

Young Women and Eating Issues: A Feminist Perspective

Eating issues are of great relevance for youth workers. It should come as no surprise to any of us to learn that the overwhelming majority of people who develop eating issues are female and are in their teenage years. In this article I am suggesting that in order to effectively address this issue we must incorporate into our understanding an analysis of the broader social, political (patriarchal) system and its impact on the lives of young women.

As with most social issues, it is very difficult to gain an accurate measure of the existence of eating issues in Australia. It has been suggested that as many as one in twenty young women have some form of eating issue (anorexia nervosa, bulimia, over-eating) and that over 10% of these young women will die from this condition. It is widely agreed that the prevalence of eating disorders in the Western world is rapidly increasing. (Lawrence, 1984; Orbach, 1986; Palmer, 1989; Robertson, 1992).

Dr Robert Palmer states that,

"While it would be over dramatic to talk in terms of a world-wide 'epidemic', anorexia nervosa is by no means a trivial condition and the number of cases now being reported throughout the developed world represents a considerable challenge." (1989:7)

Eating Issues as Medical Conditions.

There can be little doubt that the history of eating issues in Australia (and elsewhere) is characterised by the dominance of the medical profession. Despite a wide recognition that eating issues are caused by a complex interplay of individual, family, and social factors, historically eating issues have been responded to primarily as a medical problem.

Clearly, anorexia has massive implications for a person's health. What is also clear though, is that the overwhelming majority of people suffering from anorexia are young women. In fact, age and sex are the two primary characteristics which influence the risk of developing anorexia. (Palmer, 1989) It seems more accurate to say that eating issues are primarily young women's issues, with important implications for both emotional and physical health.

Given this, it is interesting to note that the medical profession remains unclear about the causes of eating issues, particularly in relation to the gendered nature of this issue. Whilst there is acknowledgment of this information, the literature generated by the medical profession, does little in an attempt to explain or stress the importance of the underlying basis of this issue, particularly in terms of the development of treatment responses. It seems that whilst these questions are posed there are few attempts to address it. This is very clearly shown in Palmer's account of those most likely to develop anorexia. He states:

"Age and sex are two factors which seem to have a major influence on the risk of developing anorexia nervosa. The vast majority of cases are female, indeed, in most series which have been described, males account for less than one in ten. This skew is interesting because while many conditions are commoner in one sex than the other, in few is the inequality of risk so great. What makes females so relatively vulnerable and males so relatively resistant to the disorder? However, while this seems to be the norm, primary anorexia nervosa with phobia does occur quite unequivocally in males. (Palmer, 1989:16)

Given the severity of this condition and our knowledge that our responses to any situation are more effective if they are informed about the underlying causes, it is simply not acceptable to ask such a question of fundamental importance to this issue and then proceed as if it had never been asked.

The primary issue of concern in relation to the medical profession's involvement with young women who have eating issue is that there is no clear analysis. Important questions about eating issues as a gendered issue have been passed over and swept away, and yet these questions are vital if young women are to be offered assistance likely to bring about resolution of this issue. The same can certainly be said for preventative programs - the clearer we can become about the causes of eating issues, the more we can focus our efforts toward prevention.

Feminism and Eating Issues

The important contribution that feminism has made to this issue is the introduction of a broader social, political, analysis that locates the existence of eating issues in the context of a patriarchal society that values males more than females. In this sense, eating issues and their subsequent treatment in the medical profession, is another example of women's oppression.

In contrast to the medical profession's position on eating issues, feminism stresses a focus on the underlying issues that give rise to their existence. In this sense anorexia (and other eating issues) are seen as expressions or manifestations of an underlying issue.

Marilyn Lawrence (1984, 1989) has made a substantial contribution to the feminist perspective on eating issues and she suggests that we need to consider that young women who develop anorexia have developed an obsession with food. Our knowledge of obsessions makes it clear that we usually develop an obsession with something or someone in order to cover up or conceal a far greater and more substantial conflict in our lives.

In this sense the eating issue has actually become the solution to this much greater conflict. Whilst it is certainly not a solution that the young woman would necessarily consider the most appropriate response, it is none the less an attempt to deal with and address this larger and more substantial trauma or conflict.

