspicions of witchcraft often accompanied these girls and led to several executions, if the fasting girls authenticity was disproved.

With the spread of printing in the Seventeenth century, continental stories of fasting girls were translated and published in England, this generated much discussion and speculation by clergy and physicians alike as to the cause of these occurrences. Suddenly in mainly rural areas of Britain where superstitious beliefs were still important cases, fasting girls appeared.

What The Lancet of 1869 called " The Strange Case of Sarah Jacob ", took place in Llan fihangel-ar-arth, a small Welsh Hamlet. Sarah started her practice of starvation in 1866 and her fasting ended in December 1869 with her death. Sarah's case was widely known throughout Britain and the United States, focusing the attention of the public concerned with the possibility of fraud and tricksterism in such cases.

Sarah was a premenstrual twelve when she stopped eating for reasons that remained unknown. The local Vicar Rev Jones claimed Sarah a miracle. Sarah was placed in a central room of the

Jacob's small farmhouse, her bed was strewn with ribbons, flowers and religious books. It was also adorned with a small crucifix despite the fact that her family attended the nearby Congregational church as Protestants. Ritualism with overtones of Catholic practice was combined with commercial showmanship.

Throughout 1869 hundreds of strangers visited Sarah with gifts and money. Guy hospital sent a team of four nurses to watch Sarah who died under observation within two weeks. We can see Sarah Jacob's case as an important juncture between two discourses. That is the progression of rationality in the name of the medical profession, clearing away superstitions and finally ending the age of miracles in nineteenth century Wales.

Stories of fasting girls were a popular folk tradition well into the late eighteenth century with cases such as Sarah's appearing in the nineteenth century. Religious in tradition, though fasting may have been little distinction between doctrines being equally popular in Catholic and Protestant countries in areas where religious faith and superstitious tradition remained strong.

By the late nineteenth century prolonged abstinence drew more and more skepticism from physicians who began to link it with medical causes. Loss of appetite became regarded as the symptom of disease rather than of divine inspiration. Scientific and rational explanations came to replace traditional theories. One of the most popular medical explanations being the fermentation theory by Thomas Willis (REF 2.4) This explanation focussed on the role of physiological changes caused by fermentation in the body, a recognition of ovarian activity, that was part of young women's reproductive development. By the eighteenth century the still unexplained female proclivity for fasting had become part of established medical canon. Without fully understanding why, medical men recognised women's capacity for restricting their food intake. The influential physician Albrecht Von Haller (1708-1777) wrote:

" All medical history from the earliest time is filled with women who for whole entire months for whole entire months in fact years lived without food " (REF 2.5)

By the nineteenth century America had become increasingly interested in fasting girls. America had no tradition of these

women to the degree of Europe, but in the late nineteenth century spiritualism was a significant and influential religious movement that held the promise of moral perfection. Joan Jacobs Brumberg (REF 2.6) writes:

" It was not just the half baked, the un-educated and the credulous who appeared at seances, or spirit circles. Spiritualism who believed in direct communication with the dead or disembodied spirits were often scientific and reform minded.

In the United States in the 1880s and 1890s fasting girls were often interpreted and understood as models of the spiritualist quest for transcendence over the mortal body. Late nineteenth century America, where this surge of new interest in fasting girls had begun, just as it was on the wane in Europe, should be viewed in terms of sophisticated urban spiritualism and a lingering tradition of provincial pietism. These fasting women became a symbolic denial of changing times. With new scientific, medical and industrial progress they were a strong link with traditional superstitious and religious beliefs. These beliefs were considered old fashioned in light of modern change but provided reassuringly familiar values and beliefs in the face of a frightening and rapidly changing future.

Reputable medical men on both sides of the Atlantic saw these girls as a throw back to hysterical and unlightened times and were publicly outspoken in their condemnation of these women.

In the history of female fasting behaviour the nineteenth century was a crucial divide. Caroline Walker Bynum says:

" During these hundred years, food refusal was transformed from a legitimate act of personal piety into a symptom of disease when in the 1870s medical men diagnosed it as a symptom of illness. " (REF 2.7)

This was due to the changing behaviour of fasting girls as well as new medical classification. In 1896 the physician William Hammond observed:

" In the present day religious fervour, accounts for few of our remarkable instances of abstinence with most of them being due to some form of nervous disorder varying from hysteria and melancholia to absolute insanity." (REF2.8)

A.M. had now been renamed A.N. in the 1870s. This new

classification was identified by professional medical men, William Gull in England and Ernest Laseque in France. The fasting girls prevalent at the latter half of the nineteenth century were increasingly like the anorexic we know today. She had moved from the realms of rural religious piety to the suburban middle class Victorian home. Where family values were of great importance, patients who did not eat no longer articulated reasons of faith as their motive. Victorian physicians re-classified the new breed of fasting girl, moving them from piety to illness. A.M. became A.N.

The Victorian anorexic became the subject of much debate and diagnosis in the nineteenth century. What emerges as striking is that despite all the concern given to alleviating the primary symptom of A.N. - the actual starvation - by the medical profession of the time (REF 2.9) Physicians never sought to explain the condition from the anorexics perspective. Obviously the psychological state of the patient is a crucial factor of great importance in a condition such as A.N. where self image, self esteem and emotional factors play an enormous role in the development of the illness. As with any illness prevention is better than cure and as anorexia is notoriously resilient to treatment, perhaps if Victorian medical men had listened to the anorexic and had explored her reasons for starvation as thoroughly as they studied the symptoms, preventative action could have been formulated to avoid the high instances of Eating disorders we see in modern Western society.

**Kellogg's All-Bran puts an end to your hunger
without putting an end to your diet.**

The
**STARVATION
DIET**

Dr. S. KINNEY.

FIG. 6.



FIG. 7.

THE WAY WE WERE

We take an affectionate look at the past
through the pages of *Woman's Weekly*

This 1941 advertisement for soap strongly suggests that homemakers
helped win the war! (A billet, incidentally, is a soldiers' lodging.)

**"Being a
'billet-mother'
keeps me
extra busy"**

*Hardly
time for a
bath, yet how
one needs
it!*

MORE people to
look after. More
beds to make. More
rations to get. Always
on the go. Very little
time to linger in the
bath!

That's why every
bath we take—even
when there's only
time for a quick wash-
down—must do a
thorough job. For to-
day we live, and often
sleep, in crowds.

There may be many
reasons why we per-
spire more than usual,
and perspiration, if
neglected, causes
"B.O." (Body-Odour).





THE LATHER DOES IT!

OXYDOL

THE COMPLETE HOUSEHOLD SOAP POWDER

3 1/2 lb. size - 1 coupon

5 lb. size - 2 coupons

A Class 1 Product

THOMAS HEDLEY AND COMPANY LIMITED, NEWCASTLE-ON-TYNE



FIG. 10.

