

Maggie Wykes & Barrie Gunter

The Media & Body Image



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If Looks Could Kill

Maggie Wykes and Barrie Gunter

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1 Could Looks Kill?

Despite normal hunger, slender shape and a successful social life, many young women deprive themselves of nutrition to the extent that they risk serious illness and even death. Epidemiological research has indicated that women's preoccupation with food and body shape is widespread, while the incidence of eating disorders such as anorexia and bulimia is on the increase. In the United States, a survey of over 2,500 schoolgirls aged between 13 and 18 found that more than three-quarters said they wanted to lose weight and two-thirds had dieted in the past year to lose weight (Whitaker et al., 1989). Even more poignantly, 8 per cent of this sample reported that they had vomited during the past year to lose weight, 2 per cent had used diuretics and 17 per cent, diet pills. The researchers concluded that between 0.2 per cent and 7.6 per cent of their sample could be considered as anorexic. In another American survey, it was reported that 20 per cent of young college females had claimed to self-starve (Pyle et al., 1990). Eating disorders can include anorexic or bulimic behaviour; the first involves the rejection of food and the second purging after eating.

Long-term studies have indicated a 20 per cent mortality rate after 30 years (Theander, 1985), and anorexia is very much like committing slow suicide. In the UK, recent research on 37,500 schoolchildren found 60 per cent of 14- and 15-year-olds felt overweight even though they were actually average and below weight. Dr Regis of Exeter's Health Education Unit commented that 'more effort was needed to stop teenage girls becoming obsessed with trying to emulate waif-like models' (*Daily Mail*, 27 October 1998).

The likelihood is that diagnosed eating disorders may only be the visible tip of a contemporary obsession with body shape that engenders addictive and/or destructive behaviours as a means of weight and shape control. Smoking, drug use, over-exercise, cosmetic surgery (Wolf, 1992) and self-harm may well also be part of the profound subjective dissatisfaction with their body image that is evident and prevalent among, young women in particular. Extreme weight control tactics are not unknown amongst young men but it has long been established that it is women who tend to exhibit more dissatisfaction with their bodies (Heunemann et al., 1966).

Body obsession has historical precedents, particularly in relation to religious ascetism and associated fasting (Bordo, 1993), but is arguably both different from earlier examples and more pervasive than ever before in contemporary Western culture (Counihan, 1999). The modernity of the apparent expansion of 'fasting' and its focus on the body rather than on the soul appears to parallel the explosion of the mass media over the past 40 years. Consequently, causal or probable relationships between media representations and body image have been regularly, theoretically posed since Orbach (1978), who briefly noted the tendency for the media to produce a picture of ideal femininity as 'thin, free of unwanted hair, deodorised, perfumed and clothed ... They produce a picture that is far removed from the reality of everyday lives' (1978: 20–21).

Body shape ideals

Anorexia and bulimia are behavioural syndromes. Body image is a psychological construct. While they represent distinct phenomena, however, they are frequently closely interrelated. In fact, body image concerns and a pre-occupation with dieting among teenagers often emerge together (Byely et al., 2000). The 'body image' construct tends to comprise a mixture of self-perceptions, ideas and feelings about one's physical attributes. It is linked to self-esteem and to the individual's emotional stability (Cash and Szymanski, 1995; Thompson, 1990).

Clinical statistics based on medical treatment rates can be referred to in relation to anorexia and bulimia. Normative statistics of body image disturbance, however, are less easy to find. Most of the research on body image perceptions has been conducted with college student samples that are not representative of the general population. Such studies have been primarily concerned with investigating the antecedents of body image dissatisfaction rather than with establishing its national prevalence. In the United States, attempts have been made to produce statistics beyond college samples to indicate how widespread a problem negative body image might be.

During the 1970s and 1980s, the magazine *Psychology Today* conducted large-scale surveys of body image among adult men and women aged 18 to 70 years (Berscheid et al., 1973; Cash et al., 1986). A further nationwide US survey was conducted among adult women only (18–70 years) in the early 1990s (Cash and Henry, 1995). These surveys indicated that both men's and women's body image perceptions have become more negative over time (Cash and Henry, 1995; Cash et al., 1986). In 1985, three in ten (30%) American women said that they were unhappy with their overall physical appearance, a figure that increased to nearly one in two (48%) by 1993 (Cash and Henry, 1995).

In the UK, much of the evidence about the prevalence of body image satisfaction or dissatisfaction has derived from readership surveys run by glossy magazines. One survey conducted in 2000 by *Top Santé* was reported in a national daily newspaper as having found that half of a sample of 5,000 women with an average age of 37 years classified themselves as overweight. More than eight in ten (83%) said that they felt inhibited by their body and that their life would be considerably improved if they were happy with their body (Stevenson, 2000).

The same magazine conducted a further survey in 2001, and on this occasion 3,000 women with an average age of 38 replied. Once again, the great majority (85%) were unhappy with their shape and nine in ten (90%) said that their appearance depressed them. There was further evidence that women think a lot about their bodies. Whatever their size, over seven in ten (73%) reportedly thought about their size and shape every day and eight in ten (80%) felt that their lives would be considerably enhanced if they felt totally happy with their body (*Daily Mail*, 9 August 2001). The central concern of women as revealed by these surveys was that they felt they were too big. In the 2001 survey, the average respondent claimed she had tried to diet at least six times, with more than eight in ten (86%) saying they had dieted at some point, and around three in ten saying they had fasted (32%), displayed bulimic tendencies (31%) or anorexic tendencies (28%).

