

FAT TALK AND RELATED CONVERSATION:
WHAT WOMEN HAVE IN MIND WHEN THEY ENGAGE
IN FOOD AND BODY DISCOURSE

By

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by

Karin M. Kratina

This dissertation is dedicated to the three I lost during my studies, all passed after extended illnesses: my mother, Sandra H. Kratina, Ph.D.; my love, Carl B. Davis, Esq.; and my beloved companion, Wylie, a miniature long-haired dachshund. I miss them terribly.

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By

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Many women in the United States monitor their food intake and body size closely. These behaviors are typically considered common sense approaches to enhancing health and appearance, and are accepted as natural and culturally correct behavior. To better understand this behavior, this research was designed to reconstruct the conceptual metaphors that women use to discuss food and body and examine tacit, largely unexamined cultural values. Cultural models, which direct, rationalize and disguise behavior while remaining implicit, unacknowledged and very often denied, were constructed based on discourse analysis.

Ten Caucasian women, aged 30 to 50 years, who did not have eating disorders were interviewed extensively regarding their relationship with food and body. The transcripts were analyzed for use of metaphor and reasoning. The discourse of those with low intent to lose weight was compared to those with high intent to lose weight though no significant differences between these groups were found. However, four patterns emerged

that differentiated the women. These patterns allowed the development of a core cultural model with three variations. The four patterns consisted of women who 1) were not closely monitoring their food intake and body weight and, for the most part, let the body manage it; and those who actively monitored and controlled the impact of their food intake on 2) the way their body functioned; 3) their weight; and 4) the way their body functioned and their weight. The women with Pattern 1 liked their bodies regardless of whether they conformed to societal standards for eating or body weight. All women in Patterns 2, 3, and 4 conceptualized the body as a battleground and were involved in a constant battle to get their food intake right (as judged by bodily function and/or weight), a process that was cast as moral in their discourse. A critical difference was that women with Pattern 1 went through a transition in their lives in which they vehemently rejected societal standards for women regarding food, eating and body weight, resulting in a less conflicted relationship with food and body.

CHAPTER 1 PROJECT OVERVIEW

Statement of Problem

For several decades, the North American ethos has been that most of us are too fat. Experts inform the public that excessive fatness is unhealthy. However, women get additional much stronger messages than men do: that is only thinness, increasingly lean, muscular, and surgically enhanced, is attractive and desirable. This belief is so pervasive in Western societies that it often goes unchallenged, despite the fact that it has not always been, nor is it everywhere the case (Brown and Jasper, 1993a; Counihan, 1999; Schwartz, 1986; Wolf, 1991). Widespread preoccupation with body shape and weight, dieting, and exercise has escalated to such a degree that it is an accepted, encouraged, and rewarded aspect of social life. In North America it has launched a multibillion-dollar industry with a vested interest in and actively promoting this lean, muscular ideal. In fact, 80% of fourth-grade girls in one large study said they were on diets (Bordo, 1990); and dissatisfaction with weight and size is normative for women in the United States (Thornberry et al., 1986). The *New York Times* quoted Dr. Kelly Brownell: “It’s very hard to find a woman who really likes her body. . . . There is always something wrong” (Duenwald, 2003:8). Many women respond to this sense of dissatisfaction by monitoring and/or altering their food intake and body size. On the surface, these attempts appear to be about improving health and appearance, and are generally accepted as positive moves to self-enhancement. It is also common for women to *talk* about it, and activity that has

been suggested to have beneficial outcomes, such as increasing community solidarity among girls (Nichter, 2000).

Nichter began her research in part because was dissatisfied with standard survey's that reported dieting as endemic among girls. She believed that the surveys "fail to capture adequately the complexity of their behaviors" (Nichter, 2000:3). She also had unanswered questions. For instance, what does dieting mean? She also questioned, "If 'everyone' is dieting, why do studies continually report that American youth are becoming increasingly overweight?" (p. 4). Though Nichter did not review the literature which suggests that dieting does not work, and can cause weight gain in adolescents (Field et al., 2003), she did attempt to fill the void in research on body image and dieting by focusing on what teens have to say about being on a diet. She studied "what constitutes 'normal' behavior among teen-aged girls and examined the extent to which body image and dieting play a role in female gender socialization" (p. 4) by focusing on "the difference between what they *say* they do and what they *actually* do" (p. 4). She examined the "I'm so fat" discourse, which she labeled "fat talk," to find the cultural meanings of this "pervasive speech performance" (p. 4) and how it facilitates social relations.

Nichter found that most of the white girls in her study disliked their bodies. But, she explained, these girls were not really dieting. What they were doing was dieting from breakfast to lunch and then falling off the diet; or "watching their weight" and, *talking* about it. She concluded that this talk was a social ritual among friends: a way of being, and of creating solidarity.

During this project, it became increasingly apparent to Nichter that women were also doing and saying similar things. She reflected about her own childhood with her mother who was “always on a diet” (p. 122) and when she was not dieting, “was actively searching for dieting tips” (p. 122). Many years later, on her mother’s seventieth birthday, her mother refused to eat a piece of her birthday cake because she was dieting. She finally “relented” after much persuasion by Nichter and Nichter’s sister and ate “a sliver” (Nichter, 2000:ix). These realizations prompted Nichter to look more closely at how knowledge about appropriate body shape and dieting is transmitted from mother to daughter; and she reinforced her research with antidotal stories about herself and other adult women throughout her book. For instance, although her weight has always been less than average for her height, she always wanted to be five to ten pounds thinner:

This troubled me. Despite all I had read on the tyranny of slenderness, the extensive interviews I had conducted with girls and women about body image, as well as my awareness of the pain caused by body dissatisfaction, why was I unable to shirk the idea that being thin would somehow render me more attractive and more in control of my life? If I couldn't let go of this embodied sense of beauty after so much reflection, who could? I pondered the extent to which these concerns affected my everyday life. Although I did not diet with any frequency or regularity, I often watched what I ate. Looking back on my life, it was clear that my sense of appropriate body weight was internalized at an early age. What was more, this sense was tenaciously clinging to me even as I grew older. (Nichter, 2000:x)

In another account, she discussed at the age of 15 having “tamed [her] previously ravenous appetite by taking amphetamines” (p. 123) and then feeling depressed watching the weight creep back up. “Though nothing was said to me overtly about my need to diet, I had received a message about women, weight and their relationship to food that was to stay with me for many years to come” (p. 123).

What is it that Nichter, the women she mentioned, and the girls in her study knew in order to be able to engage in this “pervasive speech performance” (p. 4)? Why does this talk function to create solidarity?

No in-depth analysis of the language women or girls use to discuss food and body has previously been performed. Most scholars who have examined women’s and girls’ relationship with food and body view it as normative; or pathologize it as an eating disorder if it is extreme. An increasing number of scholars have looked at the broader cultural context of women’s continual dissatisfaction with food and body, positing that focusing this dissatisfaction on the food and body is a coping strategy to deal with a disordered society. To date, no scholar had completed a semantic analysis of the language women use to discuss food and body. The main purpose of my dissertation was, therefore, to analyze the discourse women use to discuss food and body; and to understand the cultural model they use to discuss it. The goal of my study is to better understand women’s relationship with food and body through a clearer understanding of the motivations behind the production of the language they use.

Research Agenda

The primary aim of my study is to understand what women have in mind when they engage in food and body discourse by reconstructing the conceptual metaphors they use to discuss food and body. Analyzing conceptual metaphors allows for discovery of the concepts that govern linguistic metaphor production, which ultimately yield insights about the motivation for such production (Johnson, 1987; Lakoff, 1987; Lakoff and Johnson, 1980; Lakoff and Turner, 1989). Using conceptual metaphor analysis of the linguistic metaphors that women use to talk about food and body, my study was able to

uncover the conceptual metaphors that women use to discuss food and body (Chapter 3 explains conceptual metaphor analysis).

