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Introduction

Interrogating The Anorexic Self

This book has its origins in my personal dissatisfaction with the way in which anorexia is described in psychiatry, the public media, and even in critical feminist analyses. I became anorexic, at the age of 11, three decades ago. I underwent hospitalization, escaped from the hospital (this kind of “premature dropout” has always been a common feature of inpatient treatment of eating disorders, see Halmi et al., 2005), and recovered by my early teens. My memories of active starving are faded. But ever since going through the experience I have felt alienated and insulted by descriptions of what is wrong with anorexics, what psychological and social factors fuel their starving, and what should be done to solve the problem.

As a feminist social scientist I have read many critical studies on social discourses, such as the slender beauty ideal or abhorrence of feminine flesh, which are understood to lie at the root of eating disorders (e.g. Bordo, 1993). I acknowledge the need to critique discourses that invite women to keep their bodies slender, beautiful, and in control. But I have not been mainly frustrated with discourses on thinness. Rather, I have been intellectually troubled and personally insulted by discourses on anorexia, which diagnose anorexic women as having an insufficient self, lacking in autonomy and self-determination, and being vulnerable to outside influences, such as media and peer pressures to be thin (for similar critiques see, Bray, 1996; Malson, 1998; Probyn, 1987) I have been equally uncomfortable with

allegations that anorexics have not only taken their femininity too seriously but have also disavowed their gender in a bid to starve their bodies of its womanly shape (e.g., Bordo, 1993; Chernin, 1981). These theories suggest that there is a specific healthy or normal way of embracing one's femininity, or doing gender (Butler, 1990), and that anorexic women, including myself, are not doing it right.

Most feminist research on eating disorders critically analyzes normative discourses on the female body, argued to inform the conditions. In this book I will take these critical analyses one step forward and analyze normative discourses on the female self, delineated in opposition to the disordered anorexic self. In interrogating the discourses I will ask: What kinds of selves and femininities are defined as disordered? What kinds of selves and femininities are defined as "healthy"? What kinds of institutional and political regimes do these psychological ideals support? How are these ideals lived by women who are diagnosed with anorexia? Are there alternative ways of making sense of anorexia that do not reinforce simplified, normative, gendered notions of being?

Recent feminist research has observed that psychiatric discourses that aim to treat women with eating disorders consolidate ideals of strength and fitness similar to those that guide women's starving in the first place (Gremillion, 1992, 2003; Moulding, 2003). I agree with these observations. However, in *The Anorexic Self* I want to critically interrogate not only the content of discourses on eating disorders but also their form.

Research on eating disorders is often grounded on a dichotomous way of conceptualizing their personal implications, such as false consciousness versus emancipation, and their political dimensions, such as dominance versus freedom. This type of reasoning mimics and fuels anorexic thinking in terms of one-dimensional absolutes. I contend that discourses that inform anorexia, such as idealization of female thinness or success, have both empowering and disempowering elements. Research that does not acknowledge these contradictions ends up presenting anorexics as victims of sexist discourses and oversimplifying the personal and political agendas embedded in the ideals.

When exploring the discourses used to diagnose and treat eating disorders I do not want to repeat the problems evident in critical analyses of discourses that inform the conditions. My aim is not to simply "denounce" the diagnostic and popular notions of anorexia. Drawing on dialogic theory (Bakhtin, 1981; Volosinov, 1973) I explore the personal implications of discourses on eating disorders in terms of contradictory social voices or accents, which often pull women in different directions and can be experienced as either healing or humiliating. I also study the politics embedded

in discourses on anorexia not in terms of systemic medical/sexist dominance but as emanating from complex social struggles (Jasanoff, 2004; Marcus, 1998). Studying the personal and political together allows me to explore how the social struggles articulated by discourses on eating disorders translate into and are negotiated in the anorexic woman's intrapersonal contestations.

In the chapters that follow I will explore how discourses on eating disorders acquire diverse meaning and have different implications in the personal lives of women who have had eating disorders. I will also investigate the evolving and contradictory social and political agendas that have structured clinical, popular, and feminist discourses on eating disorders, from the postwar concerns over "feminine" mass culture to the present idealization of female adaptability. By illuminating the many sides of the discourses I work against the grain of absolutist anorexic thinking in terms of either good or bad and hope to cultivate an open-minded, critically self-reflective attitude toward all discourses that invite us to become who we want to be.

But before embarking on this project it is useful to locate the book within the wider body of literature on anorexia.