Yet not all the evidence from these surveys has been consistent. A survey of 3,000 women aged between 18 and 40 who were interviewed on behalf of Garnier cosmetics in Britain, the United States and Australia reportedly found that most said they thought about their bodies a lot. While many dreamed of improved physical attributes such as a flatter stomach (46%), firmer buttocks (20%) and shapelier legs (14%), when asked to name a celebrity whom they most admired for her body shape, the most popular choices (Kylie Minogue, 23%; Catherine Zeta-Jones, 15%; Jennifer Lopez, 12%) were preferred because of their shapely figures rather than for their slenderness (Lockett, 2002).

Locating a source of blame

Blaming the media for reproducing and extolling representations of unrealistic female bodies that influence young women to starve themselves has almost become a popular truism. Just as the mass media have been frequently accused of causing perceived increases in sexual and violent crime so they are now subject to a barrage of criticism for persuading young girls that thin is beautiful. Even medical opinion notes the media as a possible causal factor. Crisp argued that anorexia 'meets the psychosocial concerns of the person concerned' (1992: 5). He highlighted two major

socio-cultural developments as contributing to its relative contemporary prevalence: the fundamentally altered nature of sexual relationships and mass media and communication.

Contemporaneously, within psychology, a growing volume of research since the 1960s has explored body image perception. The importance of the subject has stemmed, to a significant degree, from the association of certain idealized body images with disordered eating habits, the increased prevalence of which in some societies is recognized as a major health problem (Streigel-Moore et al., 1986). The core of body image dissatisfaction has been located within a discrepancy between the perceived self and ideal self. The ideal self-image may be considered as either an 'internal ideal' or a 'societal ideal' resulting from the dictates of the surrounding cultural and societal environment as to what constitutes the perfect body. Perceived-ideal discrepancies that cause dissatisfaction in relation to aspects of the body that are regarded as malleable, such as weight and the distribution of fat, are believed often to provoke attempts to narrow this discrepancy through such methods as dieting and exercise (Silverstein et al., 1988).

Explorations of eating disorders and related body shape perceptions have indicated that there are biological, psychological, social and cultural factors linked to symptoms of disordered eating. Any number of these factors may individually or collectively set the stage for the development of disordered eating (White, 1992). While such symptoms can occur among a wide variety of people (men as well as women), most of the research attention has centred on their more commonplace occurrence among young women (see Dolan, 1989; Schwartz et al., 1982; Stoutjesdyk and Jevne, 1993).

The appearance of body image dissatisfaction has been observed to emerge among young girls at the very beginning of their teenage years. Certainly, 13-year-olds have been found to report concerns with their body size and appearance that are in turn linked to lowered self-esteem. However, girls as young as 11 years have been found to exhibit similar perceptions in those cases of early arrival of puberty (Williams and Currie, 2000).

The emergence of body image concerns is important because it is frequently associated with the appearance of disordered eating patterns too. This is worrying when it occurs in the early teen years that are important physical growth years. The more dissatisfied young girls are with their bodies, the more likely it is that they will under-eat at this vital period of physical development (Griffiths and McCabe, 2000). Both parents and peer groups play a significant role in relation to onset of body image disturbance and disordered eating. Any suggestion of a concern on the part of a parent with their own body or the display of dieting on their part can create a psychological climate in which such behaviours are encouraged in impressionable teenagers (Vincent and McCabe, 2000).

Gender and body image

In academic and wider public discussions about media and body image, most of the attention is focused on the impact that media representations of body shape have upon women. This emphasis often disguises the fact that men, too, are increasingly defined by their bodies. According to Henwood, Gill and McLean (2002: 183), 'Patterns of consumption, lifestyle choices and media representations of men now often focus upon men's appearance and the male body. ... Media advertising routinely depicts in positive ways youthful toned muscular male bodies or focuses on style in men's clothing and physical appearance'. What effects do these representations have?

Some writers have argued that media images can present ideals in terms of physique for men just as much as for women (Henwood et al., 1999). There is a need to consider the extent to which men's bodies are treated as commodities or objects to be gazed upon in the same way as had previously been claimed about the representation of women's bodies. The nature of any media impact in the realm of masculinity, however, must take into account the typical benchmark self-perception for men. While research has shown that women tend to regard themselves as bigger than they really are, for men the opposite is true. Men tend to perceive themselves as underweight and as thinner than they actually are and report a desire to be larger (Harmatz et al., 1985; Miller et al., 1980; Mintz and Betz, 1986). Men also overestimate both women's and other men's preferences for a large, muscular physique for men (Cohn and Adler, 1992).

As with women, society's view of men may have been shaped and reinforced by media images. The use and display of men in advertising could have served as a particularly potent social conditioning force in this context. It is pertinent to ask whether a muscular, toned, fit and hard-bodied ideal is being promulgated in respect of men in the same way as a thinness ideal is being projected for women. In comparing themselves to such an ideal, how are men affected? Does it leave them feeling anxious and less confident or less secure about themselves (Mort, 1988; Nixon, 1996)?

It has been suggested that men seek to embrace physical strength, hardness and power to reinforce the traditional masculine ideal – and at the same time to distinguish itself from ideas about femininity. The female form is traditionally conceived as soft and rounded, while the masculine form, in contrast, is taut and lean. The male preoccupation with abdominal stomach muscles in the face of a decline in physical labour and increased girth, embodies an attempt to hold on to this traditional masculine ideal of muscular strength and condition (Baker, 1997; Henwood et al., 2002).

Body image studies among men have begun to demonstrate that men can display as much dissatisfaction with their bodies as do women. Furthermore, this finding has occurred in a number of different countries.

