


Fall 11-2003

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Recommended Citation

Lintott, Sheila. "Sublime Hunger: A Consideration of Eating Disorders Beyond Beauty." *Hypatia: A Journal of Feminist Philosophy* 18, no. 4 (2003) : 65-86.

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Beauty**
Lintott, Sheila.

Hypatia, Volume 18, Number 4, Fall/Winter 2003, pp. 65-86 (Article)

Published by Indiana University Press



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Sublime Hunger: A Consideration of Eating Disorders Beyond Beauty

SHEILA LINTOTT

In this paper, I argue that one of the most intense ways women are encouraged to enjoy sublime experiences is via attempts to control their bodies through excessive dieting. If this is so, then the societal-cultural contributions to the problem of eating disorders exceed the perpetuation of a certain beauty ideal to include the almost universal encouragement women receive to diet, coupled with the relative shortage of opportunities women are afforded to experience the sublime.

Imagine this: You wake up at 5 A.M., dizzy, with an empty feeling in the pit of your gut. Your first thoughts are of food, but not in any simple sense. Instead of thinking about some delicious meal that might satisfy your hunger, you think quite the opposite. You think that today you will not eat until 5 P.M., or 6 P.M., or, best of all possibilities, not at all. You deliberate, figuring when you will *have* to eat, and how you will be able to avoid eating until then, without detection. Today, you affirm, as you do every day, that you will eat less than yesterday. Before falling asleep last night, while doing your sit-ups in bed, you already made a plan to run five *extra* miles this morning to make up for the potato you ate yesterday. You are guiltily aware that you were not *supposed* to eat that potato; you know you *should* have eaten only some celery. You know that if you eat, you may lose control and devour more food than most people eat in a week. But you find comfort in your confidence that if this happens, you can deal with it; you can vomit it up. You know the tricks—how to make yourself vomit, silently and quickly if need be.¹ As soon as you pull yourself out of bed, you rush to the bathroom because the box of laxatives you ate last night is winding its way through your lower intestines, searching in vain for some morsel of food to push through your system. You weigh yourself before you let go of the

laxatives, and then again after. For both weigh-ins, the two-digit number you see is still too high; yet you compliment yourself for your efforts—you have lost a pound since yesterday. You put on several layers of clothes—for warmth and to hide your body. You have some coffee, perhaps a couple of cigarettes, whatever might help you as you begin another day on your mission of self-starvation. You have a full-fledged eating disorder: anorexia nervosa with bulimic tendencies (or vice versa).² The really shocking thing is that you have never felt so alive and invigorated, have never before lived so purposively. Today brings the cherished opportunity to revel in the sublime hunger to which others succumb. You feel this way, despite the fact that it is only a matter of time until your disordered eating makes an invalid, or a corpse, of you.

Why do some women starve themselves in an attempt to be as thin as physically possible? A partial answer to this question can be found in the dominant ideal of female beauty, according to which women “can never be too thin.”³ To the extent that women desire to be objects of beauty and to achieve the beauty ideal, they are motivated to diet and exercise, sometimes to excess. However, not all women who suffer from eating disorders are motivated by this desire. Moreover, those who are initially motivated by this desire frequently continue their attempts to manipulate and control their bodies long after the beauty-ideal has been surpassed. In this paper, I investigate the role that another aesthetic phenomenon, the experience of the sublime, plays in the lives of women with eating disorders.

THE CULT OF THINNESS

The average American woman is preoccupied, if not obsessed, with thinness. She is aware of her quest for it every time she sees the bathroom scale, surveys her body in the mirror, is embraced by her lover, or searches through her closet for something to wear. She wishes for thinness when stricken by envy at the sight of a thin woman who appears incredibly free in her skin, when she swallows her hunger with her salad greens covered in fat-free dressing, and takes her wishes to bed with her in hopes of a thinner tomorrow. We are, despite our efforts at resistance, conditioned to see thin as beautiful and, more to the point, beautiful as necessarily thin.⁴ As Regina Casper points out, early in our teen years we notice that “female socialization emphasizes good looks above everything else, and good looks demand what is difficult to achieve in our surplus society, namely a thin body. The pursuit of thinness hence is considered an acceptable and socially desirable goal” (1994).⁵ Furthermore, fat women are not only deemed unattractive, but also lazy, slovenly, dirty, undisciplined, and unsuccessful (see, for example, Goldberg 2000; Meece 2000; Dworkin 1999; Wolf 1992).⁶ It is, therefore, hardly surprising that *conservative* estimates place the percentage of American women on a diet on any given day at 40 percent,

and polls indicate that the average British woman has gone on at least thirty-two diets (The National Women's Health Information Center 2002; Perry 2000).

Given the intensity and range of the societal pressures to be thin, it is hardly surprising that the number of women suffering from eating disorders continues to increase (Shaw 2002, 54). Moreover, eating disorders are equal opportunity afflictions. Researchers agree that the vast majority of people who suffer from eating disorders are women, and contrary to earlier beliefs, they now recognize that these women represent a variety of races, ethnicities, classes, and ages (Moon 2002; Gabriel 1998; Thomson 1997; Harris 1994). The old adage that anorexia is an affliction of white middle- to upper-class women is no longer widely accepted, despite the fact that women from this group continue to represent the largest portion of those suffering with eating disorders.⁷ Men suffer as well; although the number of men who suffer from eating disorders is growing, it still lags far behind that of women. Clearly, the problem is serious regardless of the gender of the individual sufferer, but in this essay I focus on the issue of eating disorders in women. It is likely that my findings will be relevant to the understanding and treatment of eating disorders across the board.

Although it is hardly news that many women suffer from eating disorders, the raw numbers involved are shocking. As many as eight million Americans presently suffer from eating disorders and the vast majority, 90–95 percent, are women (Levchuck, Kosek and Drohan 2000; Rastegar 1997). Today, up to seven-and-a-half *million* women in the United States are taking dangerous and excessive measures against their bodies, apparently in order to lose weight. They are starving themselves, bingeing and purging (by vomiting and/or abusing laxatives and/or diuretics), exercising excessively, or engaging in a combination of these activities.⁸ Coupled with the fact that eating disorders claim more lives annually than any other mental disorder, these statistics tell us that eating disorders are a major problem (Levchuck, Kosek, and Drohan 2000).