PRODUCED & SHIPPED BY
HOGUE CO.
TUMA, ARIZONA
LAUGH, CALIFORNIA

BUXOM MELONS

PRODUCE OF U.S.A.





FIG. 13.



FIG. 14.

CHAPTER TWO.

By the end of the twentieth century, young women were already beginning to see dieting as a widely practiced form of cultural expression (REF.3.1). An illness such as A.N. is not caused by dieting alone. The importance of dieting and appetite control in the life of the modern western woman is, however, a critical context for explaining the increasing number of female anorexics in the late twentieth century. What social and cultural forces have contributed to this worrying increase in eating disorders?

Personal aesthetics were an obvious factor, according to Peter Dally in his study of Anorexia and Bulimia (REF.3.1). The shift in emphasis from the face to the body, in aesthetic terms, was of utmost importance. As a consequence of this new importance placed on the body, dieting and exercise become central to woman's lives. In the modern world, dieting involves a self conscious effort to reduce body size. Self-consciousness implies two things. An awareness of oneself by oneself and an awareness of oneself as the object of another person's observation.

During the First World War years food was rationed and so dieting was not an issue. However, in the post war years dieting was becoming a fact of life for many women, especially in America where the basic institutions of beauty culture were being formalized in the shape of the cosmetic and film industries and the modelling profession. The fashion industry was still based mainly in France but wealthy American women were the chief purchasers of Paris style. Slender ideals of beauty were popularised through these industries and more and more women began to compare their own physique with that of the new style woman. This woman was tall, slender and elegant making the curvaceous shape of the Victorian era appear cumbersome, ungainly and old-fashioned.

Within the first two decades of the twentieth century, even before the advent of the flapper, the female struggle with weight was underway. As early as 1907, Atlantic Monthly (REF 3.3) published an article describing the reaction of a woman trying

on a dress she had not tried on for a year.

" The gown was neither more nor less than I anticipated. But the fault was on me. I was more. Gasping, I hooked it together, the gown was hopeless and I am fat."

Women began to feel responsibility for the maintenance of their bodies in ways men did not. No new fashions led men to become dissatisfied with their natural body shape. Men were not suddenly bombarded with film images, photographs in magazines and models in stylish clothes, all depicting how they should but did not look.

In the nineteenth century it was considered pleasing for women to be robust and fat was considered sexually attractive. For this reason a woman whose body was large was not indicted for lack of self-control. By the twentieth when fat had lost favour, overweight in women was not only considered a physical liability but a character flaw. It signified lack of will power and became a social impediment, as it restricted her ability to look glamorous in fashionable attire.

By the 1920's physicians regarded warnings about weight control as part of the Progressive era's preventative medicine programme, despite warning against the fad diets. These diets were very popular as women strove to achieve 'barber pole' figures. (REF 3.4)

Kellogg's obesity food, Allens anti-fat special breads and sea weed diets all came under criticism of medical science between the years 1910 to 1920. These diets were mainly of American origin but were popular throughout Europe. At the same time however, from 1900 on, the medical establishment began to publish works promoting an Ideal Body Type, decidedly thinner than that of fifty years earlier. No longer were moderate amounts of fat considered an advantage in the resistance of disease. Between 1910 & 1920, the first Medico Actuarial Standards of weight and health emerged (REF.3.5) and doctors suggested to be overweight was a serious health liability, increasing the risk of heart failure and high blood pressure.

This interest, generated in Body Shape by the health profession, coincided with the interest wealthy American women began to take in their bodies. These women, usually the wives of wealthy business men, followed closely the world of Haute

After the First World War, the French continued to set the fashions for stylish women in Europe and America. In 1922, Jeanne Lanvin's chemise, a straight dress with a simple Bateau neckline, was transformed by Gabrielle Chanel, into the uniform of the Flapper. Chanel dropped the waist line to the hips, and began to expose more of the leg. By 1923, she had moved the hem lines to mid-calf, and by 1926, they had been raised to just below the knee. In order to look the part in Chanel's fashionable dress, the wearer had to be not only conscious of her legs but of the rest of her body also. Bust flattening brassieres became popular. Contemporary accounts commented on the new dimensions of the female figure.

"Now a days, it is not the fashion to be corpulent; the proper thing is to have a slight and graceful figure. For once, the physician is called upon to interest himself in the question of female aesthetics ". (REF.3.6).

The slenderisation of the female fashionable image was soon picked up by America's rapidly expanding 'Ready-to-Wear' garment industry. The popularity of the Gibson-Girl and the shirt waist craze of the 1890's caused ready-to-wear production in the United States to accelerate in the first two decades of the twentieth century. Because of the simplicity of the cut, the chemise was easy to reproduce, a fact that explains its uniform popularity in the 1920's.

A by-product of the increase in ready-to-wear clothing was the standardisation of sizing in clothes. This put an increased emphasis on personal body size and standardised what was considered acceptably 'Thin'. Suddenly, women became aware of exactly what the dimensions of their own bodies were and how they compared with those of their friends. No longer safe in the hands of their dressmakers, many an embarrassing episode in the dressing rooms of department stores created a host of new figure-related anxieties for women.

In an article in the Peter's Diet and Health Book, published in New York in 1924, a testimonial for an Obesity cure quoted a new slender woman

'My heart seemed to beat with joy at the prospect of getting into one of the chic ready-made dresses at a store' (REF.3.7).

of this valuable commodity stored away in their own anatomy'.

(pg 67)

The medical professions' recognition of the importance of body weight to individual health legitimised Peters' arguments. Between 1900 and 1920, physicians such as Louis Dublin and Oscar H. Rogers formalised standard tables of heights and weights, and their theories on the relationship between height and weight were widely published. Medical practitioners began to make routine notations of patients' current and usual weights, during examinations.

The popularisation of calorie counting meant that physical features such as appetite and body weight, which were once considered as natural, were now seen as objects to be controlled. The notion that the overweight woman was so, because of her lack of self control, was popularly expressed. The Ideal that 'beauty is pain', and to achieve beauty, women must suffer, made beauty experts of the time, increasingly zealous in their battle against fat, as exemplified in the following articles published in Vogue:

Vogue, April 24th, 1902 - 'To judge by the efforts of the majority of the women to attain slender and sylph-like proportions, one would think it was a crime to be fat'.

Vogue, July 1st, 1918 - 'There is one crime against the modern ethics of beauty which is unpardonable, for better it is to commit any number of petty crimes than to be guilty of the sin of growing fat.'