A secondary aim of my study was to construct the cultural model women use to discuss food and body. In order to do so, I needed to examine the reasoning the women did about their relationship with food and body. It was subjects reasoning that exposed their cultural model, which makes sense, because “it is this schema that structures this reasoning” (Naomi Quinn, unpublished manuscript, *How to Reconstruct Schemas People Share, From What They Say* (p. 36). Prepared for *How to Find Culture in Discourse*, edited by N. Quinn. Hereafter referred to as “Quinn, unpublished”.) According to Quinn, “metaphors are windows into shared knowledge of cultural exemplars” and “reasoning is an especially good analytic window into the shared structure of cultural schema being used to do it” (p. 37).

The internalization of cultural understanding is referred to as a cultural model (D'Andrade, 1995; Holland and Quinn, 1987; Linde, 1987). Cultural models have been defined as socially constructed (learned and internalized) cognitive schemas of feelings and thoughts that facilitate the interpretation of ongoing experiences and the reconstruction of memory (Strauss, 1992). These models are widely shared among specific social and cultural groups. They depict prototypical events in a simplified word, which we take to be normal events (D'Andrade, 1995). Because of this, cultural models are highly motivating. They function to label and describe the world, elicit desires and set forth conscious and unconscious goals and (Strauss, 1992). For example, a woman who says, “I feel fat,” and a professional who says, “You would be healthier if you lost 10 pounds,” are widely assumed to be participating in some "neutral" or objective exercise,

as though they are stating facts. However, these seemingly benign events are highly ideologized; and involve the construction and reproduction of a particular social identity, as well as the values and interests of certain groups of people.

My study focuses on 10 Caucasian women, aged 30 to 50 years, who do not have eating disorders. These are women who are old enough to have begun to separate from the peer pressure of high school and college and to have had the opportunity to begin to make more informed decisions about eating, food, and their bodies. However, they continue to be a target population that is urged by health professionals, the weight loss industry, the media, family and friends to monitor their food and body. This continual need to monitor food and body must be understood as historically constituted, as ideologically driven, and as a culturally reproduced event. This behavior is justified as common sense, “beliefs that are, within a given culture, so obviously true that it is difficult to see them as beliefs at all” (Linde, 1993:192). She states that common sense:

. . . claims to be universal, to be that which any reasonable person would believe or feel or do in a given circumstance. While it attempts to pass itself off as merely describing the way things are, the notion of common sense also represents a normative attempt to suggest the way things ought to be. Common sense is talked about as if it were natural, as if it were something that could not be any other way. When we look closer, however, we see that any common sense state of affairs is an organization that represents a social achievement. . . . Common sense is . . . an issue of morality disguised as an issue of universal factuality. Recent investigations of this dual nature of common sense have attempted to show in a variety of domains such as sexual behavior, food choices, and the understanding of disease that what appears to be nature is, in fact, culture disguised. The act of disguise is a deliberate or near deliberate attempt by those in power to use the discourse of normalization to make the achieved order of the world appear to be a fact of nature, because then their dominant position in this order is also a fact of nature, and hence cannot be changed. (Linde, 1993:194-195)

Monitoring food and body is frequently viewed as common sense behavior. It is accepted as natural and appropriate. This is due less to any real need to lose weight and due more to the nature of its socially constructed ideological disguise produced by those

in power as the way food intake and body weight "ought to be." The source of that construction is those who largely control society (Bialostok, 1999).

Theoretical Framework

My study's cognitive semantics research is framed within the tenets of conceptual metaphor analyses performed by such scholars as George Lakoff, Mark Johnson, and Mark Turner. The use of these conceptual metaphors to produce a cultural model is framed by the work of these same scholars; and that of Roy D'Andrade, Naomi Quinn, and Steven Bialostok. Since the late 1970s, many scholars from a variety of fields (such as anthropology, linguistics, psychology, and philosophy) have examined and reconstructed conceptual metaphors from linguistic metaphors to discover the concepts that govern thinking.

Why Metaphor?

Most people consider metaphor an ornamental device used in the service of poetic imagination and rhetorical flourish, and not a matter of ordinary, everyday language. On the contrary, Lakoff and Johnson found that the "metaphor is pervasive in everyday life, not just in language, but in thought and action. Our ordinary conceptual system, in terms of which we both think and act, is fundamentally metaphorical in nature" (Lakoff and Johnson, 1980:3).

The concepts that govern our thought are not just matters of the intellect. They also govern our everyday functioning, down to the most mundane details. Our concepts structure what we perceive, how we get around in the world, and how we relate to other people. Our conceptual system thus plays a central role in defining our everyday realities. If we are right in suggesting that our conceptual system is largely metaphorical, then the way we think, what we experience, and what we do every day is very much a matter of metaphor. (Lakoff and Johnson, 1980:3-4)

What Is Metaphor?

“Metaphor is the cognitive mechanism whereby one experiential domain is partially ‘mapped,’ i.e. projected, onto a different experiential domain, so that the second domain is partially understood in terms of the first one” (Barcelona, 2000:3). In metaphoric language, a topic is transformed by viewing it in terms of something quite different. Metaphor is more than just linguistic in nature, Lakoff and Johnson (1980) proposed metaphor as being intrinsic to thought and action. Metaphor making is “the imaginative act of comparing dissimilar things on the basis of some underlying principle that unites themes, one of the ways we construct a new reality” (Siegelman, 1990:ix). These connections or metaphors are irreplaceable; they allow us to understand ourselves and our world in ways that no other thought processes can (Lakoff and Turner, 1989). Metaphors are not a product of extraordinary language or extraordinary creativity; they are present in everyday life and govern our daily functioning. Notably, cultural values are reflected metaphorically in everyday expressions (Quinn, unpublished).

Conceptual Metaphor

Lakoff and Turner (1989:50) contend that to be able to discuss metaphor, one must first make a distinction “between basic conceptual metaphors, which are cognitive in nature, and particular linguistic expressions of these conceptual metaphors.” Lakoff and Johnson (1980) said “it should be understood that metaphor means metaphorical concept” (p. 6). To cognitive semanticists metaphor is a mapping that happens between conceptual domains, not between linguistic entities. The conceptual metaphor ARGUMENT IS WAR is a good example (Lakoff and Johnson, 1980:4). (Conceptual metaphors are written in capital letters with the linguistic metaphors from which it has been

reconstructed below it preceded by hyphens.) According to Lakoff and Johnson (1980:4), ARGUMENT IS WAR is reflected in our language through expressions such as:

- His criticisms were right on target.
- He shot down all my arguments.
- Your claim is indefensible.
- He attacked every weak point in my argument.
- You disagree? Okay, shoot!
- If you use that strategy, he'll wipe you out.

These authors state that in a culture where arguments are not viewed in terms of war (where no one loses or wins, where there is no need to defend or attack) people would experience and talk about discourse in terms of war; but may instead use metaphoric constructs to describe arguments, for instance, in terms of a dance.

Conceptual metaphors have an internal structure due to the connection between the conceptual metaphor's source and target domains. The source domain (WAR, in the above example) is said to provide slots, relations, properties, and knowledge, which get mapped onto the target domain (ARGUMENT). Conceptual metaphors are understood in terms of common experiences; and their "operation in cognition is mostly automatic" and unconscious (Lakoff and Turner, 1989:51). They are by nature difficult to comprehend; and are said to govern the way we think and structure reality. The very existence and availability of conventional conceptual metaphors makes them powerful as conceptual and expressive tools. Because they can be used so automatically and effortlessly, we find it hard to question them, if we can even notice them. We cannot observe them directly; they are inferred from their effects. Of course, "We can consciously consider and try to get at what our unconscious models might be, as we have done throughout this book in the case of metaphorical mappings" (Lakoff and Turner, 1989:66). Because the metaphorical work is being done at the conceptual level, the only way to decipher

metaphors is to examine linguistic metaphors. Since conceptual metaphor scholars have placed metaphor in the realm of cognition, the traditional definition of metaphor (that it is a linguistic phenomenon) is no longer valid.

