

STARVING FOR ACCEPTANCE – THE CULTURAL MIS/SHAPING OF THE FEMININE

Colleen McMillan, PhD
Renison University College,
School of Social Work,
University of Waterloo,
Waterloo ON, Canada
Email: c7mcmill@uwaterloo.ca

Terry Mitchell, PhD
Wilfrid Laurier University,
Psychology Department,
Waterloo ON, Canada

Corresponding Author:

Colleen McMillan

Renison University College 240
Westmount Road North Waterloo,
ON, Canada N2L 3G4
Email: c7mcmill@uwaterloo.ca

Abstract

In this article the authors discuss socially constructed ideals of femininity characterized by the regulation and containment of the female body. Historical examples are provided of the acceptability of food restriction and purging and radical body alterations which, when culturally sanctioned, are regulated as requirements of the feminine. Current cultural standards of the feminine beauty ideal are identified as a powerful rationale for food restriction and purging. Dominant templates of feminine body ideals have shaped women throughout history. These shifting templates place the female in a precarious double bind. Cultural tailoring of the body is socially sanctioned despite dangerous outcomes as in the case of foot binding, corseting and genital mutilation. However, when a woman tailors her body privately, as in food restriction, she is labeled as pathological. The authors discuss the importance of viewing disordered eating through a wider historical and societal lens of gender and power.

Keywords: femininity, anorexia, gender, bulimia, body control

1.1 Introduction

In this paper we propose that the currently defined symptomatology of anorexia and bulimia were once conceptualized as culturally acceptable behaviors for both women and men. A historical review of food and size practices reveals that woman's bodies are culturally managed. We discuss how societal acceptance of food and size restriction is conditional upon the agency of the restriction. That is, whether the impetus lies in social norms, exercised as control, or individual choice. Utilizing a historical discussion of food and size issues we discuss how femininity is culturally constructed as contained and diminutive. We conclude the article with the position that irrational cultural messages and practices introduce females to, and endorse, disordered eating. We suggest that alternative messages must be adopted by our culture, messages in which the barometer of female worth is divorced from the concept of size and weight.

We begin the article by highlighting the problematic relationship between women and weight through a brief review of the prevalence of disordered eating. The American Psychiatric Association (2000) estimates that 8% of women are diagnosed with anorexia or bulimia (Anderson, 2001). Anorexia nervosa has the highest premature mortality of any major psychiatric disorders, estimated to be as high as 19% without treatment and 5% with treatment (Pinheiro, 2006). The annual death rate associated with anorexia is more than 12 times higher than the annual death rate due to all other causes combined for females between 15 and 24 years old (Sullivan, 1995). Bulimia nervosa can be equally deadly when associated with hypokalemia or suicidality (Anderson, 2007). A review of 60 outcome studies on bulimia nervosa reported a mortality rate of 0.3% (Keel and Mitchell, 1997).

In Canada, eating disorders are the third most common chronic illness among female adolescents (Canadian Pediatric Society, 1998). Adolescents who engage in practices of food and weight restriction occupy more mental health beds than young people with any other diagnosis (Bryant-Waugh, 2006). What is equally startling is the mindset that precedes the illness. One study found that 81% of 10 year old girls and 46% of 9 year olds restrict their eating for fear of becoming fat (Mellin, Scully and Irwin, 1986). A 2008 study found that 52% of girls begin to diet before the age of 14 years (Boyce, King, & Roche (2008). Prognosis is poor with high relapse and recidivism rates. Even with treatment, short term remission rates are estimated to be 50-70% (Herzog et al., 1996) with relapse occurring in 30-50 % of cases after up to 6 years of follow-up (Keel et al., 1999). While the previous statistics are alarming, they fail to show the cultural and societal entanglements that entice developing minds and bodies toward the pursuit of life threatening thinness. We will now take an historical look at food and weight restriction

1.2 The History of Anorexia Nervosa and Bulimia – Contexts of Normality

A historical lens provides insight into periods of time in which the restriction and purging of food were culturally acceptable phenomena. Centuries before the current scientific taxonomy of anorexia and bulimia the Roman aristocratic penchant for bingeing and general overindulgence led to between-courses vomiting to enable the gorgers to cope with their gastronomic excesses (Agnew, 1985). Roman residents in the upper echelons of society visited the vomitorium, a room specifically designed for purging, where with the aid of servants would retch the contents of the stomach in order to enable them to eat more food. Servants would assist the mechanism of retching by tickling the throats of their masters or masters' guests with feathers. Perceived as a normal dining rite, this behavior was practiced by both sexes and reflected a cultural norm.

