Introduction

It was the close of the fall term, and to thank a class of exceptionally bright and enthusiastic students for a wonderful semester, I passed out some homemade cream cheese brownies. The plate went around the room and not a single female student took a brownie. When I commented on their apparent lack of appetite, two students informed me that they were unwilling to eat such a fattening snack the week of a formal dance. Although disappointed at their extreme self-discipline in the face of culinary temptation, I forgot about the incident until a summer afternoon in the British Museum Library, when I read Samuel Ashwell's 1844 case study of a fifteen-year-old patient: "Her appetite," writes Ashwell, "was capricious . . . She was sedulously watched; and her exercise, diet, and clothing were carefully regulated . . . The appetite was, at times, morbidly great; while at other times scarcely anything was eaten."[1] This anonymous young woman, who eventually died, reminded me of the young women in my classroom and in high-school and college classrooms across the country who are not only extremely thin, but who are obsessively concerned with the amount and kinds of food that they eat and who resort to both fasting and vomiting in order to control their weight.

Could "Miss ____" have suffered from anorexia nervosa or bulimia, as an estimated one million American teenage girls and two million American women between the ages of nineteen and thirty-nine do today?[2] Even before anorexia nervosa was independently diagnosed by two physicians, Charles Lasègue and Sir William Withey Gull, in 1873, doctors had described diseases very much like it. For example, the American William Stout Chipley discussed sitomania, a fear of eating, in 1859, while the Frenchman Pierre Briquet described women who consistently vomited whatever they ate in *Traité Clinique et Thérapeutique de l'Hystérie*.[3] Ashwell diagnosed Miss ____'s problems as symptomatic of chlorosis, a disease prevalent among middle-class girls in

nineteenth-century Britain. Like anorexia nervosa, chlorosis affected a girl's eating patterns: sometimes she craved strange substances such as chalk, dirt, ashes, or vinegar, and in other instances she lost her appetite altogether, sometimes refusing to eat; Ashwell notes that "Patients in this condition eat scarcely any thing."[4] In other cases, a girl ate enormous amounts of food and then vomited. "Bulimia, pica, and strange longings are morbid modifications of the appetite," Thomas Laycock wrote in 1840, "and belong to the same class of phenomena as . . . anorexia . . . and, like it, are characteristic of the pregnant, chlorotic, and hysterical female."[5] Like anorexia nervosa and bulimia, chlorosis usually affected girls at puberty and was most common among the middle and upper classes.[6] It is possible, therefore, that many of the fasting and bingeing girls once diagnosed by physicians as chlorotic, including "Miss ----," may have suffered from what we today would call anorexia nervosa.[7]

Because of the impossibility of diagnosing diseases such as anorexia nervosa a century after someone's death, we will never know for certain how many Victorian girls may have succumbed to a disease that has become such a prominent part of today's medical and cultural landscape. Although historical statistics on the number of anorexic women are imprecise, William Parry-Jones's archival research suggests that anorexia nervosa existed as early as the 1820s. Between 1826 and 1899, for instance, the Warneford Asylum admitted 975 patients, of whom five have case histories that suggest anorexia nervosa; one patient, for example, entered the asylum in 1831 with "a history of refusing food and drink, constipation and menstrual irregularity," all symptoms of anorexia nervosa.[8] In addition, the Warneford archives show: "Numerous cases of food refusal and emaciation in melancholia, mania, dementia" which may or may not have been related to anorexia nervosa.[9] Throughout the nineteenth century, one finds numerous case histories of prolonged food abstinence published in medical journals that may or may not describe anorexia nervosa. For example, in 1882, a physician named D. McNeill describes an "extraordinary fasting case" in which a fourteen-year-old girl: "For twenty-one months . . . continued eating little or nothing except a little jelly, 'sweeties,' and sherry"; McNeill does not offer a diagnosis or use the term "anorexia nervosa," merely presenting the patient as an example of remarkable fasting.[10] While we can never know whether Maggie Sutherland, the girl in question, suffered from anorexia nervosa, her food refusal was already, in 1882, being treated by McNeill as an independent medical problem rather than as a byproduct or symptom of another disease, or as a religious affliction. As an institutionally

recognized disease, then, anorexia stems from the Victorian era, discovered and diagnosed almost simultaneously in the mid-nineteenth century by doctors in Britain, France, and America.