It is clear that the ideal of female beauty as necessarily thin is perpetuated in contemporary visual culture, which bombards us with images of impossibly thin models and exceedingly skinny actresses, among whom the rates of eating disorders are extremely high (Stice and Shaw 1994). Although visual culture is obviously implicated in the dominance of the cult of thinness, eating disorders are over determined; or, as psychologists describe them, their causes are multidimensional. There are a number of factors that contribute to the onset and persistence of an eating disorder; the cult of thinness is one. In other words, behind any particular eating disorder there is likely to be a complicated web of social, familial, psychological, or biological determinants (Cooper 1995–2001).

The dominant ideal of female beauty perpetuated *ad nauseum* in visual culture is a woman of unnatural, unhealthy, and in many cases, impossible⁹ thinness. This ideal provides a radically incomplete explanation of the phenomenon. After all, what is beautiful about a 5' 7" woman weighing far less

than a hundred pounds? Where is the beauty in a woman's body that exposes every rib through scaly, dull, fat-free skin? What is beautiful about a woman covered in a layer of fur,¹⁰ who is losing her hair, falling down, passing out, and throwing up? The answer, of course, is nothing. The person suffering from a full-fledged eating disorder is decidedly *not* beautiful. Her quest might begin as an attempt to embody the ever-elusive ideal of female perfection, but at some point in the progression of the disorder, that external goal becomes a side issue and eventually a non-issue. In other words, at some point current beauty ideals fail to motivate. It may seem that if an appeal to beauty ideals cannot fully explain the motivations of a person with an eating disorder, further investigation should look only for extra-aesthetic sources of motivation. While investigation into such sources is worthwhile, I wish to consider whether an aesthetic factor or phenomenon aside from beauty may supplement our understanding of such disorders. That is, might aesthetic ideals other than beauty have a role in motivating eating disorders?

In what follows, I explain this lacuna in our understanding of eating disorders by appealing to another, more internal, aesthetic ideal—namely, the sublime. The role that this factor plays, I shall argue, is a powerful one in the lives of eating-disordered individuals and one that has been overlooked in most relevant discussions. Considering the efficacy of the sublime in the progression of eating disorders will show that much eating-disordered behavior can be understood in terms of a quest for such experiences. The Kantian model of the sublime (see Kant 1987) is especially informative in this context, providing the basis for a fuller, more adequate account of what may, at least in part, contribute to these projects of self-starvation. An examination into anorectic or bulimic behavior with the sublime in mind will advance our understanding of eating disorders by highlighting motivations that go unnoticed or unexplained if we focus on the achievement of beauty as the primary goal of such behavior. The motivations I shall expose differ from the desire to achieve current beauty standards, but they are not entirely unrelated to such standards. In closing, I discuss the way our culture secures a state of affairs in which far too many women seek the pleasures of the sublime in extreme dieting.

SUBLIMITY, RESPECT AND ADMIRATION

Immanuel Kant discusses the notion of the sublime in his *Observations on the Feeling of the Beautiful and the Sublime* (1960) and *Critique of Judgment* (1987). The latter, *The Critique*, offers the more rigorous philosophical analysis of the sublime, so I shall begin there, reserving discussion of the *Observations* for a subsequent section.

In *The Critique of Judgment* Kant differentiates judgments of beauty from judgments of the sublime. The presentation of beautiful objects, according to Kant, gives us a feeling of pleasure, and this pleasure is of a special sort. Insofar

as it is not a pleasure that comes from the satisfaction of this or that desire, need, goal, or end, it is disinterested. That is, we enjoy the presentation of the beautiful object for its own sake: “the liking involved in taste for the beautiful is disinterested and *free*, since we are not compelled to give our approval by any interest, whether of sense or of reason” (1987, 210, Kant’s emphasis).

The delight of the beautiful comes from neither practical nor conceptual satisfaction. Rather, upon contemplation of the beautiful, the faculties of the imagination and understanding “quicken” in response to the beautiful object. These faculties of imagination and understanding, the former of which concerns mental representations, and the latter of which subsumes objects under conceptual headings, engage in a sort of cognitive game. The imagination presents the object to the understanding, and the understanding passes the presentation back without subsuming it under a concept and thus, without assigning it a definite purpose; this back and forth continues in what Kant calls “free play.” During this free play, we notice that the object looks as if it has a purpose, and we delight in contemplating it. Yet, because our attention is disinterested, we seek no definite purpose. All the while, we feel as if the object is designed to please us, since that is what it does so well. So, “*beauty*,” Kant tells us, “is an object’s form of *purposiveness* insofar as it is perceived . . . *without the presentation of a purpose*” (1987, 236, Kant’s emphasis).

There is also another level of pleasure involved in the apprehension of beauty. The experience of beauty offers evidence that our faculties are suitable for the world of experience, and vice versa. In other words, we come to perceive “the whole of nature [regarded] as a system that includes man as a member,” for beauty is “nature’s harmony with the free play of our cognitive powers as we apprehend and judge its appearance” (1987, 380). Moreover, in this harmony between our faculties of mind and the world, we find grounds for faith in our freedom in the world: “In this ability [taste], judgment does not find itself subjected to a heteronomy from empirical laws, as it does elsewhere in empirical judging—concerning objects of such a pure liking it legislates to itself, just as reason does regarding the power of desire. And because the subject has this possibility within him, while outside [him] there is also the possibility that nature will harmonize with it, judgment finds itself referred to something that is both in the subject himself and outside him, something that is neither nature nor freedom and yet is linked with the basis of freedom, the supersensible, in which the theoretical and the practical power are in an unknown manner combined and joined into a unity” (Kant 1987, 353).

Thus Kant argues that “the beautiful is the symbol of the morally good” (1987, 353). By passing a pure aesthetic judgment—that is, by making what Kant terms a pure judgment of taste—we learn that we are capable of evaluating something positively without that thing serving our purposes. We realize that we can function freely from our natural inclinations. This is evidence that we can evaluate situations morally as well, for morality requires us to consider

situations without reference to our own wants, needs, or desires. The experience of beauty gives us the impression that there is a match between us and the world of our experience. This, in turn, bolsters our confidence and power to act morally.