Food restriction and purging were not only culturally acceptable, but also intricately linked to religious practices, during the 1200's as documented by 261 holy women officially recognized by the Roman Church as saints, blessed, venerables, or servants of God (Bell, 1985; Vandereycken and Van Deth, 1996). Referred to as 'anorexia mirabilis' the most notable within this group were Sister Veronica Giuliani

and Saint Catherine Benincasa of Siena. The canonization of these two 'holy anorexias' was primarily based upon the cardinal virtues of temperance and fortitude. Food restriction or "the fact of not eating was viewed as a display of heroic temperance or else as a miracle" (Bell, 1985, p.74). The ritual of fasting within a religious context was not restricted to females. Various historical eras offer contexts where food restriction and purging were considered culturally acceptable behavior in both sexes. The ecclesiastical law of fasting embodied within the Catholic Church stipulated in Canon 1249 that;

all members of the Christian faithful in their own ways are bound to do penance in virtue of divine law; in order that all maybe joined in a common observance of penance, penitential days are prescribed in which the Christian faithful in a special way pray, exercise works of piety and charity, and deny themselves by fulfilling their responsibilities more faithfully and especially by observing fast and abstinence according to the norm of the following canons.

(The Code of Canon Law: A Text and Commentary IV)

Fasting was considered to be a function of the virtue of temperance bearing relation to the promotion of man's spiritual well-being. Failure of compliance was regarded as serious with grave penalties attached to transgressions of this law. The sixty-ninth Apostolic Canon decrees the degradation of bishops, priest, deacons, lectors or chanters failing to fast during Lent and the excommunication of laymen, who falter in the fast. The fifty-sixth canon of the Trullan Synod (692) contains similar regulations. Finally, the reign of Pope Alexander VII (1665) was made more resplendent due to the severity of his morals which included long periods of food restriction.

The phenomenon of Fasting Women represents another example when restriction existed as a culturally acceptable behavior. The early 1800's witnessed a number of women who became famous for practicing extended periods of abstinence, reportedly lasting for years. No one single characteristic typified these women who ranged from an 11 year old Welsh girl by the name of Sarah Jacob, a 40 year old single mother, Ann Moore, to a 77 year old senior, Mary Thomas. What united them was the paradigmatic frame in which the restriction was understood; these women were celebrated as miraculous in their avoidance of food and occupied an esteemed social location that was constructed as spectacular by townspeople. Villagers would frequent Ann Moore's home to witness this spiritual event. Henderson (1813) wrote of 'immense numbers of people who came to see Ann Moore and seldom quitted her without exercising their generosity toward her' (Henderson, 1813, p.34). The fact that monetary gifts were voluntarily offered suggests a collective acceptance of the fast on the part of Ann Moore's visitors.

The same temporal period witnessed the phenomena of male Living Skeletons. Unusually lean males exhibited their partially nude bodies as a spectacle of performance in maundering fairs, circuses and 'freak' shows meant to entertain the paying patron (Gould & Pyle 1897; Vandereycken & Van Deth 1996; Bogdan, 1988). The most celebrated Living Skeleton was Claude Seurat, who at the peak of his career weighed 77 pounds and, unlike the stationary position of the Fasting Women, toured Europe extensively as a "bizarre human exhibit" lumped in with a menagerie of other unusual sizes and forms of bodies (Gooldin 2003, p. 39). Gooldin (2003) writes of the dual nature of this activity. The actual act or process of restriction constituted an activity orchestrated by the individual man or women. A second level of activity was constructed by the interaction between the individual and the public, who flocked to witness, and in the case of the Fasting Women, to celebrate the process. In fact Brumberg (1989) describes the scene as "after the first 40 hours of the watch on Moore, placards were posted throughout the town announcing that she has as yet taken no nourishment and inviting the incredulous to ... watch for themselves" (Brumberg, 1989, p.57).

The result was villagers and surrounding folk of Tutbury visiting Ann Moore in immense numbers making her house a site of pilgrimage.