If we consider eating issues in this way, it is clear that we need to focus on the underlying issue for young women who present with anorexia or bulimia, rather than solely on the eating issue or on forcing the young woman to regain her "normal" body weight or eat her "normal" allocated calorie intake.

Listening to Young Women

The importance of listening to young women as they talk about their lives, their difficulties with food, and their sense of themselves, cannot be stressed enough. Through listening we hear that each young woman has her own story to tell, and also there are some important commonalities. In my experience there are three consistent themes.

Firstly, there is a fundamental and deep-seated loss of self esteem for these young women. I believe it is rare to find a group of people who feel so consistently and fundamentally negative about themselves. It is almost as if there is a total absence of any positive sense of themselves, that they are so worthless and undeserving, that they have no right to exist.

I regularly ask young women to tell me one nice thing they do for themselves and I cannot recall one young woman who has been able to respond. The closest we came was one day a young woman told me that she had in fact thought of something, she was a good cook. This young woman was 37 kilos and had an average daily intake of 500 - 600 calories. Her story dramatically demonstrated for me the capacity that these young women have to nurture others but not themselves. The nurturing role that women play in this society, frequently at the expense of their own well being and happiness, is encouraged in these young women from an early age.

The second strong theme to come out of young women's stories is the loss of power and control they experience over their lives. In many ways this seems to be one of the most central issue for young women with eating issues. It seems that young women generally feel that their lives are out of their control, others seem to have more power to decide their fate than they do.

Out of this extreme sense of powerlessness develops a solution that allows them to take control over one aspect of their lives - their eating. The majority of young women that I have worked with would readily admit that their eating issue serves this purpose for them - they feel powerful and in control. No matter how much other people insist or plead with them, they are in ultimate control of their eating.

There are two points of great importance here. Firstly, the tragedy of common forms of treatment in the dominant medical model is that they are actually designed to remove all aspects of control from a young woman's life. Young women may be fed intravenously if their weight is life-threateningly low. At the very least they will be on constant observations removing all sense of privacy and control. The effect of this treatment for some young women is often devastating.

The second point in relation to this issue of power and control is that again it is a constant feature of our gendered society. Women's powerlessness in this society, at the expense of men's continuing power, is a common theme and the prevalence of eating issues seems to be yet another expression of this.

The other theme that seems to run through many young women's stories relates to the contradictions and conflicts that exist in these young women's lives. For example, often young women will express, with equal passion, the desire to get well and the need to stay anorexic. However, the central contradiction seems to be about the young woman's need to remain dependent and her quest for independence. Given that this issue seems to be a central one for most adolescents it is no wonder that eating issues surface so strongly at this time in a young woman's life.

Again, this is very clearly related to the position of women in society generally. Options for independence seem to have increased for many young women; however, there remains a strong and pervasive messages that encourages young women to believe that their rightful place is in the home as mother and wife, and dependent. As women's position in society changes this conflict escalates in the lives of many young women.

Given these themes, it seems clear that in order for young women with eating issues to make important changes in their lives, it is imperative that we listen to their stories and that we look for the underlying messages that take us to the those issues that may have given rise to this situation. It is these issues that we must respond to both as individual workers and on a broader social scale.

Conclusion

Addressing the existence of eating issues for young women demands a gender perspective. The medical profession has denied the complexities of this condition and in the process has denied young women the opportunities to express the true nature of this situation for them.

In a similar sense, dominant ideas in society denied the complexities and political connections for women in domestic violence situations by urging women to simply leave their abusive partner. Now dominant ideas in this society, as expressed through people in positions of power in the medical system, urge young women to simply start eating again. Not only do these comments deny the complexities of being a young women in this society, they are also an insult to the intelligence, insight and strength of these young women.

These young women are not incapable of making their own decisions or of finding their own solutions. These young women do not need people telling them what to do. In my experience these young women need people to listen, to support and assist as they attempt to regain a sense of

control in their lives and to find some sense of inner peace. Hospitalisation and forced feeding will not lead to this.

It is only through acknowledging the gendered nature of this issue and by recognising the ways in which the social system acts to undermine these young women and their developing sense of themselves, that we will collectively be able to bring an end to the conflict these young women experience.

Jenny Gilmore teaches in the Department of Social Work and Social Policy at The University of Queensland. She is also involved with Zig Zag Young Women's Resource Centre and works there each week with young women who have eating issues.

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