Linguistic metaphors, which are a vital component of language, are clues by which to reconstruct the connections that exist between the source and target domains of a cognitive metaphor. The methods for extracting and grouping linguistic metaphors to reflect the conceptual metaphors which produced them is presented in Chapter 2. A proven way to discover conceptual metaphors is to analyze the linguistic metaphors which are manifestations of conceptual schemes (Lakoff, 1987). (For a more comprehensive look at figurative language, including dead metaphors, see Chapter 3). These conceptual metaphors are used to build cultural models.

Cultural Models

Recent work in cognitive anthropology has led to a growing recognition of the role of cultural models, cognitive schemata that are shared by a cultural group (D'Andrade, 1992b). It has been argued by cognitive anthropologists and other cognitive scientists that much of our everyday social life is mediated by these cultural models. They are said to organize experience, create expectations, and motivate behavior; as well as provide a framework for people to remember, describe and reconstruct events (D'Andrade, 1992a; D'Andrade, 1992b; Holland and Quinn, 1987). Essentially, cultural models help us "naturalize" our social world. They can be invoked to rationalize and sometimes disguise behavior for other people and for ourselves (Hutchins, 1987; Linde, 1987; Price, 1987; Quinn and Holland, 1987). It is important to note, however, that we cannot always assume that cultural models translate simply and directly into behavior. Nor can we assume that cultural conceptualizations of the world are the sole determinants of

behavior. Even so, Quinn and Holland (1987) said that cultural models, which are inferred from what people say, relate to behavior in complex and powerful ways.

Because cultural models seem so natural and matter-of-fact, they hardly seem worthy of examination (Holland and Quinn, 1987). Normative behavior for women in relationship to food and body is often not examined unless it develops into its most extreme form, an eating disorder (Bloom et al., 1994; Brown and Jasper, 1993b; Gordon, 2000). Nichter, (2000) however, did investigate the talk of teenage girls about dieting and body. She found that it functioned to create solidarity and a sense of being; a form of social ritual. However, the cultural model the girls used to produce this discourse was not examined. Counihan (1999) also studied normative food and body experiences of college co-eds and of girls and boys who are in kindergarten. However, the bulk of attention regarding women's and girls' relationships with food and body has been given to identifying and describing the extreme response to these cultural mandates, those with eating disorders who are living at the "margins."

An understanding of the precise nature of the cultural model of women's discussions of food and body has never been systematically examined. While my study sought "a" cultural model, multiple models of social experiences are clearly possible, and many competing and contradictory values can coexist in the same cultural systems (Bialostok, 1999). Cultural models are:

compelling in a way that does not depend on what the experts say and often seems highly resistant to revision in the face of apparent contradiction. Largely tacit and unexamined, the models embed a view of "what is" and "what it means" that seems wholly natural - a matter of course. Alternative views are not even recognized, let alone considered. But more than naturalness, these cultural models grant a seeming necessity to how we ourselves live our lives. (Quinn, 1987:11)

The increasingly restrictive body weight and appearance standards women are expected to meet continues unchecked. Further, it is framed by those promoting and by those who engage in it as a positive, health and life-enhancing activity even as it has negative outcomes. Keys (1950) showed in his classic starvation experiment that men experienced extreme difficulty when restricting food intake to approximately 1600 calories a day. The physical, mental, and emotional consequences were so severe that some dropped out of the experiment and others escaped the experiment environment to seek food. The behaviors required of women to meet cultural standards of body size are similar to those the men went through in the Keys experiment. In fact, the men lost 24% of their body weight. Cultural standards for women today are 23% below the average weight for women. Most women “wear blinders” (Bloom et al., 1994) to the difficulties and pain of dieting and being chronically hungry. Ironically, cross-culturally, hunger is one of the most universally feared experiences, (Wolf, 1991) an experience that, to meet today’s weight standards for women, is a virtual requirement. Those who reject cultural mandates to alter body size often refuse to restrict food intake on the grounds that chronic hunger is too physically and emotionally painful. (Bloom et al., 1994).

Why do women continue to focus on food and body? Why do they continue to try to reduce their body size even when it is for the most part painful, time-consuming, difficult, and does not work? What is happening for women that they continue to accept society’s dictates that they are too fat?

To begin to answer these questions, my study was framed to compare cultural models of women with high intention to lose weight and women with low intention to lose weight. It is typically assumed that those who monitor their body and try to lose

weight are making an effort to improve themselves; to take care of themselves, not let themselves go, etc. Abandoning the effort to lose weight has been associated with feeling defeated, depressed, and helpless. However, research has found the opposite, women who give up the intent to lose weight have higher measures of psychological health and well-being (Burgard, 1991). Will these women operate with different cultural models? The intent of my study is to compare the cultural models of women who intend to lose with women who do not intend to lose weight in order to shed some light on why women remain so focused on food and body.

Summary

Cultural models, while highly motivating, generally remain implicit, unacknowledged, and very often denied. By questioning the naturalness and helpfulness of women's concerns and talk about food and body, and by moving away from the commonly held assumption that women's desire to monitor their food intake and/or weight is a common-sense approach to health, this study explores the conceptual metaphors of women with high versus low intention to lose weight. Results showed that it was not possible to create a cultural model that would encompass the discourse of all 10 women. I discovered four different patterns of discourse and constructed cultural models for each of these patterns from the conceptual metaphors the women used about food and body during the interviews.

The remainder of the dissertation is arranged as follows: Chapter 2 contains a review of the literature, Chapter 3 reviews methodology used, Chapter 4 presents the findings of conceptual metaphors, Chapters 5 and 6 presents a discussion of the findings, and Chapter 7 presents the cultural models and conclusion.

CHAPTER 2 METHODOLOGY

This chapter includes identification of the participants recruited for the research project, a discussion of the instrumentation applied in data collection, the procedures used in administering the research instruments, and a report on how the data were analyzed.

Research Objectives and Expectations

In my study, I drew on theory and methods from anthropology, psychology, and gender studies to examine the conceptual schema used by these women to discuss food and body, and I build cultural models of that discourse. I interviewed 10 adult Caucasian women who resided in a college community in Southeast United States according to the person-centered interviewing and observations methods set forth by Levy and Holland (1998). The discourse of those who have low intention to lose weight was compared with that of those with high intention to lose weight. Two additional quantitative tests were administered on completion of the interviews, in order to provide information to further describe the sample population.

The research questions were

- What are the conceptual metaphors used by a select group of women when discussing food and body?
- What are the cultural models of food and body from a select group of white women aged 30 to 50 years?
- Are the conceptual metaphors used by this group of women different for those with high intention to lose weight than for those with low intention to lose weight?

Professional Experiences

My professional experience as a registered dietitian (with significant psychotherapeutic training specializing in treating clients with eating concerns and weight issues for the past 18 years) makes me uniquely qualified to pursue this investigation. Early in my career, I began to accept the fact that diets were not working. When clients did manage to lose some weight, it typically did not stay off. I found most were fatter than the day they started their first diet. I began to move away from diet and activity prescriptions and to see clients from a different perspective. In 1990, while working at an in-patient eating disorders facility, I began to take note of the ways patients talk about food during their nutritional assessments. When discussing, for example, eating a sandwich, the patient might protest, “I have to throw it up,” “I have to get rid of it,” “I can’t stand to have it inside me,” “It’s disgusting.” I began to wonder what we were talking about. The primary therapist confirmed my own suspicions of potential sexual abuse time and time again.¹ I began to identify a “parallel process” between a client’s (especially women’s) relationship with food and body and her relationship with herself and the world. In other words, what is going on “in the patient’s plate” (or on her body) is also going on in her life. This finding has been examined by feminist theorists and reported by other clinicians who have worked with women who have eating problems (Bloom et al., 1994; Bordo, 1993; Brown and Jasper, 1993a; Lawrence, 1987) and is further discussed in Chapter 3.