Like beauty, the sublime affords us pleasure as well. The pleasure of the sublime, according to Kant, is also disinterested. We enjoy the sublime, like beauty, for its own sake. The experience of the sublime differs, however, in the pleasure it affords. The pleasure of the sublime is not direct, but rather “arises only indirectly: it is produced by the feeling of a momentary inhibition of the vital forces followed immediately by an outpouring of them that is all the stronger” (Kant 1987, 245). The moment of inhibition inherent in the sublime is an element of frustration or fear. The pleasure that follows the moment of frustration or fear is a “negative pleasure.” The experience of the sublime is simultaneously one of attraction and repulsion: “since the mind is not just attracted by the object but is alternatively always repelled as well, the liking for the sublime contains not so much a positive pleasure as rather admiration and respect, and so should be called a negative pleasure” (Kant 1987, 245). Moreover, the true object of admiration and respect is not the object that occasions the experience of the sublime. Rather, it is that portion of us able to reflect on and respond positively to frustrating or frightening stimuli. Thus, the sublime makes salient our depth and power, and an awareness of our capacity for the sublime is intimately connected to self-admiration and respect.

On Kant’s view, there are two ways we find objects to be sublime: mathematically and dynamically. The mathematically sublime is that which is “absolutely large”; it is that which “in comparison with which everything else is small” (Kant 1987, 248, 250). Imagine looking at the clouds above you and contemplating the size of the sky. In its formlessness, the presentation of the sky is suggestive of infinity, but of course, we cannot perceive infinity. Nor can we perceive the sky in its entirety, for much of it eludes our perception. Apprehending such an object, an object that is so large we cannot form a clear idea of it, is frustrating. Our minds race, we look harder and farther, trying to bring the object in its entirety into our minds. But we cannot; at every apparent ending, we find that the sky continues. We know that the sky continues, even though we cannot perceive that it continues. This moment of frustration is the moment within which the sublime is born: for we realize that although we cannot perceive the absolutely large, we can conceive of it. This recognition is the sublime: “sublime is what even to be able to think proves that the mind has a power surpassing any standard of sense” (Kant 1987, 250). Thus, the mathematically sublime offers us the cherished verification that our mental capacities transcend the sensory stimuli that surround us.

Whereas the mathematically sublime concerns objects that are massive in size, the dynamically sublime concerns objects with an abundance of power. Among examples of the dynamically sublime are violent storms, erupting vol-

canoes, and the rough tides of the ocean. When we apprehend such objects, we are aware that we could not withstand their fury, that the power exhibited there could easily destroy our physical selves. We know our physical strength pales in comparison. We find this disturbing, and such realizations evoke in us strong feelings of fear and discomfort.

The element of fear is a necessary aspect of the experience of the dynamically sublime. However, the fear need not be great enough to get us out of the situation; in fact, it should not be. Instead, the sublime occurs when it is possible to “consider an object *fearful* without being afraid of it . . . we judge it in such a way that we merely *think* of the case where we might possibly want to put up resistance against it, and that any resistance would in that case be utterly futile” (Kant 1987, 260, Kant’s emphasis). Although such an experience makes us unmistakably aware of our impotence in the physical world, it has the potential to occasion a positive experience. The consideration of fearsome natural forces may cause us to recognize our strength— not our physical strength, but rather, our strength of spirit. If we are in a safe place, the object is fearful, but not sufficiently so that it warrants retreat. If so, we may revel in the moment, taking pleasure in our ability to do so. The realization that we can contemplate and savor the fearsome allows us to see that there is something in us that transcends the dominion of nature. The sublime can “raise the soul’s fortitude above its usual middle range and allow us to discover in ourselves an ability to resist which is of a quite different kind, and which gives us the courage [to believe] that we could be a match for nature’s seeming omnipotence” (Kant 1987, 261). We realize that as physical beings we are no match for the force of the dynamically sublime, that “our ability to resist becomes an insignificant trifle” (Kant 1987, 261). We also notice that there is some aspect of ourselves not threatened by this great force of nature. We can acknowledge, therefore, that a part of ourselves is superior to nature and its laws.

To fully experience the sublime, the predominant feeling we have when confronted by the threatening force must not be one of fear, for “if in judging nature aesthetically we call it sublime, we do so not because nature arouses fear, but because it calls forth our strength” (Kant 1987, 262). The sublime gives us the opportunity to gain some perspective on life, for we see that in comparison to the current threat, we must “regard as small the [objects] of our [natural] concerns: property, health, and life . . .” (Kant 1987, 262). The process is one of gaining self-knowledge; we realize not that the object in nature is sublime, but rather that the sublime resides in our own selves. The hurricane and tornado are not, strictly speaking, sublime, but they help us to expose “a sublimity that can be found in the mind” (Kant 1987, 245). What we glean from the experience of the dynamically sublime, therefore, is of great existential and moral value.

The experience of the sublime shows us that we can transcend our natural inclinations, and if need be, resist them entirely. We learn that a part of us is strong and free, and thus worthy of respect; the sublime “keeps the humanity

in our person from being degraded” (Kant 1987, 262). We gain confidence in ourselves when we are afforded the opportunity to “regard nature’s might . . . as yet not having such dominance over us, as persons, that we should have to bow to it if our highest principles were at stake and we had to choose between upholding or abandoning them” (Kant 1987, 262). In the sublime, according to Kant, the superiority of the human above nature is made manifest.

In summary, then, sublime experiences are those that begin with a moment of serious frustration or threat. Yet, rather than leaving us befuddled or running for safety, they allow us the opportunity to verify that there is something within ourselves that can deal with the frustration or stand up to the threat. This realization of the extent of our own conceptual depth and mental fortitude is the sublime. Furthermore, our capacity for the sublime—entailing as it does intelligence and strength—is grounds for respect and admiration, including, most saliently, self-respect and self-admiration.

