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'Healthy Weight' at What Cost? 'Bulimia' and a Discourse of Weight Control

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Abstract

Public health messages emphasizing 'healthy weight' link good health to a narrow range of body weights and stress energy regulation to achieve this. We examined whether women who practise bulimia deploy notions of 'healthy weight' in their talk about body management activities. Analysis is based on interviews with 15 women who practise bulimia and on material collected from cultural locations containing 'health promotion' advice. Poststructuralist discourse analysis revealed that slenderness was constituted as healthy in both sites and that the careful regulation of energy intake and output was similarly reified as a healthy practice. We conclude that a discourse of 'healthy weight' cannot be unhinged from a cultural imperative of slenderness for women, and that paradoxically 'health' practices provide a rationality that supports the practices of binge eating and compensating.

Keywords

bulimia, discourse, obesity, public health, weight control, women

CURRENT concerns about the health risks of obesity (Aronne, 2001; Manson, Willett, Stampfer, Colditz, Hunter, Hankinson et al., 1995; Okosun, Chandra, Choi, Christman, Dever, & Prewitt, 2001; VanItallie & Lew, 1995; Visscher & Seidell, 2001) are regularly translated, without solid scientific basis, into a more generalized anxiety about 'overweight' bodies, and the risks they pose for health. In response to this threat, public health strategies have been encouraging us all to maintain a 'healthy weight' and this impetus has been enthusiastically capitalized on by the food, fitness, fashion, weight loss and cosmetic industries and in popular media. Within this healthy weight discourse a healthy weight is medically defined as a body mass index (weight to height ratio) of between 18.5 and 25, and it is portrayed as the effect of a well-calibrated balance between food intake and energy expenditure. To suggest a relationship between this ubiquitous promotion of healthy weight and the eating disorder 'bulimia'¹ (bulimia nervosa) makes little sense at face value. In this article, however, we argue that 'bulimia' in women can be understood with reference to such broader cultural emphases on, and particular representations of, health. In this context, we suggest bulimic practices have a logic that is continuous with the contemporary conflation of health with the slender body.

Obesity and ill health

There can be little doubt that the current trend in medical research and in public health, is to construct obesity as a health problem of epidemic proportions. For example, an examination of the articles listed on the Medline database from 1986 to 1991 reveals 17 articles with titles or abstracts containing the terms 'obesity' or 'overweight' and 'epidemic'. A similar search from 1996 to 2001 yields 184 such articles. Acceptance of the notion that to be fat is to be unwell relies on the biomedical construction of obesity as a health threat. This association persists despite many inconsistencies in the scientific study of this putative relationship (see Berg, 2001; Cogan, 1999; Ernsberger & Koletsky, 1999) and the opinion of weight research experts that 'the data linking overweight and death, as well as the data showing the beneficial effects of weight loss, are limited, fragmentary,

and often ambiguous' (Kassirer & Angell, 1998, p. 52). Indeed, some research indicates that health is compromised only by extreme obesity, that there are health benefits associated with being moderately 'overweight' and that fitness, not fatness predicts disease and mortality risk (see Miller, 1999).

There are significant implications of the healthy weight lens adopted in obesity research and in public and popular health initiatives that reproduce its messages (Agencies for Nutrition Action, 2001; e.g. within the following New Zealand health strategy documents: Ministry of Health, 1999, 2001, 2002; see also Cogan & Ernsberger, 1999; Jutel, 2001), for the ways in which non-slender bodies are regarded. Adiposity has become associated with being 'at risk' for the future development of associated health problems regardless of the *actual* health status of fat² bodies (Ryan & Carryer, 2000). Moreover, the construction of obesity as a major health threat reinforces and perpetuates the attribution of health risks being generalized to anyone who is 'overweight' or experiencing weight gain.

The medicalization of high body weights also supports contentions about the universal desirability of weight control and weight loss, which relies on assumptions that dieting is achievable, sustainable and improves health. These assumptions persist despite evidence that weight loss practices can themselves constitute a health risk (for review see Berg, 1999; McFarlane, Polivy, & McCabe, 1999). Furthermore, studies have indicated that weight loss is extremely difficult to maintain, is psychologically taxing, does not reduce the risk of disease and combined with weight cycling, can increase the risk of disease and early mortality (Ernsberger & Koletsky, 1999). Additionally, it is well established that dieting or food restriction is a risk factor for the development of disturbed eating patterns and eating disorders (Austin, 2001; Hsu, 1997). Paradoxically, a recent study found dieting to be prospectively linked with an increased risk of obesity onset (Stice, Cameron, Killen, Hayward, & Taylor, 1999).

Hand in hand with this medicalization of obesity and the resultant pathologization of the non-slender body has been the intensification of a western cultural aesthetic preference for the slender body. Within this climate

representations of health increasingly depend upon the embodiment of certain physical characteristics, central to which is muscularly toned slenderness. This *image* of health (slenderness, or at least not being visibly 'overweight') is meaningful beyond its healthy significations and suggests that care has been taken and effort expended, regardless of any *actual* experience of wellbeing. Conversely, fatness signifies laziness, weakness, unrestrained desire and deviance. It tends to be automatically associated not only with being unfit and unwell but also with being uncontrolled, undisciplined and 'slack' (Bordo, 1993). A biomedical construction of fatness as unhealthy therefore feeds into existing cultural values about the maintenance of health and the avoidance of illness as personal and moral responsibilities (Lupton, 1995). The interactions between these constructions means that 'overweight' has come to be synonymous with deviance and illness to the point where it has been argued, it is hard to conceive of overweight individuals as healthy people (Rothblum, 1994).