These case studies suggest that fasting was hardly a passive act, but rather an relational, interactive process shared between the faster and others, and held celebratory and spiritual spaces in the culture. These examples lend historical support to the argument that food and weight restriction was once viewed as an acceptable cultural practice in both sexes. How a once celebrated and public behavior was reduced to an isolated and private act speaks to societal shaping of the female body. We will now reflect upon other communal practices of body shaping that support our position that the female body is culturally regulated.

1.3 Deconstructing the Physical Quest for Smallness

Unpacking the concept of femininity is to venture into a labyrinth of cultural and historical chambers filled with oppression, myth and risk. Susan Brownmiller called femininity “a romantic sentiment, a nostalgic tradition of imposed limitations” (1984, p.14). She asserted that the ghosts of prior generations continued to haunt more modern definitions of femininity that have nothing to do with biological femaleness. Indeed, throughout history shifting templates upon which femininity was defined confirm that women alter themselves, diminish their bodies and body parts to fit into the elusive feminine ideal within their historical and cultural context. The criteria that define femininity are continually in flux reflecting socially significant variables such as power, economics, and sexuality among others. These transient variables speak “within the particular contexts in which they are located and according to the gendered, classed and racialized power relations operating there” (Burns, 2004, p. 274).

Historical examples exemplify the dangerous and unhealthy behaviors imposed upon females to fit the cultural template of femininity. For over a thousand years Chinese culture sanctioned the excruciating practice of foot binding on girls from the age of four in preparation for marriage. It was believed that the mutilation of feet measuring no longer than 3 inches tightened vaginal muscles enhancing the sexual experience for the male. Levy (1992) writes of a “widespread male fantasy claiming that foot binding produced the development of a highlymusclcd vagina with the tiny appearance of the foot arousing a combination of lust and pity. Chinese pornography of the past reflects a preoccupation with the feet detailing the various shapes of bound feet and the erotic practices in which they could be employed” (Levy, 1992, p. 247).

Similarly, femininity in Great Britain was defined in the late 1800's by a waist size manually restricted to 16 or 17 inches. Despite serious injury including broken ribs, perforated liver, colon and stomach, tight lacing was condoned as encapsulating the feminine ideal. In her thesis, *An Analysis of Women's Dress as Related to Ideals of Beauty and Social Status*, Andrews (1999) writes that tight lacing placed the ideal of femininity in an untenable position with the physical image of a wife clashing with the physiology of a mother. The waist was constricted to such a degree that sustaining a pregnancy to term would be problematic. And yet that same tapered waist was considered the definition of womanhood. Waugh concurs in stating “what defined femininity was a tapering wasp like waist. The Victorian corset allowed for a flat line from just under the bust to the knee when viewed in profile. The derriere and hips were thrust out from under a woman's torso as the waist was whittled down to a size that a man might be able to circle with his fingers” (Waugh, 1954, p. 132).

A last example focuses on female genital mutilation (FGM), a cultural practice in which a partial or full cutting away of the clitoris, labia minora or labia majora is radically cut away and then sutured into a tight, small mass with an opening the size of a matchstick. Horowitz (2002) estimates that 15 to 20 percent of FMG involves infibulation, the most severe type, in which “a girl has what amounts to as a scar tissue chastity belt” (Horowitz, 2002, p. 5). Assaad (1980) states that it is understood culturally that un mutilated

women are prone to infidelity because of their uncontrolled sexual desires. Infibulation is also rationalized to “make women tight for their husbands” (Horowitz, 2002, p.7).

Femininity, in this context, means relinquishing control of one’s sexual organs and a subservient sexual role dictated by the husband who is invested in “reinfibulating his wife after each birth to ensure her tightness for future intercourse” (p.7).

Foot binding, corseting and FGM are cultural practices that publicly promote the diminishment or mutilation of various female body parts in alignment with cultural ideals of femininity. Equally common are how these dominantly constructed practices of body containment render the female body passive. While these practices of restriction and diminishment of the female body have all raised significant health concerns including increased risk of premature death they have nevertheless been culturally sanctioned. The mis/shaping of women’s bodies has been sanctioned as measures of control with the women who refrain from engaging in these cultural practices being viewed as unfeminine and deviant.

While history has repeatedly proven a feminine ideal to be elusive, societies dictate that women continue this odyssey. For to be insufficiently feminine is viewed as a failure in core sexual identity, or as a failure to care sufficiently about oneself, for a woman found wanting will be appraised as simply unattractive (Brownmiller, 1984). Likewise, McKinley (1999) affirms this notion stating that women who do not conform to these ideals have traditionally been defined as deviant. While the above historical examples epitomize a severe paragon of femininity, one that crosses the threshold of safety, the following cases suggest that little progress, if any, has been made.