¹ Dietitians who counsel clients with eating disorders are likely to find their clients have experienced sexual abuse. It is important that dietitians be well informed about their roles and responsibilities in responding to and treating survivors of sexual abuse. It would be inappropriate for the dietitian to encourage the client to discuss past abuse. Likewise, the dietitian should never mention to a client with no memory of abuse that difficulty with food may be due to past, as yet undetected, trauma.

This parallel process can easily be demonstrated in the more extreme behaviors of eating disordered clients with whom I have worked. In general, a woman with bulimia will typically either binge on as much food as possible or significantly restrict food intake. The pattern is often repeated in relationships. The bulimic woman may have minimal boundaries in relationship and may alternate between excessive self-disclosure and/or sexual promiscuity and isolation and avoid contact with others. Regarding food, she may say, "I know I shouldn't eat anything today, but I feel like I just can't get enough food." Symbolically, she may be expressing, "I shouldn't need anything, but I just feel so needy. I don't think I could ever get enough love/support/etc." On the other hand, anorexics tend to reject relationships, as if any form of contact would break the boundaries they have worked so hard to build. The anorexic needs her exact space, and loathes moving out of it or letting someone move into it. An eating disordered behavior reflecting that could be that she ensures food does not touch her lips while eating. Discussion of this behavior could expose a metaphorical attempt to limit contact with other things to ensure personal boundaries. The compulsive eater, who compulsively eats without purging, often has minimal verbal boundaries, talking often and as long as one may be listening, freely imposing on others. She has a similar relationship with food.

By way of example, consider a woman suffering from anorexia: it seems that the sense of her own authority "is limited by psychic and social girdles. She feels constrained to act in a very small space, but she has a fury about the cell she has created" (Bloom et al., 1994). This experience of herself in the world is paralleled in her food as can be seen with the anorexic woman who consumes a jar of mustard at dinner every night, as indeed, several of my clients have done. Science would tell us that the woman is consuming a

flavoring agent that is very low in calories thereby avoiding weight gain or enabling weight loss. Additionally, the woman may be deficient in zinc, a side effect of which is dulled taste sensation, with the intensity of mustard necessary to stimulate a taste sensation. Gradually reducing the quantity of mustard so that the client could, over time, see that her weight would not increase, or supplement with zinc to restore taste sensation are obvious treatment agendas. However, looking at this as symbolic communication, we can see a number of interpretations (since this is an individual process, meaning changes with individuals). She may be trying to

- Jazz up her life, spice it up, but is afraid to, so does it through her food
- Numb life's ups and downs. She is killing the taste of the food, simultaneously reducing stimulation while increasing it
- Pack a lot into a little because she does not feel deserving of things in life
- Mimic life, which she sees as tangy and bitter
- Express her quandary in life. She is consuming a small, nonthreatening substance (low calorie, low bulk) mimicking herself, small and apparently nonthreatening. But the substance, consumed in quantity, packs an intense punch of taste, not unlike her own desires. She desperately wants to have a voice, to be noticed, to pack a punch.

Are my interpretations accurate? I have had four of the above interpretations made with and/or confirmed by clients. Often when I provide feedback such as this to clients, they see the connections right away. Sometimes clients make these connections on their own. As these interpretations become apparent, the seemingly crazy food and body behavior begins to make sense. As I began to shift my counseling style to view symptoms as a form of communication, I sought training to enhance my abilities. Seeing symptoms as adaptive functions that were actually forms of symbolic communication (Bloom et al., 1994; Bordo, 1993; Brown and Jasper, 1993a; Lawrence, 1987) helped me to understand

seemingly irrational behavior, and provided me with insight into my clients. Clients became able to view their symptoms as unconscious ways in which they were communicating to both themselves and the world. They were then able to use their symptoms to further their understanding of themselves and the seemingly bizarre behaviors in which they were engaged. Still, how accurate am I? The research proposed here should assist in answering this question. Clinical experience shows that while each person's expression has its own individual symbolic reference, the expression of eating and body/weight concerns returns to some basic themes involving needs, vulnerabilities, and desires.

How is it that food and body can take on such symbolic reference? Chapter 3 reviews anthropological, sociological, and psychological theories exploring eating habits and attitudes toward food as channels for expressing male dominance and female subordination. Chapter 3 also explores the contemporary thin ideal as an expression of the current circumstances in which women's oppression co-exists with women's emancipation. It looks at the resultant dissatisfaction that women experience, which usually feels unwarranted and confusing, and is ultimately projected onto their bodies (Heenan, 1996). These issues are then displaced into concerns about food, body, shape, and appetite. My study was designed to find out what women are thinking that allows this to happen.

Research Design

Because the object of my study was to find out what women have in mind when they talk about food and body, qualitative methods were used. Miles (1994) advocated qualitative methods as the best strategy for discovery and exploration. No research has been performed to date to investigate conceptual metaphors or the cultural models that

women use to discuss food and body. Some studies suggest, however, that girls talk about diet and body functions to create solidarity and a sense of being (Nichter, 2000). Other theories suggest that food and body talk among women and girls represents a dissatisfaction with women's place in society that has been displaced onto food and body (Bloom et al., 1994; Bordo, 1993; Brown and Jasper, 1993a; Heenan, 1996; Lawrence, 1987; Steiner-Adair, 1986; Thompson, 1994). Since baseline data are minimal, qualitative methods can provide a foundation upon which other types of research may build.

Qualitative methodology is appropriate in this case for another reason. The goal of my study was to understand the subjects' discourse about food and body. Of interest is what they are doing, but more importantly, why they are doing it. This type of question is well addressed by qualitative methods (Yin, 1994).

Additionally, to understand the conceptual schema used by women to discuss food and body, it is critical to have a handle on what it is like for individuals engaged in this behavior. Miles and Huberman (1994) said, "What is important about qualitative data? One major feature is that they focus on naturally occurring, ordinary events in natural settings, so that we have a strong handle on what 'real life' is like" (p. 10). In this way, complex and personal material can be codified into useful data.

Data Collection and Analysis

Forty eight Caucasian women, aged 30 to 50 years, at least three years post partum, were recruited from a university community in the Southeast, using purposive snowball sampling. I recruited subjects with flyers that were posted on community bulletin boards at grocery stores and bookstores. Flyers were also posted on various bulletin boards and women's restrooms on the local university campus. Additionally, flyers were distributed

at community events, such as local contra dances. Email notices went to various local community listservs and to graduate students at the university. The women who responded were informed of the specifics of the study, including the extensive time commitment. The vast majority were still interested. They underwent an interview and completed a questionnaire that queried for specific information, such as current height and weight, feelings about their eating and body, their intention to lose weight, and demographics (gender, age, sexuality, race/ethnicity, marital status, education, current occupation, partner's education, and current occupation). Additionally, each potential subject completed two test instruments to determine the degree of body image distress and to rule out those with eating disorders. The two tests instruments were the Body Shape Questionnaire (BSQ) and the Eating Attitudes Test (EAT).

Body Shape Questionnaire (BSQ) The BSQ (Cooper et al., 1987) measures attitudes and behaviors about body shape. The instrument contains 34 six-point Likert-type item. It measures desire to lose weight, body dissatisfaction, feelings of low self-worth in connection with weight, feelings of fatness after eating, self-consciousness in public, and distressing thoughts about weighing too much or being too big in certain body regions. The total score on this measure serves as an index of overall body image distress, with higher scores indicating more negative body image. The BSQ has been shown to correlate with other measures of body dissatisfaction and disordered eating in clinical and nonclinical samples (Cooper et al., 1987).