Public health strategies for obesity prevention and the wider promotion of healthy weight therefore land in a cultural domain that is already highly charged with potent values that cohere around food, consumption and body size. These values are also profoundly gendered. The reproduction of popular negative attitudes towards bodies that exist outside of what has been defined as the normal range belies a failure within health promotion to consider the ways in which such interventions might interact with pre-existing gendered meanings that crystallize around eating, diet, body image and fat in women's lives (Austin, 1999a; Germov & Williams, 1996; McKinley, 1999) (which is not to imply that these are not also embedded with different meanings according to other dimensions of social difference, such as race, ethnicity, class, age and so on).

A gendered aesthetic of slimness for women is already strongly entrenched in the western cultural requirements of femininity and heterosexual attractiveness (Bartky, 1988; Bordo, 1993). That is, regardless of its *health status* western cultural ideals of women's bodies already idealize and reinforce sinewy slimness and marginalize overweight, female bodies (although our focus is on women it is important

to note that cultural representations of men's bodies increasingly idealize physiques that are both lean and muscular). Moreover, within this gendered aesthetic, the conception of what *is* an overweight body and, therefore, who needs to contemplate 'slimming', is so broad that it includes the majority of female bodies. Given the idealization of extreme slenderness and the strongly negative cultural significations of overweight-ness for women, it is hardly surprising that so many women and girls are dissatisfied with their bodies and are hence predisposed to engage in body management activities in order to lose weight (Garfinkel, 1995) for reasons that have little to do with health—including, of course, many girls and women who would not be considered overweight from a more careful application of the biomedical concern for healthy weight.

The social production of 'bulimia'

Considering the cultural milieu into which health messages are delivered, it is not unreasonable to speculate that intersections between directives encouraging weight control for health and gendered constructions of fatness as embodied deviance might have implications for women's feelings about their bodies and their body management practices. Is it possible that by supporting notions of health as dependent on weight control and slenderness, the promotion of healthy weight inadvertently reinforces and is reinforced by, western society's obsession with the aesthetic of slenderness, especially for women? Several commentators think so (see Austin, 1999a; Berg, 2001; Cogan, 1999; Germov & Williams, 1996). They have suggested that this support operates to sanction the 'dieting epidemic' and to fuel related eating disturbances including 'anorexia' (anorexia nervosa) and 'bulimia' for women in western cultures (Austin, 2001).

Like 'anorexia', 'bulimia' is a diagnosis given primarily to young women (American Psychiatric Association, 1994) predominantly in western countries. Although a relatively small percentage of women are diagnosed with the 'eating disorder' (Bushnell, Wells, Hornblow, Oakley-Browne, & Joyce, 1990) the feelings and behaviours associated with 'bulimia', such as

body dissatisfaction, 'obsessive' concerns with weight, dieting, bingeing and various purging techniques are reportedly so widespread that such preoccupations with food and weight have been described as normative (Rodin, Silberstein, & Streigel-Moore, 1985). Although eating disorders are not generally considered a public health issue (although see Austin, 2001; Battle & Brownell, 1996; Hepworth, 1999), the health implications for large numbers of women who engage in bulimic practices are significant. Repeated binge eating and purging can result in considerable distress and can lead to serious and costly health problems (see Howlett, McClelland, & Crisp, 1995), including renal, oral, gastrointestinal, cardiovascular and endocrine complications (Lasater & Mehler, 2001). The long-term health consequences of 'bulimia' for the development of disease in later life are as yet not known.

Social constructionist theorists have challenged the traditional understanding of women's eating difficulties as individual pathology (e.g. Bordo, 1988; Hepworth, 1999; Malson, 1998; Robertson, 1992). They have emphasized the constitutive nature, for subjectivity and practice, of contemporary constructions of gender and the gender-specific values of western culture. Although discourse around 'anorexia', and the narratives of women who self-starve have been studied, there is little such research focusing on 'bulimia' (although see Brooks, LeCouteur, & Hepworth, 1998). Investigators have however examined the theorized link between contemporary 'healthy living' rhetoric and the body management practices that women engage in (Chapman, 1999; Davies, 1998; Lupton, 1996; Neumark-Sztainer & Story, 1998; Spitzack, 1990). In interviews with women about normative body management practices, it has been found that respondents differentiated between 'old fashioned' ideas about dieting for weight loss and current beliefs about healthy eating and exercising as a more appropriate and healthy method of weight management (Chapman 1999; Spitzack, 1990). Despite the different ways of talking about food consumption, dieting and healthy eating/living, it was noted that both discourses (healthy living and dieting) assume that the ideal female body is slender and heterosexually attractive (Chapman, 1999; Lupton, 1996;

Neumark-Sztainer & Story, 1998; Spitzack, 1990).

In this article we take one step further the scholarship that posits a relationship between 'healthy living' rhetoric and women's problematic body management. For this we examine the accounts of women who desire a slender body and who practise strict caloric regulation and compensation (consistent with diagnostic descriptions of 'bulimia') alongside cultural texts that contain messages about 'healthy living' and weight control.

The study

This article arises from a larger research project that examines the experiences, treatment and social construction of 'bulimia' from the perspectives of women who could be described as 'bulimic' and health care professionals working in the area (Burns, 2004). Our analysis in this article draws on two sets of material. First, we present cultural texts in order to illustrate the societal instantiations of a healthy weight discourse and to demonstrate a problematic continuity that exists between these and descriptions of bulimic practices. This includes material from sites containing health promotion advice, such as examples from fitness magazines, advertising, websites, public health promotion and obesity prevention material. These items were among those encountered by the first author while engaged in everyday activities such as watching television, reading the newspaper and searching the Internet during the data collection period. They have been included on the basis that they are widely available, exemplify influential ideas in the area of health and weight control and are representative of authoritative and/or popular ways of understanding and describing these phenomena. Our use of this textual material rests on the idea that bulimic bodies are crafted in conjunction with culturally contingent, gendered notions of consumption, dieting, fitness, health and body management, all of which are implicated to varying degrees in discourses of healthy weight. As such we consider that the societal manifestations of these discourses form (at least in part) the cultural conditions of possibility that contribute to disordered eating and problematic body management practices. The second set of

material is the interview accounts of women who practise 'bulimia'.