Research on Eating Disorders

There is a vast clinical literature on the etiology and treatment of anorexia, spanning from the nineteenth century to the present (see Brumberg, 1988). *The Anorexic Self* discusses some of the main clinical theories, but it belongs to culturally and socially orientated critical feminist literature that focuses on social discourses that shape the experience of anorexia and how we make sense of it.

Feminist research on anorexia began to flourish in the 1970s and the 1980s. At the time the disorder was becoming more prevalent and it attracted professional and lay attention. The third edition of the American Psychiatric Association's *Diagnostic and Statistical Manual* (DSM-III), published in 1980, provided, for the first time, a detailed description of anorexia nervosa. Popular interest in anorexia was sparked by the death of the soft-rock singer Karen Carpenter from complications of anorexia in 1983. The higher incidence of anorexia coincided with the second wave of feminism, and the early feminist writers on anorexia (e.g., Chernin, 1981; Orbach, 1986), as well as some psychiatrists (Bruch, 1978), interpreted the condition to articulate the contradictory demands placed upon women to both continue to suppress their own needs and please others and to move forward to become individuals of achievement in their own right. Feminist

scholarship pointed out that the slender female body communicated both of these demands. For example, Bordo (1993) insightfully discussed how images of women in business suits or engaging in various fitness activities reinforced the liberal feminist and individualist ideology that women could do everything that men could do. This liberal feminist ethos was associated with a fit and thin androgynous body shape. At the same time, Bordo pointed out, the slender body also echoed the old ideal of a frail and self-effacing femininity.

Feminist analyses of anorexia emphasized the role of gendered societal norms and developments in the etiology of eating disorders. Investigating social factors made good sense against the fact that approximately ninety percent of anorexics were women, and that the condition was becoming increasingly common at a particular historical conjuncture. It was also observed that, at least initially, anorexics tended to come from well-to-do, white, middle-class families, as the new pressures for women to achieve were most acutely felt among this social stratum.

Feminists gave a decidedly gendered and political spin to eating disorders, but their theories also overlapped with and borrowed from psychiatric explanations. Both psychiatry and feminism concluded that anorexia articulates women's (feminine) inability to live up to the ideal, healthy (masculine) autonomous or independent self. Feminist discussion on how anorexia embodies women's attempts to suppress their gendered body also resonated with the psychiatric interpretation of anorexia as indicating a gender identity disorder (for recent experiments testing this old hypothesis see Hepp, Spindler, & Milos, 2005 and Johnson, Brems, & Fischer, 1996). Psychiatry has viewed anorexics' lack of autonomy or their gender identity problems as caused by a psychological weakness specific to individual women. Feminists have argued that troubles relating to self-determination and gender identity affect all women in sexist societies, with anorexics simply representing the gravest end of the continuum. Psychiatry and feminism agreed that the remedy to anorexia is to enable women to "graduate" into independent selfhood, even if the former has suggested personal reform and the latter has proposed political reform as a means to this end.

The feminist and psychiatric theories on anorexia have provided many insights on the condition. However, the intertwining of feminist and psychiatric notions of anorexia has meant that for a long time diagnostic discourses on anorexia were taken as "true" representations of the condition. An early project that provided a more contextual interpretation of theories of eating disorders was Brumberg's (1988) analysis of the emergence of anorexia nervosa as a mental disorder. She argued that the nineteenth-century psychiatric definitions of women's starving in terms of anorexia

nervosa bore witness to the receding of religious authority, which had defined women's starving in terms of religious miracles and chastity, and the increasing dominance of the scientific worldview. Thus, the seeming irrationality of the "fasting girls" became the counterpole and object of investigation for the male-identified rationality of the Enlightenment psychiatric science (Hepworth, 1999).

Critical feminist interest in discourses on anorexia increased in the 1990s. Scholars started to investigate not only meanings women associated with their starving but also meanings that women associated with having anorexia. This research drew attention to the way in which anorexics were often insulted and alienated by descriptions of the condition (Malson, 1998; Malson et al., 2004; Rich, 2006), a fact that has also become apparent in the controversial and contradictory "pro-ana" Web sites where women with eating disorders have defended their "right" to starve (Fox, Ward, & O'Rourke, 2005; Mulveen & Hepworth, 2006; Pollack, 2003). Some have argued that discussions on anorexia frequently attribute anorexia to female irrationality, and that this was manifest in historical psychiatric works as well as contemporary health professionals' speech (Hepworth, 1999). Others contended that discourses on beauty ideals and anorexia framed women as "bimbos," unusually vulnerable to mass-mediated images of slenderness (Bray, 1996; Probyn, 1987). It was also suggested that the focus on middle-class high-achieving women's struggle with self-determination was oblivious of issues such as sexual abuse (Wooley, 1994), racism, poverty, and heterosexism (Thompson, 1994) that other groups of women associated with their troubled eating. Perhaps most importantly, it was pointed out that discourses on anorexia and lack of autonomy ended up consolidating similar normative ideals of strength, independence, and control over the female body that often informed the anorexic's starving in the first place (Gremillion, 1992, 2003; McNeill, 1993; Moulding, 2003). As such, the discourses that precipitated eating disorders and the discourses that explained and treated the disorders seemed to move in a vicious circle, affirming similar historical, social ideals that accounted for women's excruciating attempts to conquer their gender.