One study of college-age men in Austria, France and the United States found that, across all three countries, young men chose an ideal body shape that was considerably heavier and more muscular than the shape they judged they currently had. They also believed that women preferred a male body that was heavier and more muscular (Pope et al., 2000). With women, lower body self-esteem and higher body dissatisfaction have been found to motivate a drive for thinness. A comparable drive for muscularity has been hypothesized to occur among men who are unhappy with their body image. Boys and young men who are dissatisfied with their current body shape have been found to display a drive to put on weight in the form of more muscle (McCreary and Sasse, 2000). Anecdotally, this tendency has been linked with male magazines' emphasis on muscular physiques for men (and the 'six-pack' stomach) which, in turn, is believed to have created a climate in which young men are encouraged to take drugs such as anabolic steroids to achieve the body they want. Abuse of such drugs can lead to serious health problems, including impotence, heart disease, cancer and violent mood swings (Chapman, 2000).

Given changes in gendered roles and the growing socio-cultural emphasis on looks and grooming, it may well be that men feature more and more frequently with poor body image, low self-esteem and consequent self-harming or mental health problems but there is no doubt that currently it is overwhelmingly a problem of and for young women. So this book focuses first and foremost on femininity and the representation of female bodies. It also focuses on Western cultures, particularly the United States and Britain, where eating disorders appear to be pandemic. We again acknowledge, however, that this may well not be a static situation and the future may see a more universal incidence of self-starvation.

Cultural standards of beauty

In Western societies especially, a general preference for a thin body shape has become established as the norm. Culturally, however, this is not yet a universal phenomenon, nor indeed has it been consistent even within Western nations. Many societies have associated a plump physique for women with attractiveness and in some cultures obesity has been admired (Ford and Beach, 1952; Rudofsky, 1972). For over 30 years in Western societies, however, young females have reported more positive attitudes towards a small body size and thin physique, with the exception that a well-developed bust is often preferred (Calden et al., 1959; Nylander, 1971).

Large-scale surveys have produced consistent evidence that the desire to lose weight is prevalent among many national populations, especially

among women (Button et al., 1997; Davis and Katzman, 1997; Serdula et al., 1993; Streigel-Moore et al., 1996). However, the positive connotations of a slender body shape occur very frequently in Western cultures. A thin body shape is associated with success personally, professionally and socially (Bruch, 1978). At the same time, food – perceived as a cause of loss of thinness – can take on a negative hue for many women (Chernin, 1983; Orbach, 1978). The pleasures of food represent a temptation that must be brought under control through rigid and restrictive eating patterns for the greater good of attaining some socially sanctioned beauty ideal.

Despite the early observations of cross-cultural differences in body shape ideals, evidence has begun to emerge that Western-style concerns about body shape occur in non-Western populations, particularly among individuals who have had frequent contact with Western people and their culture. One study of young white and Asian women living in London and young Asian women living in Lahore in Pakistan who were English-speaking found similar associations between body dissatisfaction and attitudes to eating throughout all three groups. All the women who participated were recruited from slimming and fitness gyms in both cities. The youngest women in each case exhibited the greatest body image dissatisfaction (Bardwell and Choudry, 2000). A further study conducted among young women in South Africa found that eating disorders linked to body self-esteem were prevalent across black, white and Asian women (Wassenaar et al., 2000).

Other research has confirmed that similarities in judgements about physical appearance and attractiveness can occur across cultural groups, but some subtle differences also prevail. An American study presented figure drawings to Caucasian, African American and Hispanic college students who were asked to choose figures that most closely matched their current body shape, the body shape they would most like to have, the shape they felt would be found most attractive by the opposite sex, and the opposite-sex figures they found most attractive. Dissatisfaction with body shape was greatest among women regardless of ethnicity. However, both men and women misjudged which shapes the opposite sex would rate as most attractive. The women guessed that the men preferred shapes thinner than those they actually reported. African American women, however, had the most accurate views about what men would find attractive, and Caucasian women held the most distorted views in this respect. The men, throughout, guessed that women preferred shapes bigger and bulkier than those actually indicated by the women (Demarest and Allen, 2000).

Norms of feminine beauty in Western culture, however, have varied considerably over time (Goodman, 1995; Seid, 1989; Wolf, 1992). Although female attractiveness was once epitomized by a plump body shape, the

contemporary ideal, at the close of the twentieth century, emphasized a slender body. As we will see in more detail in later chapters, researchers have documented this cultural shift by showing that female magazine centrefolds, beauty pageant contestants and female models have become thinner over time (Garner et al., 1980; Seid, 1989; Wolf, 1992).

The impact of this changing ideal for feminine beauty is further exemplified by the increasing pervasiveness of dieting among women, especially young women. Polls conducted in the early 1960s (Wyden, 1965) on a nationwide sample of adults in the United States found that over 30 per cent were especially concerned about their weight. Only 10 per cent of overweight adults were dieting, another 20 per cent were trying not to gain weight and another 40 per cent were concerned but not doing anything about it. A separate poll by the same author showed that such concern rarely led to corrective measures (Wyden, 1965). In contrast, other research reported that as many as 70 per cent of high school girls were dissatisfied with their bodies and wanted to lose weight (Heunemann et al., 1966). Over subsequent years, further polls of American youth revealed that 30 per cent of high school girls and 6 per cent of boys were dieting on the day they were interviewed, although only 15 per cent of the girls, but 19 per cent of the boys were overweight. Furthermore, over 80 per cent of girls, but fewer than 20 per cent of boys expressed a desire to weigh less and over 40 per cent of girls had been on a diet by their senior year in high school, whereas only 24 per cent of their male cohorts had ever dieted (Dwyer et al., 1967, 1969, 1970). By 1977, the percentage of college women either on diets or consciously trying to control their eating in order to keep their weight down was up to 82 per cent (Jacobovits et al., 1977).