Interview participants

These accounts were obtained through semi-structured interviews conducted by the first author with 15 women aged between 17 and 50 (11 were aged between 25 and 35) who identified as 'bulimic' or who described engaging in binge-eating and 'compensatory' behaviours considered characteristic of 'bulimia' (vomiting, laxative abuse, excessive exercising and fasting). Pre-interview discussions around body management practices indicated that most of the women would have conformed to the clinical criteria set out in the DSM-IV (APA, 1994) for 'bulimia' but this was not formally assessed and was not a requirement for participation in the study. Eleven of the participants identified as Pakeha,³ two as Maori,⁴ one as Tongan and one as Fijian-Indian. Most of the women worked in professional occupations (two were unemployed) and nine had a tertiary education or were currently studying. The women were recruited through advertisements in magazines, a recruitment agency newsletter, local newspapers, gymnasiums and at a student health clinic. During the interviews (lasting 60–90 minutes) the women were asked to discuss their ideas about and experiences around eating, compensating, 'bulimia', their bodies, gender and femininity. The interviews were tape recorded and transcribed verbatim in their entirety.

Theoretical assumptions and analysis

Like other discourse analytic research informed by poststructuralist theory, this study challenges a dualistic conceptualization of the individual and society (see Henriques, Hollway, Urwin, Venn, & Walkerdine, 1984; Weedon, 1987). It accepts that the process of making sense of experience occurs in relation to broader systems of meaning which shape understandings and experiences according to culturally shared ideas (e.g. Gavey & McPhillips, 1999). From a Foucauldian perspective, it is through discourse that power operates to make possible different ways of being in and making sense of the world. Discussions about embodiment and bodily practices were therefore not regarded as yielding

'authentic' accounts unique to individual women. Instead language is regarded as providing shared cultural resources that are constitutive rather than reflective of meaning and that are involved in the shaping and regulating of subjectivities, experiences, practices and bodies (Gavey, 1989; Weedon, 1987).

In this article we use this discourse analytic approach informed by feminist poststructuralism (e.g. Gavey & McPhillips, 1999), to report on the ways in which participants deployed culturally available systems of meaning in the constitution and regulation of themselves and their practices as healthy or unhealthy (see Willig, 2000). In particular we interrogate how women negotiated accounting for their body management practices in ways that allowed for creating and occupying the position of healthy 'self'. The deployment of a discourse of healthy weight by 11 of the women was notable given that none of the interview questions dealt directly with the healthiness of thin bodies or of certain body management practices. This suggested to us that information regarding the health dangers of being overweight was readily available to the women for meaning-making around their desire for slenderness and their body management practices.

Findings

In the analyses that follow we explore the two main topics that emerged from women's talk around health: that a healthy body is slender and 'fat free' and that meticulous regulation of the body's energy intake and expenditure, despite its bulimic rationality, constitutes healthy body management. For each of these two ideas we first briefly illustrate elements of the cultural context in which a discourse of healthy weight renders fat bodies problematic and promotes weight control as a healthy practice. We then examine women's talk about their desire for slenderness and their body management practices in relation to this discourse of healthy weight. Through showing this linkage we therefore illustrate how the medicalization of weight gain and obesity can be translated into notions and practices that not only have little to do with the promotion of wellbeing, but which are arguably unhealthy.

Health as toned and muscular slenderness

Cultural context

Body weight is a very visible and easily understood marker of a person's physical status. An optimal range can be defined and the further outside this range the greater the health risks. Obesity has well defined risks for developing cardiovascular disease, diabetes etc. (Agencies for Nutrition Action, 2001, p. 1)

Mesomorph: Full of abundant unflagging energy, always ready to be up-and-doing, the typical sporty type, needing regular physical activity to express body type and disposition fully. This is the classic athlete figure, the sculpture's [*sic*] model, with broad shoulders wider than the hips, prominent muscles, large wrists and ankles, little fat, frequently the 'picture of health' type. Mesomorphs are genetically blessed, and can usually eat a lot without gaining fat. (*New Zealand Fitness Magazine*, cited in Eating Disorders Association, 2000, p. 9)

As suggested previously, 'obsessive' concerns with food, weight, diet and fat are not the sole domain of women with eating and body difficulties or eating disorders, but rather reflect an inescapable western cultural fixation with body management and weight control. We are inundated with images and messages that glorify slenderness and that urge dieting, exercising and body shaping. Increasingly, and in concert with the global 'panic' surrounding rising rates of obesity and its so-called associated health risks, these messages are infused with a healthy weight discourse. Within this the healthy body is constructed as the slender body and weight control and weight loss are produced as healthful practices.

As the following examples illustrate, a discourse of healthy weight is articulated in a number of diverse cultural sites. Healthy weight rationale is obvious on 'healthy living' Internet websites (e.g. www.health-fitness-tips.com) where individuals are invited to calculate their body mass index, assess their risk for certain health problems and then utilize the various weight loss/management techniques listed. Food advertising also often exploits the 'slim/healthy' link. Weight Watchers suggest

that their cereal bars 'keep your bottom line looking really healthy' (Weight Watchers, 2001b, p. 63). Lifestyle magazines announce the weight loss efforts of celebrities and write about their healthier (thinner) physiques. *Who Weekly* writes of singer Sophie Monk, 'eating disorder? No way, says the pop star who's dropped two dress sizes [from size 12 to 8] through exercise and sensible eating: 'I feel so much healthier now' (Noonan, 2001, p. 1). More serious media coverage also deploys healthy weight rhetoric. News items and television documentaries warn of a global epidemic of obesity and state, 'we are eating ourselves to death and over the next 20 to 30 years it is our single biggest challenge in New Zealand' (Gillespie, 2000).