This book does not seek simply to apply today's medical diagnoses to women of the last century. Rather, my study investigates the shared characteristics between anorexia nervosa and some key aspects of Victorian gender ideologies. Susan Bordo, one of the foremost authorities on anorexia nervosa and its place in contemporary culture, writes that "the psychopathologies that develop within a culture, far from being anomalies or aberrations, [are] characteristic expressions of that culture . . . the crystallization, indeed, of much that is wrong with it."[11] Anorexia nervosa, I argue, is deeply rooted in Victorian values, ideologies, and aesthetics, which together helped define femininity in the nineteenth century. Given the clear parallels which exist between the symptoms of the disease and Victorian gender ideology, I argue that the normative model of middle-class Victorian womanhood shares several qualities with the beliefs or behaviors of the anorexic girl or woman. One can thus "read" Victorian gender ideology through an anorexic lens. Briefly, the qualities that many (though, of course, not all) Victorians used to define the ideal woman – spiritual, non-sexual, self-disciplined – share what Leslie Heywood has called an "anorexic logic."[12] The anorexic woman's slender form attests to her discipline over her body and its hunger, despite the persistence of that hunger, and indicates her discomfort with or even hatred of her body and its appetites, which may or may not include her sexuality. If one reads the disease *metaphorically*, then, it becomes evident that the pathology of anorexia nervosa and predominant Victorian constructions of gender subscribe to many of the same characteristics.[13]

I am not, however, retroactively diagnosing particular nineteenth-century women as anorexic. This book is not an examination of the institutional history of anorexia nervosa or even a social history of the disease, although it draws on much important work, to which I am indebted, that has been done in those fields. Instead, I explore the ways in which ideologies of food and fasting, and anorexia in particular, function figuratively in narratives, particularly in literary narratives. My project is twofold: first, I analyze how images of hunger and appetite work within particular texts and what they signify within those texts; second, I relate those texts to popular culture at large, not merely as a reflection of other discourses but as part of an ongoing cultural dialogue.[14] Authors responded to their culture in various ways, so that signs such as hunger,

appetite, fat, and the body generated many different and often competing meanings between and within texts, both transgressing and underscoring the cultural validation of the slender female form. Sometimes hunger is at the very core of a text, while at other times it is fairly incidental; in some texts, fasting serves the ideal of the slim body, while in others it becomes a largely religious undertaking. Images of eating, like any other images or representations in a text, must be understood within the shifting and competing ideologies that determine their environment. Eating does not have any one "meaning," even in any one given text.[15] It is just as important, in other words, to examine when a text's representation of eating *does not* conform to an anorexic aesthetic as when it does.

Before examining anorexia nervosa's development, however, one must be familiar with theories about the disease. According to the American Psychiatric Association's guidelines in the *Diagnostic and Statistical Manual of Mental Disorders* (1994), anorexia nervosa is clinically defined by the following four criteria: (a) an individual's "refusal to maintain body weight at or above a normal weight for age and height," (b) a fear of "gaining weight or becoming fat, even though underweight," (c) a "disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight" and (d) in women, at least three consecutively missed menstrual cycles.[16] These twentieth-century criteria are a helpful framework with which to turn toward the nineteenth century, although Victorian physicians, who were just beginning to examine anorexia nervosa, did not devise such clear delineations of the disease. Lasègue's and Gull's descriptions of anorexia nervosa, for example, do not explicitly address the fear of fat, though that fear already existed in the nineteenth century, as I will discuss at length in the next chapter. Lasègue's and Gull's main contribution to medical history is that they introduce the medical community and public to the fact that some women consciously refuse to eat, and that their loss of appetite is not the result of another disease, such as tuberculosis. Thus, Gull, in 1874, admits that he is incapable of "determining any positive cause from which [anorexia] springs"; however, both Gull and Lasègue recognize a psychological component to the disease.[17] Gull writes that: "The want of appetite is, I believe, due to a morbid mental state . . . That mental states may destroy appetite is notorious, and it will be admitted that young women at the ages named are specially obnoxious to mental perversity" (25). Similarly, Lasègue, in 1873, suggests that the anorexic: "A young girl, between fifteen and twenty years of age, suffers from some emotion

which she avows or conceals."[18] What is important about the work of these two physicians, then, is that they establish that anorexia nervosa is a disease that manifests itself most often in young, adolescent women, and that the disease has "nervous" origins which can be located in a girl's life, family situation, etc.[19] Moreover, both doctors mention the amenorrhea (cessation of menstrual periods) that is one of the *DSM*'s key signs of anorexia nervosa, indicating that they examined cases of extreme anorexia.