Helen Rubenstein, in The Art Of Feminine Beauty. 1930 wrote:

'An abundance of fat is something repulsive and not in accord with the principles that rule our conception of the beautiful'. (REF 3.8)

By the 1920's, calorie counting had reached widespread proportions. Some women even turned to bulimic behaviour. Physician, Morris Fishbein wrote in The Journal of the American Medical Association, 1926,

'I discovered that many of our flappers have mastered the art of eating and then inducing regurgitation after a plentiful meal, either by drugs or mechanical means'. (REF 3.9)

The use of amphetamines to keep weight down became popular in flapper society. As weight control was now regarded as essential to beauty, women began to feel increasingly at odds with their appetite.

With the Great Depression and World War Two, women in the 1930s and 1940s became involved with major external and political issues, with survival, protection and work. The style Gurus still portrayed an essentially slender ideal. However, dieting seemed a trivial and inappropriate occupation in the midst of food shortages and the National Emergency. During the War, women who waited in line for a weekly ration of butter or sugar were more likely to savour these items, than reject them on the basis of their calorific content.

However, although political and economic emergency directed attention away from the body, the forties did seem an important development in the history of modern dieting. The late 1940's saw the targeting of adolescent girls or 'sub deb's' for dieting information and literature. The post World War Two popularity of adolescent weight control is a phenomenon that has set the stage for our contemporary difficulties with A.N. Commercial interests now seemed intent on selling to young girls, the same beauty concerns and products that had previously absorbed the attentions of their mothers. According to articles such as Reducing the Adolescent - Louise Paine-Benjamin, Ladies Home Journal (June 1940), and 'Should the Teens Diet' - Parents Magazine (April 1940),

" Appearance plays too important a part in a girl's life to have her grow up to be beauty conscious. Girls should be encouraged to take an interest in their appearance when they are very young" (REF 3.10).

In America, between 1900 and 1930, the High School population grew by 650%, and the third level education experienced a threefold increase in students (a similar increase occurred in Britain) (REF 3.11). Young women became the perfect target of beauty theory and products. Young people were exposed to peer pressure and were insecure in so many areas of their lives, that manipulative advertising was certain to be effective.

By the close of the second world war, younger middle class girls emerged as a targetable new market. These impressionable young women entered the consumer market at an early age, spending their weekly allowances on cosmetics and dieting aids. Entrepreneurs embraced popular theories of adolescent development which suggested that 'Teenagers' needed special help in weathering the worries of puberty. Teenage magazines adopted the cause of weight control and warned adolescent girls against eating to combat emotional unhappiness. They also gave tips on how to avoid binging. By the fifties, advertisements for diet foods such as 'Ry Crisp' came on the market, along with captions such as 'Nobody loves a fat girl' (REF.3.12).

The popularisation of adolescent female weight control in the post war era is a prime component of the modern dieting story and a critical factor in understanding A.N. today. In the 1990's, at least 50% of all western women are on a diet at any one time. During the twentieth century, the age at which women are controlling their weight is becoming progressively younger.

Recent studies indicate that close to 80% of pre-pubescent girls indicate worries of getting fat, with children as young as eight and nine years restricting food intake because of this concern.

A major force in perpetuating the importance of dieting and self control has been the advertising industry. By examining the relationship between this industry and the dieting industry we can see how closely women's self worth and their self evaluation is determined by advertising interests, and how much of their appearance related anxieties are a product of advertisers needs.

During the 1870's, the mass production of beauty images was perfected, with the establishment of women's periodicals such as Vogue and Ladies Home Journal. Existing magazines such as Beetons English Women's Domestic doubled its circulation to 50,000 copies per year in Britain (REF 3.13). When magazines first took advertising, at the turn of the century, the circulation of women's magazines doubled once more. By the 1910's, the style of these magazines was almost as it is today. Cosy, relaxed and intimate, using the tone of an older sister or motherly figure as it offers advice on beauty, household and family matters.

During the years of the First World War, the influence of the magazine became much less. As much of the male workforce was in the trenches, the women's role was extended outside the home. However, once the war was won and domestic life returned to normal, the magazines returned to the home.

With the 1940's, the World of War production, volunteer and paid work was glamourised. John Costello writes :

'The Press changed our social and sexual attitudes, when the American War Manpower Commission turned to Madison Avenue to boost its national campaign to attract first time women workers.' (REF. 14).

He claims that in America, Glamour Magazine were a major tool in the enlistment campaign. A similar situation occurred in Britain, with the Ministry of Food propaganda being placed in various magazines. 'You've got a fighting job on hand too. Food is your munition of war'. War-time advertisements reflect the concern advertisers were feeling, as to whether the market would remain for their products, now that women's role in society had been changed.

"Although the war cannot be won by lipstick, it symbolises one of the reasons why we are fighting. The precious right of women to be feminine and lovely" - Women's Weekly (1941).

Advertisers began to learn the art of social manipulation and during the second world war, circulation figures did not drop, in the dramatic way they did during the First World War. In fact, their influential position was increasing.

'Women's magazines, for over a century, have been the most powerful agents for changing women's roles, and throughout that time, have consistently glamourised what their economy, their advertisers and , during war-time, their government needed at that moment, from women.' - Naomi Wolf (REF.3.15).

During the 1950's, there was a boom in women's periodicals and the consumption of these periodicals was paralleled by an increase of advertisements and advertising revenue. It also saw the establishment of the women's magazine in social importance.

However, during the late fifties, a change occurred in the female market. More women became dissatisfied with their roles

as perfect wife and mother, and took part-time or full-time jobs. The housewife market began to find a replacement for the domesticity they had been so successfully selling during the first half of the twentieth century. 'The Cult of Beauty' was their answer. As women would no longer buy more and more products for the house, and advertisements on the therapeutic value of baking were no longer successful, more and more products for women themselves, were introduced.

Advertising's role now changed from making women secure about their home making skills, to making them insecure about their own physical appearance. The more liberated women became from their traditional role as home maker, and the more they became disentangled from domestic worries, the more enslaved they became in new advertising regimes.

During the sixties, advertising in women's magazines went through yet another upheaval. By the late sixties, the Fashion Industry was once more being revolutionised, with the demise of Haute Couture culture that dominated fashion trends so far. Advertisers were worried that there was no longer any reason for newly liberated women to read magazines. With the end of High Fashion Culture and the advent of affordable style for all, the traditional beauty role of the magazine, had once more been thrown into disarray. Advertisers were worried. They needed to focus on something that would keep their readers and also sell products.

In 1969 Vogue introduced 'the nude look' a supposedly natural look that focused as much on the body as on the clothes. This change, in emphasis, was based mainly on the fact that there was little that could be dictated in terms of fashion and that the newly liberated women wanted to feel individual, without having fashion dictated in the anarchic terms that their mothers had accepted.

