

# Self Help

## Maintaining the Status Quo

by Fatima Correia and  
Niva Piran

*Les auteures expliquent que l'alimentation, l'exercice et la façon dont nous percevons nos corps sont des*

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*constructions socio-culturelles qui obstruent les choix personnels. À partir de leurs expériences, les auteures démontrent comment les programmes d'amaigrissement et l'obsession de la minceur contribuent à un grand nombre de problèmes physiques et émotionnels chez les femmes.*

### The first story

My friend and I walk into the World's Biggest Book Store in downtown Toronto, browsing for some Christmas gifts. We take the escalator upstairs and stroll down the aisles, where the nutrition section catches our eyes. Taking a closer look, I am amazed by the number of weight loss books. These titles catch my eye: *Eat More, Weigh Less; How to Become Naturally Thin by Eating More; Free of Dieting Forever; The New Fit or Fat Woman; The Set Point Diet: the Food and Exercise Connection for Lasting Weight Control; Weight Loss: What Really Works; and The Anti-Cellulite Diet: The Low Fat Way to Lose Pounds, Inches and Ugly Bulges in 28 Days*. Of course, there also are various books on how to measure or count calories, carbohydrates, cholesterol, and even books to calculate fat percentage. I am dismayed.

What all these books promise is

weight loss. Whether it is through changing what, how, when, and why one eats and exercises, what is evident is that North American women continue to be obsessed with losing weight, staying thin and, more recently, getting fit. A shift, though, in

weight loss approaches is the focus on "anti-dieting" diets. Unlike the previous calorie-reducing diets, "anti-dieting" diets emphasize "healthy eating" to lose weight. It

seems that calorie-restricting diets are losing credibility. Mounting empirical evidence (Bennett and Gurin, Polivy and Herman) as well as dieters' own experiences of food deprivation and subsequent weight gain suggests that most diets are ineffective in long-term weight loss. Ironically, the consumer is now being told that she needs to learn how *not* to diet in order to lose weight (Spitzack).

As this stroll in the bookstore illustrates, the powerful myth that one's body weight can be controlled is not yet completely debunked. Despite the experience of repeated dieting failures, the pursuit of a thin body shape continues to be immensely authoritative to women in rich, industrialized countries. Clearly, one reason is the culturally encapsulated prejudicial attitudes and behaviours shown toward fat people. Another reason Szekely argues is the appeal of the individualistic ideology that through hard work and determination, "you can change your life." Through achieving a thin body, women hope to surpass the oppressive and abusive conditions of their lives. This lure may be particularly attractive to women with a history of trauma and/or marginalization due to race, ethnicity, class, sexual preference, (dis)ability, age or religion. As

the number and type of weight loss books indicates, capitalizing on women's hopes, fears, and insecurities continues to be lucrative and profitable.

### The second story

I am out of town visiting my friend who tells me that under the influence of her roommate, she has started to eat largely low fat foods. I am curious and ask her questions. She informs me that she has cut out most dairy (except low fat products), eggs, and peanut butter (a former staple). I know she hates to cook, and ask her what she eats. Well, she tries to eat as much fibre as possible, and relies on her daily bran cereal as well as fruit and vegetables, grains, chicken, and the occasional can of tuna. I ask her what she snacks on, and she responds crackers and fruit when she is home. She says that it took a while to get used to, but now her stomach gets upset when she eats something rich as she sometimes does when she goes out to dinner. I ask her what that's like, and she says that she can often find a good salad on the menu. However, she reassures me more than once that she is not fanatical, she will allow herself to "cheat." However, she's never been thinner, she feels good about her body, and she believes that she is eating healthy.

As she tells me this her animation and confidence are catchy. She fills me in on a friend who came to visit, and quickly got bored and frustrated with her kitchen fare, "You don't even eat peanut butter!" I wonder if we'll be eating out a lot. I am thankful I have some leftover candy from my train trip in my knapsack. Emergency rations, I think. I tell her, that since I don't eat meat or fish, I want to buy some cheese to go with the rice crackers in case I get hungry. She is very accommodating and quickly picks up on my worry. She promises me that one night, we'll be going to a

dinner party of a woman who is a great cook and that another night she'll take me out for dinner. I also offer to cook a meal on Sunday, rice and beans.

When I leave I am no thinner, but know the formula for calculating the percentage of fat in a product. I think that I've been a bad influence, but not too bad, in straying her from the low fat road. I've also noticed that she is smoking more, which she attributes

how these weight control practices may ultimately damage a woman's body and self-image reflects the contradictory and painful nature of lived oppression.

### The third story

When my *MS.* magazine arrives in the mail, I am delighted. This month's issue has a supplement on breast cancer. I am drawn to the article titled, "Breast Cancer Prevention: Diet Versus Drugs." The author, Susan Rennie, argues that cancer research is effectively controlled by the interests of cancer

agencies who collude with pharmaceutical companies in assuming that medical intervention and technology are the key to cancer prevention. She provides compelling evidence that since fat consumption is linked to breast cancer, it is more effective to restrict our fat content to 20 per cent of our caloric intake. Yet, dietary change is not promoted as a method of breast cancer prevention, because it is not profitable enough for the powerful pharmaceutical companies. Instead, research funding is funneled into drug therapy. Furthermore, the argument presented by those who support hormonal manipulation is that women cannot be trusted to reduce their fat intake which assumes women are weak-willed and gluttonous. With respect to breast cancer prevention, Rennie implies that it is an act of political resistance to change what one eats, instead of relying on expensive drugs with their potential toxic side effects.