Coincident with this increasing norm of thinness, rates of body dissatisfaction and eating disorders among women have risen (Silverstein, Peterson et al., 1986). Research on body image has indicated that women consistently perceive themselves as overweight (and as heavier than they actually are) and report a desire to be thinner (Cohn and Adler, 1992; Mintz and Betz, 1986). Women also tend to report an ideal body size that is significantly thinner than their perceived actual body size (Cohn and Adler, 1992). Finally, women overestimate both men's and other women's preferences for female thinness (Cohn and Adler, 1992). Explanations for these different perceptions have increasingly pointed to the media and to claims that an idealized, slender female form is over-represented with possible harmful consequences for the self-perception of women who do not see themselves as complying with the stereotype of acceptable feminine beauty.

Certainly, the cultural standard of beauty in relation to body shape is promulgated, to a significant degree, via the major mass media. Modern institutions of advertising, retailing and entertainment produce vivid notions of beauty that change over time. These mediated 'ideal' images

place pressure upon women in particular to conform to the body image currently in vogue. During the 1950s and early 1960s, the major media of the day focused upon the upper torso of women, placing emphasis upon the aesthetics and sexual allure of a large bosom. Subsequently, this body fashion was replaced by an emphasis upon being slender and, concurrently, many young women, not clinically diagnosed as anorexic or bulimic, nevertheless expressed dissatisfaction with their bodies. Their main concern is the avoidance of becoming overweight (Cash, 1990). Some writers have harshly criticized the mass media for playing a powerful role in conditioning women to adopt the thin standard as the ideal body shape (Mazur, 1986).

Yet, despite the criticisms levelled at the media in this context, surprisingly little work has actually addressed either the nature of media representations of the body or the ways in which audiences may interpret and use such images. During the 1990s, this position began to change. A few studies, mostly in the United States, of the antecedents of body image perceptions and disordered eating propensities place special emphasis on the mass media as potential causal agents (for example, Botta, 1999, 2000; Champion and Furnham, 1999; Grogan et al., 1996; Harrison, 1999, 2000a, b; Harrison and Cantor, 1997). In the UK, in 2000, the British Medical Association (BMA) agreed with academics Levine and Smolak that there 'is a great deal of theorizing and media criticism, available but far too little systematic research' (BMA, 2000: 31). A summit meeting held at 10 Downing Street (the British Prime Minister's office) in June 2000 confirmed both general concern about self-starvation and the need for more research into the role of the media.

About the book

This book starts to address the lack of research on the media, body image and eating disorders by bringing together new empirical work on both media representations and audience responses, within a broad discussion of socio-cultural change, gender politics and self-identity. It is joint-authored in two parts, to investigate textual work (see Wykes, 1998, 1999, 2001, 2003) and audience research (see Gunter, 2000) as rigorously and informatively as possible. The introduction and conclusion compare and contrast the two theoretical paradigms and analyse the differing methodological approaches and findings critically and creatively.

Part One, entitled *Media Representations* focuses closely on textual theory and analysis. It overviews theories of eating disorders, subjective identity, history of representation and the role of socio-cultural discourses. It investigates the contemporary 'moral panic' over the media and the body and the lack of detailed analysis of the mediated material

blamed for the current health crisis by theorizing the role of the mass media in gendered discourses and analysing textual examples from print and screen. Part One concludes by integrating the findings of detailed analysis within the broader debates of the role of the media, gender norms and values, health, sexual politics and commerce.

Part One comprises Chapters 2–5. Chapter 2, *Dying to be Thin*, focuses closely on the history of eating disorders and reviews medical, psychoanalytic, sociological and feminist research. It argues that any proper understanding of behaviours and concepts, which are suicidal at worst, frequently socially disabling and even at the level of least harm, inhibiting and damaging to self-esteem for many young women, must look beyond the tip of the iceberg that presents as diagnosed anorexia or bulimia. It argues that the media works on the body in much more subtle and broad ways than simply the promotion of a thin aesthetics and that the pursuit and promotion of slenderness is in many ways a metaphor and sometimes a disguise for a whole range of perceived gender norms within the agenda of sexual politics. The chapter argues that thin is a feminist issue because it is symptomatic of a context within which power works to construct very particular models of acceptable femininity in a range of discourses such as the family, the law, religion and, most systematically, covertly and invasively, the media.

Chapter 3, *Body Matters*, explores the history of the representation of the body and reviews theoretical work on the body as a cultural construct. It places self-starvation in the context of other body dysfunctional and displacement activities such as self-mutilation, drug abuse, over-exercise, fashion and cosmetic surgery in order to better understand how women are so subject to seeing themselves as ‘deviant’ bodies. The chapter considers what are desirable, normal, acceptable looks in our culture and how such norms are disseminated and by implication what is considered abnormal and other than desirable.

Chapter 4, *Print: Selling Sex and Slenderness*, argues that glossy magazines, although not innocent of promoting a thin aesthetics, are not solely responsible for constructing gender norms and values and that the slender-is-sexy norm would only be ‘saleable’ if it fitted into wider mediated concepts of gender and identity. The chapter uses the press as a case study for identifying those concepts and their prevalence, because newspapers remain the most sourced form of media in the UK, with some 14 million newspapers sold daily. It considers Julie Burchill’s claim that the *Daily Mail* has created thousands more anorexics than *Vogue*, (*Guardian*, 8 July 2000) by analysing newspapers in order to assess the nature and extent of engagement in gendered discourses, direct or indirect. It looks both at coverage of ‘thinness’, particularly in relation to stars and models (Lena Zavarone/Kate Moss), and broader representations of women. It then focuses on the glossy magazines that have been

blamed for the anorexic epidemic. Jess Carter-Morley, a fashion editor for the *Guardian*, epitomized the populist view of the role of women's magazines in causing eating disorders when she wrote 'surely it is time for the glossy magazines and designers who demand and promote an extremely thin body shape to take a more responsible attitude' (*Guardian*, 31 May 2000). The chapter explores the ways in which femininity is narrated for the reader in popular magazines for teenage girls and young women and asks what the implied value judgements are and whether women are being manipulated. Drawing on semiotics, narrative theory and critical discourse, the analysis interrogates the 'sites' so vehemently attacked by newspaper journalists, medics and MPs during 2000 for causing young women to emulate 'waifs' and 'heroin-chic' and assesses the evidence that magazines sell slenderness as part of sexual attractiveness and social success.