Women, newly sexually liberated by the Pill, saw their new lithe figures as an emblem that marked a woman separate from the fertile form of their mothers curvaceous figures. The small breast and narrow hips symbolised increased sexuality and diminished fertility. Sexuality and reproduction could now be separated to a level never before experienced. Women came to

associate thinness with sexual freedom.

According to Joan Jacobs Brumberg, the number of diet related articles rose by 70% from 1968 to 1972. Articles on dieting^g in the popular press soared from 60 per year in 1979 to 66 in the month of January 1980 alone. The traditional role of the magazine in dictating fashion had been dissolved in the late 1960's and early 1970's with the dissolution of strict fashion trends, but they were replaced with an even more effective form of dictate.

Advertising had come to represent a feminine beauty ideal, which did not recognise beauty as a property resulting from natural characteristics. The use of cropping in advertising, that is, the fragmented use of parts of the female body, exemplifies this. Suggestions on how a woman could improve or preserve her assets, and the stress on her ability to attract a man were now order of the day. This feminine ideal rejected the natural features of a woman's body as apposed to male advertising, where men's products were merely meant to enhance their natural features, and not transform them.

Advertising now challenged women to defy nature and their natural role, focussing on their new-found sense of liberation, and their rejection of traditional norms, with advertisements such as "Don't let Motherhood spoil your bustline" (REF.3.16). The older constraints of fashion had now been replaced with new and disturbing between women and their bodies.

The advertisers now linked images of the Body Beautiful with images of sexual liberation. However, we must wonder if the images of thinness being portrayed by magazines were, and still are so unnatural. The modern Anorexic or Bulimic, according to the majority of studies on the subject, is generally above average intelligence, well educated and middle class. Then why have these women been influenced by these destructive images perpetuated by the media?

People in western civilisation are exposed to many forms of advertisement. Even if one does not read newspapers, magazines, or watch television, it is impossible to avoid publicity. The most ubiquitous modern form of advertising is commercial photography, which began to emerge with the advertising industry in the twenties. Over the course of the

THE FACTS

1. **35% LESS FAT THAN ORDINARY LOW FAT SPREADS.**
2. **30% FEWER CALORIES THAN ORDINARY LOW FAT SPREADS.**

TYPICAL VALUES PER SERVING (10 g) OF PRODUCT			
	Gold Lowest	Low Fat Spreads	Margarines High in Polyunsaturates
Kilocalories	27	39	72
Total Fat	2.5 g	4 g	8 g



Now also available in smaller pack.

The figures

FIG. 15.

Do you want to reduce

cellulite

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Soul	Shirley's Shapers
	Plymouth
0211	0752 223953
Gym & Fitness	Slim & Tone
	Stourbridge
016	0384 441110
7851	St Albans Health &
ark Hotel &	Beauty Studio
Club	St Albans
	0727 41770
0688	Style Fitness Centre
ays	Leeds
0114	0532 601368
me	Sunspot
	Fleetwood
06	03917 2040
Taki	The Beauty Rooms
01	St Albans
0000	0727 868839
tel	The Beauty Sanctuary
	Hove
700	0273 725725
	The Beauty Studio
	Mossley
	0457 834119
	The Diet Centre
	Norwich
0656	0603 633250
at	Ultra Slim B.V.
01	Yate
0326	0454 325320
	Ultra Slim Northwest
	Manchester
	061 337 6550

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- A more elegant, slimmer body?

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With Ultra Slim you can also attain incredible slimming results provided you exercise and eat more sensibly.

Now you have a chance to take complete control of your body.

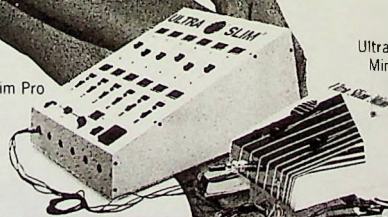
Send in the coupon or call us if you would like to be slimmer.

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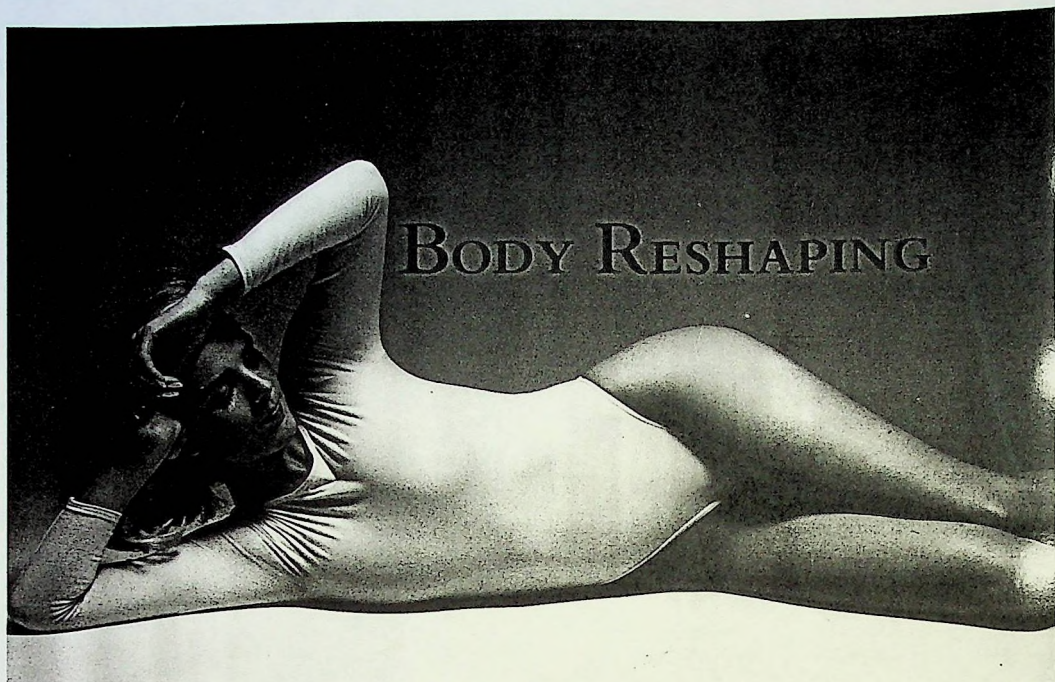
Ultra Tan International Ltd, The Penthouse,
22 The Green, West Drayton, Middx UB7 7PQ
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Ultra Slim Pro



Ultra Slim
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BODY RESHAPING

WEAR THE CLOTHES YOU ALWAYS WANTED TO

Are you one of those people who despair of ever getting into some of their favourite clothes again?

It is now possible to remove those fatty deposits that will not respond to either diet or exercise from areas such as under the chin, tummy, buttocks, thighs, calves, ankles and the male breast.

Liposuction is a minor surgical procedure which reshapes the body by the removal of stubborn fat from problem areas.