The Anorexic Self draws on and contributes to this critical feminist research. It identifies with the "second wave" of feminist research on eating disorders, which has begun to critically interrogate the submerged gendered agendas embedded in discourses on the disorders themselves. I agree with the observations of critical feminists (Gremillion, 1992, 2003; McNeill, 1993; Moulding, 2003) that discourses on anorexia often affirm historical, normative notions of traditional femininity as deficient and a fit or strong femininity as ideal— notions similar to those that fuel eating disorders in the first

place. This book takes these observations forward in two respects. First, it offers a series of case studies that explores the personal implications of discourses on eating disorders for women diagnosed with anorexia and bulimia and that investigates the varied social and political agendas and struggles that discourses on eating disorders articulate in psychiatry and public media. Second, it develops and applies a methodological and conceptual framework that is sensitive to the ambivalences and many sides, including healing, humiliating, progressive and reactionary, of the discourses on eating disorders. It is my hope that this framework will foster an anti-anorexic, less simplistically judgmental, and more critically self-reflective way through which we can relate to our selves, the people we study, and the societies in which we live.

Methodological Considerations

The methodological and conceptual framework that underpins this book considers the personal and political dimensions of eating disorders differently. I work against the classical interpretation of the personal experience of anorexics as being “outside of the true,” as either disordered (in psychiatry) or under false consciousness (in feminism). These ideas have contributed to one-dimensional normativity in much research on eating disorders and have also been conducive of disrespectful ways of treating anorexics in clinical practice and research. Recent research has discovered that the internal world of an anorexic is much more complex than the dichotomous theories propose, and anorexics are often aware of the both thrilling and damaging nature of their starving and that they are also aware of the problematic nature of discourses on anorexia, which describe them as vain or spoilt (see Malson, 1998; Rich, 2006).

Following Volosinov (1973), I conceptualize the consciousness of anorexic women not as false or true but as always polyvocal “internal speech,” or dialogues between multiple voices. The voices are not personal but echo the various social “accents” or agendas and sensibilities of their times. For example, anorexics’ starving is often underpinned by a desire to be strong and successful. This has been dismissed as feminine frustration with not being able to be truly strong and independent (Bruch, 1978) or interpreted as succumbing to a male-defined dominant ideology (Bordo, 1993). Both of these interpretations are strongly normative, either upholding or denouncing the ideal of strength. Dialogic theory facilitates an analysis of the issue in a way that does not affirm or reject the ideal of strength but pays attention to the many voices that speak through it, or its “multi-accentuality” (Volosinov, 1973, also Hermans & Kempen, 1993, from a narrative therapy perspective). So, the anorexic pursuit of strength

can be seen to testify *both* for the empowering possibilities embedded in discourses that invite women to be strong and successful *and* for the personal disempowerment that may ensue if these desires begin to dominate women's lives or the social disempowerment that results from consolidating structures of inequality based on individual competitiveness. Similarly, many diagnostic discourses on anorexia can be interpreted not as right or wrong or helpful or detrimental but as often both empowering and disempowering as will be discussed later in the book.

Dialogic theory helps to make sense of anorexics' starving not in stigmatizing terms of being a "dope" but through communicating about many contradictory ideals, which are not necessarily all reactionary or sexist. It also facilitates a critical analysis of the both helpful and hurtful personal implications of discourses that claim to treat or emancipate anorexics. Moreover, it underlines that we are always only partially aware of all the many discourses and voices that inform our thoughts or actions or, to draw on Foucault (1982), we are always both active subjects and acted upon objects in relation to discourses that shape our consciousness. This means that not only women with eating disorders but also researchers are both enabled and blinded by discourses. In this spirit this book aims to conduct research on women with eating disorders in a less diagnostic and more egalitarian or mutually critically reflective manner.