Chapter 5, *Starring Roles: Screening Images*, extends the analysis of the mass media from print to electronic forms by looking at television and the World Wide Web. It explores the ways in which stars move both across performance arena and between media forms and how their iconic status might make them influential on young women, particularly when few other women ever feature in the mass media in any positive way. It considers the contexts of representation, particularly looking at contemporary women's serials, and assesses the rapidly growing Web as both a source of information about femininity but also of interaction between women and girls.

Part Two of the book, entitled *From Media Representations to Audience Impact* inverts the focus of Part One on the media and texts by arguing that any account of media meanings is necessarily partial without concern for the audience. Research on the representation of body image in the mass media spans more than 30 years. Within the context of communication effects, studies of body image portrayals in print and broadcast media have raised a number of theoretical explanations of media influences on, and methodological approaches to, this particular domain of human experience. The section shifts from concern with analyses of body image representations *per se* and the interpreted possible reasons for, and consequences of, these to audience research that seeks to elicit evidence of effects or correlations from media users themselves.

Chapter 6, *From Representation to Effects*, focuses closely on the psychological processes that suggest that political, medical and public opinion that the media affects attitudes and behaviours is well founded. It explores why women seem more concerned with shape and size than men and why slenderness has positive connotations for the female self. The chapter looks at theories relating to role models, covetousness, aspiration and pre-existing mental schemas and assesses their validity and value as a means of explaining the role of the media in the phenomenon of self-starvation.

Chapter 7, *Media Exposure and Body Image Ideals*, moves from theoretical approaches linking the media to body image and self-identity, to considering the methods that have been used to test effects theory. It looks at what has been learnt by surveying audiences in order to test for correlations between role models and self-perception. It contextualizes self-image and represented image in cultural norms and contexts.

Chapter 8, *Media Causation and Body Image Perceptions*, turns to experimental methods of seeking causal relations between media models of femininity and young women's attitudes to and behaviours around their bodies. This chapter reviews studies designed to test cause-effect relationships between both magazine and television accounts of female shape and size and audiences' reported self-esteem and body perception.

Chapter 9, *The Media and Clinical Problems with Body Image*, moves to research on 'clinical' populations of women specifically diagnosed with eating disorders. It looks at the differences between 'disordered' and 'normal' eaters in terms of their attitudes to and behaviours around food and the media.

Chapter 10, *Conclusion: Body Messages and Body Meanings*, compares and contrasts the approaches to media images and self-perception explored in this book. Both approaches have their own particular strengths and weaknesses. We consider to what extent these might inform better theoretical models and methodologies relating media representations of the human body and public conceptions of body shape. We review what has been elicited from the research undertaken for this book and, in the context of calls for closer self-monitoring of body representations by the mass media and their producers, discuss whether there are any policy-related recommendations or other kinds of action or information that might usefully intervene in the process whereby 'looks could kill'.

PART ONE Media Representations

2 Dying to be Thin

Eating disorders can include anorexic or bulimic behaviour; the first involves the rejection of food and the second purging after eating. In both the ultimate goal is to be thin. Moreover, although there are occurrences of anorexic males, the gender bias of the disorder is definitely female. Approximately 90–95 per cent of those diagnosed as anorexic are female and it is particularly prevalent among women in certain careers such as ballet, sport and modelling (Malson, 1998). There is no doubt about the contemporary problem, nor any doubt that interventions and research are both necessary and timely. Although obesity remains a far greater threat to British health than starvation,¹ during the past few years the problem of young girls systematically starving themselves to death has become a growing area of medical, psychological and finally political concern. In 1994, research in Australia amongst schoolgirls found that '16 per cent of the pre-pubertal girls and 40 per cent of the girls who had passed their menarche perceived themselves as too fat' (Abraham and Llewellyn-Jones, 1997: 8). In the United States some estimates report that 20 per cent of young college females self-starve (Pyle et al., 1990).

Although primarily still a disease of the Western, and more affluent, white world, cultural imperialism is spreading the ideals of frail, pale femininity globally via the media, making the investigation of and explanation for eating disorders an urgent matter. The media have been repeatedly targeted as causal of the escalation of eating disorders:

We now have damning evidence from Fiji of the impact of Western ideals of beauty where, in a three-year period after the introduction of TV (mainly US programmes), 15 per cent of the teenage girls developed bulimia. The penetration of Western images coupled with an economic

onslaught, had destabilised Fijian girls' sense of beauty, infecting them with a virus more lethal than the measles Britain exported to the colonies 100 years ago. (S. Orbach, 'Give us back our bodies', *Observer*, 24 June 2002)

Increasingly, the media are seen as somehow responsible for the apparent growth of eating disorders in a range of discourses including health, politics and, ironically, the media itself. Certainly the mass media are a relatively modern phenomenon and their rise does seem to parallel the escalation of a kind of thin fascism but whether they are causal of any phenomenon or merely reflecting socio-cultural issues has been contentious in many other areas of work on the media, most notably around the effects of sexual or violent material on audiences.