As recently as October 2006 a mainstream Canadian magazine featured an article on labial reduction, the latest trend in the minefield of body construction. The male surgeon who has performed 275 such procedures promises vaginas that are ‘nice, neat, small and symmetrical’ (Egan, 2006, p 162). A patient who underwent such surgery in response to her fiancé’s opinion, who stated her labia was “a little bigger than other women he had been with,” (p. 161) later stated that the reduction made her “feel like a woman again” (p. 163). Worth noting is how discourse genders anatomy and configures the feminine form as ‘nice, neat and small.’

The above examples exemplify the parody within femininity – this eternal yet elusive quest for acceptance through containment and the mis/shaping of the female body. Ussher (1994) lamented that women need to be feminine and to have feminine qualities in order to avoid being pathologised, yet paradoxically cultural images of femininity are in and of themselves pathological. The above historical and contemporary examples exemplify how the female body is traumatized through radical alterations to achieve the socially constructed ideal. More significantly, what the examples demonstrate is the misshaping of the female form in the diminutive, compartmentalized body parts. A woman’s feet, waist, and vagina variously reconstructed to epitomize smallness in adherence to the culturally defined feminine form.

1.4 ‘Disordered’ Eating

When a girl or woman privately tailors her body through restriction to meet the societal benchmark of femininity, she is medicalized and diagnosed as anorexic or bulimic. Anorexia nervosa is derived from the Greek word ‘an’ and ‘orexis’ which translates to “the nervous loss of appetite.” Bulimia is taken from the Greek word bulimia which translated means ‘ox hunger’ (Burns, 2004, p. 290). While appearing as opposite phenomena, the two behaviors are united in the shared goal of control of caloric intake. However, medical discourse has diagnostically separated the behaviors into two distinct and opposing pathologies (Burns, 2004). Cultural theorists (Girard, 2000; Lupton, 1996) argue that both phenomena are a gendered response to cultural ideals of femininity “eating too much and eating too little represent inseparable ways of coping with a western culturally pervasive slenderness imperative” (Burns, 2004, p. 270).

If femininity and the female beauty ideal are regulated and reinforced through containment of parts of the female form such as is in foot binding, infibulation and corseting then it is conceivable that food restriction in the containment of the entire female form may embody the ultimate representation of femininity. Shifting cultural templates that equate femininity to smallness are evident in various temporal eras.

1.5 Private Self Tailoring Versus Public Shaping

Historical cases illustrate that when the female body is publicly tailored it is acceptable. Similar to the cultural divorcing of anorexia from bulimia, a parallel exists regarding the process of body shaping. Depending upon the source initiating the mis/shaping, individual versus societal, different values are assigned. Regardless of the socially sanitized term ‘dieting’ or the diagnostic label of ‘restriction’, the intention underlying the two terms is identical - to have the body become smaller. When dictated by cultural standards, as in the case of foot binding or FGM, body shaping is encouraged and community enforced. Yet when individually initiated in response to societal norms, girls and women are judged and pathologized if they are ‘successfully’ engaged in self tailoring. The anorexic who self tailors her body in the cultural quest for smallness unwittingly enters the dangerous game of societal acceptance with rules that change and a reward that is not only elusive, but can be fatal.

Lestor (1997) succinctly captures the essence of self tailoring when she states that “anorexic women ...are not individually ill – they have merely been good students of culture, have taken to heart this ideology, and are enacting it with enthusiastic fervor” (Lestor, 1997: p. 484). Girls are socialized to learn that food and weight restriction yields desirable outcomes - the body falls within the cultural beauty ideal of thin and small while their character is applauded for displays of conviction and strength. Femininity defined by physical smallness is married to the revered characterological masculine traits of determination, strength and logic. This external message is absorbed by the woman who experiences anorexia as “feeling detached from her body ... revels in this separation, distancing herself more and more from her ‘femaleness’ and embracing the disembodied, detached, logical, intellectual, morally and spiritually superior ‘male’ self that her culture reveres” (Kite, 2011, n.p.)