Analysis shows, too, that the political dimension of eating disorders has also been underpinned by dichotomies. Research may have acknowledged how, in a contradictory manner, discourses on thinness both negate and affirm femininity (Bordo, 1993). Regardless, these works tend to interpret discourses on thinness and fitness as simply dominant (Bordo, 1993; Gremillion, 2003).

The trouble with this type of research is that it understands dominance in relation to an abstract "system," such as sexism, capitalism, or neoliberalism. This makes the research blind to the complexity of discourses defined as dominant and to the problems embedded in positions defined as emancipatory. In this book I do not examine politics in relation to anorexia in such abstract terms. Rather, I seek to examine how specific discourses on anorexia dominate or resist very particular, contingent, contextual social and political agendas in a given time and place (Saukko, 2003, pp. 39–54).

For example, postwar theories of anorexia as symptomatic of mass culture attacked the complacent, conservative, and increasingly wealthy middle-class lifestyle and the domesticated femininity associated with it. While these theories resisted 1950s conservatism and sexism, they also articulated a masculinist, intellectualist, dominant disdain towards the feminine private sphere (Felski, 1995; Huyssen, 1986). Mass culture theories not only supported the

left-liberal agendas of the Frankfurt school (Adorno & Horkheimer, 1979) but also fueled conservative fears about communism and the demise of American individualism.

Attentiveness to multiple political dimensions in discourses in which anorexics are seen as victims of mass culture brings into relief how these discourses can simultaneously support progressive, feminist, reactionary, and sexist politics. It also makes it intelligible why discourses on eating disorders can be personally experienced as helpful and humiliating at the same time, as the social struggles embedded in the discourses translate into intrapersonal contradictions and contestations. The complexity of social agendas embedded in discourses on eating disorders calls for a more nuanced feminist engagement with the politics surrounding the condition. It draws critical attention to discourses that are deemed to be counter-hegemonic or emancipatory, such as critiques of consumer culture, and to discourses that seem fresh and new, such as the emergent ideal of “feminine” adaptability and openness to the world in contemporary psychiatry, pop psychology, and management theory.

Structure of the Book

To examine the various personal and political implications of discourses on anorexia, this book is structured around empirical case studies that focus on a specific “site” where eating disorders are an issue. This research strategy is informed by Marcus’s (1998) heuristic of “multi-sited ethnography.” Marcus’s work is grounded in anthropology, and he criticizes the discipline’s tendency to juxtapose a local lifeworld and a global system, which ends up a “theoretically constituted holistic frame that gives context to the study of local subjects” (pp. 80–81). I contend that this is what happens in much research on eating disorders, which presupposes a sexist system, manifesting itself in the thin body ideal, imposed on individual women.

Multi-sited ethnography does not presuppose a system but considers the object of study as “an emergent object,” which takes shape and transforms across many contexts or sites. In this book I aim to map some of the contours of the discourse on anorexia, which emerges and takes shape across multiple social sites. I have selected a few sites for close inspection based on a broad review of psychiatric, popular, and feminist discourses on eating disorders.

The sites studied capture key moments, institutions, individuals, and groups that have galvanized discussion on eating disorders. I focus on classic accounts of anorexia—such as media coverage of Karen Carpenter’s anorexia or stories of white, middle-class women who have had anorexia—in order to

problematize them. In these accounts I show that what we take for granted about eating disorders is shaped by historical contingencies, does not necessarily fit with lived experiences, and produces troubling political and psychological implications.

In addition to investigating easily recognizable cases I have also aimed to cover a diversity of discourses in terms of historical period (from 1930s to the present day), different institutions and genres (psychiatry and news media), spheres of life (political developments, personal experience), and locations (the United States, the United Kingdom, Finland). Exploring discourses on anorexia at different times and in different places brings into relief the idiosyncrasies and contingencies of various explanations and highlights the varied social and political agendas that anorexia is harnessed to support. Studying both the historical and political production of discourses on anorexia and lived experiences of the discourses illuminates the important interaction between the political and the personal.

