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'View to be Thin: Interrogating Media's Relationship to Eating Disorders through Audience Research'

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View to be Thin: Interrogating Media's Relationship to Eating Disorders through Audience Research

Abstract

This paper uses a discourse analytic approach to explore the complexity of meanings women attach to media effects in relation to eating disorders. It is based on semi-structured interviews with seven women, who identify as having varying types of eating problems. The women were asked to discuss their experiences of eating problems and media messages. This analysis explores the complexity of meanings that the women articulated, as there is no single discourse drawn upon to explain eating problems in relation to media effects. Wider implications for understandings of eating disorders are also discussed.

Key words: media, audience research, eating disorders, discourse analysis

Introduction and history

Despite reports of unusual food practices throughout history (Brumberg, 1988) it is claimed (Pawluck & Gorey, 1998) that incidents of eating disorders^[1] are steadily increasing in contemporary societies. The first suggestion of an increase was in 1939, by the British physician John Ryle. He attributed the increase largely to the current fashion for a slender figure (Vandereycken & Deth, 1993). It is significant in the discursive construction of eating disorders that along with these initial claims for increased prevalence, the first explicit connection between media and eating disorders was proposed.

Researchers of various orientations have examined linkages between media messages and eating disorders. Feminist philosopher Bordo (1993) explores “the complex intersections and crystallizations of culture that are present in the phenomena of eating disorders” (as discussed in Way, 1995). Work of a more clinical orientation (Garner & Garfinkel, 1982) emphasizes the multi-dimensional nature of media effects. Both Garner & Garfinkel (1980) and Wolf (1991) have pinpointed the increase of diet articles in the mass media.

However, despite these attempts to understand the specific nature of media effects and viewers' engagement with such messages, the notion that eating disorders are rooted in an idealization of feminine beauty, most visible through the media, has persisted and is articulated in multiple popular forums. Probyn (cited in Kroker, 1987: 207) summarizes the argument, “many of the popular images of anorexia center on establishing chains or links between the anorexic and paper thin representations of women”.

Background

A brief history of the development of discourses surrounding eating disorders is useful; primarily to place in context the contemporary claim that media are a significant factor

in eating disorders. Discourses can be understood as “limited sets of statements which establish the conditions for the truth on which it arbitrates and makes statements” (Danaher, Schirato, & Webb, 2000: 34). Medical discourse, for example, refers to various writings on eating disorders (psychiatry, pediatrics, psychology and dietetics). Medical research, like many other fields, is continually evolving, knowledge is discontinuous, and the pioneering work on anorexia is still relevant today (Madden, 2004).

As this summary illustrates, there are incidents of food refusal and unusual food practices through history, long before there was the technology, status and wide circulation that media has today. In Brumberg’s words:

[t]oday’s anorectic is one of a long line of women and girls who have used control of appetite, food and the body as the focus of their symbolic language. A historical perspective shows that anorexia nervosa existed long before there was a mass cultural preoccupation with dieting and a slim female body (Brumberg, 1988: 2-3).

Food is used as an expression of various conflicts, which differ culturally and historically. Here, I briefly discuss two of the subtypes of eating disorders, and provide some thoughts on the claims for increased prevalence.

Virtually every description of anorexia begins with the statement that its Latin name (meaning nervous loss of appetite) is a misnomer. The earliest account of anorexia is a 1689 report by Thomas Morton, an English doctor. Morton discusses two case studies, one female and the other male, who were suffering from a ‘wasting disease’ (Gordon, 2000). At the time, Morton’s work was not widely acknowledged. Doctors of this period still made reference to God for explanations of what they believed were supernatural cases, and self-starvation was linked to sainthood (see Brumberg 1988). A slightly later explanation came from Chipley, (1810-1880) suggesting that women fasted for attention, the popular 19th century explanation for anorexia (Brumberg, 1988; Vandereycken & Deth, 1993). This theory still exists today; for example, one of the better-known autobiographies of anorexia (Boone O’Neill, 1992) is titled *Starving for Attention*. In 1873, two leading physicians almost simultaneously published accounts of the illness. Gull was an English doctor, a consultant of the Queen. The other practitioner, Lasegue, was French, and his report was the more influential.