From this standpoint, the anorexic female has strictly adhered to cultural definitions of femininity. In fact, her behavior is rational in response to irrational cultural messages. Culture sanctions the avenues in which this goal can be attained – cosmetic surgery, condoning of diets, appetite suppressants, availability of diuretics, among others. Popular culture magazines guide adolescent readers with articles including one titled “Get the Skinny” which suggests readers consider “skipping lunch for two weeks to pay for must-have mega expensive shoes” (Cosmopolitan Style Fall, 2005, p. 103). Yet as woman with anorexia physically approach the cultural ideal, the line of acceptability is shifted.

Parallel to the shift that removed Fasting Women from the religiosity of their endeavour in a shift “from sainthood to patienthood” (Brumberg, 1989, p.10) modern day cases of restriction echo the same dynamic 200 years later. The woman or girl who shapes her body through food restriction may transgress the line from the cultural ideal of femininity over to the classifications of the Diagnostic and Statistical Manual of Mental Disorders (DSM). The markers that signify this line reveal a deeper layer of genderization within restriction. In order to remain within the parameters of acceptability women are expected to be small and contained within diminutive body parts while remaining physically attractive and fertile. The impossible task of negotiating these markers results in women crossing over this line and becoming too small which is then judged as unattractive and sexually redundant as menstrual cycles cease affecting the individual’s ability to conceive.

Conclusion

Dominant discourses caricature women and girls' quest for thinness as irrational. Yet, this cultural view veils a historical truth. Bombarded by messages of irrational and unattainable beauty ideals, the process of restriction is a logical response to the shifting shapes of femininity. The centrality of control as the impetus for restriction lies not in the individual female, as dominant discourse would have one believe, but in the cultural fabric that tailors worth according to size. Women have been socialized to believe that food restriction and body smallness are equated with femininity and the social value of women and girls. The shaping and misshaping of women's bodies continues to be the purview of societies, however, when girls and women interpret the cultural messages of smallness and translate these into private actions of restriction or purging they are judged as irrational and labeled as mentally ill.

In order to address the health risks of the increasing prevalence of anorexia and bulimia that we have outlined as historically sanctioned, and the body diminishment that we have identified as culturally driven, we must provide cultural frameworks to assist girls and women to understand their perceived personal quests for thinness as cultural bi-products and validate their well reasoned, though harmful, aspirations for increased self worth through size reduction. The pathology is in the culture yet when translated into effective size reduction through individual rituals of food restriction and purging is viewed as individual versus cultural pathology. The most rational response to the ever shifting and compromising feminine ideal will be when a female's psyche that desires an unhealthy degree of thinness is judged as rational in a culture that is toxic by virtue of its unrelentingly preoccupation with food and weight restriction and, in particular, the feminine ideal of smallness. We must strive for a culture in which the body weight of girls and women and the size and shape of their various body parts are no longer cultural barometers of their worth.

References

- Agnew, J. (1985). Man's purgative passion. *American Journal of Psychotherapy*, 39: 236-246.
- Andrews, S. (1999) *An analysis of woman's dress as related to ideals of beauty and social status*, Unpublished MA thesis, University of Gannon, PA.
- Anderson, A. (2001). Progress in eating disorders research. *American Journal of Psychiatry*, 158: 515-517.
- Anderson, A. (2007). Eating disorders and coercion. *American Journal of Psychiatry*, 164; 911.
- Assaad, M.B. (1980). Female circumcision in Egypt: Social implications, current research, prospects for change. *Studies in Family Planning*, 11: 3-16.
- Bell, R. (1985). *Holy Anorexia*. Chicago: University of Chicago Press.
- Bogdan, R. (1988). *Freak show: Presenting human oddities for amusement and profit*. Chicago: University of Chicago Press.

Boyce, W.F., King, M.A. & Roche (2008). Healthy Living and Healthy Weight. In *Healthy Settings for Young People in Canada*. Retrieved from <http://www.phac-aspc.gc.ca/dcadea/yjc/pdf/youth-jeunes-eng.pdf>.

Brownmiller, S. (1984). *Femininity*. New York: Simon & Schuster.

Brumberg Jacobs, J. (1989). *Fasting girl: The history of Anorexia Nervosa*. New York; Plume.

Bryant-Waugh, R. (2007). Recent developments in Anorexia Nervosa. *Child and Adolescent Mental Health, 11*: 76-81.