While it might be true that the world's population is getting fatter and that for some at the extreme end of the continuum, this constitutes a health risk, prevention and weight management advice is not only directed towards this particular group. As the previous examples illustrate, medical discourses and their public health variants regarding the dangers of excess weight are embedded and reproduced in many popular sites. Here they are generalized in a way that constructs any weight gain as potentially unhealthy and to be avoided. The result is that *everyone* is implicated in a discourse of healthy weight in a way that implies a responsibility to at least practise weight control, and continuously to be vigilant about potential weight gain. As the promoters of 'Reductil' (a prescription weight loss drug) promise to the wider New Zealand television audience, 'it could help *you* enjoy the long-term benefits of weighing less' (our emphasis).

Women's talk Most of the participants in this study responded to questions about what female slenderness means by describing the slender female body in what are now familiar ways, as heterosexually attractive and as a sign of success and/or control. In addition many of the women also suggested that the thin, toned and 'fat free' female body was healthy and reflected fitness, wellbeing and vitality.

Slenderness looks healthy

Alison: I know this girl Leeann from the running club. That would be my ideal. She's

quite skinny—she's not that tall but she's really slender, very slim . . . sort of . . . very athletic . . . yeah, not skinny, not Kate Moss type thing. More of an Elle McPherson type of build but not quite so statuesque.

MB: and what is it about that figure that you like?

Alison: Well, it looks healthy, yeah healthy, you know—athletic, fit, that kind of thing.

MB: So is having a certain type of body important to you?

Pam: Yeah.

MB: Why?

Pam: (long pause) I personally like the . . . toned, athletic body. So . . . fit in body, fit in mind. My motto.

In these excerpts the toned, slender physique is portrayed as an ideal body indicative of physical health, athleticism, mental wellbeing and fitness. That such a representation is 'common sense' is indicated by Alison's final reply in which she invites the interviewer's agreement by saying 'you know'. This also justifies or reinforces her earlier statement where she claims slenderness as her 'ideal'. Although Alison describes such a body as primarily looking healthy, the association of slenderness with two well-known models also goes some way to constructing such a figure as 'beautiful' and ties in with the idea that appearing 'healthy' for women is inextricably linked with the requirements of traditional feminine physical attractiveness (Spitzack, 1990). Through her negative reference to the kind of skinniness represented by 'waif' super-model Kate Moss, Alison specifies that it is a certain type of slender body (one that 'works out') that indicates health and fitness rather than skinniness per se. Indeed, by alluding to the 'ideal', 'statuesque' figure of Elle Macpherson (see 'One Elle of a body', Holdom, 2001, p. 16) Alison implies that health is conferred on those slender female bodies that are imposing or impressive in some way that extends beyond simply being thin. This particular construction of health as slenderness exemplifies the currently popular notion that the 'healthy' female body should also be muscularly toned (Hall, 1996; Markula, 1995; Spitzack, 1990).

By describing a slender body as indicative of fitness, health and mental wellbeing Alison and Pam's accounts suggest that a 'healthy' body is not only aesthetically pleasing but that it is also indicative of a certain type of lifestyle characterized by physical activity and a 'fit' attitude. As such this representation might challenge conventional notions of women as passive and frail, therefore disrupting dominant constructions of femininity. Indeed a woman who is healthy, exercises and develops muscle tone may not only conform to dominant aesthetic ideals but may also enjoy certain benefits from participating in these activities such as strength, increased cardiovascular fitness, agility and confidence (Grimshaw, 1999; Markula, 1995; Mutrie & Choi, 2000). These benefits may be among those that are co-opted and overtly promoted in the popular media, fitness and diet industry literature concerned with the maintenance of 'healthy' weights. However, for women a 'healthy' body is not only the socially constructed 'well' body but can also be a sexualized and objectified body, restoring connotations of traditional heterosexual beauty and passivity. Rather than providing more diverse models for women, the 'healthy look' also overlaps with the requirements of traditional feminine physical attractiveness (Spitzack, 1990) in ways that can endorse conformity to restrictive body ideals (Eskes, Carlisle Duncan, & Miller, 1998).

Slenderness is healthy

Alison: But it [being slender] does have some health benefits because I think . . . we're less likely to develop diabetes and heart disease and all these things (laughing). It's gotta be good for the country and the health thing, doesn't it?

Here, Alison deploys the discourse of healthy weight in which slenderness is associated with a reduced risk of disease. This construction of health produces Alison's account of her attempts to be thin (which include running compulsively and vomiting several times a week) as worthwhile attempts at avoiding 'illness'. Being slender is not only good for her but also for 'the country and the health thing'. The irony of her statements is not lost on Alison whose laughter underscores the contradictory

nature of her comments about purging for health. Presumably her weight control is good for the country because as a slender person Alison is represented as a responsible citizen who will not be consuming more than her fair share of the national health budget by developing the expensive and 'preventable' diseases attributed to obesity (see Swinburn, Ashton, Gillespie, Cox, Menon, Simmons, & Birkbeck, 1997; Thompson, Brown, Nichols, Elmer, & Oster, 2001). Indeed, recommendations concerning weight control are often premised on warnings about the rising costs related to obesity and the 'potential for long term savings in health care costs through effective obesity prevention and management' (Agencies for Nutrition Action, 2001, p. 5).