[T]he clinical descriptions of Gull and Lasegue differed enormously in emphasis. Gull’s report was primarily medical, focusing on how the physician came to conclude that the condition involved ‘simple starvation,’ and no organic cause. Lasegue’s commentary was psychological, outlining the mental stages through which patient and family passed in the course of the disease (Brumberg, 1988: 119).

However, both saw adolescent girls as a vulnerable population, and Gull found similarities between anorexia and hysteria. With the publication and recognition of these two reports the transformation from saints to patients was completed (Brumberg, 1988) and the first of many debates over cause and treatment of anorexia.

Bulimia nervosa is the name given by British researcher Gerald Russell in 1979 (Wooley & Wooley, 1982) for what was seen as a new type of eating disorder. The term first appeared in the *Diagnostic and Statistical Manual of Eating Disorders (DSM IV)* in 1980 (Striegel-Moore & Smolak, 2001, p.271). However, Ziolko (1996) traces the disorder back to the 4th century BC, although some of his descriptions bear little resemblance to bulimia as it is recognized today. Some suggest bulimia may have origins in Roman customs, but claims are inconclusive.

Evidence suggests that Roman women dieted to preserve their figures, and used a vomitorium, (a room adjunct to the banqueting room where people could go and vomit) although presumably its purpose was to let guests relieve their full stomachs so they could continue banqueting rather than control their figures (Pollock Seid, 1989: 189).

Ziolko (1996) discusses Roman physicians theories of *bulimos* (as it was termed), and suggests it was a “hunger or the desire for nourishment, or even an extraordinary desire to eat” (Ziolko, 1996: 347). In 1772, Cullen, an English practitioner, diagnosed bulimia as an independent disorder. He distinguished between seven forms of bulimia. One hundred and fifty years later, bulimia was redefined:

The elementary urge to eat continued to be the key, as was the greedy devouring of food without the feeling of satiety. Vomiting was occasionally mentioned. In most cases weight gain ensued, but in individual cases emaciation occurred despite the ingestion of large amounts of food (Ziolko, 1996: 352).

Ziolko notes that from 1920 on, a large number of cases studies were published in which the symptoms of bulimia are evident. He concludes his article by commenting; “there are multiple changes which the concept of bulimia has undergone and multiple manifestations presented in the course of its history. These changes justify neither a ‘new disorder’ nor, as a consequence, an additional name of the disorder” (Ziolko, 1996: 356).

Eating disorders are popularly perceived to be modern maladies, despite Morton’s diagnosis in 1689. There are several factors that appear to contribute to perceptions of a rise in eating disorders. Increased medical awareness is an obvious reason. “In the 1970s anorexia was described in psychiatric publications as the ‘psychiatric disorder of the 1980s,’ suggesting that diseases, particularly psychiatric disorders can become fashionable, and this was the case for anorexia” (Gordon, 2000: 2). Another basis for the increase is the association of eating disorders with high profile or celebrity figures,

such as Karen Carpenter and Princess Diana. Media publications have also played a complex role in increased public awareness of such medical problems, although largely through the proliferation of autobiographical accounts, women's magazines, talk shows and documentaries, all of which are particularly aimed at female audiences.

Current discourses

Contemporary medical and feminist discourses on the media, which permeate popular notions, are briefly outlined here. Feminist writers (Chernin, 1981; Orbach 1993; Wolf, 1991) hold that eating disorders are increasing in contemporary society. This suggestion directly supports their wider social political thesis as most of the factors seen as responsible for an increase are relatively modern developments, such as the rise in women's participation in traditionally male careers and the increasing prevalence of global media within everyday practices. Both Wolf (1991) and Chernin (1981) advocate the 'backlash' theory, which suggests that as women gain greater legal and professional power, there is an increasing societal emphasis on women's weight.

Young girls and women are seriously weakened by inheriting the general fallout of two decades of the beauty myth backlash. But other factors compound these pressures on young women so intensely that the surprise is not how many have eating disorders, but how many do not (Wolf, 1991 cited in Fallon, Katzman, & Wooley, 1994: 107).

There is more recent work that acknowledges the multiple and creative ways that women engage with media and the social world, such as Bordo (1993). Bordo discusses the complexities of resistance to societal beauty norms, suggesting that while women are not cultural dupes and do not unquestionably follow cultural messages, "they are all conscious of the systems of values and rewards that they are responding to and perpetuating". Bordo considers the ways in which various advertisements aimed at woman play with the notion of choice, through their provocative words, yet clearly reinforce the appropriate option (Bordo, 1993: 198).