Eating Attitudes Test (EAT) The EAT (Garner and Garfinkle, 1979) is a reliable psychodiagnostic measure for objective self-reporting screening of eating disordered behavior in a nonclinical sample.

Selection of subjects was based on these tests and the initial interview during which it was determined if the subject would be a good informant/respondent according to subjective criteria (Levy and Hollan, 1998). Did they appear open, honest, and interested in furthering the understanding of expressions about food and body? Attention was given to eliminating anyone who may have had reason, personal or otherwise, to misrepresent the information that this research proposed to elicit.

Ten participants were selected based on these findings. Weight history was not a determining factor in subject selection; however, subjects were selected so that each group had women with similar BMIs. Five subjects were selected who exhibited low intention to lose weight and five women with high intention to lose weight, based on responses to questions that directly asked the subjects' intention to lose weight and if they found their current body size acceptable. They were again asked these questions during the screening interview. While no subject abjectly stated they would never want to lose weight, some women did indicate they did not have as strong interest in losing weight and found their bodies generally acceptable. A stronger response came from women who reported they did want to lose weight and found their bodies generally unacceptable. Those selected for the study received \$200 for their time.

Instrumentation/Methods

The major research instrument used was an interview protocol based on the research questions (see Appendix A) which was developed to elicit dialogue about the subject's relationship with food and body. This interview protocol has utility as a means of eliciting a free-flowing interchange between researcher and subject. This instrument was used primarily as a guide. Interviews were open-ended, semi-structured, and qualitative. To conduct interviews, person-centered interviewing and observation

described by Levy and Hollan (1998) were used. This technique allowed for the fairly loose question format needed in this study, while allowing flexibility to follow new lines of inquiry as they appeared in the context of the interview. This allowed the interviewee the opportunity to provide information that might not have been asked for.

As much as possible, the narrative of the participant was followed, allowing them to decide how their interviews would be organized, what topics would come next, what might have been unfinished or overlooked, and when the interview was concluded. Every attempt was made to allow the interview to follow participant direction and not interrupt, although if speakers strayed from the topic, they were guided back to the subject matter.

Interviews took place in locations of the subjects' choosing and included the researcher's home, the subjects' home, local cafés, and a restaurant. Interviews were recorded through the use of two audiotapes (one for backup). Field notes were taken, though these were kept to a minimum as writing proved to be distracting for most subjects, as well as myself. The minimal field notes taken during the interviews were primarily to keep track of questions arising out of the line of responses.

Initially, I found that my clinical skills interfered with the interviews. Some of the questions I asked were phrased in such a way as to teach the "client," as well as to promote and elicit insight. I quickly noticed that these questions got in the way of a free-flowing response from the subject. I promptly moved from a stance of "giving" something to the "client," to relaxing into receiving what the subject was giving me (with probing questions to ensure I understood what they were saying). With this shift in stance, I noticed that the interviews became much more comfortable, and indeed, the subjects became more at ease. It became clear to me during the interviews that these women did

not want anything from me; in fact, not one subject asked me anything about myself or my role as a dietitian (though a couple asked about the purposes of the study at the end of the interviews). Ironically, every women expressed appreciation that they had gotten something helpful from the unbiased and attentive listening that I provided. Several women found they moved through difficulties and healed some aspects of their relationship with food or body after discussing them at length during the interviews.

Interview Procedures

I requested five sessions lasting one to two hours in length for each interviewee. Although some interviews were completed in four sessions, the total time spent with the subjects in taped interview was approximately six to ten hours. The lengthy interviewing was expected to help subjects become comfortable with the interviewing process and topic of discussion. At the beginning of each session, I described the research project to the interviewee. The issue of anonymity, including procedures designed to ensure it, was discussed in detail to help the interviewee feel secure and relaxed. They had to review and sign an Informed Consent form. To further help the subject feel comfortable and to get background information about the subject, the first interview was devoted to their history with food and body. The second interview focused on the subject's relationship with eating; the third, relationship with food; and the fourth, relationship with body. For three subjects, the second and third interviews were combined due to less time required to discuss these issues. Upon completion of each interview, it was transcribed by a professional transcriptionist. The final interview, a wrap-up that allowed for the opportunity to clarify questions and expand on areas not thoroughly covered, was completed after all the primary interviews had been transcribed and reviewed. At the end

of the interview series, each subject completed two test instruments to determine the degree of restrained eating and level of self-esteem.

The Revised Restraint Scale (RRS). The RRS (Herman & Polivy, 1980) assesses dietary restraint (defined as a chronic tendency to restrict food intake and to think about weight). The RRS consists of five 4-point and five 5-point Likert-type items.

The Rosenberg Self-Esteem Scale (RSES). The RSES is a 10-item questionnaire measuring attitudes of general self-worth, positive self-esteem, and global self-esteem (Rosenberg, 1965). Higher scores represent higher self-esteem.

Following completion of all interviews, the discourse was analyzed in the manner outlined below for emerging themes. Themes that arose were compared between those women with high intention to lose weight and those with low intention to lose weight.

The Analytic Approach

Because I was looking for shared conceptual schemas, I searched for patterns across interviewee discourse that would be evidence of shared, stable understandings. The length of the interviews generated a sizable collection of discourse. Since the focus of the study was to understand what women have in mind when they say what they say, a metaphor analysis design was utilized.

Quinn (unpublished) has explored the use of metaphor to identify internalized, largely tacit, but culturally shared understanding. She argued that the evidence that people share understandings is embodied in the structure of their discourse. These understandings are cultural, as seen in the fact that the same structure can be found in and reconstructed from different people's discourse.

When these speakers repeatedly, in different linguistic forms, express these shared understandings, this argues for their relative centrality and stability. One can have all the more confidence in the centrality and stability of these shared

understandings when they are, as I have said these understandings are, implicit and hence not deliberately manipulable or readily suppressed. (Quinn, unpublished:20)

She showed that common patterns lay beneath linguistic complexity, and “that separate analyses of distinct linguistic features converged on these patterns” (Quinn, unpublished:20). Quinn started with an analysis of metaphors which provided the first evidence of a cultural model that interviewees shared. This evidence was confirmed by an analysis of key words and reasoning.

Quinn outlined the methodological advantages of relying primarily on metaphor to reconstruct shared schema (Quinn, unpublished:22-23). She states metaphors:

- Are frequent in speech.
- Are like flags waving, they are easy to identify once one becomes skilled. They are used to clarify points speakers wish to make and “for this purpose speakers choose metaphors that are cultural exemplars of the point being made. A speaker can reasonably assume that such a cultural exemplar will be well known to listeners, who will not only readily apprehend the metaphor, but also readily understand the point the speaker intends to make with it. In other words, metaphors are particularly salient intersubjectively shared examples of what they stand for; it is for this reason that I call them *culture-laden*. That is how they do their work--and that is also how they help an analyst do hers” (Quinn, unpublished:22).
- Provide a convenient way of knowing that one’s analysis is comprehensive. In Quinn’s research, all of the 400-plus metaphors for marriage she analyzed fell into one or more of the eight classes she identified (with only a handful of possible exceptions). She deduced the metaphors “captured a shared schema for marriage, each class of metaphors representing a key concept in this schema. It does not stand to reason that some shared concepts speakers had about marriage would be routinely expressed in metaphor, while others of these concepts would not” (Quinn, unpublished:26). Because of this, she concluded that with all the metaphors classified, she felt confident that she “had discovered the major pieces of the puzzle I was putting together” (Quinn, unpublished:26). Indeed, she has had other scholars review her work who never found cause to challenge this finding.