EATING DISORDERS AND THE SUBLIME

Of the eating disorders that appear intimately connected with a desire to be thin, the two most well-known and well-documented are anorexia nervosa and bulimia nervosa.¹¹ Moreover, these disorders are often related. Bulimics sometimes become or strive to become anorectics; anorectics are known to occasionally engage in bulimic behavior.

Tracing the etymology of the words, we find that “anorexia” comes from the Greek root “orexis” which refers to longing, yearning, or appetite, together with the negating prefix “a”; an anorectic lacks an appetite or suffers from a loss of appetite (*Webster’s College Dictionary*, 2nd ed., s.v. “anorexia”). Anorectics are said to “have a preoccupation with food, weight, dieting, and body image”; we are told that “many are so focused on outward appearance that they have little awareness of internal sensations such as hunger and fullness” (Encarta 2001).

But this is not quite right. It is true that the anorectic is preoccupied with food, weight, dieting, and body image. However, the anorectic does not lack an appetite. She is painfully aware of it, and fights to control and deny it every day—all day. In fact, her appetite, her hunger, is her *raison d’être*. Without an appetite and an awareness of her hunger, she would lose the defining feature of her life. Her ultimate goal may be the complete triumph over appetite, but, because she is, after all, a human being, the hunger remains. Moreover, without her appetite, her attempts to triumph over it would be meaningless and empty. As Susan Bordo (1993a) explains, “anorexic women are as obsessed with *hunger* as they are with being slim. Far from losing her appetite, the typical anorectic is haunted by it” (1993a, 146; see also 1993b, Bordo’s emphasis).

Furthermore, it is wrong to say that the anorectic is so focused outwardly on her appearance that she is hardly aware of her inner sensations. There are

several problems with this characterization, aside from the already mentioned myth of the loss of appetite. Anorectics, it is true, are extremely aware of the size and shape of their bodies. However, the attention they pay to their bodies is an attempt to better understand their inner selves. There is something to the idea that the anorectic focuses on her outward appearance, but not if this is to imply that she is motivated by her outward appearance for its own sake. She identifies herself with her inner life, and her body is merely a symbol of her inner strength, which defines her. For example, one woman, Leslie Doyle, in the process of gaining weight while recovering from her affliction with an eating disorder worries about the potential loss of that symbol, her bony knuckles: "What if my knuckles disappear? It's hard to give up all the bones. For a long time, they gave me strength" (Sacker and Zimmer 1987, 168). The physical manifestation of the internal struggle is merely evidence of the strength of will—it is not her skin and bones per se that Doyle will miss, but rather, what they stood for—how they made her feel, namely, strong.

An etymological analysis of "bulimia" reveals a more accurate, although incomplete, portrait of the disorder it describes. It too has its roots in Greek, joining the prefix "bul," for cow, and "limos," meaning hunger. Thus, bulimia is a cow-like hunger, an "abnormally voracious appetite or unnaturally constant hunger" (*Webster's College Dictionary*, 2nd ed., s.v. "bulimia"). This is not all there is to the disorder. The bingeing that is common to bulimics is followed by periods of purging. Methods of purging vary and might include any one or more of the following: vomiting, exercising, starvation, or laxative or diuretics abuse. The "voracious appetite" that precedes the bulimic's binge commonly owes its intensity to restrictive dieting.

Although it is difficult to pinpoint the precise moment that a diet becomes an obsession and concerns about weight loss grow to be all consuming, it is safe to say that eating disorders begin with the common attempt to lose weight. Ellen Shaw, a licensed professional counselor working with adolescents on body image issues, agrees that eating disorders usually begin with a "normal" diet and speculates about the cause of the diet itself. "Dieting often starts before or after a major change, such as the beginning of puberty . . . dieting becomes something the person can control, thus feeling better about themselves . . . the positive feelings about oneself . . . grow and manifest into a dangerous preoccupation with food and fear of gaining weight" (2002, 54). Yet it is a mistake to isolate such specific events that allegedly precede the onset of dangerous dieting. One hardly needs a major change to motivate a diet; today's women diet regularly, some reporting that they live on a perpetual diet. Instead, it is preferable to utilize a straightforward depiction of the disorders, such as is offered by Dr. Ruth Westheimer when she summarizes the disorders as follows: "anorexia nervosa," she tells us, "involves self-starvation" and "bulimia involves bingeing and then purging all the food eaten in the binge" (1987, xiii).

Shaw is correct in intimating that at some point the ordinary attempt to lose weight may be transformed into something much more severe, perilous, and seemingly endless. The diet begins with a desire to improve one's physical self; the eating disorder that grows out of this attempt focuses not on the improvement of one's physical self but on the ability to overcome the physical self by an act of will. Whereas a diet usually has a specific goal, say, to lose ten pounds, an eating disorder becomes a way of life. The eating disorder is not so much a means to an end but an end in itself. Whereas the dieter is involved in an attempt to exercise her willpower in order to achieve a set goal (lose 10 pounds, fit into a size 8, walk comfortably in a bathing suit, etc.), a person with an eating disorder turns her willpower inward in an attempt to verify that her existence transcends the physical aspects with which she is identified by others at every turn. In *Wasted: A Memoir of Anorexia and Bulimia*, Marya Hornbacher distinguishes eating disorders from attempts to lose weight. Eating disorders, she explains, are not about losing weight, nor about being thin, nor about meeting cultural standards. Drawing on her own experience as an anorectic and bulimic, she explains that at some point, "an eating disorder ceases to be 'about' any one thing. It stops being about your family, or your culture. . . . [I]t becomes a crusade. . . . It is a shortcut to something many women without an eating disorder have gotten: respect and power" (1998, 64).

Hornbacher's insightful remarks suggest that the concept of the sublime might provide answers to questions such as: What compels an eating-disordered individual to torture herself, deny herself food, and harm herself through deprivation and purging? What is her quest for, if not for beauty, thinness, acceptance, or approval? What is her crusade, and how is it a means to respect and power? Utilizing a Kantian conception of the sublime provides us with novel answers to these questions that are far from romantic or mysterious.