Within a discourse of healthy weight Alison's potentially unhealthful practices and her desire for slenderness have a certain logic that cannot simply be dismissed as an outcome of her eating 'pathology'. Rather than positioning Alison as disordered or vain, the discursive resources that she draws upon in her account above produce her as a 'good citizen'. Her body management practices are legitimated and her motivations to be slender are set apart from other narcissistic, frivolous or pathological concerns. Within the logic of healthy weight discourse her weight control practices can be read as proactive contributions towards her own (and her country's) good health, consistent with the Foucauldian concept of governmentality. Drawing on this idea, Petersen and Lupton (1996) have argued that disciplinary power operates through public health and health promotion messages whose aim is the production of a useful population via regulation of the health status of the body politic. In this account Alison is produced quite positively, as a member of that useful population as she has successfully been instructed on the population goal of maintaining healthy weight and has adopted practices consistent with this imperative.

Conflict between the 'look' of health and 'being' healthy Although the desire for a slender physique was defended by many of the participants as a reflection or measure of a healthy and active lifestyle, at times it was the 'appearance of health', the thin, toned figure that was overtly sought after, rather than any

experience of vitality or wellbeing. Most of the women explained that maintaining a 'healthy' physique involved disciplining their bodies by cultivating healthy habits, such as careful attention to diet and the nutritional composition of food and getting lots of exercise. However, the imbrication of the heterosexually attractive, slender ideal in this notion of health was evident in other places in the women's accounts where the socially constructed 'healthy' body was shown to inhabit contradictory discursive spaces.

Most of the women also described body management practices such as taking diet pills, being prepared to undergo liposuction, completely excluding certain foods from their diets (e.g. potatoes and bread), fasting, using self-induced vomiting, exercising for up to 20 hours a week and misusing laxatives. These practices, while they may help to reduce weight and strip fat and therefore increase the chances of attaining the socially constructed 'healthy looking' appearance, exist in stark contrast with other statements about wellness and healthy lifestyle. Attention to the contradictions that exist between descriptions of health, the healthy appearance and the techniques employed to obtain it illustrates how the pursuit of a healthy looking body can be paradoxical for women. It can involve participation in unhealthy or risky practices that result in ill health and which are often concealed or denied in our society. This illustrates the 'play of dependencies' (Foucault, 1991, p. 58) between a discourse of health and the culture's glorification of female slenderness and its attainment at any cost. Already the gendered slenderness imperative that exists in western cultures (re)produces weight loss/control practices for women regardless of their health outcomes. The accounts of the women in this study indicate that the image of the so-called healthy body cannot be unhinged from the dominant feminine aesthetic.

MB: Why is having that fit, athletic body . . . important to you?

Pam: Because I need it for my sport, and for myself.

MB: So it's functional?

Pam: Yeah, so it's healthy, yeah definitely. But that doesn't mean that I could be up two sizes and still be that same shape. I don't know if

I'd be happy or not, but as long as I am still fit, fit and healthy.

MB: So you say that being fit and healthy is important. Some people would say

Pam: Ummm . . . I'm smoking cigarettes.

MB: Yeah, that, but some people would say that the eating and the laxative use, and um . . . the vomiting is not a healthy thing so how do you make that fit with the whole idea of being healthy is quite important?

Pam: Um . . . It's quite contradictory isn't it? Oh God! Yeah, I put my foot in my mouth (laughing). It doesn't fit in at all! Yeah it allows me, it probably allows me to cheat to stay that way (laughing). Sorry but that's the only answer I can think of.

MB: And so for you, do health and slimness or health and a certain body size and shape—do they go together?

Pam: Yeah, I just contradicted myself . . . because you can be large and still be firm and fit. So that's ok if it's on another person, it's not ok with me.

Being slender, in this account, is constructed as indicating health without the *experience* of health necessarily being present. Raising this contradiction with Pam resulted in her attempting to manage the conflict between her justification for her weight loss attempts (to attain the healthy physique) and the unhealthy practices she engages in to this end. As a result of the inconsistency, Pam positioned herself as a 'cheat'. This subject position is produced within a gendered discourse discussed by Bordo (1993) in which women's bodies are constructed as potentially unruly and in need of management characterized by discipline and control. Such a construction imbues regulation and management as the good and moral way to a healthy/thin body and conversely constructs indulgence as weak. Through her practices Pam obtains the body that represents what White, Young and Gillett (1995) have described as a moral and regulated lifestyle and she therefore appears to demonstrate control over her potentially 'unruly' female body. However, her behaviours (smoking and purging) are far from regulated, controlled or health-giving despite

their contribution to this 'look'. Caught in this contradiction, Pam deploys a competing discourse where she concedes that being larger does not necessarily preclude fitness or health, and that slenderness might, in fact, have little to do with wellbeing.

Interestingly, the physical outcomes of Pam's unhealthful behaviours cannot be seen because they are not written on her body (unlike 'over-weight', which exists as a clinical 'sign' of compromised health). On the contrary, through the meticulous control of the energy that is absorbed into her body, she conforms to aesthetic definitions of health. Contemporary constructions of the slender body as the ultimate sign of health therefore provide the cultural conditions and motivations that support practices such as Pam's smoking, purging and laxative abuse to manage weight. This is possible because this construction of the body implies two types of 'bodies' to be regulated by 'healthiness'. One is 'internal' and refers to body management that contributes to wellbeing and experiential health. The other is 'external' and is a body subject to a normalizing gaze and is therefore concerned with body management that produces the socially constructed 'healthy-looking' body (see Featherstone, Hepworth, & Turner, 1991). It is the latter (inevitably gendered image) that pervades popular western culture and that interacts in potentially problematic ways with those obesity prevention initiatives advising weight control for *experiential* health. By emphasizing external, quantifiable indices of health (e.g. BMIs), health promotion inadvertently reinforces *images* of health and unintentionally endorses practices that might sacrifice 'real' health and wellbeing.