The first site to be examined, in chapter 2, is my own personal experience of anorexia at the age of eleven. The chapter is an introspective account, interspersed with excerpts from my hospital records, and discusses my treatment with behavior modification, which consisted of strict regulation of my eating, movement, schedule, and personal contacts. I describe the haunted feeling of being put into the middle of a prison-like regime that closely resembled my anorexic behavior and my escape from the hospital. I feared I would completely lose my mind, which was interpreted as possibly requiring my rediagnosis as psychotic rather than neurotic. I also discuss how, after recovery, I encountered and tried to make sense of the popular discourses on anorexia as related to beauty ideals, perfectionism, and disturbed gender identity. The aim of the autoethnography is not to present my “true” story of anorexia against the incorrect medical and popular understandings, but rather to address the fact that my experience is only accessible to me through the discourses on eating disorders, which I have both violently resisted and incorporated into my self-image. I seek to illuminate, from the inside out, the occasionally illuminative but also limiting and misleading effects that psychiatric and public discourses on anorexia had for my treatment and self-understanding, particularly in a situation where, because I was a child diagnosed with a mental disorder, my protests about the way in which I was defined and treated fell on deaf ears.

In chapter 3 I investigate the historical origins of the classical notion of the anorexic woman as an insufficiently autonomous “goody” girl fallen victim to media and parental pressures to be pretty and to achieve. This notion shaped my treatment. The chapter focuses on the world-known psychiatrist Hilde Bruch’s pioneering work on autonomy and obesity and

anorexia. Bruch's work on obesity in the 1930s focused on poor immigrant children, and she argued their obesity was precipitated by the authoritarian and traditional cultures of their families, most of which had recently immigrated from Eastern Europe. Bruch's theory on the cultural and social origins of obesity contradicted the prevailing eugenic notion of fatness as indicating an inherent or racial physical and mental disposition. Yet, it still reiterated that recent immigrants posed a threat to American values and the political system; Bruch relocated the threat from the immigrant families' genes to their culture.

Bruch's postwar research on anorexia focused on a very different social group: affluent, middle-class young girls. In this case, Bruch argued that the women began starving in order to assert their own will, having been trained to be overly docile by their overpowering suburban mothers. Bruch's criticism of middle-class mothering and the suburban culture of the 1950s and 1960s attacked the conservative complacency and domesticated femininity of Cold War America. Yet her theory also read eating disorders through the lens of mass culture, which was feared to breed fascism and communism and was often associated with the private sphere of female reproduction and consumption. Thus, Bruch interpreted both the immigrant children's obesity and the middle-class girls' starving in relation to contemporary American agonies about democracy and its threats, such as Eastern European traditionalism or suburban feminine conformism. What the chapter on Bruch demonstrates is that our current understanding of obesity and anorexia as having to do with lack of autonomous self-will does not indicate a psychological universal but is deeply lodged in a specific historical place and time and its political agenda.

In chapter 4 I explore later articulations of anorexia and bulimia through an examination of the news representation of the two most famous women with eating disorders: Karen Carpenter and Princess Diana. After Carpenter's death of complications of anorexia in 1983, U.S. and U.K. news media both eulogized her dreamy, wholesome, and phenomenally successful soft rock and deplored her as a nonautonomous female, who fell victim to the suburban culture and the conservative American family values of the 1970s that her music seemed to epitomize. Most news media represented Princess Diana as the British New Labour woman, flexible and self-transforming, who graduated from a virgin princess to an outspoken yet caring divorcée charitable towards ethnic minorities and people with HIV. The conservative news media framed her as a classical female hysteric slashing herself with penknives and throwing herself down the stairs in front of a helpless husband.

What these both different and similar media representations witness is that eating disorders are mobilized to tell moral stories about ideal femininity and good society that fit the zeitgeist of a particular moment, such as the 1980s neoconservative United States or the 1990s New Labour Britain. These news narratives also tell about the contradictory nature of popular discourses on anorexia. Carpenter's death, for example, is mobilized to reveal the dark psychological and political underside of the neoconservative politics of the 1980s while, at the same time, it is used to associate her femininity and softness with regressive personality and reactionary politics.

Chapter 5 returns to the personal experience of anorexia. In it, interviews with four women who have had anorexia or bulimia are discussed. The interviews were conducted using a critically self-reflexive or "layered" methodology that is attentive to both women's stories or voices and discourses that interlace the voices. In this spirit, I asked each woman interviewed to both tell her story about her experience of an eating disorder and, afterwards, to evaluate discourses that have defined eating disorders. The stories of the women highlighted that even though many of them had pursued familiar aims of thinness and success while starving or bingeing and purging, their goals were not uniform, nor could they be interpreted as just being informed by sexist or reactionary ideologies. The women's reflections on discourses on anorexia and bulimia were very varied; some thought the descriptions were true and illuminating, even if they felt "stupid" about having had anorexia, others were acutely critical of the discourses for repeating notions of women's weakness, similar to those that had originally fueled their starving. However, all the women, who had each recovered from an eating disorder, shared a life philosophy that was ambivalent about all (therapeutic, marketing, sports, political, feminist, and vegetarian) discourses that invited them to imagine themselves in a specific way. The chapter concludes with suggesting that research has much to learn from the women's critically self-reflective approach to a wide range of discourses.