How, then, does the Kantian notion of the sublime inform our understanding of individuals suffering with eating disorders? We can cast the motivation of the eating-disordered individual in reference to Kant's presentation of the experience of great power in nature: "Might is an ability that is superior to great obstacles. It is called *dominance* if it is superior even to the resistance of something that itself possesses might. When in an aesthetic judgment we consider nature as a might that has no dominance over us, then it is *dynamically sublime*" (Kant 1987, 260, emphasis in original). We can begin to understand the eating-disordered individual as motivated by the sublime in the following way. Human beings have certain animalistic needs, desires, and wants. One basic need is the need for nourishment. We must eat to survive. Moreover, we are drawn to food for pleasure and comfort. In order to lose weight, one must curtail this natural hunger and attempt to distinguish between the desire for food based on need and the desire for food for pleasure or comfort. It would take an abundance of strength to overcome the desire for food to the extent that one

avoids not only unnecessary calories but virtually all calories. This is what the eating-disordered individual attempts to accomplish. The anorectic does so by refusing to eat. The bulimic devises a plan by which she can enjoy the pleasure without satisfying the actual physical need related to eating.

However, if the sublime is a motivating factor in the experience of the eating-disordered individual, the satisfaction she feels must arise from her internal achievement and not primarily from the fact that the world around her is pleased with her weight loss.¹² Hunger is a strong force that controls by compelling us to satisfy it several times a day; denying it for extensive periods of time only stokes it. When confronted by a desire for food, the eating-disordered individual rejects the dominance of nature over her physical self by refusing to eat or refusing to take nutrients from the food. This domination of self over nature is the crusade of the anorectic and bulimic.

Immediately we notice that the eating-disordered individual has a dualistic view of herself. In "Anorexia Nervosa: Psychopathology as the Crystalization of Culture" (1993a), Bordo articulates the dualism between body and self found throughout the history of Western culture that we have clearly inherited. She isolates the central features of this dualism as follows: "[T]he body is experienced as *alien*, as the not-self, the not-me. . . . [T]he body is the brute material envelope for the inner and essential self, the thinking thing. . . . [T]he body is experienced as *confinement and limitation* . . . from which the soul, will, or mind struggles to escape. . . . [T]he body is *the enemy* . . . And, finally, whether as an impediment to reason or as the home of the 'slimy desires of the flesh' (As Augustine calls them), the body is the locus of *all that threatens our attempts at control*. . . . This situation, for the dualist, becomes an incitement to battle the unruly forces of the body, to show it who is boss" (1993a, 144–45, Bordo's emphasis).

Following in this tradition, the eating-disordered individual believes she is a being with a body, but she cannot entirely identify herself with her body.¹³ Eating disorders involve the view of one's body as "other," as something that can be dominated. In order to view the body and its needs as a natural force that can be overcome, there must be something responsible for the overcoming. In other words, as Kim Chernin (1982) laments, an eating disorder is "above all, an illness of self-division and can only be understood through the tragic splitting of body from mind" (1982, 47). The eating-disordered individual locates her self in that part of her that is able to contemplate objects immense in size and to resist forces that threaten to destroy her: her hunger and desire for food.¹⁴

Recall that the mathematically sublime, according to Kant, is an object of such immense size that one cannot grasp it by sensory means alone. Instead, one contemplates it and realizes that the depth of her reason far exceeds any sensible aspect of the world. Stoked as it is by starvation and deprivation, the hunger of the eating-disordered individual is as immense and formless as the sky above. The lingering awareness of this hunger offers a momentary glimpse into

one's own depth. The bulimic goes one step further, playing with the hunger, pretending to satiate it, only to abruptly and completely renege by way of purging. Dr. Ira Sacker (1987), director of Brookdale University Hospital Eating Disorders Center, and Dr. Marc Zimmer (1987), an eating disorders specialist, convey to us the potential intensity of the bulimic's purge, and allow recovering bulimic Erin Palmer's description of her first purge to stand as evidence of such: "The whole purge process was cleansing. It was a combination of every type of spiritual, sexual, and emotional relief I had ever felt in my life" (Sacker and Zimmer 1987, 28).

Notice that she is the non-eater. Unlike Kant in a thunderstorm, the eating-disordered individual does not fear physical destruction but the destruction of her spirit—of the part of her that is more than flesh. Succumbing to hunger threatens to destroy her identity as someone who can withstand hunger at any price. She cannot let down her guard for even one bite; a recovering anorectic makes the following confession: "I can see that I am thin. But I also know that there is a fat woman inside me, dying to get out. And if she gets out, I'm still afraid that she'll kill me" (Sacker and Zimmer 1987, 57). Moreover, she needs food, for her identity is that which denies food. It is typical for the anorectic or bulimic to prepare elaborate meals for friends and family and not indulge at all. She is entirely preoccupied with food and surrounds herself with it, as if to tempt and test her will.

Perhaps it is also a mistake to describe the eating-disordered person's body image as distorted. She is not looking at her body in relative terms, but rather in absolute terms. Any flesh is a betrayal of her actual self, the self that destroys the flesh by resisting the natural inclinations to feed it. Think, too, of the fact that most women who have eating disorders deny it. We have, I suspect, heard many women respond to concerns about eating disorders with the reply "I wish!" The goal of an eating disorder is complete perfection—total domination of the will over matter. No one can accomplish this, at least not permanently. Thus, the denial is thoroughgoing and sincere, provided that the individual accepts the dualistic hierarchy of spirit or mind over body or matter and pursues the pleasures of sublimity via starvation and/or voluntary malnutrition.

If the goal is the complete domination of the physical by the mental, then this explains why there seems to be a definite hierarchy within eating disorders with anorexics exalted above bulimics. Bulimics regularly binge, that is, give in; anorexics successfully avoid eating almost entirely. In her memoir recounting her struggles with eating disorders, Hornbacher recalls a comment her doctor made while she was in treatment for bulimia. He said, "with a patronizing smirk on his face: 'Well, it's not like you are a sixty pound anorectic or anything.'" She reports: "Seven months later, I returned, grinning in triumph. Not sixty pounds but closer than I was, in the low eighties" (1998, 178). There is a certain pride in the anorectic that is matched with shame in the bulimic. The anorectic,

it seems, is stronger, better, more perfect: thus, she receives more respect and admiration.