This chapter considers the historical context of eating disorders and the epistemology appropriate to them in order to assess why earlier work has not found ways of preventing self-starving illnesses and how the media have come to be a focus for concern. It explores history to clarify the similarities and differences between self-starving in different epochs. This enables a critical account of the contemporary context by eliciting the circumstances peculiar to the onset of the third millennium. It also looks at the evolution of theoretical and interventionist approaches to the illness, again critically, in order to explain the arguments for not just further work but work of a different kind to be done on why young girls are dying to be thin.

Dying to be thin: transcending the body

Eating disorders are not a millennial phenomenon. Orbach (1978) documented the history of problems in the UK and Bordo (1985, 1993) traced a long history of anorexia in the United States. This history merits attention because it informs a legacy of theory and associated practices of intervention that do not appear to be equipped to resolve the contemporary problem. Moreover, it is a history that clearly demonstrates the full extent to which the female body, whether desirable, displeasing or damaged, has been subject to and described according to the male gaze in a range of discourses. The history of the disordered female body is also necessarily the history of orderly femininity. It is also a history of gender relations because women's bodies were the object of male authoritative experience and knowledge until and arguably beyond the later twentieth century.

The body has always been a site of struggle, in that the mind can conceive of it, exists within its confines but can only partially control it. This duality of body/mind has generated much philosophical enquiry and remains a pivotal underwriting of contemporary debates not least within

theories of anorexia. Deriving from Plato,² body and mind are seen as bifurcate: disjoined components irrevocably interdependent until death. The mind is the seat of the essential self bound to the material form of the organic body. The body thus becomes a problem, it is the 'other' the 'not self'; alternatively, it may be seen as a confinement or cage that traps the spirit or will. For Descartes,³ control of the body was the intellectual pursuit.

More extremely, St Augustine saw the body as an enemy inhibiting spiritual truth and so requiring but resisting control. The goal was transcendence of corporal desires, hungers and functions in order to find the true self, the inner spirituality that in Christian terms is the route to God.

Bell (1985) cites 261 cases of female starvation for religious reasons between 1206 and 1934. Of these 261 fasting women, 181 (more than two-thirds) lived between 1200 and 1600 A.D. with many being elevated to sainthood. In addition to fasting (often to death) these 'holy' anorexics castigated their bodies, refused offers of marriage and sought refuge in religious orders. Many were sanctified for their alleged ability to communicate with Christ. (http://www.geocities.com/gina_rlp/history.html, accessed 20 February 2003)

Corporal greed, whether for food or sex, was viewed as evidence of the grossness of the flesh; it follows that control of such greed is evidence of the strength of self-will and the route to transcendence. In the fourteenth century chastity and fasting, occasionally until death, were symptomatic of sanctity:

Contemporary records construe Catherine of Siena's fast as an admirable and holy expression of piety. Her death was not presented as a regrettable or tragic culmination of disease or disorder. (Malson, 1998: 51)

Such religiosity is rare now in the Western Judaeo-Christian world but the philosophical legacy remains deeply embedded in our culture. Bordo even claimed that 'although dualism is as old as Plato, in many ways contemporary culture appears *more* obsessed than previous eras with the control of the unruly body' (1993: 149) and cites the diet and exercise industries as evidence of this. A spiritual explanation for the self-flagellation of starvation, extreme exercise and even self-mutilation does not sit comfortably in our largely secular and materialist culture in the twenty-first century but it may be that a memory of such routes to eternal approval sits deep in the Western psyche.

Ascetism is not a term that appears regularly in the literature on self-abuse and is almost totally absent in modern work on anorexia or bulimia yet both these are about purging the body, cleansing it and diminishing it, often in a highly disciplined regime. Excess of flesh or of fleshly pleasure

or pleasure in flesh are linked to negative terms such as stupor, greed, passivity, placidness, poverty, un-attractiveness, lack of control, inactivity, idleness, idiocy and onanism. To be fat is to be the butt of jokes, to be viewed as a 'couch-potato', to be subject to the body. The real self is disappeared in folds of flesh and what cannot be seen cannot be known or valued or loved. For ascetics, controlling the appetite and paring away the flesh exposes and releases the spirit from the domination of the body. It is a route to self-knowledge and the start of the journey to God. Perhaps today it is even more difficult to gain a sense of self in a complex, polysemic world that denies unity, fixity and security. Moreover, in the agnostic, atheistic and multi-faith complexity of the early twenty-first century such goals lack the language of unchallenged Christian articulation. Instead, discourses of spirituality and self-reflection tend to be subsumed beneath the weight of meaning generated by two institutions that have largely superseded Christianity as the doctrine of personal growth and well-being, namely medicine and psychology.

Hysterical women

Self-starvation perhaps more than any other modern health phenomenon brings together the knowledge disciplines of the body and the mind. The rise of science and pursuit of scientific knowledge during the eighteenth century slowly brought self-starvation under the remit of medics. The growth of Protestantism during the period also saw the steady diminution of extreme Catholic practices of ascetism and by the nineteenth century fasting was being seen less as evidence of piety and more as a medical problem. Scientific scepticism and Protestant dislike of the extremities of Catholicism saw resistance to any idea that fasting was any evidence of godliness or a reason for admiration. Benson (1999) also suggests that the male priesthood resented the attention and adulation given to 'miraculous' girls and readily sought to expose them not as saintly but as sick or sinners.

Critics of those who associated fasting with religiosity argued that the early instances were less pious attempts at giving up food for Christ as evidence of devotion or purity and more evidence of a long history of the existence of anorexia nervosa. Some also suggested that many such famous cases were fraud or actually caused by disease. Malson refers to the work of Hammond (1897) who 'criticized the religiosity of many early descriptions of "fasting girls" as unscientific, claiming that they were probably cases of deception, fraud or organic disease' (1998: 52).