In discussing medical discourse for the purpose of this paper, I focus specifically on arguments related to the media. Clinicians consider various ways in which media messages are communicated and influence sufferers. Garner & Garfinkel (1982: 106) write that "media have capitalized upon and promoted this image and through popular programming have portrayed the successful and beautiful protagonists as thin. Thinness has thus become associated with self control and success". Garner & Garfinkel (1982) emphasize the multidimensional nature of anorexia. Cultural pressures include contemporary attitudes to thinness, the association between thinness and control, the persuasiveness in dieting and increasing numbers of diet articles in the media, coupled with evidence that women are getting larger. Along with social pressures, Garner, drawing on the work of Bruch (1973), also considers "deficits within the individual and her capacity for autonomy" (Garner & Garfinkel, 1982: 118).

The socio-cultural perspective provides a contrast to or is an additional factor in genetic arguments (Graber & Brooks-Gunn, 2001). Waller & Shaw (1994) propose three explanatory theories drawn from social psychology: social identity theory (thinness is socially acceptable therefore women desire this body type), social learning theory (an ideal body type is presented as role model and social comparison (anxiety is experienced by those whose bodies do not match media ideals).

Therapists may discuss media influence with patients, perhaps asking them to keep an *atrocious file* (Gordon, 2000; Pipher, 1997). This involves the patient finding problematic media images, and bringing them along to discuss in the therapy session. "Through discussion with the therapist of the unrealistic standards promoted by commercial culture, the patient can potentially develop a more realistic body concept and an awareness of the distorted standards that she has internalized" (Gordon, 2000: 134).

Significance and focus of the study

The focus of this study is what I have termed media-blaming discourses, which circulate in contexts such as therapy and university studies, but are primarily articulated in popular forums, such as ordinary conversation and the media itself (Murray, Touyz, & Beumont, 1990) (Robertson, 1992). In these discourses, eating disorders are construed as a reaction to the thin images promoted by the mass media. Paradoxically, and as bizarre as it seems, media extrapolate these discourses of blame, sometimes quoting medical personnel to validate their argument. *Who* interviewed Dr. Ira Sacker, Head of the Eating Disorders Clinic at Brookdale Community Hospital, and quotes him as saying:

We are in a media-motivated society...the majority of adolescents I speak to look at [size 4-6] as normal, when in fact the average adolescent is a [size 12]. There is a study which shows young girls are more frightened of being fat that they are of a nuclear holocaust or their parents dying. That's scary (Wulff, 2004).

Medical and feminist discourses do not charge the media with being the singular cause of eating disorders. Both, however, hold a position on media influence which has filtered down to inform public knowledge of eating disorders and their sufferers. Media blaming discourses appear to be the most accessible to the general public (Margolis, 1988) as weight loss is a continual talking point and ongoing quest for many, and some 'anorexia behaviors,' such as obsessive dieting, are prevalent in normal populations (Polivy & Herman, 1987). Comments like 'You can never be too rich or too thin,' originally attributed to the Duchess of Windsor (Brumberg, 1988) are commonplace. Those with anorexia are popularly seen to display commendable self-control, and anorexic qualities or behaviors are admired, even glamorized (Malson, 1998). Also, media blaming discourses can be appealing to the general population as people may relate to the experience of being made to feel inadequate about their body

by the images portrayed in the media. Anorexia may be seen as an extreme version of what most women experience with regard to the media (Hornbacher, 1998).

Women's magazines contain such discourses (Bishop, 2001). An article about the Olsen twins in the *Daily Telegraph* (Cross, 2004) reports: "the 'tween' star's illness follows weeks of speculation about the twins skinny appearance..." *NW* (The editor, 2003) describes Lara Flynn Boyle as "yet another celeb with any eating disorder". Contemporary celebrities are constructed as inevitably prone to anorexia by the immense public focus on their weight. *Cleo* (Holly, 2003) presents Holly Valance as "Not engaged, not anorexic", holding her up as a role model for young girls. Again in a story about Mary Kate, *Who* (Wulff, 2004) reported that a seventeen year old girl had "cut out pictures of Mary Kate at her skinniest, and pasted them in my journal because that is what I am striving to look like". The author continues, "Surrounded by images of young celebrities who are painfully thin...girls growing up today can feel immense pressure to have the same figure. Some fall prey to eating disorders..." In an article on teenage girls in Argentina, who are "undergoing plastic surgery and anorexia in pursuit of lucrative modeling contracts...Argentineans weight obsession is attributed to the media and the underlying message that thin is glamorous" (Schrieberg, 1997).