The sublime is not meant to be a way of life, but eating disorders most definitely are. Kant tells us that: “Those in whom both feelings join will find that the emotion of the sublime is stronger than that of the beautiful, but that unless the latter alternates with or accompanies it, it tires and cannot be so long enjoyed” (1960, 51). The sublime is a valuable experience, but it must be tempered with controlled experiences of beauty and perhaps even boredom. The situation is even worse for individuals suffering with eating disorders, because the eating-disordered person uses herself as the catalyst toward the feeling of the sublime. Whereas, in typical cases, the object that provokes the feeling is external—a storm or immense vista—here it is the home of the feeling as well. Janice Baker, a recovering bulimic, describes the moment she came to realize the self-defeating nature of her eating disorder:

I remember feeling so angry, I was shaking. . . . I mean, I was furious. My body was the one thing I could really manage precisely, and now it was managing me. It was making me make choices, and that made me feel like I was living inside a foreign territory where the environment was really hostile. . . . At that moment, I felt completely defeated, and I remember saying to my doctor, “I just can’t win for losing,” and he said to me, “You finally understand. You can’t really win if all you want to do is lose.” That one comment got us talking for an hour. . . . Through that hour, and over the months to come, I kept one thing in the front of my mind: If I get caught up fighting with my body, I will lose no matter what. Because my body will fight for a while, and that will be hard to control. And when my body finally stops fighting the war, I’ll lose again. Because I’ll be the only casualty. (Sacker and Zimmer 1987, 44–45)

Baker was able to see that to use an eating disorder to perpetuate the feeling of the sublime is to foreclose on the future possibility of that feeling, for the end result of starvation and malnutrition is serious illness and possible death.

SUBLIMITY THROUGH EXCESSIVE DIETING

The extreme behaviors of anorexics and bulimics do not arise in a vacuum. The eating-disordered individual’s choice to pursue respect via self-deprivation is not arbitrary. It arises in the context of a dieting culture. A diet, when truly healthy, is an attempt to give in to the desire for food only or at least primarily when the body is truly, physically hungry. Of course, this is not as easy as it might sound. In a society full of excess and saturation by foods that offer little

nutrition, the temptation to eat what one does not physically need is virtually everywhere. Furthermore, in many homes, food is used as a reward and a sign of love, which additionally confuses the distinction between the physical and the non-physical need for food. Diets typically begin as an honest attempt to clarify this distinction and to feed the body only what it physically needs.

An ability to follow this plan is an achievement in itself. To overcome cravings for “empty calorie” foods and emotional desires for food requires willpower. Exercising this willpower is something that is respected in society, and anyone who is able to do so seems to earn the right to be extremely proud. Moreover, our culture is one that respects successful weight loss and in fact demands it of women. In most cases, respect for the dieter and the disdain for the non-dieter is present, regardless of the means utilized or the actual health need for weight loss. As Bordo explains: “Our culture is one in which Oprah Winfrey, a dazzling role model for female success, has said that the most ‘significant achievement in her life’ was losing sixty-seven pounds on a liquid diet. (She gained it all back within a year.) . . . It is a culture in which my ‘non-eating-disordered’ female students write in their journals of being embarrassed to go to the ice cream counter for fear of being laughed at by the boys in the cafeteria; a culture in which Sylvester Stallone has said that he likes his woman ‘anorexic’ (his then girlfriend, Cornelia Guest, immediately lost twenty-four pounds); a culture in which personal ads consistently list ‘slim,’ ‘lean,’ or ‘trim,’ as *required* of prospective dates” (1993d, 60, Bordo’s emphasis).

Is it at all surprising, therefore, that one might be tempted to excessive dieting in this context? Recalling the early stages of her eating disorder, Karen Anderson reports: “I really started to shed pounds, and everyone around me told me how impressed they were with my willpower. The more I lost . . . the more overwhelming the praise” (Sacker and Zimmer 1987, 54).

Not only does the anorectic or bulimic respect and admire her strength and willpower, but also she feels better with every pound she sheds and is praised, verifying her suspicion that she is engaged in a well-respected activity. Too frequently, a woman will get more encouragement or praise for her weight loss than for many of her other accomplishments. Chernin exposes the role that we play in the overall world view of the woman who starves herself: “When we look at the anorexic girl, admiring her discipline and asceticism; when we gaze with envy at her when she passes us in the theater, proudly swishing her narrow hips, it is the triumph of her will we are admiring. But we are all so caught up in this struggle against the flesh that we believe we behold beauty in this evidence of the body’s emaciation . . . But this vision is an illness we share with the anorexic girl” (1982, 48–49). We, too, accept the view that the eating-disordered individual’s admittedly too-thin body symbolizes her strength, and thus that body earns her jealous attention in the world.

In his *Observations on the Beautiful and the Sublime* (1960), Kant discusses the notions of the beautiful and sublime in gender-charged terminology. Although by the time he wrote *The Critique of Judgment*, Kant surrendered these gendered notions, his earlier comments are directly relevant to the gender stereotyping that continues today.¹⁵ In the *Observations*, Kant suggests, the sublime is the domain of men, while beauty is that of women: “the fair sex has just as much understanding as the male, but it is a *beautiful understanding*, whereas ours should be a *deep understanding*, an expression that signifies identity with the sublime” (1960, 78, Kant’s emphasis). Kant contrasts the sublime with the beautiful and illustrates this contrast with the following examples: “Understanding is sublime, wit is beautiful. Courage is sublime and great, artfulness is little but beautiful [. . .], Night is sublime, day is beautiful . . . The sublime *moves*, the beautiful *charms*” (Kant 1960, 51, 47, Kant’s emphasis). Kant offers evidence of this natural dichotomy, when he speculates that “[a] woman is embarrassed little that she does not possess certain high insights, that she is timid, and not fit for serious employment, and so forth; she is beautiful and captivates, and that is enough. On the other hand, she demands all these qualities in a man, and the sublimity of her soul shows itself only in that she knows to treasure these noble qualities so far as they are found in him” (Kant 1960, 93–94). Not only is women’s domain primarily that of beauty but women are allegedly content with this. However, *contra* Kant, women also crave the “noble qualities” of courage and strength—not simply to possess them in a mate, a brother, or a father, but to feel them for herself—in herself. She wants and will demand to be recognized for more than her beauty, to do more than captivate. She wants to engage herself in the “strivings and surmounted difficulties [that] arouse admiration and belong to the sublime” (Kant 1960, 78).