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Our comprehensive range of corrective procedures for women and men includes body, breast, face, nose and ear re-shaping, eyelid surgery, Collagen implantation, varicose and thread vein removal, permanent eyelash line enhancement, baldness reversal and a unique non-surgical treatment for the ageing face.

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TASTE NOT WAIST.



Weight Watchers from Heinz foods can help slimming or weight control only as part of a calorie controlled diet.

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Chicken in Supreme Sauce is just one of the great new range of Weight Watchers from Heinz frozen meals.

There are thirteen dishes to choose from in three separate ranges: Menu Plus, Vegetable Plus and Pasta Plus.

All are under 300 calories and all taste absolutely delicious.

A HIGH CALORIE DIET FOR LIGHTWEIGHT LASHES.

At last it's fashionable to put on weight, thanks to Max Factor's new 2000 Calorie Mascara. It makes your eyelashes look longer, glossier and thicker than you ever thought possible. What's more, its protein and vitamins strengthen and condition them too. And it's all done without those old enemies, fragrance and fibres. Unique among mascaras, 2000 Calorie is both water-resistant and hypo-allergenic. (Ideal if you wear contact lenses or have sensitive eyes.) Go on - feast your eyes on our 4 delicious shades. To your eyelashes, they're as good as a three-course meal.



NEW 2000 CALORIE MASCARA

MAKE YOUR BEAUTY COME TO LIFE.

MAX FACTOR

twentieth century, it has become a highly organised institution, involving many artists, writers and film directors. It comprises a large proportion of the mass media and makes them the central importance to the economy.

"Advertisements advance and perpetuate ideas and values which are indispensable to a particular economy system. It helps the manufacturer, by organising and controlling peoples tastes and behaviour in the interest of company profit and growth" -

Gillian Dyer Advertising as Communication. (REF 3.17)

The implicit message in advertisements is 'This is how things/you should be'. They present what appears to be, without arguments, the only ideal and desirable way of living. They seek to create false wants, and encourage the production and consumption of things that are incompatible with the fulfillment of genuine and urgent human needs. They encourage anti-social feelings such as self-doubt and dissatisfaction.

Consciously, most women are skeptical of advertising and do not believe the claims made by advertisers for their products. But it is difficult to resist the more general social image that is being portrayed.

Naomi Wolf says:

'Women care because, although magazines are trivialised, they represent something very important, women's culture. A women's magazine is not just a magazine. The relationship between a woman and her magazine is so different than a man and his. They are not in the same category. A man reading "Auto Trader" or "Market Place" is browsing through, just one perspective amongst countless others of male oriented, general culture which is everywhere. A woman reading "Elle" is holding female oriented mass culture between her two hands. Women are deeply affected by what by what their magazines tell them, because they are all women here, as a window on their own mass sensibility' (REF 3.18).

The history of the diet industry in America probably represents one of the most astounding triumphs of twentieth

century enterprise. Each year thirty two billion dollars is spent on the 'Thinness' Industry and twenty billion dollars on its sister industry, the Youth Industry. (REF.3.19)

The diet industry is self generating and intrinsically expansive. It feeds on failure. As dieters fail, they diet again and again. With the sense of failure, they feel on eating they eat more and so must diet again. This sense of self hatred increases their consumption of beauty and dietary products. Women have become caught up in an unhealthy process of continual evaluation of their bodies, the twentieth century dieting message has legitimised their concern.



FIG. 20.

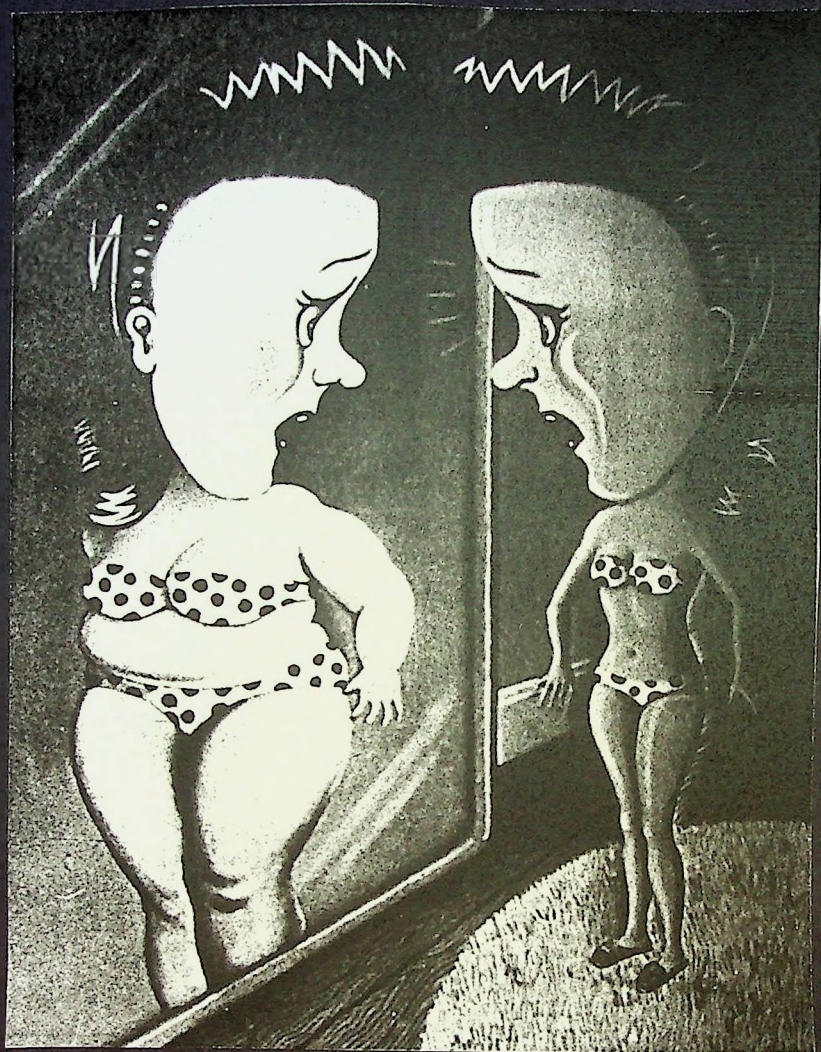


FIG. 21.



FIG. 23.

CHAPTER THREE

What is the crucial divide that allows some women to safely follow the cult of dieting and causes others to develop a potentially life threatening eating disorder?

In the last 20 years anorexia has become (with aids) the post-modern media illness. With this occurrence we have seen wide exposure given to the innumerable theories regarding the cause of A.N. The bulk of these theories tend to use anorexia as a morbid metaphor for our post-modern times, seeing the female body and psyche as unfortunate victims of our present affluent society and the media's representation of women.