Energy regulation for healthy body management

Cultural context

Obesity represents the consequences of a mismatch between energy intake and energy expenditure. (Everett Koop (Former Surgeon General, USA) cited in *Fit* magazine, 2001, p. 51)

Your body and its metabolism are like a furnace . . . by exercising the right way and fuelling your furnace with the right food you will create a leaner, smaller, more toned body

and because your furnace is more efficient and burning brighter than ever, your new look will be easier and healthier to maintain. (Les Mills [Auckland Gym] News, Auckland, 2001, p. 2)

Not only does western culture provide a 'look' of health and wellbeing to strive for, it also provides and promotes the technologies for achieving it. Techniques of body measurement and management have been produced within fields of knowledge (such as sports and nutritional science) that rely on biomedical constructions of the body. These fields objectify and quantify the body as a plastic and malleable material within a discursive framework of 'metabolics, energy, and measurable force' (Bray & Colebrook, 1998, p. 62). Discourses of bodily quantification and management reduce bodies to mechanistic devices, ignoring their social meanings and their lived experience. This objectification of bodies has interacted with the slenderness imperative for women and been assimilated into our cultural landscape, into the food, fitness and fashion industries and into mass media where it informs popular techniques of body regulation (Turner, 1982, 1991). Meticulous bodily surveillance and regulation is exemplified by the promotion of various body monitoring products. The Weight Watchers Bonus Buddy is 'a specialised, personalised pedometer that measures your every movement in 'steps' which you can convert to Bonus Points—so the more you move, the more you are rewarded' (Weight Watchers, 2001a, p. 2). Likewise the MioSensor watch 'not only records the kilojoules you burn while training, but keeps a tally of the kilojoules you eat during the day, then compares the number burnt and the number eaten with your daily target' (*Cosmopolitan*, 2001, p. 177). Healthy living prescriptions such as these are concerned with maintaining equilibrium between calorific intake and expenditure and as such support obsessive attention to and practices concerned with, energy and fat intake, exercise and dietary restriction.

This careful attention to the energy that is ingested and exerted and the rate that the body is able to perform this function is a feature of current strategies aimed at both weight loss (dieting) and at health promotion in both public

health and popular cultural sites. The New Zealand Health Strategy, District Health Board toolkit on obesity argues that in order to tackle the obesity 'problem', we must 'reduce the consumption of high fat, high sugar foods and promote habitual physical activity' (Ministry of Health, 2001, p. 14). Although such recommendations might have health benefits for some, this population-wide message fails to take into account that many women already practise restriction and engage in 'habitual physical activity' for reasons unrelated to health. In their attempts to conform to dominant ideals of female slenderness, many women are already caught in a cycle of compulsive exercising and strict dietary management. Within this milieu a healthy weight discourse can therefore serve to reinforce the pathologization of the non-slender body and can legitimate dieting and other weight loss practices that potentially compromise rather than enhance health. Outcomes can include eating and body image disturbances and quite paradoxically, an increase in the likelihood of obesity onset (Stice et al., 1999).

Women's talk The following sections illustrate that the practices we might identify as 'bulimic' can be understood within a discourse of health, as modes of body regulation that are continuous with other methods of 'healthy' caloric management. This analysis suggests that 'bulimic' behaviours can be conceptualized as a series of culturally available and interconnected practices or techniques concerned with the production of a healthy body/self. In Foucauldian terms, they represent technologies of the self:

The subject constitutes himself [*sic*] in an active fashion, by the practices of the self, these practices are nevertheless not something that the individual invents by himself. They are patterns that he finds in his culture and which are proposed, suggested, and imposed on him by his culture, his society and his social group. (Foucault, 1984, p. 11)

To suggest that 'bulimic' practices are deployed in the constitution of a particular type of 'self' is not to romanticize these behaviours as resistant or liberatory. Rather, we argue that their effect is to produce a particular mode of being which in this case is a position consistent with contemporary discourses of health. By interrogating the

'specific grammar' (Bray & Colebrook, 1998, p. 61) of 'bulimic' activities it is possible to make sense of them as a process of creation: paradoxically, the creation of a healthy self. Arguably, the practices of restriction, binge eating and compensating along with their attendant behaviours of ongoing weighing, calculating and measuring the body, and the food (energy) that passes between internal and external boundaries, can be located within the domain of health. Here, slenderness is health embodied and practices of regulation and scrupulous body management are key to its attainment (Austin, 1999a). As such 'bulimic' practices share discursive space with other more 'normative' practices of body management including dieting and exercising for body shaping. As a result of this understanding, the 'bulimic' practices that a woman enacts are not only located within her as a symptom of disorder but have a rationality within socio-cultural contexts that support such behaviours.

In the next sections, we will consider body management practices concerned with the regulation of energy into and out of the body. The subsections are divided into those practices constructed as 'healthy' and those considered indicative of 'bulimia'. Exercise is difficult to categorize in this way due to its simultaneous representation as a healthy activity and as deviant when combined with binge eating or when engaged in to 'excess'.

Regulatory practices deemed 'healthy'

Toni: And then I started learning more about it and how weight training increases muscle mass and I learnt that putting on muscle mass at the same time as working your diet to decrease fat, works [for weight loss]. Muscle burns more fat than fat, more energy than fat. Like, I think it's about nine times more. It burns nine grams of energy whereas fat burns one gram in your body.

Lara: I try and do different things whereas when I first started exercising, I was doing all high impact until I found out that high impact is ok for building your fitness up but it's not a good fat burner, you've gotta keep your heart rate down.