Magazines are riddled with complexities, including recipes for calorie rich food placed next to an article on diet tips (Bordo, 1993). Another conflicting image is that of the super-mum; the woman who can succeed professionally, maintain the home and care for her family, and be physically attractive (Bordo, 1993; Levine, 1994; Wolf, 1991). Elite sportswomen are often presented in magazines this way (Crooks, 2004), as the media has an important role in framing what constitutes appropriate behavior. Media suggests women can be anything they desire- as long as they are thin. Examples include Angelina Jolie in *Tomb-raider* or Demi Moore in *GI Jane*. Where there is discursive tension in the relationship between beauty and freedom, this is written out of the script.

A source of concern for professionals (and others) has emerged in the form of pro-anorexia websites, which are also featured in women's magazines. Meehan, founder of ANAD^[2], states that the sites "reinforce the anorexics' belief that what she is doing isn't dangerous" (Dixon, 2001). The websites include diaries and poems from sufferers, diet tips and 'doctored' photos of celebrities "to encourage women to develop eating disorders" (Mitchell, 2001: 16). Other commentators are more cynical about the effects of these sites. (Probyn, 2001) writes; "[t]he horrifically sublime combination of desire, power and destruction that is anorexia has been with us a long time".

It is important to examine this blaming of popular media, as although some media certainly portray an unrealistic image of women, the relationship is not simply cause and effect, but multi-factorial, as various authors have stated. However, the notion that the media is to blame for eating disorders (the promotion of thin as beautiful messages) continues to exist in popular forums. Such a discourse is problematic, as it positions eating problems as superficial. Media blaming ignores a variety of other factors, such as sexual abuse or trauma, which people have linked to their eating problems (see Thompson, 1994).

Despite research conducted by Cusumano & Thompson, 1999, Garner & Garfinkel, 1982, and Murray, Touyz, & Beumont, 1996, there has been little qualitative research

into how sufferers position such notions, or their feelings about media's presentation of eating disorders. In examining the arguments generated by various scholars, semi-structured interview questions were devised, covering the following areas: awareness of the arguments about media influence on eating disorders, media's impact on own experience, and sites where such arguments were articulated^[3]. This contribution attempts to examine people's awareness of these discourses, and how they position such notions in relation to their own experience. Like any researcher, I had my own views on the role of the media, particularly media's depictions of eating disorders, seeing such representations as sanitizing the illness. I also see media blaming arguments as wholly simplistic. Despite my own thoughts on media's role in eating disorders, or the presentation of eating disorders in the media, in doing the interviews, I did not base my questions on any models (as developed by researchers) of media audiences. I was interested in participants' views and experiences, and did not want to lead participants.

Research Design

In-depth, semi structured interviews were carried out with seven women, aged twenty to forty six, who identified as having an eating problem^[4]. Participants were recruited through snowballing (word of mouth) and advertisements placed in treatment centers. Interviews were transcribed verbatim, and pseudonyms were used to protect the participants' anonymity.

Name	Age	Ethnicity	Medical Intervention/Therapy	Diagnosis	Status at interview
Hannah	23	European	Psychiatric treatment & counseling	Anorexia	Recovered
Carly	43	NZ European	Counseling	EDONS	Recovering
Nancy	32	NZ European	Counseling	EDONS	Recovering
Nicole	43	NZ European	None	Anorexia & Bulimia	Recovering
Amanda	20	NZ European	Counseling	Bulimia	Ongoing
Donna	32	NZ European	Psychiatric treatment & counseling	EDONS	Ongoing
Rebecca	30	Indian	None	Anorexia	Recovering

The theoretical approach taken in this study is informed by writers such as (Ang, 1996) who, working in a post structural framework, positions audiences as negotiating and locating themselves within competing social discourses. Different factors, including age, social class, gender and access to education influence how audiences respond to media, and position it in relation to themselves. Audiences are active in producing

meaning from media. Ang (1996: 13) suggests, “audiences have to be active in order to produce any meaning at all out of the overdose of images thrown at us.” However, it is important to acknowledge that there are always constraints surrounding around audiences that may influence their interpretations. These include the specific discourses that shape a program, other viewers’ reactions and their notions of themselves as an audience.