The anorexic is usually portrayed as a somewhat helpless female striving too fervently to equal the representations of her sex. With a condition as complex as anorexia, the application of these theories is over simplistic and relies too heavily on generalisations of condition. The female situation is too complex and specific to each individual to be wholly and satisfactorily accounted for by discourses that generalise female sexuality and psyche. It cannot be denied that anorexia is an important manifestation of current societal contradictions, but blindly accepting this as the only cause of A.N. somehow seems to infer that only women suffer from living in the mediascope that is the late twentieth century. It suggests that women are pathologically susceptible to media images. To understand A.N. on any level, one must discard the generalisations of medicine and the media in exploiting the anorexic as a metaphor and look closely at her specific situation. Only in this way can we examine the various popular theories used to neatly categorize and explain away A.N. The typical medical picture of the anorexic is that of a white, middle-class, female adolescent. Well educated, she is preoccupied with a sense of failure in a family atmosphere that places undue emphasis on the importance of success both academically and socially. While this portrayal of modern anorexia undeniably has some foundation, it exemplifies the way that the medical profession and society attempt to slot

problems that primarily concern women into simple categories and how they deal in stereotypes. The real truth of A.N. lies within the anorexic and not within the various theories that can be molded to explain her condition.

In discussing the case of an actual anorexic we can make real her condition and see how the generalisations of theory do not work. Below is detailed the case of Jill, one of two daughters from a rural community in the Irish midlands. A patient of the eating disorder unit of Mullingar hospital, Jill still suffers from anorexia but her weight is stabilised at a weight that does not necessitate hospitalising her. Jill has never before the subject of a case study.

During her pre-pubescent years, Jill was a typical tom-boy. Her refusal to wear dresses and boisterous insistence on playing with boys did not lend itself to the usual pre-anorexic theories of little girls obsessed with femininity and the achievement of quiet perfection. Attending a mixed primary school allowed Jill to avoid developing the anxieties many teenagers develop in their relations with the opposite sex. Despite her (in many ways) relaxed attitude to her developing sexuality, Jill did develop a rather obsessional preoccupation with menstruation.

Graphic descriptions of menstruation accidentally discovered in the pages of one of her mother's books made sense of the incomprehensible questions the older boys had been directing at her of late. Although Jill's knowledge of sexual matters was in advance of most 10 year olds, this abrupt discovery of the menses caused her great distress.

By her 11th birthday the fear of her developing breasts and their symbolization of the horrors that awaited caused Jill to include an anxious prayer nightly: the wish never to develop the ample bosom that seemed both the delight and joke of men. Jill's situation, the only conspicuously developing female in a mixed school, intensified her fears. However, despite the misery Jill's development was causing her, she was not led to the 'traditional' solution we are told pre-pubescent females reach to solve the conflict of their budding sexuality, - A.N.

Despite reaching the menstrual stage of puberty whilst still in primary school, and the traumas of inadequate sanitary

facilities in a mixed school, thoughts of dieting did not come to Jill's mind. Indeed the link between her sexuality and body weight never occurred to Jill. This would support Roger Slade's argument (ref) that anorexic women are not trying to induce psychobiological regression and return to childhood, as is frequently argued on a popular level. It is often suggested that anorexics are trying to avoid the problems of growing up and sexual maturity by slimming to excess. Not all sexual characteristics are affected by severe weight loss, the most obvious physical sexual characteristic in the female, the breasts, the symbol of womanhood to the adolescent, are also extremely resistant to the effects of sustained food reduction. If anything, breast development tends to become more evident as the female body becomes thinner. Although a girl may be aware of the effect restricted food intake would have on her adolescent curves, it is unlikely that she would be aware of the connection between low weight and cessation of periods. In Jill's case little physical change occurred once menstruation began.

As Jill looked more to her media role models the issue of physical appearance became more prevalent. During her initial year at secondary school Jill came to view the rather insubstantial weight, eight and a half stone, of her idol Kate Bush as the norm for a grown woman of five feet nine inches. Jill did not compare this figure to standardized norms. Instead she began a weekly comparison of this ratio in relation to other celebrities. This was undertaken by studying details of height and weight included in celebrity profiles in the pop magazine Smash Hits.

This activity was essentially a harmless comparison of various aspects of celebrity lives, as Jill satisfied the curiosity most youngsters possess in relation to the personal details of stars. Yet it led to some important factors in Jill's self evaluation. While still only 12, Jill was both mature in appearance and physically advanced; at five feet five inches she was also taller than the majority of her peers. This led Jill to become increasingly aware of the proportions of her body. Being of adult height she could credibly compare her proportions with those of the various celebrities that graced the profile pages of her magazine. Jill took delight in weighing less than

the celebrities of her height as it allowed her to emulate her role

model who weighed comparatively less than other celebrities of her height. She also made a disturbing discovery that individuals of an apparently more substantial build were listed as being of a surprisingly low weight. To a more experienced individual, it is easy to see that in a society where such an emphasis is placed on body size, the weights of these celebrities would be printed as optimistically less than their actual weight. This method of evaluating norms created for Jill a false image of weight and height ratios, leading her to believe that if she reached the under estimated weights of these role models, she would appear as well rounded as they did. Soon Jill calculated that to maintain a comparable ratio of height and weight as her model of female perfection, she would have to maintain her weight at no more than seven and a half stone. This was Jill's current standard weight and its non-fluctuation during her initial year at secondary school prevented weight being a major concern in her life for sometime.

However on breaking the seven stone and a quarter barrier, weight suddenly became an anxiety in Jill's life. Although the importance of her childhood role model, Kate Bush, had long diminished with the development of new interests such as male po groups, discos and boys, the figure of seven stone and a quarter was still of deeply rooted significance. The shock of passing this figure created major anxiety for Jill. The celebrity lists of height and weight were now replaced by a daily diary of personal weight fluctuations, as this activity coincided with an exceptionally hot summer, Jill was able to restrict her diet to the consumption of small quantities of fruit and vegetables in an attempt to reduce her weight with arousing the concern of her family. It was also at this stage, as is often the case with developing anorexics, that Jill decided to become a vegetarian. Kadambari, Gowers and Crisp, 1984 claim that 77 percent of anorexics in their studies are vegetarian.

'Many anorexics take the step of cutting out meat as an initial attempt to gain control over food intake at home. As well as reducing calorific intake, a meal can appear adequate and acceptable to parents' eyes when the anorexic's plate is filled

only with vegetables and without a meat substitute calorific intake is reduced even further.' (Kadambari, Gowers and Crisp, 1984, pg 12)

Another development of importance at this stage was the emergence of Jill's first serious relationship with a male. From my analysis of Jill's situation, it would appear that it was not the relationship in it's self that is of significance. The usual sexuality related theories that would be presented in an attempt to explain her situation are not applicable in this case. It was not the actual event of obtaining a boyfriend that was of importance, but how it effected Jill's situation.