The early accounts of anorexia as a disease refer to it as a wasting illness, a form of consumption or distemper without the accompanying cough and fever. The early eighteenth century supported a buoyant and growing medicine, which theorized much illness as caused by the 'fluctuating

equilibrium of internal fluids, spirits, appetites and “souls” (Porter and Porter, 1988 in Malson, 1998: 54). These shifts in the humours of the body might be caused by nerves or imagination so illness was seen as a manifestation affecting the whole person. Although technically medicalized and a-theological, the similarities between explaining fasting as an act of will over the body to reach God and an act of imagination impacting on the proper function of the body are evident. Also evident in these diagnostic accounts was a recognition that remains in contemporary accounts of the role of the mind in disordered eating.

The relationship between body and mind was envisaged as enabled or disabled by the ‘nerves’. Nervous sensitivity became almost a fashion in the early nineteenth century and was thought to indicate superior individuality. Nervous diseases and ailments were very much the symptom of the middle classes of Jane Austen’s England. Hypochondria was seen as evidence of a suffering soul and treated with relative sympathy compared to our modern cynicism. Physical ailments of many kinds, but particularly gastric, were explained as resulting from nerves.

Commensurate with this development was the commercialization of the perceived problems that gave rise during the Victorian period to an interest in spas, health resorts and medical treatments. That link between body, anxiety and capital remains buoyant today and highly relevant to any enquiry into eating disorders or other body-changing processes. Also key to more contemporary debates was the gendering of nervous illness during the nineteenth century. The term ‘hysteria’ etymologically refers to a disorder of the womb that affects other parts of the body and is, by virtue of its association with women’s reproductive system, quintessentially feminine. By association of nervousness with hysteria, nervous complaints readily became female ailments. Malson (1998) saw this connectivity as the origin of the discourses within which the contemporary phenomenon of anorexia nervosa would emerge.

Hysteria was a condition assigned to women in the same way that eating problems today are considered endemic to women’s existence. Although we are accustomed to thinking of hysteria as the disease of the bourgeois woman, it cut across class lines in both the United States and England. In the earlier part of the nineteenth century imprecise nosology meant that hysteria gathered into itself all manner of distress symptoms. Some of these by definition cancelled each other out, others meant that ‘hysteria’ became a convenient catch all for any kind of physical and mental stress experienced by women. (Orbach, 1993: 6)

Orbach points out that although hysteria crossed class lines it was middle-class women who frequented the medical profession and were perceived as frail and sensitive; working-class women were viewed with suspicion as deceitful and idle. Nervous dispositions became a marker of class

sensibility associated with delicate and romantic femininity. The ideal woman was passive, pale, modest and maternal. She was seen as subject to her reproductive system, which rendered her emotional, faint and often confined to the home. It is possible to see such constructions retrospectively as conveniently oppressing and containing women within the burgeoning patriarchy of Victorian England.

In many ways hysteria was the nineteenth-century equivalent of eating disorders. Although men could and do suffer from both, they are usually seen as female complaints. They also tend to be associated not just with femininity but with female sexual attractiveness and reproduction. Even when hysteria was theorized as largely mental in origin the association of the condition with the uterus not only feminized the condition but constructed a model of femininity infused by sexuality, so long as that sexuality was related to maternity. The womb came to stand for the whole woman. Mort (1987) saw this representation as central to Victorian sexologists, theorizing that distinguished between the 'sexual bourgeois lady and the sexually depraved working-class prostitute' (Mort, 1987: 61). Respectable women were seen, according to the venereologist Acton, *as not very much troubled by sexual feeling of any kind*. Acton was an active campaigner for the regulation of prostitution, which was viewed as a source not just of moral corruption but of disease. Women were effectively divided into good/asexual/middle-class and bad/sexual/working-class. In both instances they were seen as weak, morally, mentally or physically, and therefore in need of either care or control. The authority of patriarchy was well served by such constructions.

The closeting and controlling of Victorian women created narrow, limited lives, and towards the end of the nineteenth century psychologist Sigmund Freud (1856–1939) and women themselves began to theorize hysteria as relating to that suppression or repression. For Freud, hysteria might be the result of unexpressed and negatively evaluated sexual feelings, 'the "unspeakability" of such traumas was what led to their somatization' (Benson, 1999: 139). In writing about his patient Dora, for example, he states: 'gynaecophilic currents of feeling are to be regarded as typical of the unconscious erotic life of hysterical girls' (Freud 1905/1983: 98).

In contrast, for the emergent feminists of the suffrage movement hysteria was likely to be caused by the broader inhibitions enforced on women. Driven to law-breaking in their struggle for reform and the vote many went on hunger strike as a means of asserting control over their own bodies, rather than being subject to the control of men and the state.

The government's response to this protest in the form of force-feeding is yet another example of the notion that control of the female body is not something that resides with its owner, the individual woman, but is an area to be contested. (Orbach, 1993: 7)

The suffragette hunger-strikes dramatically demonstrate the limited range of expression available to women at the turn of the century. Their actions were frequently labelled mad and 'hysterical' by the press (Young, 1988), enabling them to be ignored in Parliament and denigrated in popular opinion.

Hysteria came to be seen as a manifestation of Victorian culture; it was a means of expression for women otherwise repressed. In many ways it seems the polar opposite context to the contemporary quintessential female 'disease' – anorexia nervosa. Women today are sexually liberated and socially enfranchised. The problem seems to be not restriction of choice but explosion of choice. None the less, there are clear links between these two conditions: each is female, manifests during the reproductive years, tends to be viewed as middle-class, involves mental and physical symptoms and relates closely to identity and self-image.