Within these accounts, fat is constructed in negative ways as a sign of disequilibrium and

inefficiency in the body and as something that must be 'burned up'. Toni and Lara both report participating in specifically 'fat burning' exercises rather than participating in the activities to increase cardiovascular fitness and strength (which are more appropriate indices of health than the body's physical appearance). In these excerpts, the body and its energy (fat) burning qualities are quantified in numerical terms as grams and heart rates. Toni explains that weight lifting increases fat burning capabilities and Lara similarly describes participating in low impact exercise to keep her heart rate down in order to burn fat.

Contemporary discourses of health that vilify fat and construct it (on the body and in the diet) as a potential health threat are widespread (Austin, 1999b). These messages often imply that ingested fat is magically deposited on the body in equal proportions to the amount eaten. They are deployed in health promotion material, weight loss literature, in the fitness industry and in advertising for foods and exercise products. The women's use of such a culturally salient way of understanding fat is therefore not surprising. Although Toni and Lara do not frame their fat burning activities as healthful, the cultural availability or 'common-sense nature' of fat-as-unhealthy renders the possibility of fat burning and exercising as a healthy, as well as aesthetic, endeavour.

Of course exercising is easily deployed in the construction of a healthy self despite its entanglement in discourses of slenderness and beauty for women. Magazines containing healthy living advice suggest that, 'the role of exercise in creating and maintaining good health is well known. It helps to control our weight, to stay fit, and look youthful, and is a proven factor in preventing illnesses such as diabetes and heart disease' (Knight, 2001, p. 91). Power is shown to operate on women's bodies through the healthy weight discourse when we consider that some of the women in the present study reported exercising for up to 20 hours a week to compensate for the food they had ingested. Other researchers (Duncan, 1994; Lloyd, 1996; Markula, 1995) have found similar constructions, where exercising and fat burning activities were valorized as the 'healthy' route to slenderness and beauty. Although there is undoubtedly truth to the claim that exercise

contributes to health and wellbeing, it is also firmly imbricated in a discursive mix where it exists as an effective 'compensatory' practice concerned with eradicating unwanted calories and therefore exists as an effective weight loss technique.

The fat burning activities described in the previous two extracts might be considered fairly 'normal' in western culture. They are concerned with quantifying and regulating the processes of the body and involve significant vigilance over the energy that the body ingests and expends. The quantification of physical operations in these terms has several implications. It objectifies the body and fosters stringent body surveillance both on the part of the individual women who participate and by exposing women's bodies and practices to the gaze and scrutiny of an ever-increasing number of normalizing experts (e.g. nutritionists, personal trainers, weight loss groups).

Regulatory practices deemed 'bulimic' The cultural concern with body regulation, healthy eating, exercise and obesity prevention combined with a construction of female bodies as requiring measurement and management, cannot be disarticulated from the host of new obsessions, anxieties and questionable practices that have emerged for many women around eating and embodiment. Consider in isolation the practices that are indicative of 'bulimia': they can include attempts to embody what is a culturally admired 'healthy physique' by participating in 'healthy' attempts to regulate and restrict dietary intake as prescribed in many sites of health promotion. Binge eating or unregulated consumption often follows food restriction and has been demonstrated to be a predictable outcome of dieting (see French & Jeffrey, 1994). Finally 'bulimia' is characterized by compensatory behaviours aimed at redressing the calorific imbalance that has occurred. Although some of these compensatory behaviours exist outside of 'normal' body management regimes, they are practices that are concerned with the restoration of energy equilibrium in the body and therefore they share discursive space with a discourse of healthy weight:

Jo: If I get up in the morning and exercise then it's good I can have breakfast, I can eat

normal breakfast and not think about what I'm eating and then if I exercise at the end of the day it like—then justifies having dinner as well and you don't have to stress about it.

Bonus Points let you trade in physical activity for food—a brisk half-hour walk could mean an extra couple of slices of bread or a sweet treat. (Weight Watchers International Inc, 1999, p. 12)

Frances: Well [vomiting's] helpful in the way that ... You might ... undo the damage you've done by eating too much ... So instead of having or letting all my food in my tummy you can take it out and like you say 'back at square one'.

Bonus Points are also great if you have a party or special occasion coming up—move more, bank a few points and you'll have more to spend! Or if you blow your points one day, you can undo the damage by getting a little exercise the next. (Weight Watchers International Inc, 1999, p. 12)

The points referred to in these extracts represent Weight Watcher's numerical classification of various foods according to their caloric properties. Although Weight Watchers is specifically a weight loss club (operating within a framework that marginalizes 'overweight' and uses group surveillance to promote weight loss), it increasingly markets its products by appealing to healthy weight discourse. It exploits the popular notion that health is dependent on a certain size and weight and on the maintenance of balance. Clearly the body, energy and food are quantified and manipulated through adherence to the 'points' technology. Consumption is similarly represented or constructed by both Weight Watchers and by women who binge eat and compensate as 'damage' or as something that must be earned. The continuity of this idea of balance across various contexts demonstrates that the meticulous calculation of the transformations of the body are not specific to women who are described as 'bulimic' but are part of a wider management of the body via dietetic (and health) regimens in general. In short, a compensatory or 'bulimic' rationale is revealed as a normative cultural phenomenon. Practices of restricting, bingeing, purging and continual weighing can be seen to be produced

by the same discourse that enables the 'healthy' practices of dieting and exercising with their attendant practices of weighing, measuring and 'obsessive' record keeping. For example, the function of the Miosensor watch described earlier, is constantly to keep track of energy consumption and expenditure. This logic also characterizes Naomi's reports of her continuous regulatory (bingeing and vomiting) and weighing practices:

Naomi: I mean there was days when you couldn't, couldn't be sick. Um . . . and, and you'd weigh yourself every, you know whenever you eat, before you binge (emphasis) after you purge just to see how much weight you've lost. Um . . . and it's continuous.