With similar goals in mind, Quinn (1985; 1987) successfully analyzed interviews of American couples to determine the cultural schema for marriage they used to discuss marriage using the analysis of metaphor, key words, and reasoning. She chose this route

because metaphor, key words, and reasoning 1) are features of discourse that occur frequently; 2) each provided a window into the shared schema on which its use was predicated, because they are in different ways governed by cultural schemas; and 3) their usage was largely out of the speakers' conscious control (Quinn, unpublished). She notes that though her interviewees might have presented their marriages in a biased manner (for example, in the best possible light or omitting certain information), the form of analysis chosen ensured that the interviewees could not mislead even if they had wanted to. Quinn did not analyze the interviewee's evaluation of their marriages or themselves as spouse, but instead she analyzed the framework within which they talked about these things. While speakers choose particular metaphors deliberately to highlight, for instance, "the nature and extent of their compatibility (or incompatibility) with their spouses; what they do not and cannot choose is whether to talk about marriage in terms of compatibility, incompatibility, and metaphors for these" (Quinn, unpublished:16). Basically, Quinn's approach to the analysis of these interviews was the reconstruction of the implicit assumptions people have in mind when they speak from what they said explicitly (Quinn, unpublished:16).

Bialostok also used this methodology to successfully re-create the cultural model used by white, urban middle-class parents of kindergarten children (Bialostok, 1999).

Metaphors as an Interpretive Framework

Lakoff and Johnson (1980) offer what has been considered the classic work on the role and influence of metaphors in society. They argue that metaphors structure our conceptual system:

The concepts that govern our thoughts are not just matters of the intellect. They also govern our everyday functioning, down to the most mundane details. Our concepts structure what we perceive, how we get around in the world, and how we

relate to other people. Our conceptual system thus plays a central role in defining our everyday realities. If we are right in suggesting that our conceptual system is largely metaphorical, then the way we think, what we experience, and what we do every day is very much a matter of metaphor. (Lakoff and Johnson, 1980:3)

Conceptual metaphors are instrumental in the development of social realities and may be understood as symbolically and parsimoniously summarizing worldviews (Bialostok, 1999). Multiple conceptual metaphors may exist and even compete in a given context. The conceptual metaphor serves as a point of grounded belief and meaning orientation that, as its own vivid imagery suggests, gives rise to multiple narrative expressions within that interpretive framework. I anticipated that metaphoric language would abound in women's discourse, giving ample opportunity to determine underlying cultural schemas. The clustering of similar metaphoric expressions into conceptual metaphors assisted me in interpreting the diverse experiences women have of food and body. Identification of metaphorical constructs and the context of their application provided insight into the normative positions of women's "fat talk."

Identifying Metaphors

The first task was to identify the presence of metaphors in the interview transcripts. Acknowledging the exhaustive treatment by Lakoff and Johnson (1980) of metaphors as ubiquitous in all discourse, I selected a basic criterion for recognizing metaphors as instances within the text where two dissimilar objects, phenomena, or concepts were connected with one being spoken of in terms of the other. For instance, when a respondent spoke of her thighs as "saddlebag thighs" or food as "devastatingly gorgeous," these phrases were labeled as "metaphoric."

The process of identifying metaphors in the subjects' interviews was not a simple task. As could be seen in the above examples, determining whether a figurative

expression was a metaphor required more than noting the presence of the familiar “A is B” formula. Additionally, metaphor had to be discerned from other figures of speech, such as synecdoche, personification, and metonymy, which are similar to metaphor in function. Defining and describing metaphor and its related tropes (below), however, helped to overcome these difficulties.

Dead metaphors

The definition of metaphor above also applies to dead metaphors. Dead metaphors are metaphors that no longer have "figurative connections for the native speaker" (Soskice, 1985:71). Examples of dead metaphors are "leg of a table" and "arm of a chair."

Soskice posited three guidelines for identifying a dead metaphor: (Soskice, 1985:73)

1. It no longer generates the tension that a living metaphor generates; she explained that this tension is created because the words do not seem strictly appropriate to the topic at hand: do winds really howl, do poplars sigh; when we are accustomed to its juxtaposition of terms, the dead metaphor will generate no tension.
2. It is more easily paraphrased than live metaphors; for example, she stated that “the heart of the matter” is easily described as “the center of the issue.”
3. It has an ability or inability to point to a model or models, a condition that Soskice considered the most important guideline; for instance, when *howled is* used to describe the noise of the wind, the metaphor portrays the wind howling as a dog or a madman howls.

Lischer (1987:284) referred to this step in the recognition of a metaphor as the “*puzzlement* or bewilderment at the crossing of meaning that is always involved in metaphor.” Dead metaphors do not lead to this puzzlement step. Soskice advised that "as a metaphor becomes commonplace, its initial web of implications becomes, if not entirely lost, then difficult to recall" (Soskice, 1985:73).

While these guidelines are helpful, they are too subjective to be used to identify dead metaphors consistently. How can it be determined, for instance, that the metaphor

no longer generates tension? At what point does a metaphor become so easy to paraphrase that it is pronounced dead? Regarding the last guideline, it is possible that the metaphor calls to mind a model for one person but not another.

Several authors suggest that a metaphor is dead when it has become lexicalized, that is, when it appears in a dictionary (Stiver, 1996). Some scholars have argued that dead metaphors are no longer metaphors at all. For instance, Black (1993) claimed a dead metaphor is "merely an expression that no longer has a pregnant metaphorical use." On the other hand, Grey argues for a third category, called dormant metaphor. This is an expression used without being conscious of its metaphorical character, but if we pay attention to it, we can easily see that it is an unmistakable metaphor. Grey calls these metaphors as being in the process of expiring (Grey, 2000).

Many of the metaphorical expressions that Lakoff and his colleagues analyzed could be defined as dead metaphors using the above definitions. Lakoff and Turner (1989), however, referred to dead metaphors as highly conventional expressions. They gave the example "he's almost gone," referring to a dying person. They posit that *gone* is still metaphoric, claiming the expressions "that are most alive and most deeply entrenched, efficient, and powerful are those that are so automatic as to be unconscious and effortless" (Lakoff and Turner, 1989:129).² Although Lakoff did not believe that such expressions are dead, their metaphoric meaning is not comprehended readily.

² Lakoff and Turner (1989) believe that the English language does have dead metaphors. Although these expressions once were metaphoric, over time the metaphoric connection has been completely lost. For instance, they pointed out that the word pedigree is from the Old French pied de grue, meaning "foot of a crane." The shape of the crane's foot was used for family tree diagrams. Since the word pedigree no longer is used to mean "crane's foot," the words metaphoricity has 'expired.' No one associates the image of the crane's foot with a family tree. Lakoff and Johnson's criteria for dead metaphors is much narrower than the common understanding of dead metaphors Lakoff G, and Turner M (1989) *More Than Cool Reason: A Field Guide to Poetic Metaphor*. Chicago: University of Chicago Press.. The reasoning behind this will be explored in detail in Chapter 3.

Lakoff's theory emphasized that much of everyday language is based upon conventional conceptual metaphors; however, novel metaphors also can be based upon the conventional or basic systems (Lakoff, 1993:210). A novel or imaginative use of the mapping is easily and quickly comprehended because conventional conceptual metaphors are entrenched in people's conceptual systems.

Kittay (1987:20) maintains that the literal/metaphorical distinction need not conflict with Lakoff and Johnson's (1989) claims that our conceptual system is largely structured metaphorically. Past metaphors, which are currently understood as literal can also be retrieved as metaphors. Kittay also states that "no matter how 'dead,' or conventionalized, metaphors are still metaphors" because of the "ease with which their metaphorical origins may be called forth." She cites the example, "leg of a table," which is considered "dead and worn-out," yet the Victorians, in their sexual prudery, found it necessary to cover their tables' "legs" with long tablecloths "to avoid the indecency of viewing exposed 'limbs'" (Kittay, 1987:89). This suggests that all linguistic expressions should be examined for metaphorical content during a conceptual metaphor analysis, and this principle will be followed in this analysis by looking at the novel metaphors for food and body (such as "dinner is my savior") but also by identifying such dead metaphors as "I was triggered to eat," and "it drives me to eat."