Burns, M. (2004). Eating like an ox: Femininity and dualistic constructions of Bulimia & Anorexia. *Feminism & Psychology, 14*: 269-295.

Canadian Pediatric Society (1998). Eating disorders in adolescents: Principles of diagnosis and treatment. *American Journal of Psychiatry 157*: 1-39.

Kite, L. (2011). *Cosmo Magazine: Best-Seller and Best Objectifier?* Published on Beauty Redefined. beautyredefined.net/cosmo-magazine-a-case-study-inobjectification.htm. Retrieved November 11, 2012.

Egan, D. (2006, October). Designer Vaginas, *Chatelaine, 79*: 160-163.

Girard, R. (2000). Hunger artists: Eating disorders and mimetic desire. In T. Siebers (Ed.), *The Body Aesthetic: From Fine Art to Body Modification* (281-304). Michigan: University of Michigan Press.

Gooldin, S. (2003). Fasting women, living skeletons and hunger artists: Spectacles of body and miracles at the turn of a century. *Body & Society, 9*(2): 27-53.

Gould, G. & Pyle, W. (1897). *Anomalies and curiosities of medicine: An encyclopedic collection of rare and extraordinary cases*. Philadelphia, PA: W.B. Saunders.

Henderson, A. (1813). *An examination of the imposture of Ann Moore called the fasting woman of Tutbury: Illustrated by remarks on other cases of real and pretended abstinence*. London: J. Moyes.

Herzog, D., Nussbaum, K. & Marmor, A. (1996). Comorbidity and outcome in Eating Disorders. *Psychiatric Clinician North America, 19*: 843-859.

Horowitz, C.F. (2002). *Female genital mutilation: Understanding and overcoming a worldwide sexual crime*. Working Paper Women's Freedom Network, Massachusetts: Washington, D.C.

Kaplan, A.S. & Garfinkle, P.E. (2001). General principles of outpatient treatment. In G. Gobbard (Ed.) *General Principles of Outpatient Treatment of Psychiatric Disorders* (21002113). New York: American Psychiatric Press.

- Keel, P. & Mitchell, J. (1997). Outcome in Bulimia Nervosa. *American Journal of Psychiatry* 154 (3): 313-321.
- Keel, P., Mitchell, J., & Miller, K. (1999). Long Term Outcome of Bulimia Nervosa. *Archives of General Psychiatry*, 56: 63-69.
- Lestor, R. (1997). The (Dis)embodied self in Anorexia Nervosa. *Journal of Social Science Medicine* 44(4): 479-489.
- Levy, H. (1992). *The Lotus Lovers: The Complete History of the Curious Erotic Custom of Footbinding in China*. Buffalo: Prometheus Books.
- Lupton, D. (2003). *Medicine as Culture*. London: Sage Publications.
- McKinley, N.M. (1999). Ideal weight/ideal women: Society constructs the female. In J. Sobal & D. Maurer (Eds) *Weighty issues: Fatness and thinness as social problems*. (97-115) New York: Aldine de Gruyter.
- Mellin, L., Scully, S., & Irwin, C.S. (1986, October). *Disordered eating characteristics in preadolescent girls*. Paper presented at American Dietetic Association, Annual Meeting. Las Vegas.
- National Eating Disorder Information Centre. (2007) Electronic citation: Retrieved from <http://www.nedic.ca/>
- O'Neill, J.D. (1909). *Fast*. In *The Catholic Encyclopedia*. New York: Robert Appleton Company. Retrieved April 1, 2015 from New Advent:<http://www.newadvent.org/cathen/05789c.htm>
- Pinheiro, A., Sullican, P., Bacaltchuck, J., Prado-Lima, P., & Bulik, C. (2006). Genetics in Eating Disorders: Extending the boundaries of research. *Revista Brasileira de Psiquiatria* 28(3): 218-225.
- Sullivan, P. (1995). Mortality in anorexia nervosa. *American Journal of Psychiatry* 152(7): 1073-1074.
- Ussher, J. (1994). Reproductive rhetoric and the blaming of the body. In P. Nicolson and J. Ussher (Eds) *The Psychology of Women's Health and Health Care*. (31-62). London: Billing and Sons Ltd.
- Vandereycken, W. & Van Deth, R. (1996). *From fasting saints to anorexic girls: The history of self-starvation*. New York: New York University Press.
- Waugh, N. (1954). *Corsets and crinolines*. New York: Theatre Arts Books.