In the following extract Alison deploys what Turner has referred to as a 'rational calculation over the body' (1992, p. 192) when she describes the practices she uses to compensate for her 'sluggish' metabolism or 'furnace' (Les Mills News Auckland, 2001):

Alison: Well, I think through my exercise I control how much fat's going into my body. Also, I think I have a—not a slow metabolism, but a slow bowel you know like . . . if I don't eat enough bran, I just don't go at all and so by vomiting some of it, I'm getting rid of it. Like my husband spends all day on the toilet, you know. I said to him, 'I'm just doing what you do but I'm doing it from the other end' (laughing). So I just feel like I'm just helping to get rid of some of the food that my body doesn't really need.

Here excess fat or weight is accounted for by a discourse of metabolism that produces fatness and excess body mass as a sign of disequilibrium between consumption and expenditure. Fat is paradoxically constructed as both a personal responsibility and something that is difficult to avoid if one is unfortunate enough to have a sluggish metabolism. Although Alison does not mention any negative health implications of fat in the diet and on the body, this 'knowledge' is culturally pervasive (see Austin, 1999b). This understanding validates Alison's desire to control the amount of fat that is absorbed by her body regardless of whether her motivation is health or the attainment of slenderness. Within this account a somewhat 'medicalized' discourse

of regulation constructs Alison's body as inefficient and supports her active interventions to restore the balance by purging. The onus is on Alison to compensate for her ineffective body that does not rid itself of fat as efficiently as those with more effective metabolisms (like her husband's whose habits she exaggerates in order to emphasize her own inadequate functioning). Although vomiting is considered unhealthy and exists outside of what are considered normal body management regimens, Alison's attempts to counteract her supposed sluggish metabolism are provided with a kind of coherence within a discourse of health wherein regulation and harmony between energy ingested and expended is central. Vomiting in order to maintain equilibrium therefore exists on a continuum with other more normative practices engaged in by Alison, such as exercising and eating bran to facilitate an efficient metabolism and restore balance.

Although existing outside of the strict parameters of the 'normal and healthy', it is also interesting to note that the weight loss drug Xenical (orlistat) is effectively a prescribed form of purging. Promoted for the treatment of obesity and marketed as health enhancing due to its weight loss properties, Xenical works by ridding the body of ingested dietary fat. Despite its legitimate status, it operates in a similar manner to 'bulimic' techniques such as laxative use and induced vomiting. Only when it is 'abused' by women previously identified as 'bulimic', is this weight management technique described as a 'bizarre behaviour' (Fernandez-Aranda, Amor, Jimenez-Murcia, Gimenez-Martinez, Turon-Gil, & Vallejo-Ruiloba, 2001, p. 460; Malhotra & McElroy, 2002).

Concluding comments

This article has discussed how contemporary healthy weight discourse forms a rationalizing framework that is consistent with women's participation in health-risk practices. A discourse of healthy weight provides the cultural conditions that support, rationalize, and to some extent normalize, practices that are described as 'bulimic'. The reductionist focus on healthy weight that characterizes public health initiatives against obesity provides choices and opportunities that are profoundly gendered in

terms of their meanings and availability. Health promotion in the field of weight, diet and exercise, often fails to consider how existing cultural ideals of femininity and slenderness have produced women as self-surveilling subjects (Bartky, 1988; Bordo, 1993) already concerned with maintaining slenderness regardless of potential health outcomes. Indeed both 'bulimic' and 'healthy' female bodies are underwritten and regulated by normalizing discourses that derogate female fat and amplitude and that promote engaging in regulatory practices designed to produce a slender body. Focusing on healthy weight rather than health per se is therefore paradoxically implicated in the shaping and production of subjectivities, practices and bodies for some women in ways that are antithetical to an overt health message. We argue then that the practices derived from this discourse are not neutral practices but can be understood as one more technology of femininity involved in the production of the 'ideal' slender body.

It is important to note at this point that we are not suggesting that exercise, good nutrition and fitness do not provide positive benefits. Of course these activities have healthful effects and not all women who participate are doing so in order (or only in order) to attain the slender ideal. Furthermore, we do not mean to deny that being very fat can contribute to health risks for some people. Rather, our point is that there may be worrying side-effects to the ubiquitous message that weight status is so absolutely linked to health. The outcome of such a link, ironically, is that in its attempts to reduce and prevent obesity, public health targeting of obesity potentially contributes to another growing social problem: women's pursuit of thinness at any cost. The damaging effects of this trend themselves constitute a public health threat that will not be addressed until the interconnectedness of eating disorders, obesity and our cultural aversion to fat, is considered. The findings reported here therefore have important implications for the development of health policy in the area of obesity reduction and prevention and they support a re-thinking of the healthy weight focus that currently characterizes health promotion initiatives. In terms of disrupting a discourse of healthy weight that legitimizes unhealthy practices for women, it

might be helpful to shift attention away from external, quantifiable indices of health that function to reinforce *images* of health. Instead the focus could be 'health at any size' (see Cogan & Ernsberger, 1999) and the promotion of practices (such as exercise and good nutrition) that contribute to the health and wellbeing of individuals regardless of their weight (see Berg, 2001; Cogan, 1999; Lyons, 1997; Miller, 1999; Spark, 2001).

Notes

1. We acknowledge that terms such as 'bulimia' imply discrete and unproblematic categories of the kind we are hoping to problematize through this research. For this reason we use inverted commas to emphasize our critical distance from the label.
2. Despite its pejorative connotations, we use the word 'fat' to refer to bodies that might otherwise be described as 'overweight' (which we argue has become over-generalized, and begs the question of 'over what weight?') or 'obese' (which is closely tied with the suggestion of an unhealthy medical condition).
3. The term Pakeha refers to non-Maori New Zealanders of European descent.
4. Maori are the indigenous people of Aotearoa New Zealand.

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