Jill's rural situation, living miles from the nearest town, meant that on her twice weekly meetings with her boyfriend, she had to journey some distance. Lack of teenage entertainment in the town where they met forced Jill and her boyfriend to spend large amounts of time meandering in the countryside. For the first time Jill was able to spend long periods of time without eating and without disrupting family meal times. The passing of large periods of time without eating allowed Jill to become accustomed to the feelings of hunger and learn how to ignore it until it subsided, and the jittery high that anorexics often experience occurred.

Jill's social life soon began to involve spending as much time as possible outside the structure of family meal times. In most popular theories of anorexia, the pressures of the family and school would be introduced as a major explanation for Jill's behaviour. These are largely unapplicable in Jill's case.

Theories of A.N., such as Lawrence and Edwards 1987, (REF 4.1) see the repressive structure of the family, in particular the relationship between the anorexic and her mother as being of major importance. Roger Slade states in his book, The Anorexic Reference Book (London 1984, pg 64):

' The anorexic feels she is under strong pressure to succeed educationally, to pursue a career. Her family is all the more pleased when her career is one that carries high status which often means she is competing or preparing to compete in male dominated professions. The anorexic shares with her family a powerful ethic of individual effort and self improvement.'

This is one of the most widely perpetuated generalisations

relating to modern A.N. Further more it is usually the unfortunate mother that is crudely blamed. Peter Dally claims:

' The mothers of many anorexics were frustrated and hence overly ambitious for their daughters.' (REF 4.2)

In Jill's case, this could not be less true. Although it is true that Jill's relationship with her mother was of great importance and her serious eating problems developed in the year of her first major examinations, her inter-cert, despite initial appearances on closer examination the educational and family theory does not hold up.

The only applicable theory regarding family structure in this case is Hilde Bruch's American study, where she noted that three quarters of sample anorexics came from families where there were no sons. It was suggested that the anorexic was placed under pressure to achieve success and that parents were obliged to fulfill their educational ambitions through their daughters. Although Jill had no brothers, the theory of educational pressure does not stand.

The usual study worries of the adolescent were minimised in Jill's case, due to her families emphasis on the importance of personal happiness as opposed to academic pursuits. Jill's mother in particular was aware of the dangers of placing excess emphasis on the importance of examinations. Jill was allowed freedom in other areas of her life, even in the weeks preceding exam time. Personal freedom and self expression were encouraged, this became evident when Jill began to adopt a ' Punkish' style of dress. This was not viewed as rebellion behaviour and did not cause family conflict, as Jill's actions were accepted as natural adolescent development.

Despite Jill's above average exam results school authorities constantly reprimanded her about her unconventional style of dress. The problems this action seemed to pose for school authorities did not lead Jill's mother to insist that Jill alter her style of dress. Instead, she suggested a compromise, modification for school hours; such non-interference in her daughter's decisions was a clear expression of motherly support and trust. We can see in Jill's situation, the theory of the anorexic as an over- stressed daughter raised with an unhealthy emphasis on personal achievement, whose only form of expression

is through starvation, could not be less true.

Angela McRobbie's work Jackie, an Ideology of Adolescent Femininity, (REF 4.3) argues that Jackie magazine constructs a world for teenage women readers that its text which entices with its comfortable, naturalized notions of femininity. McRobbie claims Jackie articulates romantic narratives, mapping out every day for its teenage women readers, providing romantic fiction, tips on keeping your man and applying make-up. This is yet another example suggesting A.N. is a condition borne of women's desire and attempts to match the representations of their sex in the media.

Jill's deliberate restriction of her calorific intake had little to do with the message of teenage periodicals. In fact during her teenage years, Jill avoided magazines such as Jackie regarding them as frivolous; she believed their contents trivialised young female interests. Jill's avoidance of such magazines due to their subject matter suggests that in this case the anorexic was not a victim of an idealised message of female sexuality. Instead it shows that Jill was only too aware of the manipulative nature of teenage magazines.

The motivation for Jill's behaviour cannot, as we have seen, be as easily slotted into the various popular theories of anorexia. Her problem cannot be guessed at, Jill is the only one who can know the reason behind her actions. We can study her circumstances to try and understand her position, yet it is only the anorexic herself who can articulate her motives.

In Jill's case her motives were never fully expressed, and this is often the case. However the problem seemed to lie in her need to display willpower and the sense of achievement that her weight control creates. Her choice of food refusal as a demonstration of this moral strength, resulted from misleading messages received through the media at an early age, combined with the coincidentally slim nature of her earliest role models which instilled an early subconscious belief that in some way thin = worth.

The obvious results of starvation and the relative ease with which control of the body could be achieved was the main reason for Jill's choice of this action above others such as diligent study, also it was an area of her life where she knew she could

be the most successful. In the academic field, despite her above average intelligence, Jill realised she would never be capable of outstanding achievement. Through anorexia she claims she could feel both special and superior to her peers and elders.

Perhaps it is the lack of any major event in the life of the anorexic sparking her illness that prevents anorexics such as Jill recovering from their illness. The reluctance, or inability of the anorexic to articulate her motivation also confuses the problem. It is because of this that it is inappropriate to generalise about the motivations of the anorexic. As each case is the result of the amalgamation of a variety of events the anorexic's life.

It would appear that in anorexia there is no need to seek out any situation traumatic enough to account for her decision to inflict potentially life threatening emaciation on herself. The illness develops from an accumulation of circumstances that are individually unremarkable. But it is the value that these events hold in the anorexics life that is important. Anorexia, it can be argued, is an adaptive behaviour necessitated by the circumstances that confront the anorexic. To the anorexic it is a logical response to the position in which she finds herself.

**Stand
102**

**“Lose
10lbs in
3 weeks”**

**Ten super
Raquel Welch
diet videos to
be won**

in SLIMMER
Magazine's daily
free raffle





FIG. 25.

CONCLUSION

Since the 1960's the ideal female body size has become considerably thinner, according to David McGovern's study, The cultural Expectation of Thinness in women (REF 5.1) The weight of fashion models has declined dramatically over the last 20 years. Since the 1970s a new emphasis on physical fitness and athleticism has intensified the pressure on the individual to control their body. The popularity of Aerobics and jogging and the success of fitness books and videos by women celebrities such as Jane Fonda and Victoria Principal indicate the degree to which this idea has become part of today's culture.

An intensified cultural pressure for control and mastery of the body, is displayed in the popularisation of the cult of strenuous exercise and the emphasis placed on the importance of healthy diet through the 'Lite Diet'. These aims are made all the more difficult to achieve in a consumer society where food of every variety and convenience is available in every area of our society.