The last chapter, chapter 6, continues the task begun in this introduction: to develop a different conceptual and methodological approach to eating disorders. It discusses the possibilities as well as problems for understanding anorexic consciousness embedded in recent work on narrative therapy (Epston & White, 1990; Hermans & Kempen, 1993; Maisel, Epston, & Borden, 2004). Drawing on science and technology studies (Jasanoff, 2004) and multi-sited ethnography (Marcus, 1998), the chapter outlines a way of studying the political dimension of eating disorders that understands politics as a heterogenous social struggle. The chapter argues

that research on eating disorders has typically followed a time-based logic in terms of linear development from sickness to health and from oppression to emancipation. It suggests the use of a space-based approach, which views consciousness as consisting of multiple voices that exist side by side and in conversation with each other, as if in space rather than hierarchically in time. These intrapersonal conversations and contestations echo political issues of their times, which are viewed in terms of contradictory social struggles rather than a dominant ideology. This approach helps the researcher to see that personal and political life is more complicated it seems. It also highlights that trying to resolve personal or political contradictions by adamantly pursuing one goal and agenda may cause significant damage, as witnessed by eating disorders and many global developments of our time, and that addressing complexities and ambivalences will be conducive of a more balanced psyche and polity even if it seems less straightforward.

Note on Interpreting and Writing

Before moving on to the “real” analysis, a few words are in order on the interpretation and writing that structure the book. The analyses presented in the chapters that follow are based on diverse material, and different methods and genres of writing are applied in the different analyses.

Bakhtin, among others, has noted that different languages do not simply reflect realities but refract them, partly producing different realities (Bakhtin, 1981; also Haraway, 1997). Richardson (2000; Richardson & St. Pierre, 2005) has similarly argued that different methods and genres of writing allow us to look at the world from different angles. She rationalizes the use of different perspectives by giving a different spin to the classical social scientific method of triangulating. According to the classical definition, triangulating between different methods and materials aims to increase the validity of the research in terms of enhancing its truthfulness, as if using multiple lenses would yield a more accurate image of the research object. Richardson defines triangulation as looking at the world through different angles of a prism, which will always cast the phenomenon studied into a different light.

This book seeks to capture different discourses on anorexia and reflect on their multiple dimensions. Capturing this multiplicity requires different methodologies and writing genres, as well as an innovative framework to bring the different angles together both within and between different chapters. In chapter 2 I use critical autoethnography (e.g., Bordowitz, 1994; Minh-Ha, 1989) both to convey my experience of anorexia and to

critically interrogate the social discourses that have made my experience intelligible for me. In chapter 3 I use traditional social historical research method and prose to examine Hilde Bruch's research on eating disorders, and in chapter 4 I employ discourse-analytic methods to make sense of the complexities of news coverage of Karen Carpenter and Princess Diana. In chapter 5 I use a self-reflective interview technique and a "layered" mode of writing (Ronai, 1998) to discuss how women who have had eating disorders both internalize and criticize different aspects of discourses on eating disorders to make sense of themselves and their lives. The last chapter, like this introduction, uses more or less traditional academic argumentation and writing.

Different chapters of *The Anorexic Self* also convey different authorial positions. An autoethnographic style posits the author as making a personal confession, as well as critically reflecting on her confession (on this see Bordowitz, 1994), whereas traditional historical analysis conveys detached authority. My use of self-reflective and, on occasion, personal style of writing is a response to the debates that have criticized the use and abuse of traditional scientific authority and accompanying objectivist narration (see Clifford & Marcus, 1986). Still, by using different genres of writing in the different chapters I seek to occupy personal, self-reflective and scientific/authoritative subject positions and to unsettle the often reified expectations of feminine personableness and masculine expertise.

By shifting between different methods, genres, times, places, and authorial positions, I hope to unsettle reified views on anorexia by illustrating that there are many ways of interpreting the condition and that these interpretations produce a variety of personal and political implications. I also seek to create a book that embodies a different, less one-eyed or anorexic, and more open-ended and multiperspectival way of approaching eating disorders, psychological health, and politics.