The current study uses a discourse analytical approach to analyze the interview texts. The field of discourse analysis is vast, and there is not the space to discuss it fully here. Instead, I will provide a brief synopsis as relates to this paper. The form of analysis I employ has a wider application than to written material: “I shall use the term *discourse* to refer to the whole process of social interaction, of which text is just a part” (Titscher, 2000: 147). This type of discourse analysis assumes social effects are reproduced in language, and traces their historical structure. It is concerned with power, knowledge and discourse and sees the three as interconnected (Malson, 1998; Walkerdine, 1989).

The work of Michel Foucault has been immensely influential in this field of discourse analysis, as Foucault directs attention to analyzing the discourses of a specific historical period, and examines their operations. Foucault’s work on power relations is important, as Foucauldian conceptions of power shift from liberal notions of power as coercive. Rather, power is something humans depend on for their existence; it is local, specific and essential in the creation of subjectivity. Subjectivity is developed through power relations between individuals and groups.

I have selected from the interview transcripts^[5] those extracts that I see as the distinctive parts of each woman’s interview, in terms of notions about the media that appeared most important in their narratives. These were then shaped into themes across all transcripts. Each of the discourses deals with specific aspects of the way in which the media appeared within participants’ stories. In analyzing the transcripts, again, I did not draw on previous models, as the focus of the study was how participants position themselves in relation to media messages, as a factor in their experience and media’s portrayal of eating disorders. I will use different interviewees and specific quotes to cover different aspects of the complex set of ideas within each of these themes. The statements (taken from transcripts) that precede each discussion are intended to represent a range of the discourses that the women articulated in the interviews.

Analysis and discussion

This paper presents five different discourses that the women drew upon in discussing the media’s role. These are; media’s causal role in eating disorders, different media texts, perceptions of audiences, individual versus media, and therapy in relation to media.

Media’s causal role in eating disorders.

Participants discussed the role of the media in relation to other factors in the development and maintenance of their eating disorder. 'The media' is not a coherent whole, and different participants position individual texts in various ways.

DONNA: I have noticed more recently that advertising for food triggers processes of obsessive thinking around particular foods, which I inevitably succumb to ~bingeing on film and television stars whose bodies I envy, even at this age, (thirty-two). I watch particular shows as I am fascinated by female stars who are so other to me

AMANDA: Minnie Driver and Nicole Kidman are about the same height as me, a little shorter, and when I read something about them I always go looking for their weight, as I always want to see how much heavier I am than them

REBECCA: umm, to a certain extent, maybe 5% of the reason can be the media

Participants constructed the media's role in a number of ways. Donna equated her eating problems with a lack of control around food. She constructed herself as helpless in relation to her illness, and addicted to eating. This addiction is construed as a combination of her weak will and the power of advertising messages. In the first quote above, Donna is aligning herself with the feminist position, similar to Bordo (1993: 130) who suggests that food ads offer "a virtual blueprint for disordered relations to food".

Implicit in the second quotation from Donna is a construction of childhood, of living in a fantasy world. Donna suggests this fantasy can become dangerous, that it may progress to an obsession with the 'other,' and women will ultimately become dissatisfied as they fall short of the fantastic perfection of these stars. In the majority of the interviewees' accounts, these 'trashy' texts (magazines, films and television) are simply reduced to vehicles for the display of bodies, yet there is discursive tension here, as these 'other' figures may represent who the women desire to be.

Amanda suggests she was 'active' in her interaction with media, as she 'goes looking' for the actresses weights, as if she is deliberately trying to feed her eating problems. Rebecca was the only interviewee to actually quantify media as a factor in the development of eating disorders. When talking about other factors in more depth, Rebecca explicitly reduces media influence almost to the level of irrelevance. These statements suggest some diversity of response to media within this group of participants.