For the purposes of this study, those highly conventionalized metaphors, which are typically considered dead metaphors were considered in the metaphorical analysis; for instance, regarding reducing body weight, the following terms were included in the analysis: lost, dropped, went away, took off, and so forth. Those metaphors which have completely lost their metaphoric connections, such as salary, were not used.

A review of related tropes

This section includes a review of tropes that are closely related to metaphors and often misidentified as metaphors. The definition of “trope” indicates that various tropes function in the same general way: “In RHETORIC a trope is a FIGURE OF SPEECH involving a ‘turn’ or change of sense--the use of a word in a sense other than its proper or literal one” (Holman, 1971:540). The various tropes can be further differentiated. A study of these figures of speech, therefore, was necessary to distinguish them from metaphor. A survey of tropes revealed the following tropes as being closely related to metaphor: simile, personification, antipersonification, synecdoche, metonymy, and antonomasia. Table 2.1 defines and provides examples of each type of trope, followed by a discussion of each.

Simile. Simile is the easiest trope to distinguish from metaphor because of the presence of *like* or *as*. A simile is a comparison although it cannot be between two like items (Holman, 1971:498). For instance, even though “my house is like your house” is a comparison and uses the term “like,” it is not a simile. Although simile makes use of conceptual metaphor, it makes a weaker claim than metaphor (Lakoff and Turner, 1989:133).

Metaphor and simile both draw on a network of associations between the source and the target domains; however, the use of “like” or “as” makes a significant difference. These two tropes communicate in different ways: “If a metaphor were literally asserted, the result would be a falsehood, while (virtually) all similes are true. For example, the metaphor ‘My lover is a red rose’ is literally false, while the simile ‘my lover is like a red rose’ is literally true” (Martinich, 1998:355).

Table 2-1. Definitions and examples of tropes

Trope	Definition	Example of use
Metaphor	The cognitive mechanism whereby one experiential domain is partially ‘mapped’, i.e. projected, onto a different experiential domain, so that the second domain is partially understood in terms of the first one (Barcelona, 2000:3).	I am the Michelin tire guy.
Dead Metaphor	A metaphor that has lost “ <i>puzzlement</i> ’ or bewilderment at the crossing of meaning that is always involved in metaphor ‘ (Lischer, 1987:284). Lakoff and Turner said these are highly conventional expressions that are still metaphoric (Lakoff and Turner, 1989:129).	Weight can creep up if you are not careful. I put the weight back on.
Simile	A comparison of two of two unlike terms using “like” or “as” (Holman, 1971:498).	I ate like a piggy. My body is like a balloon.
Personification	A figure of speech which endows animals, ideas, abstractions, and inanimate objects with human form, character, or sensibilities (Holman, 1971:389).	Coffee and my stomach do not get along in the morning. My legs are waiting to be nourished.
Synecdoche	A form of metaphor in which the whole denotes the part or the part denotes the whole (Holman, 1971:522).	The mouth won’t stop eating. The turkey waddle walked into the room.
Metonymy	Similar to synecdoche except that an adjunct stands in for the absent term (Soskice, 1985:57).	The man puts you on a diet. (Meaning those who govern society.)
Autonomasia	A proper name is substituted for a general class or idea of which it is a representative (Holman, 1971:36).	I will not go on that fight or flight routine. (On a diet.)

Personification. Personification (also called “prosopopoeia”) is "a figure of speech which endows animals, ideas, abstractions and inanimate objects with human form, character, or sensibilities” (Holman, 1971:389). Personification is a form of metaphor “through which we understand other things as people” (Lakoff and Turner, 1989:72). One thing is understood in terms of something unlike itself, and certain qualities of one are applied to the other. Personifications identified in this study were analyzed as metaphors.

Synecdoche. Synecdoche is a form of metaphor in which the whole denotes the part or the part denotes the whole (Holman, 1971:522). For instance, a car may be referred to as “wheels.” “The part selected to stand for the whole must be the part most directly associated with the subject under discussion” (Holman, 1971:522). For example, in the example above, “wheels” would be used while “door” would not be because wheels is the operative part of the car insofar as travel is concerned.

While it is called a metaphor, synecdoche differs from metaphor in function in that “one word stands in for a more straightforward reference and this 'standing in' is of a different nature from that which characterizes metaphor” (Soskice, 1985:57). Synecdoche does not lead to a correspondence of ideas between the part and the whole. For example, when “wheels” refers to a *car*, particular features about wheels are not transferred to cars. Synecdoche points "one directly to the absent term," whereas the purpose of metaphor is "to cast up and organize a network of associations” (Soskice, 1985:57).

Metonymy. Metonymy is similar to synecdoche, however, in metonymy "an adjunct stands in for the absent term (Soskice, 1985:57)." Referring to the presidential administration as the White House is a metonymy. The White House is not a part of the president nor the president’s administration. Instead, it is an adjunct that points directly to the absent term, in this case, the presidential administration. Metonymy "has primarily a referential function, that is, it allows us to use one entity to stand for another” (Lakoff and Johnson, 1980:36).

Metonymy does not suggest the correspondences between two domains as does metaphor. Referring to the presidential administration as the White House does not imply that the administration in any way resembles the actual physical structure of the White

Houses. Using the "is like" test can help to distinguish metonymy from metaphor: "If a nonliteral comparison between two things is meaningful when seen in an X is like Y statement, then it is metaphorical; otherwise it is metonymic. It makes sense to say "*the boxer is like a creampuff*" (metaphor) but not "The third *baseman is like a glove*" (metonymy)" (Gibbs, 1994:322).

Antonomasia. Antonomasia functions much like synecdoche and metonymy. In synecdoche, a part stands for a whole, and in metonymy, an adjunct stands for the absent term; in antonomasia "a proper name is substituted for a general class or idea of which it is a representatives" (Holman, 1971:36). For example, the name *Milton substitutes* for the word poet in: "Some mute inglorious Milton here may rest." Another function of antonomasia is the substitution of epithets for proper names, such as referring to Christ as "the Prince of Peace" (Holman, 1971:36).

Summary of tropes used in this study

For the conceptual analysis of the metaphors women use about food and body, conventional conceptual metaphors were used, as well as novel expressions of both unconventional and conventional conceptual metaphors. Metaphors selected were not limited to expressions which the subject might not have intended as metaphoric. My study included highly conventionalized expressions (dead metaphors).

Of the tropes related to metaphor, only expressions of personification and simile were analyzed as metaphors in this study. Personification not only takes the same form as metaphors, but it also functions in the same way as metaphors by suggesting a network of associations between the target and the source. Simile is less "powerful" than true metaphor; however, it involves associations between the target and the source, and it functions in a similar way. Antonomasia, metonymy, and synecdoche were not analyzed

as metaphors. Although these tropes may be confused with metaphor because of their form, they function differently than metaphor because their targets and sources lack the network of associations.

Reconstructing Conceptual Metaphors

The methods followed by cognitive semanticists in the reconstruction of conceptual metaphors have been anything but precise. General guidelines can be deduced for how to proceed with a cognitive metaphor analysis from the many examples given of conceptual metaphors with their linguistic metaphors in the works of Lakoff and Johnson (1980) and others. These general guidelines, as outlined below, have the common aim of seeking "to understand the cognitive force of metaphor through the elucidation of metaphoric meaning" (Kittay, 1987:15). At the present time, however, the procedures for cognitive metaphor analysis are in very general terms.