This espousal of principles of fitness, self-sacrifice and personal transformation have been primarily directed at women. The fact that it is young girls, and not young boys that are so concerned with their physical attractiveness and young women who suffer from the twin obsessions of compulsive exercising and chronic dieting, is compelling evidence for the power of sex-role socialisation and the great potency of the diet message that has been so fervently directed at women during this century.

The popularisation of diet foods and the emergence of low fat foods has had an influence on the behaviour of the modern anorexic. Exercising and obsessive dieting are both equally important behaviours to the modern anorexic. Hyperactivity was never associated with anorexia until recently, but in the 1980s and 1990s A.N. patients have added intense exercise to their litany of rituals. The body weight of A.N. hospital admissions has declined over the past 50 years. The severity of current cases reflects the influence of modern dieting on today's society our current admiration of thin women has certainly contributed

to the number of women dieting. Given the media's longstanding and extravagant worship at the alter of slimness it is no wonder so many contemporary young women make dieting an article of faith.

Since A.N. is an illness which mainly affects women it is inevitable that it has become involved in sexual politics. The anorexics emaciation is startling evidence that she has established remarkable control over her body. She has used this control to achieve a shape and size that deviates from that which is the normally acceptable female shape.

As Derek Scott argues (REF 5.2) sociocultural factors do seem to account for why mainly women suffer from eating disorders and not men. We have seen the important role of the dieting message, as perpetuated through fashion and media, in creating a society where A.N. flourishes. It is an important context for understanding the increase in cases of A.N., but it is not the complete story. It is the nature of our economic and cultural environment interacting with individual and family characteristics which exacerbates the social and emotional insecurities that puts today's young women at increasing risk from A.N.

Attitudes towards anorexia are changing as the medical profession is forced to realise that the nature of anorexia itself is constantly changing in response to the anorexics situation. Where in previous years anorexia was seen as a reaction to sexual insecurities, it has now become linked more with the anorexics need for autonomy. G.F.Russell claims in his 1987 study (REF 5.3) that sexual inhibition is a far less regular feature of the condition, the emphasis has instead shifted to stress the sufferer's morbid fear of putting on weight and fatness.

" This of course begs the question as to whether it is the clinicians themselves who are more receptive to certain theories, of "mini-paradigms", at sometimes rather than at others. In the 1940s for instance, Freud influenced theories by Waller, Kaufman and Deutsch (1940) construed A.N. as a defence against unconscious fantasies or oral insemination. Such a theory today seems absurd, clinicians were less than receptive to their patient's protestations against and fear of weight gain." (REF

Table 4.2: DSM-III diagnostic criteria for anorexia nervosa

-
- A. Intense fear of becoming obese, which does not diminish as weight loss progresses.
 - B. Disturbance of body image, e.g., claiming to 'feel fat' even when emaciated.
 - C. Weight loss of at least 25 per cent of original body weight; or, if under 18 years of age, weight loss from original body weight plus projected weight gain expected from growth charts may be combined to make the 25 per cent.
 - D. Refusal to maintain body weight over a minimal normal weight for age and height.
 - E. No known physical illness that would account for the weight loss.
-

Source: Feighner *et al.* (1972). 'Diagnostic criteria for use in psychiatric research.' *Archives of General Psychiatry*, 26, 57-63.

5.4)

Hilde Bruch first noted the pursuit of thinness that we now recognise as fundamental to A.N. in 1962. I cannot help wondering whether this important recognition occurred because a woman was in a position to listen to what her patient's were telling her. The anorexic is being seen less and less as an incompetent victim of distorted body image. This raises ethical questions regarding the right to interfere in the individual's freedom, when we realise that the anorexic can appreciate the instrumental value of their behaviour and its results.

It is argued that the seemingly distorted body image of the anorexic indicates their inability to judge rational behaviour. Yet studies, such as those by Dresser, (1984 pg 335) have shown that up to 75 percent of women believe they are over weight when in reality only 25 percent are. Dresser suggests that there is no significant difference between the extent of body distortion experience by anorexic and non-anorexic women. Nina Butler is hesitant in relation to current diagnostic techniques. She is also concerned about the morality of interfering in the individual's personal choices if that individual is not incompetent.

" Unless a person's weight is critical and that person was clearly fulfilling Feighner's criteria for A.N. I did not see why we should interfere with the thin person's life." (REF 5.5) (see fig 1)

The important question is how to determine when the anorexic is competent to make decisions about her own medical treatment. Fost points out that unless we can find a clear way to distinguish between the competence of a hunger striker whose actions are viewed as valid political action and the competence of the anorexic, then ' it is not clear why [the anorexic's] freedom should ever be curtailed'. (REF 5.6)

As we have already discussed we can only speculate as to the anorexic's true motivation for her actions because of this we are left without formulised criteria by which to judge her actions. In this case we can only listen to the anorexic and evaluate her personal values and goals from her actions and reactions to her situation. We must conclude that the interference in the anorexic's choices is justified only if we really believe that

the anorexic is beyond rational thought or in critical danger.

And what of the future? I believe that we have not yet seen the crest of the wave of late twentieth century eating disorders. With the use of appetite, in affluent societies, to fulfil non-nutritional needs anorexia (and obesity) will remain characteristic of modern life. In effect capitalism seems to generate a set of human difficulties that may more accurately be described as consumption disorders rather than strictly eating disorders.

As Western values and lifestyles are disseminated throughout the world and traditional eating patterns disappear, anorexia will spread. Joan Jacobs Brumberg says:

'We can expect to see eating disorders continue and increase in post industrial societies where adolescent women are under stress. For both young men and women, vast technological and cultural changes have made the transition to adulthood particularly difficult by transforming the nature of the family and community and rendering the future unpredictable.' (REF 5.7)

She goes on to state that anorexia is just one amongst many expressions of the confusion felt by adolescents in the West. She points out that America 'the' capitalist nation has the highest incidence of anorexia, also has the highest incidence of drug and alcohol abuse among adolescents in any country in the world; it also has the highest rate of teenage pregnancy in any industrialised nation.

Although A.N. is part of a general pattern of adolescent discomfort in the West, anorexia expresses the predicament of a very distinct group, one that suffers from the painful ambiguities of being young and female in an affluent society in the face of social change.

'Intelligent, anxious for personal achievement, and determined to maintain control in a world where things as basic as food and sex are increasingly out of control, the contemporary anorexic unrelentingly pursues thinness- a secular form of perfection. In a society where consumption and identity are pervasively centerpieces of her identity. In a sad and desperate way, today's anorexics epitomize the curious psychic burdens of the dutiful daughters of a people of plenty.'

Fasting Girls, 1988, pg177.

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