Different media texts

This discourse examined particular media texts and their portrayal of eating disorders. Participants suggested some variation in how different texts presented eating problems.

HANNAH: I don't know if it still has the same effect on me, I don't diet or anything but I can still look at a documentary on anorexia or articles on anorexia or look at magazines, that makes me want to lose weight, because they look so skinny

NICOLE: a movie about anorexia, and it was about a girl who was slowly dying and basically she was just a beautiful corpse, that was it, aye...someone needs to interview someone straight after they've chucked, whatever

~I never buy *Women's Weekly*, or anything like that, I only buy magazines that will inform me about something, and I've gotten over this thing, you know, so I'm not going to be tempted by any false pictures

AMANDA: I would say that magazines would predominantly be the worst, generally because fashion magazines are like, you know...films are tricky because there's not many movies that deal with a lead character having an eating disorder, and umm, I feel like a lot of time lead characters tend to look like they are anorexic, but no, they're fine

Different media were seen as either 'better' or 'more damaging' than others. Both Hannah and Nicole are referring to texts designed to educate about eating disorders, but their responses are very different. Hannah positions herself here as a passive victim of any media, unable to escape its influence despite her new feminist knowledge. She suggests she is an addict, who needs to steer clear of the influence that might cause her to fall back into dangerous habits (dieting). That people use materials designed to educate about eating disorders to support or learn 'new' anorexic behaviors is a source of concern for professionals. One of the most famous biographies of anorexia, the author, Liu (1979) details the weight loss and starvation habits of three of her friends, and the competition that ensued between them (also discussed in Gordon (2000)). This is seen as a major problematic of social relationships that is further pronounced in hospital settings.

Nicole doesn't link these texts with the glamorization of thin models, but suggests anorexia is depicted as a tragic mystery that befalls the young and beautiful. The media sanitize anorexia, and present it in a way that is visually appealing. Any physical complications are ignored, with media texts instead portraying anorexia as a 'golden girls disease,' simply the result of dieting taken a little too far.

Both Amanda and Nicole differentiated between different kinds of texts. Amanda's use of 'you know,' implies a common sense assumption about magazines, that their effects are so well known it doesn't require elaboration in the interview context. Amanda suggests it isn't necessary to actively take in and interpret these images, as the message is so blatant. She finds music videos 'even more damaging' than magazines, as they are extremely visual and the lyrics reinforce social stereotypes. Here women are objectified, and reduced to sexualized commodities (to sell music). Implicit in Nicole's construction (the second quote) is the favoring of more 'intelligent' media.

Nicole deliberately avoids popular magazines, as she is aware of the effect these will have on her. She intentionally chooses 'real' material, as opposed to 'false' pictures that 'tempt' and have destructive effects on women. Nicole separates anorexia from herself (through labeling 'it' a thing) and insists she will no longer allow 'it' to hurt her, instead escaping from the 'illness' through choosing intelligent media. Similarly, (elsewhere in her discussion) Amanda suggested books were 'better media,' able to depict eating problems realistically, primarily because they aren't a visual medium.

Perceptions of audiences

The women discussed themselves and others as particular types of audiences. In doing so, they constructed individuals as having certain characteristics, as responses to media depended upon specific features, including personality.

CARLY: especially with my kids, with my younger one, she's much more into body beautiful stuff and changing her hair color every two minutes and only having clothes that are fashionable and with her I've thought, mmm, well, she's a potential candidate

NANCY: The (therapeutic) program has made me look at the media differently, definitely in the case of magazines, their power has gone

~I didn't have a TV, magazines as a child, ah, we had a lot of health food at home, it was more about control really

Three constructions of viewers emerged within participants discourses; younger females as more vulnerable, a stronger force acting on the individual to counter media influence, and notions of a more elite audience. Here, Carly sees her daughter as a possible candidate for an eating disorder, as she is a particular type of young woman, who is concerned with fashion and physical appearance. Therefore she is vulnerable and easily influenced by social messages. Within the interview context she appears to accept the media blaming discourse as common sense, without bothering to examine the idea further. Nancy sees the media as having a powerful influence on her perceptions of herself; however, therapy is constructed as a higher power, providing her with the ability to surpass the negative influence of media messages. This stance illustrates that "even in this relatively secular society, there are alternatives to medical or psychological authorities in dealing with bulimia... Individuals are constructed as powerless to resolve the problems alone" (Brooks, Le-Couteur, & Hepworth, 1997: 190). Nicole (in the section on texts) positioned herself as a more empowered viewer, possibly due to her university studies. Nancy's experience is a marked contrast. She states that her childhood home was relatively free of media. As a result she is inclined to be both more critical and more aware of media, but still does not take the opportunity to link it specifically to her eating problems.