Anorexia nervosa

Some of the major symptoms of hysteria are lack of appetite, vomiting, diarrhoea or digestive problems for no obvious physical reason. By the 1870s the phrase 'hysterical anorexia' was introduced into the medical vocabulary. Although the presenting disorders were gastric not uterine, the assumption that the cause was nerves informed the use of the term hysteric, suggesting once again that it was the womb which was somehow implicated and that this was a female disease. The absence of menstruation in sufferers further re-enforced the link to female sexual organs. The problematic relationship of the anorexic to food was seen as impacting on the whole family, wherein food and the family table were central to bourgeois life. So by 1880 links were being made between self-starvation, mental health, sexuality and family, links that remain the underpinning of the treatment of eating disorders today. Those links also underwrote the medicalization of family and sexual life:

sex appeared as an extremely unstable pathological field: a surface of repercussion for other ailments, but also the focus of a specific nosography, that of instincts, tendencies, images, pleasure, and conduct. This implied furthermore that sex would derive its meaning and its necessity from medical interventions: it would be required by the doctor, necessary for diagnosis, and effective by nature in the cure. (Foucault, 1978 in Easthope and McGowan, 1992: 92)

That medicalization defined who had the right to 'control the body, define the parameters of sickness and health and to pronounce on sex' (Mort, 1987: 171) and, of course, to distribute authoritative representations about those areas.

Two medical papers, published by Lasegue (1873) and Gull (1874), placed anorexia clearly on the medical agenda⁴ and defined the tropes for the following accounts. These tropes were that the illness was feminine; that it was a disease mainly of young women; that patients were middle-class or even wealthy; it manifested as a food aversion, usually because the patient claimed to suffer pain or discomfort after eating; there was no evidence of organic disease; childish behaviours were identifiable; obstinacy was a personality trait; and patients presented as nervous or restless, sometimes theorized as being due to young women's too great exposure to education and social activity. Missing from these was any sense that anorexia was caused by a desire to be slim; rather, slenderness was seen as a result of the disease rather than part of the cause. Throughout, 'the figure of the morally and physically weak woman in need of patriarchal control and medical authority was never far away' (Malson, 1998: 74).

The increasing scientism of the early twentieth century saw a strong shift towards explaining anorexia in organic terms. Because the disorder seemed to be seated in the digestion, the endocrine system became the focus for bio-medical research. A malfunctioning pituitary gland was seen as the likely cause because of its association with amenorrhoea, hair loss and fainting from low blood pressure – all evident in anorexia. Yet although the search for an organic explanation continued throughout the twentieth century, and continues, no satisfactory aetiology has been unearthed. None the less, the medical profession remains deeply involved in the explicatory, diagnostic and treatment processes. It is part of a twin approach to self-starvation in uneasy partnership with psychological approaches. The focus on nerves and mental states in early studies of anorexia inevitably led to the involvement of psychology in its diagnosis and treatment. Freud's work linking physical symptoms to mental distress was deeply influential and by the 1940s 'psychosomatic' illnesses were subject to international research. Self-starvation has been linked to personality disorders, hindrance of sexual maturity and loneliness, but each of these may result from self-starvation rather than cause it. Psycho-medical discourses remain deeply influential because the fatal possibility of the illness necessitates their intervention, but by the point at which malnourished girls are brought to their attention, they are clearly dealing with the effect of the condition on the body and mind *in extremis*. The volumes of their representations of the body, health and sex remain authoritative and inform popular representations in our mass media. Yet no single satisfactory explanation has been achieved either for the illness itself or the apparent current escalation of its incidences.

Fasting girls: modern psycho-medical approaches

Despite the recent onslaught on the media as the source of all social ills, including anorexia, the area of self-harm remains mostly researched and theorized within a medicalized context, unsurprisingly given that most sufferers only come to the attention of the academic community when they are in desperate need of either medical or psychiatric intervention, or both. These approaches focus on either body or mind and remain dominant in informing treatment paradigms.

As with other conditions of illness, medicine and psychology act on the mind or body after affliction when it is the symptoms of illness that characterize the individual. For medicine the data that are presented are physical and the resulting theories of causes also tend to look for physical causes. The evidence of a starved body is explained as biological. In parallel, psychological theories for the construction of subjectivity necessarily inform theories for the destruction of self that is an eating disorder.

Contemporary medicine still seeks organic causes for eating disorders but is deeply compromised by the organic and bio-chemical malfunction that is actually caused by malnutrition. Recent work is inconclusive at best and contradictory at worst, which is worrying given that the US National Institute of Mental Health supports research showing *the mortality rate for anorexics is 12 times higher than the annual death rate due to all causes of death among females aged 15–24 in the general population* (Sullivan, 1995).

Medical interventions focus primarily on restoring weight loss and maintaining weight gain but remain active in seeking organic causes in the hope that they may find evidence that supports pharmaceutical treatments. Although the boundaries between psychological and biological pre-disposers to disordered eating are blurred there are some areas where organic cause can be identified as possible and worthy of research. One such area is genetic predisposition. The US website ANRED (Anorexia Nervosa and Related Eating Disorders) states:

In fact, people with a mother or sister who has had anorexia nervosa are 12 times more likely than others with no family history of that disorder to develop it themselves. They are four times more likely to develop bulimia. (Eating Disorders Review at <http://www/anred.com/causes.html>, accessed 24 February 2003)

The Priory Hospital, Roehampton, London concurs. Its website states: 'There is an increased risk in families in which there are other anorexics and this probably indicates a genetic predisposition' (<http://www.priory-hospital>).