The next article, "The Diet that May Save Your Life" by the National Women's Health Network, warns that dietary fat has been linked to cardiovascular disease, obesity, gall bladder disease, and a variety of cancers including breast cancer. Sample menus of 2200 or 1900 calories are given in which only nine to 19 per

cent of calories are derived from fat.

As I read the articles, I begin to grow more concerned. I get a sinking feeling in my stomach when I look at the sample menus. I realize that there is no way my current food intake even remotely approaches this new low fat standard. Will I be at risk for developing breast cancer? As in the case with lung cancer and tobacco smoking, it is statistically difficult to prove a causal relationship between high fat diets and cancer. Hence, at the end of her article, Susan Rennie states that while there is no "absolute and definitive evidence on dietary fat and breast cancer," eating less fat is beneficial in protecting against heart disease and colon cancer. As well, she states that it is "easy and satisfying" to genuinely eat a low-fat (20 per cent) diet and concludes with the remark "After all, we have nothing to lose but a few pounds." That final statement infuriates me. I am appalled at the levity of this remark, since she colludes with the current fat-hating cultural climate in which many girls and women struggle daily, and often, without success to lose those "few pounds," if not more.

My worry and fury do not sit well. I become immediately insecure about my eating habits. Of course I can eat better. As a vegetarian, I rely on a variety of dairy foods, as well as plenty of nuts and seeds (all high fat culprits) for my protein requirements. And, I have a fondness for sweets and will splurge on dessert. I put the magazine aside. The sick feeling in my stomach worsens as fear sets in. Are my eating habits dangerous? Will I be a candidate for breast cancer if I continue eating the way I do?

I spend the next few weeks talking to everyone I know about the article. I want to find out, am I the only one worried and scared? Are others also reducing their fat content? Watching what they eat and feeling guilty about consuming those high fat foods? I get different responses but no one seems to be drastically changing their eating habits in order to feel less vulnerable to cancer.

What is problematic about

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to the stress of a relationship conflict.

How enticing would low fat diets be if weight loss were not an outcome? It was disturbing for me to observe how practices of weight management, particularly the vigilance and restraint in "watching what one eats," was played out in a friend's life. My friend follows a rigorous low fat diet but smokes. Therefore, how much is her motivation to follow a restrictive diet rooted in health, appearance, and/or feeling in control? One cannot ignore how the culturally sanctioned stigma against fat may bear a large role in determining girls' and women's decisions about eating, exercising, purging, smoking, and drug use.

In this particular story, my friend, like many other women, struggles to achieve the thin body ideal that promises love, success, happiness, and fun (i.e. self-transformation). The body becomes the site of struggle in which experiences of invalidation, minimization, violation, silencing, deprivation, and neglect become projected or displaced. Rather than giving voice to these experiences of subordination, it is easier to talk about weight and the importance of losing it. Food and weight preoccupation become the ways women voice dilemmas not otherwise allowed; our bodies become our mouthpiece. Furthermore,

Rennie's perspective is that it further reinforces the societal demand for women to watch, monitor, regulate, and control their appetites. How does such a view play into relatively affluent western women's ubiquitous insecurity and disparagement about what we eat and look like? Why does Rennie only present these two options, drugs or diet, for fighting breast cancer? Rennie clearly articulates the dangerous side effects of drug therapies. However, she ignores evidence indicating that weight loss is linked with a variety of both physical and psychological symptoms such as food preoccupation, anxiety, depression, irritability, compliance, and lethargy (Keys *et al.*, Garner *et al.*). Furthermore, it is well documented that restricted eating is a risk factor for the development of eating disorders (see Attie and Brooks-Gunn, Garner *et al.*, Polivy and Herman, Rodin, Silberstein and Striegel-Moore).

Rennie mentions that environmental pollutants (such as pesticides and industrial chemicals) also play a role in the incidence of breast cancer. Few of us can avoid the residues from these pesticides and other organochlorines which are especially high in animal fat and milk fat (Clorfene-Casten). But, by giving us prescriptive advice to eat less fat with the underlying threat that otherwise we are at risk for breast cancer, Rennie buys into blame-the-victim strategies. What we eat becomes the problem, once again. It is far more radical and effective to actively resist the production and consumption of environmental pollutants, than it is to limit what we eat. Of course, such a project requires organizing at the grassroots, community and government level, and changing the economic structures that exploit our environment and profit from women's starvation.