Individual versus media

The women suggested they possessed particular characteristics and bodily attributes that variously rendered them vulnerable to or gave them the ability to critically read media. Some of the participants had also attended university, which provided them with new knowledge to critique media and other social practices.

DONNA: I have always been aware that I don't fit with what's accepted, that I am grotesque. I remember from about age eleven or so getting *Dolly* magazine, trying diets, going through periods of starvation, using pictures from magazines as motivation. I had a notebook at about age twelve which I divided up into chapters, detailing each part of my body and what was wrong with it, and how I could fix it, in which I copied tips from magazines and stuck in pictures

HANNAH: I wrote an essay once, statistically speaking it seems not to be the media per se that causes anorexia but the media that makes girls and whatever dissatisfied with their bodies and hate their bodies, and heaps of people even if they don't have eating disorder don't like their bodies and want to lose weight

~Just a lot of stuff we learnt in that paper didn't occur to me ever

NICOLE: I think anorexia is, a lot about women not being able to say no, I don't mean just about sex I mean about everything

NANCY: yeah, I've had that tradition of not being able to accept yourself, whether it's the media or whatever, and always trying to find something that would fix you

Feminist theories could be relevant to this theme, as some participants were recruited from universities, and are likely to have encountered feminist discourse to some extent. Particularly Hannah, but also Nicole and Donna saw their feminist learning as empowering, providing a platform to critique media more effectively. There is an extensive amount of feminist writing on eating disorders, and due to the popularity of these arguments, it is perhaps inevitable that interviewees should draw on such ideas to explain their stance.

In the extract above, Donna recounts her addiction to the media, and her feelings of inadequacy for not measuring up to the promoted beauty norms. She describes her systematic attempt to control her hated body. Thin is associated directly with its promotion through media messages, although her (empowered) adult self is unsatisfied with the thin simplistic approach she had as a child. Media is constructed as a dangerous friend, as it is both easily accessible and provides a possible means for Donna to 'correct' herself. In comparison, Hannah quotes statistics to validate her argument, suggesting there is a scientific basis to developing a model of media influence. Hannah draws on a common feminist complaint (Bordo, 1993; Lelwica, 1999) in her discussion of sub clinical forms of disordered eating, which, although not life threatening, are still as damaging to women's quality of life. Much of Hannah's discussion is framed by university learning, perhaps typified in the (above) quotation, 'a lot of that stuff never occurred to me.' She is now aware of a potential damaging

effect in both a personal and political sense. Nicole, on the other hand, states elsewhere that she is confused about feminist theory, but still links anorexia to the repression of the female voice. Her anorexia could be read as partly a political protest, where the body is left as the most effective means of expression for a woman.

The idea of 'not being able to accept yourself, not being good enough' (in terms of physical appearance) was a feature of Hannah, Amanda, Nancy's and conversations. Researchers Lawrence (1984); Garner and Garfinkel (1982); and Lelwica (1999) suggest women are socialized to perceive themselves in this way, and to seek solutions through media, both in visual terms and more blatant examples, such diet tips.

Therapy in relation to media influence

Therapeutic discourses are relevant in shaping individual constructions of eating disorders. Participants may position their accounts in a medical frame, taking up the therapists' language. The final discourse presented here considers the ways in which participants positioned themselves and the media in relation to such discourses.

HANNAH: it's the us (client) and them (therapist) thing because I suppose it's the life experiences and they haven't had that

AMANDA: the only reason I'm not buying those magazines is that I've been in counseling for five years, and I know I have to resist stuff like that

~Umm, I don't think its possible to develop an eating disorder unless there is something psychologically, not wrong, just maybe you've got a vulnerability somewhere, and for me it was a lot about physical appearance very much because of being tall, the word big gets used a lot

Hannah rejects medical explanations for eating disorders, constructing the experience as something that the individual will ever fully understand. Alternatively, Amanda constructs counseling as the only means of countering media influence. The absence of the word 'trigger' in her interview is noticeable as other interviewees used it. Her use of the term 'resist' suggests instead that she has greater control, due to the counselor's positive influence. Amanda uses medical terminology to explain why her eating problems developed, seemingly 'psychologizing' herself in her explanation. In this context, Amanda is constructing herself as more vulnerable to media influences than other women.