The dieter is different both in degree and kind from the anorectic or bulimic. The dieter might truly wish her appetite to vanish, whereas the anorectic or bulimic depends on her hunger for her identity. The eating-disordered individual identifies deeply with the part of herself that the world tells her she has no right to possess. Whereas the dieter, by equating thinness with worth, believes she must physically conform to externally prescribed ideals, the eating-disordered individual blatantly rejects these ideals by far surpassing them in her excessively thin body. The eating-disordered individual’s self-starvation is therefore a twofold protest. First, she lays claim to that supersensible portion of humanity that Kant (and others) reserved primarily for men. Her protest is motivated by her refusal to embrace and enhance the physical aspects of herself to please others. By judging her primarily in terms of her physical appearance, the world around her is undervaluing, if not outright denying, that there is anything to her other than that appearance. Second, her eating disorder, the logical conclusion of the impossible and contradictory messages society sends

her, provides her with the voice of protest against the ideals dictated to her. Her very existence—in all its boniness and weakness—testifies to the absurdity of the ideals championed by the world around her. She will not allow them to define her, especially in reference to her looks. The sublime can offer a new perspective on life, for it highlights a threat in comparison to which we must “regard as small the [objects] of our [natural] concerns: property, health, and life . . .” (Kant 1987, 262). To this list we might certainly add the relatively trivial concern to be considered beautiful.

A FORWARD-LOOKING CONCLUSION

In looking at the role of aesthetics in eating disorders, I have argued that aesthetic tastes and factors play an important role. In exploring the aesthetic dimension of disorders such as anorexia and bulimia, I have drawn on the distinction between two aesthetic ideals, that of beauty and that of the sublime. It is the first, beauty, which may start many women on the path to developing an eating disorder. However, if the analysis offered above is correct, it is the second, the aesthetic ideal of the sublime, that keeps many on that path, sometimes to their very death.

In focusing on the role that the experience of the sublime plays in the lives of women suffering from eating disorders, I have sought to explain the mysterious and dogged determination with which some women seek to control their own bodies. It is my argument that this exercise of control may be usefully understood as providing women with intense and “socially acceptable” experiences of the sublime. As I have illustrated above, an experience of the sublime offers a unique source of valuable information. Via the sublime a woman is assured that her value as a person transcends her value as an imperfect and limited physical being; her confidence that she is free and worthy of respect is stoked.

Understanding the motivations of those who suffer from eating disorders in terms of the sublime gives us the basis for a more complete understanding of them. That is, eating disorders are incorrectly understood as attempts to pursue cultural stereotypes of thinness and beauty. Moreover, it allows us to see eating disorders as the extreme end of a continuum of “normal” human behavior. To some extent, human beings are naturally attracted to the sublime. For instance, rock-climbing is accepted as a legitimate enterprise; yet some rock-climbing is deemed unsafe, and thus too extreme. Likewise, controlling one’s body through diet and exercise is seen as a legitimate enterprise; nonetheless, some body control, such as that practiced by eating-disordered individuals, is deemed unsafe and thus too extreme. The analysis I have offered explains the intensity of eating disorders, their appeal to those suffering from them, the resistance to treatment, and the fact that the disorders frequently appear to have little to do with beauty ideals.

Lastly, the analysis offered here suggests that societal contributions to the problem of eating disorders exceed that of the perpetuation of standardized beauty ideals to also include the relative lack of socially encouraged or accepted ways women are invited to express their power. That said, it is not my aim here to suggest that there is one simple explanation of the phenomenon of eating disorders or their current prevalence. For example, getting a woman to explore the outdoors or to engage in risky activities such as skydiving or rock-climbing will not suffice to cure her disorder(s).¹⁶ The one thing that does appear necessary for any treatment to be successful is that a woman must become convinced that there are things she can do and things about herself that are more impressive and more interesting than her ability to lose weight or what size she wears. However, this will not be possible until we, as individuals and as a society, start acting as if we also believe this. Although it is by no means sufficient for a solution to the problem of eating disorders, a cultural revolution that involves a reevaluation of the value and standards of the aesthetic ideal of physical beauty is absolutely necessary. Additionally, and again by no means sufficiently, this cultural revolution must also pave the way for women to access the sublime and be encouraged to do so in non-self-destructive ways.

As her behavior testifies, the eating-disordered individual is an agent of the sublime and as such is worthy of the respect and admiration it engenders. Nonetheless, as noble as her attempts might be, the notion of the Kantian sublime is distorted here in two ways. Noticing and appreciating these mistakes is key to understanding both the activity and the way to recovery. There are two necessary ingredients to the sublime that are not present in the extreme behavior of the anorectic or bulimic. In Kant's theory, the cause of the sublime state of mind is external to the agent *and* the agent is in a place of safety. But *neither* of these elements is present in the eating-disordered behavior of the anorectic or bulimic individual. This is because she refuses to satisfy her hunger—an internal force—and does so to such extremes that she finds herself in a seriously dangerous position. As Hornbacher testifies: “An eating disorder appears to be a perfect response to a lack of autonomy . . . The shrinks have been paying way too much attention to the end result of eating disorders—that is, they look at you when you’ve become utterly powerless, delusional, the center of attention, regressed to a passive, infantile state—and they treat you as a passive, infantile creature, thus defeating their own purpose. This end result is *not* your intention at the outset. Your intention was to become superhuman, skin thick as steel, unflinching in the face of adversity, out of the grasping reach of others. . . . And no, it doesn’t work. But it seemed like a good idea at the time” (1998, 68, Hornbacher’s emphasis). The problematic component here is not the woman *per se* but the fact that she believes there exists no method equally as efficacious for her to affirm that she is more than her physical appearance.