Though the symptoms of anorexia nervosa are recognizable, psychiatrists agree that anorexia is a multidimensional and frustratingly protean illness, which unfortunately makes the disease very difficult to treat. According to many therapists, the disease is, at least in part, a power strategem in which a girl refuses to eat in order to gain influence and attention in her family. The anorexic family is often – but not always – controlling and non-confrontational, while the anorexic girl herself is generally academically and socially successful, a goal-oriented perfectionist, who is perceived as a "good" child. However, she often has a problematic, conflicted relationship with her mother. According to family systems therapy, anorexia grows out of suppressed emotions like guilt, fear, and anger that a girl experiences because of her passive position in the home.[20] Consequently, because of harmful family dynamics, the anorexic develops a weak sense of self that collapses at puberty. "The anorexic's ego simply cannot cope with the demands of adolescence," Morag Macsween explains, "and she withdraws into her own body as the only place she feels she can control."[21] As a result, a girl seeks control over her appetite, perceiving other areas of her life as out of control; disciplining her body becomes her particular arena of mastery, and she considers her capacities for self-denial and self-discipline virtuous.[22] However, these family dynamics do not occur in all cases of anorexia nervosa, and one should not generalize about *all* of the families of anorexic girls. In addition, establishing cause and effect is often very difficult in family systems therapy, so that a girl and her mother's power struggles may be the *result* of the girl's refusal to eat, rather than the root cause of it.

Since anorexia most often appears in adolescent girls, and because many anorexics try to avoid intercourse and even non-sexual touch, some psychiatrists have posited that the anorexic turns to food refusal because of her fear of sexual maturation, as symbolized by the development of secondary sexual characteristics like breasts and hips. By fasting, a girl not only achieves a certain measure of control over her life, but she

also stops the sexual maturation that she finds so disturbing. Fasting essentially slows down sexual maturation by halting menstruation and preventing the buildup of "womanly" fat, so that the anorexic girl gains a feeling of self-control over her own biological processes by refusing to eat. Of course, this sense of control is chimerical, since the victim of anorexia eventually loses the ability to control her own behavior; in advanced stages of the disease, eating become physiologically difficult or even impossible.

Although plausible and widely accepted, none of these theories applies to every case of anorexia nervosa, suggesting that pinpointing a single "anorexic family" or "anorexic personality type" is ultimately a fruitless endeavor. Nor do the theories explain why anorexia developed when it did, or why anorexia is an overwhelmingly female, middle-class disease. Why, in other words, are 90 percent of the victims of anorexia nervosa women if the root cause of anorexia is something as universal as an overbearing mother or a non-communicative family? Why, also, does the disease primarily affect white middle- and upper-class women rather than poor women or women of African descent, who might have similar family dynamics? Questions such as these have led therapists to analyze contemporary culture by identifying some contemporary belief systems that may have shaped and contributed to women's fasting behavior. Cultural explanations of anorexia vary, but they all posit that the disease is in some sense a distillation of specific ideologies about femininity and its relation to appetite. In particular, many critics, researchers, and therapists have focused on constructions of beauty within contemporary culture, arguing that, because women are bombarded with images that teach them that female beauty consists of thinness, girls are trained to associate weight with ugliness and "badness." Such an explanation of anorexia nervosa has become axiomatic today, and evidence in support of it is impressive. April Fallon, for instance, contends that: "All cultures that have reported numbers of eating disorders have a thin ideal. Cultures that do not have the thin ideal have few reported cases of anorexia and bulimia. Thus, these disorders are, in part, an overcommitment or 'overadaptation' to the cultural ideal that is in vogue."[23]

Of course, media images alone are not responsible for individual cases of anorexia nervosa, and women do not become anorexic "on purpose" merely because they want to conform to specific standards of beauty. The disease is much more complicated than that. Recent studies, for instance, suggest that many anorexic girls develop the disease after starting a diet in order to lose weight and that they then become "addicted" to the

attention, envy, and feeling of control that weight loss confers upon them. Dieting thus provides many girls with an entrance, a gateway, to anorexia nervosa and bulimia. The continuum, or normative, model of anorexia nervosa stresses that eating disorders are on a continuum with dieting in general, since both dieting women and anorexic/bulimic women share a similar concern with weight and a desire to shape their bodies. L. K. George Hsu argues that:

> The evidence suggests an individual who embarks on a diet is more likely to develop an eating disorder if she is experiencing significant adolescent turmoil, has a low self-concept and body concept, and is having difficulty with identity formation . . . Once the pathological eating disturbances are established, they may then be perpetuated by both positive and negative reinforcers, the former including the exhilaration and triumph associated with weight loss and the approval and attention of others, and the latter including the fear of fatness and its attendant meanings, such as psychosexual maturity.[24]

Though the blame for eating disorders does not fall directly or solely at the door of fashion magazines and fashion designers, the sociocultural emphasis on slimness does play a crucial, central role in the prevalence of eating disorders, particularly when the slender body is linked to feelings of self-esteem and self-worth.[25] Just as important, the behavioral continuum between "casual dieting" and obsessive dieting or fasting implies that eating disorders are often instances of dieting gone out of control. Countless more women than those who actually succumb to anorexia nervosa or bulimia qualify as disturbed eaters, and the distinction between the two groups is a blurry one. Rather then focusing solely on women diagnosed with the full-blown disease of anorexia, it is thus more helpful and more accurate to look at women's behavior and relationship with food in general. Even the word "pathological," which Hsu uses in his work, obscures the normative nature of women's dieting and concern with weight loss, conferring illness and abnormality on a behavior that, in its less extreme form, is viewed as perfectly normal. Janet Polivy and C. Peter Herman write, in fact, that: "The meaning of a phrase such as normal eating is no longer obvious [because] 'normal' eating for North American women is now characterized by dieting."[26] On the contrary, a woman in contemporary culture who shows no concern with her body size would, statistically speaking, be much less "normal" than the woman who methodically counts the fat grams or calories of each meal.[27] Dividing women into anorexics and "normal women" obscures the many ways in which our culture encourages a majority of women to worry

about the shapes of their bodies, to monitor the firmness of their thighs, to enter weight-loss programs, or merely to see their bodies, and fat, in particular ways.

Moreover, when examining the etiology of eating disorders, it is artificial to separate "culture" from a woman's psychological makeup, since individual psychological development occurs *within* culture, not in a genetic or familial vacuum. Culture, in the way that I use it in this book, is not outside of an intact, separated, essential Platonic "self." Susan Bordo writes that research about anorexia nervosa "point[s] to culture – working not only through ideology and images but through the organization of the family, the construction of personality, the training of perception – as not simply contributory but *productive* of eating disorders."[28] A cultural explanation of anorexia nervosa, then, goes beyond a simple and reductive understanding of culture as equivalent to fashion magazines or movies. Nor does the word "culture" refer to a monolithic set of institutions, practices, and beliefs. Not all women develop eating disorders because no two women grow up in the exact same culture. Social class, race, religion, family dynamics, ethnicity, access to schooling and technology, education, and genetic makeup, to name only a few factors, work together to create an individual woman's life and environment. Finally, when I refer to women, I do not mean *all* women; I focus rather on particular gender ideologies, each of which affects individual women in very different ways.

The roots of any culture run centuries deep. In the case of anorexia nervosa, important feminist critics including Susan Bordo, Kim Chernin, Allie Glenny, Leslie Heywood, Mara Selvini-Palazzoli, and others have pointed to Western culture's split between the body and soul, a split that is often gendered, as a philosophical underpinning to the disease. The argument is convincing. Historically, the body has been designated (as in the work of Aristotle, for example) as female, while the mind, spirit, and culture have been designated as male. Simultaneously, the body has been denigrated and reviled as inferior and needing to be disciplined, punished, and ultimately transcended. In one classic, foundational statement of such a body/mind split, Socrates argues, in Plato's "Phaedo," that, "as long as we have a body and our soul is fused with such an evil we shall never adequately attain . . . the truth. The body . . . fills us with wants, desires, fears, all sorts of illusions and much nonsense, so that . . . if we are ever to have pure knowledge, we must escape from the body and observe matters in themselves with the soul by itself."[29] Socrates' language associates the body with corruption, infection,