Conclusion

The women draw on a variety of discourses in discussing their eating problems and the media. These include arguments that media messages create a lack of control around food (through advertising), and that this chaos overlaps into other areas of

their lives. Others construct themselves as actively engaging with media, but deliberately using it to 'feed' their eating problems. Different texts are claimed here to have varying effects. Music videos and magazines are seen as particularly damaging, as these texts are more visual than other media, and are suggested to simply be a forum for the display of women's bodies. These arguments tend to ignore the complex way which body ideals, dieting tips, and empowerment messages are combined in these media forms. There are observations that texts designed to educate about eating disorders both glamorize and sanitize eating disorders, thus ignoring the physical and emotional pain associated with these 'illnesses'. The media's depiction of anorexia, in particular, is seen as unrealistic. Books, in contrast to television and magazines, are suggested to give a more realistic portrayal of eating disorders. A number of the interviewees suggest media are not a major causal factor in their eating problems, although they still draw on the media blaming discourse, possibly because it is easily accessible at the time, given my prompting questions.

Young females are seen as more vulnerable to media messages, with some 'naturally' developing an addiction to media. Others appear to believe there are forces stronger than media, which can counter its effects. These include the medical profession, support groups, and spiritual forces. Another means of countering media influence is through education. Knowledge of feminist theory seems to be viewed by some participants as empowering, providing them with alternative responses to the psychologically destructive messages offered by the media.

Again, I need to acknowledge that this analysis is not intended to reveal any 'facts' about eating disorders. The participants recruited for this research are not representative of all people with eating problems, and there are a variety of factors that shaped their responses in the interview sessions.

This paper has demonstrated some of the complexity in the ways in which individuals seem to draw upon media blaming discourses. Even within this small sample of participants there is no clear consensus on the media's role in creating and developing eating disorders. While clinicians and experts in the field are obviously aware of the diversity of responses to media, this has not yet perpetuated common sense understandings. For eating disorders to be taken seriously in public circles, instead of being seen as a "a yuppie kind of illness- a phase that mainly young women go through and grow out of" (Williams, 2001) the general public need to be educated about the multi-factorial nature of eating disorders. This education may have implications for marginalized groups who are scared to admit they have eating problems, such as homosexuals (Thompson, 1994) or men (Andersen, 1990).

There are also economic consequences of enhancing public understandings. Eating disorder treatments and research is extremely under-funded (Gordon, 2000; Vandereycken, 2003) in comparison to more physical illness like cancer, possibly due to the ambivalent nature and lack of understanding of eating problems, of which attribution to media influence is just one part. There is a need for more qualitative

research in this field, as starvation (in its varying forms) is a subjective experience that evades simplistic explanations.

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Notes

[1] 'Eating disorders' refers to anorexia nervosa, bulimia nervosa and EDONS (Eating Disorder Otherwise Not Specified) (American Psychiatric Association, 2000). However, in recruiting participants, I was not following the DSM or any other criteria. I simply asked for participants who identified as having an eating problem. There are a large number of people who starve themselves, over eat or exercise obsessively, but for one reason or another they do not consult a doctor and receive a medical diagnosis.

[2] National Association of Anorexia Nervosa and Associated Disorders.

[3] A list of five interview questions is provided as a guide to readers. The interviewing style comprised of broad questions followed by prompts to clarify the participant's meaning and interviewers understanding e.g., "Do you mean that ..."; Are you saying that ..."

- i. Are you aware of any arguments about media influence on eating disorders?
- ii. How did you become aware of these arguments?

- iii. What is your reaction to the arguments?
- iv. Do you believe media had an influence on your eating disorder?
- v. Have you seen any media that portrays eating disorders?

[4] Participants have given their permission for their interviews to be used in my Masters thesis and other publications.

[5] The themes I developed were discussed with my supervisor for this project.

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