In closing, let me insist that my purpose here has in no way been glorify the

disorders of which I speak. “Anorexia is not a philosophical attitude” as Bordo tells us, “it is a debilitating affliction” (1993a, 147). At the same time, I hope to have shed some light on the motivations behind such apparently bizarre behavior by suggesting that those suffering from eating disorders are motivated by neither shallow nor trivial concerns. Eating disorders, as I have argued, are not employed merely as an attempt to fit the beauty ideal *du jour*. Rather, the disorders arise in response to a world that conceives of a woman’s worth in terms of her physical appearance and culminates in a quest to prove there is more to her than meets the eye. The eating-disordered individual is engaged in a struggle, albeit a tragically misguided one, to demonstrate her strength and freedom and to win respect, especially from herself. Of course, strength and freedom cannot be sustained in a body too frail to hold itself up. Eventually whatever strength and freedom appear to have been achieved will be forfeited by the ailing body she herself has created.

NOTES

For helpful comments and significant feedback on earlier versions of this essay, I thank Mary Devereaux and Peg Brand, Guest Editors of this Special Issue of *Hypatia*; three anonymous reviewers of *Hypatia*; and Andrea Veltman, Noël Carroll, and Eric Johnson.

1. Bulimics regularly mark the food they take in during a binge by eating or drinking something colorful first—for example, tomato juice or cheese curls. This way, when vomiting, the bulimic knows she can stop vomiting when she sees the marker, for at that point she knows she has purged all of the food taken in during the binge.

2. Although anorexia nervosa and bulimia nervosa are the most well-known eating disorders, there are other eating disorders. Some of these disorders are classified under the category of eating-disorder-not-otherwise-specified (EDNOS). These include disorders such as binge-eating disorder (unlike bulimia because there is no purging) and anorexia athletica (obsessive exercising despite negative consequences, but not necessarily with excessive dieting).

3. I understand that the conviction that women “can never be too thin or too rich” was first articulated by the Duchess of Windsor, Mrs. Wallace Simpson (Casper, 1994).

4. For more on U.S. culture’s obsession with weight, and especially with women’s weight see, for example, Dworkin 1997, Chernin 1982, Bordo 1993c.

5. Although beauty ideals still apply primarily and in a stricter way to women, there is evidence that men are beginning to adopt similar standards of beauty. For an interesting discussion of this phenomenon, see Bordo 2000.

6. Eating-disordered people are generally characterized as having an intense and irrational fear of gaining weight. However, there is compelling evidence that gaining weight is not only something that most women fear but something worth fearing. For

more thorough discussions of the possibility of a continuum between the eating habits and body attitudes of “normal” women and those afflicted with eating disorders, see Orbach 1978 and 1986, and Bordo 1993d. Moreover, a variety of feeder fears are alleged to fuel this overarching fear of fat. It is speculated that eating-disordered individuals fear adulthood and are attempting to stunt (or return) their bodies in (to) a prepubescent state in an attempt to avoid the implications and requirements of adult life. It is also speculated that eating-disordered individuals fear intimacy and become narcissistically involved with their own bodies as a way of remaining at safe distance from other persons. Another dominant fear that is frequently cited as a factor in eating disorders is a fear of losing control or, put positively, a desire *for* control. Typically, individuals with eating disorders are said to be perfectionists and overachievers, people who naturally seek to control and contain everything in their lives and set extremely high standards for themselves (Baruchin 1998). Research has also found that anorexics have unusually high levels of serotonin and perhaps starve themselves in an attempt to reduce those levels.

7. In this essay, I focus on evidence of a particular kind of motivation at the source of many eating disorders. I am not attempting to prove that the motivation is the same for all individuals or groups of individuals suffering with such disorders.

8. The focus here is on eating disorders that involve explicit and prolonged attempts to lose weight and not related disorders such as compulsive overeating. I suspect, nonetheless, that similar, albeit perhaps not identical, motivations lie behind both extreme under- and extreme over- eating. For a thorough analysis of the issue of compulsive overeating, see Orbach 1978.

9. For example, many girls grow up with unrealistic role models and these illusions follow us into adulthood. As a New York Times journalist recently reported: “Barbie is indeed disproportionate—a 1995 study found that for a woman with an average body type to attain Barbie’s shape, she would need to grow 24 inches (making her more than 7 feet tall), take 6 inches off her waist and add 5 to her chest.” (Duenwald 2003). Likewise, many of the visual representations we see on magazine covers have been manipulated to make the already thin woman appear even thinner. And many of those thin models and actors have had their bodies artifactually sculpted and “corrected” via plastic surgery.

10. Once the human body drops below a healthy level of body fat, it frequently grows a layer of soft hair in an attempt to compensate for the lack of insulating fat necessary for survival.

11. In addition, there are eating-disorders-not-otherwise-specified (see note 2 above). People with these disorders have an unhealthy relationship with food, and exhibit some, but not all, of the behavior common to anorexics or bulimics. There are also a number of less familiar eating disorders that may or may not be officially recognized by the medical profession. For example, one of the less-known disorders, orthorexia nervosa (obsession with pure, healthy eating), shares some, but not all, symptoms with the more commonly recognized disorders. Steven Bratman, M. D. coined the term orthorexia nervosa to describe a disorder not previously recognized (Bratman 1999).

12. Perhaps this provides a partial explanation of why the individual with an eating disorder persists in her destructive behavior despite the disapproval and disappointment of her loved ones.

13. This is similar to, yet importantly different from Leslie Heywood's (1996) argument that the anorectic's "logic does not reflect a separation between body and spirit, and a desire to transcend the first; rather it is a fight between two bodies, male and female" (1996, 68).

14. It may be that the implicit or explicit acceptance of this dichotomy between the physical and the mental is an underlying factor in the psychological outlook of the anorectic or bulimic. Perhaps a lack of such an acceptance among certain populations, for example, women of color or poor women, could go far as an explanation as to why the number of women from these populations suffering from eating disorders tends to be radically lower than that of middle to upper class white women.

15. Several philosophers have explored the notion of the sublime in Kant and other eighteenth-century philosophers as a gendered one; see, for example, Christine Battersby (1995), Timothy Gould (1995), Carolyn Korsmeyer (1995), and Paul Mattick (1995).

16. However, encouraging interests other than those that center on the body's physical appearance is a useful step in treatment and recovery. For an exploration of this, see Arnold Copland 1994.

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