#### The fourth story

I entered the room where the body image workshop was taking place. Women were sitting all around wait-

ing to make peace with their bodies. In one corner I saw a woman, she seemed to be hiding in the corner both supported by and disappearing into the two walls. I sensed struggle. She was practicing deep breathing and at the same time seemed vigilant and vulnerable to what was around her. She was a full figured woman and at the same time looked small and uncomfortable. I was surprised to discover that she was the workshop leader.

She started the workshop by generously sharing her story of forced diets. She realized that these physical practices may have permanently changed her bodily characteristics, such as weight. A major goal for her was to reinhabit her body with love and compassion; she wanted to share her method for doing that with us. A disturbing experience of oppression was settling in me; something important was being left out, silenced. Was I feeling her anger and protest for the abuse of a healthy girl's body and its loss, forever? She continued with her deep breathing, making peace with her body, maintaining the inner location of the battleground between herself and her body. I sensed her hard, ongoing work. Could there be internal peace without relocating the battleground where it belonged in the first place: with her father? medi-

hard to reconnect positively with our bodies, each participant dealing individually with her own body-self tension. I felt the work was decontextualized. First, in the here and now, we were all relying on shifts in our own internal processes, excluding the contextual power of the group with its alternative norms, consciousness, and understanding. Second, the struggle remained internal and was neither understood nor felt as the individual's struggle with destructive aspects of the social environment. I remembered my own and other women's experience where healing bodily experiences went hand in hand with a transformed understanding. I could not erase a nagging thought: were we trying to silence the external struggle by healing our body in an internal isolated way?

Reflecting about these experiences, we keep thinking about ways in which self-help guides in the area of body image, nutrition, and health for women collude with patriarchal social conditions. Especially discouraging is when these self-help resources identify as feminist or are otherwise framed in the name of resistance. In the story above, I felt that the exclusive focus on changing women's experiences within their body may invalidate women's experiences about the important process of externaliz-

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cine? patriarchy? She mentioned none of these struggles; silence dominated that front.

I was still interested in learning her method. It involved different visualization exercises, generating positive images of one's body, and connecting with parts of the body where disturbing experiences resided. We all worked

ing the struggle and of acting to make changes in their environment. Such a focus on the individual changing herself, *on what is wrong with her*, may in the end lead to isolation and self-blame, particularly if she continues to struggle with her body weight. Furthermore, this depoliticization of women's weight struggles in particu-

lar, and women's health in general, redirects women's energies away from the actual sources of their domination.

Why did this experience feel like a collusion with cultural prejudices which it wished to defy? While the workshop intention was to assist in healing a woman's body-self relationship, it was unable *in practice* to work beyond the traditional societal limitations which define this relationship. Irrespective of the original feminist ideology, its translation into *practice* may have compromised feminist goals. Bordo emphasizes the importance of the ongoing examination of female praxis from the perspective of feminist politics. The experience of collusion could have derived from not locating the work within a political struggle over women's bodies. Without this important contextualization, self-help guides emphasize changing the individual and not the society which produces the malaise. In addition, not providing an alternative experiential frame within the workshop, such as a sense of collective understanding and united power, seemed to transform the workshop tasks into oppressive regimens of isolated individuals.

### Conclusion

While not intending to suggest that all self-help resources in the area of body image, weight preoccupation nor eating disorders are useless, it is important to have reservations and concerns about what purpose or goals they may serve. Clearly, such a mixed assortment of self-help guides differ widely in their effectiveness or ineffectiveness. However, when weight loss or weight control is advocated, how food vigilance practices may contribute to physical and emotional problems is not negligible. Yet, it is extraordinarily difficult to disentangle what may be justified versus unjustified health concerns about the effects of, for example, high fat diets. Within the medical establishment, for example, fat-hating and fat-fearing attitudes

and behaviours are so rampant that the ill effects of restricted dieting are largely ignored. Furthermore, women are a vulnerable target for personal change since they are defined as defective and deficient not only in medicine, but by other institutions of social control such as media and schools. Within these institutions, women marginalized by their race, ethnicity, class, poverty, disability, and sexual identity are particularly targeted.

Although aspirations for health are not to be minimized, it is important to critically examine any self-help resources and how they might collude, placate or resist dominant practices of social control. Within weight loss discourse, the control of women's bodies, appetites, and even passions is played out with sometimes frightening consequences. For example, in one study of 494 San Francisco schoolgirls, mainly middle class, 81 per cent of 10 year olds were dieters (Mellin). When the struggle to overcome "deficiencies" occurs at such an early age, it actually obstructs girls from reaching the idealized socially constructed beauty image, and furthermore may have severe health risks.

In paying attention to what girls are voicing through their weight surveillance efforts, resistance should be framed through an awareness of how the ways in which we eat, exercise, and feel about our bodies is socially constructed and not simply a matter of personal choice. Collective action to change systems of domination, be they internalized or externalized, constitutes another component of resistance. That such projects of resistance are so difficult to carry out reflects the complex and contradictory nature of women's experiences of body anxiety. In such a climate of weight insecurity, women may turn to prescriptive self-help guides which promise solutions that individualize, decontextualize, and depoliticize weight control practices. Hence, self-help resources may end up unwittingly maintaining, if not reproducing, the status quo.

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