"contamination," and "folly" that keep a human being from the knowledge that can come only through the reasonings of the soul.[30] The woman who suffers from anorexia, also, relentlessly tries to escape her body, which she views as heavy, slow, and repulsive, through fasting and obsessive exercise. Metaphorically, then, the anorexic girl enacts the philosophy and theology that teach her that the body is somehow not her essential "self" – that she is in fact imprisoned within her body – and that this fundamentally evil body must be controlled and subjected. One woman who suffered from an eating disorder, for instance, laments, "When can I get out of this box? I drag my body around as if it's some gross foreign object . . . Ugly, filthy, fat slob."[31] The language that the woman uses to describe her "gross" body is startlingly similar to the language about the body found in the work of such philosophers as Plato, Aristotle, and Augustine. Leslie Heywood writes: "In their relentless process of designating the soul, the mind, subjectivity, and civilization as masculine, these figures have formed a tradition that some women, to whom the tradition is newly accessible, internalize in an attempt to enter the magic inner circle of culture and become something other than the bodies, sexualities, loves, and flesh with which this tradition equates them."[32] The anorexic girl, in other words, wants to be less "flesh," and all that the word "flesh" implies. Paradoxically, then, although many anorexic girls are extremely concerned about appearing "feminine" (which often explains why they diet in the first place), they live out a hatred and resentment of their soft, "loose," "jiggly," fat-storing female bodies.[33]

Accepting a cultural component to the disease, however, one turns next to the question of why anorexia nervosa developed in the nineteenth century. I have already suggested that certain ways of conceptualizing the Victorian woman – though, of course, not all – were ideologically akin to the etiology of anorexia nervosa. It has become axiomatic that the middle-class Victorian woman was represented as highly spiritual, a creature of disinterested love and nurture, the moral center of the home and of society as a whole. To conform to that ideal, women were urged to downplay every aspect of their physicality, including (but not limited to) their sexuality. Meal times, in particular, were seen as opportunities for women to demonstrate their incorporeality through the small appetite and correspondingly slender body. Emotional self-restraint became an extraordinarily important aspect of a nineteenth-century woman's life. "The portrait of the appropriately sexed woman," writes Helena Michie, "emerges as one who eats little and delicately."[34] A woman's materiality – her body – threatened the ideal of a woman's heightened spirituality

and purity. Michie's claim that the woman with a delicate appetite appeared uninterested in and unaware of the needs and desires of her body is borne out by the prototypical heroine of nineteenth-century fiction, who almost inevitably displays a tiny appetite: Dickens's Little Dorrit, Eliot's Dorothea Brooke, and Brontë's Jane Eyre are only three of the most well-known heroines defined in part by their slight, pale bodies. In *Ruth,* Elizabeth Gaskell establishes her fallen heroine's fundamental innocence and passionlessness with repeated allusions to her slimness, her "little figure," and "beautiful lithe figure."[35] This is particularly interesting in the case of Ruth. By bestowing her heroine with a slender figure, Gaskell writes against stereotypical depictions of fallen women as large, fleshly and aggressively sexual, demonstrating Ruth's essential innocence and goodness through her body. The slim body, in general, emblematizes the sexually pure and ethereal woman in Victorian discourse. It is unclear, of course, how such representations affected the behavior of actual women. The appearance of a slim body in a particular narrative does not have a clear one-to-one causative correlation with a "real" woman's slim body. However, narrative is important on its own terms, not only because discourses directly or indirectly influence women's behavior, but because the ideologies of the slender body help us understand what the Victorians thought about the relationships of eating to femininity and to class.

At the same time as medical books, conduct books, and literature extolled the pure woman, they also represented a more dangerous female. The dark side of Agnes Wickfield is the kept woman who flits in and out of Dickens's novels, pressing money into Nell's palm and furtively following little Em'ly; for every Dorothea Brooke there exists a murderous Lady Audley stuffing her neglectful husband down the water well. Feminist critics have done essential work dispelling the myth of the angelic Victorian woman, arguing that, although women were idealized as ethereal beings, they were simultaneously viewed as potential demons – aggressive, angry, and sexually voracious – ruled by their physiology, particularly their menstrual cycles. For that reason, self-control became an integral part of the Victorian woman's life: she was expected to control her behavior, her speech, and her appetite as signs of her dominion over her desires. The slender body became a sign not simply of the pure body, but of the *regulated* body. As Susan Bordo writes, the fear of flesh is "a metaphor for anxiety about internal processes out of control – uncontained desire, unrestrained hunger, uncontrolled impulse."[36] Because fat did in fact symbolize desire, hunger, and impulse for the Victorians, slenderness signified the containment of those same qualities.