Since metaphorical expressions in our language are tied to metaphorical concepts in a systematic way, we can use metaphorical linguistic expressions to study the nature of metaphorical concepts. Lakoff and Turner (1989) arrived at these claims empirically by studying many cases of both ordinary and poetic language and showing general principles underlying them. Though cognitive metaphor scholars agree that it is necessary to gather linguistic metaphors in order to reconstruct our cognitive ones, no scholar has yet designated how "many" linguistic metaphors are needed to reconstruct a viable cognitive metaphor. Many of the reconstructions of conceptual metaphors have occurred "in the laboratory" in which researchers set about to collect linguistic metaphors (often without a description of that process as with *Metaphors We Live By*.) In the field, "a complete conceptual metaphor may only emerge from examination of the communication between, or across participants in some community" (Steen and Gibbs, 1997:3). This presents an

additional problem: collecting enough data sufficient to reconstruct all conceptual metaphors. In the current study, interviews in this study covered a broad topic area: retrieving all metaphors related to food and weight in an attempt to begin to understand the conceptual metaphors used by women in these discussions. Even after collecting approximately 85 hours of discourse, there were some conceptual metaphors that contained only one linguistic metaphor. Steen and Gibbs (1997) explained the problem:

Not every person possesses the same conceptual metaphors to the same degree of detailed elaboration as suggested by linguistic analyses. Linguists' explorations of conceptual metaphors and their resulting rich set of entailments are not constrained by the limitations of ordinary human performance, one reason why linguists are so proficient at detailing all the logical and pragmatic implications of different metaphors . . . However, ordinary speakers/listeners often make do with incomplete and partial representations of linguistically and culturally shared metaphorical concepts. (pp. 2-3)

It is plausible to reconstruct a conceptual metaphor from one linguistic metaphor.

The existence of the linguistic metaphor is proof that a conceptual metaphor exists which produced it. Since each person in a community shares knowledge of the same conceptual metaphor (although the extent of the mapping of the correspondences varies from person to person), the focus of this conceptual metaphor. A was to identify the targets and sources in order to name the conceptual metaphor of each metaphorical expression. The process of identifying the targets and sources, however, yielded a limited mapping. For example, Diane stated, "I was on a path to becoming obese." In this expression, the path is the source of the contextual target of weight gain. The conceptual metaphor is WEIGHT MANAGEMENT IS A JOURNEY. This is similar to the LIFE IS A JOURNEY conceptual metaphor, which, according to Lakoff, includes the following correspondence: "The means for achieving purposes are routes" (Lakoff and Turner,

1989:3). Achieving obesity is understood as being on a path. The research method for this study is also based on Turner's philosophy for analyzing metaphors "decontextualized":

In doing so, I do not mean to imply that a textually situated . . . metaphor does not lose aspects of its meaning when lifted from context. Of course it must. But I am interested in the patterns of meaning that run through all these ... metaphors. These patterns of meaning transcend local textual manifestations because they are part of our cognitive capacity for metaphor and cognitive models..., derived from our participation in... communities. (Turner, 1987:13)

Data Analysis

The linguistic metaphors gathered for each term were then categorized according to semantic similarities. This act of categorizing refers to "reconstructing" conceptual metaphors ("re-constructing" because they are said to be constructed in the subconscious). Each resulting group of similar linguistic metaphors is evidence that a single conceptual metaphor produced those linguistic metaphors. When reconstructing the conceptual metaphors, therefore, great care was taken to preserve every connotation involved. For example, FOOD IS AN EVIL FORCE, FOOD IS A NEUTRAL FORCE, and FOOD IS A PLEASURABLE FORCE were reconstructed as separate metaphors, even though both are strongly tied to FOOD IS A FORCE. These three conceptual metaphors exist individually because FOOD IS A PLEASURABLE FORCE ("really heavy duty powerfully tasteful" (Ali)) highlights a situation in which one feels compelled to engage in interaction with the food to gain pleasure, FOOD IS AN EVIL FORCE ("spiritual fear of those foods" (Mary)) focuses on a situation on which one feels food is compelling them to something that is not good, and FOOD IS A NEUTRAL FORCE ("desire for food" (Rita)) illustrates how food can still be seen as compelling, but without the extremely strong feelings attached to it that existed in the metaphor "really heavy duty powerfully tasteful."

Analytic Procedures

The next stage of the data analysis consisted of sorting metaphors by tenor, with all metaphors falling into the general categories of food, eating, body, hunger, and weight. Metaphors were then grouped within these categories. For instance, descriptions of food as “a glue ball,” “garbage,” and “crap” focused metaphorically on matters of disgust. This process of "categorizing" (Lincoln and Guba, 1985) was kept flexible. Although clusters of metaphors with related patterns of meanings were the analytic goal, it was important to guard against premature identification and closure of a perceived conceptual metaphor because that could hinder isolation of a larger metaphor category. Repeated comparisons were made between the identified metaphoric units and the developing typology of metaphor cluster categories to ensure that units were placed in an appropriate category. Revisions were made when necessary. Comparisons were also made between categories to guarantee their integrity as separate and distinctly recognizable patterns. When all metaphors had been placed in an appropriate category and no new metaphoric expressions or categories could be identified, the analysis was complete. Conceptual metaphors used by the Low Intent group were compared to those used by the High Intent group with no significant findings.

The next step was to build a cultural model; however, the conceptual metaphors were extremely diverse, making this process extremely difficult. Two metaphor analysis experts confirmed this finding and suggested I might want to analyze each subject separately. However, examination of subjects reasoning proved to begin to make sense of the data, allowing four patterns to emerge, as described in Chapter 4 that were critical to the final analysis.

At that point, a cultural model was constructed based on the conceptual metaphors and reasoning subjects used. Contextualization of the data analysis required an awareness and elucidation of cultural norms regarding women's bodies and weight and the problems that arise in response to them. The worldviews presented by the conceptual metaphors are given a depth of meaning as they are interpreted in light of the psychoanalytic, anthropological, and sociological theories presented in Chapter 3.

Trustworthiness

This analytic approach maintains validity in the context of this qualitative study design in several respects. Criteria for the trustworthiness of qualitative methodology have been articulated by Lincoln and Guba (1985), and Miles and Huberman (1994). Credibility, comparable to internal validity, argues for multiple interpretations of reality in a given research context. The test of trustworthiness hinges, in part, on whether I have adequately represented those constructions of meaning by the social actors involved. It is acknowledged that the research report itself is a reconstruction that ultimately must be viewed as credible by the original participants and the communities they represent. However, subjects were not consulted as to the reliability of interpretation, as qualitative researchers frequently do. Asking the women their thoughts about these interpretations would have been interesting, but would not necessarily corroborate or disconfirm my conclusions, which have little to do with actual observable behavior or their own understanding of overt talk. Deeply held ideologies are unstated and not necessarily conscious, and probing for these ideologies would not necessarily have confirmed or rejected the findings.

The consistency of this study was also strengthened by the nature of the data collection. "Instrumental decay" is always possible in the human researcher. Matters of

fatigue, poor field notes, or biased interpretations and prejudices can retard the legitimacy of the research report and conclusions. However, the transcribed interviews provided significant discourse in print form that could continually be reviewed during the unfolding analytic and interpretive process. Again, the trustworthiness focus is on the data.

There are some caveats in the matter of data collection that must be identified since trustworthiness is so closely aligned with the data to be analyzed. It is critical for the researcher to prevent instrument--or context--induced bias in the data as much as is feasible. Open-ended essay questions avoided the potential response bias of more direct, closed-ended survey statements, which may overlook key elements in the study that arise only in more broadly based narrative data. Indeed, this was a primary reason Nichter felt the surveys of girls inadequate to interpreting their experience of dieting and body. (Nichter, 2000).

While open-ended questions can help reduce bias, it is still an issue. Because of my background of more than 20 years of clinical experience specializing in the treatment of women and girls with weight and eating issues, I had a number of preconceived ideas that could influence the results of my study. For instance, as I relate at the beginning of this chapter, I believe that eating and weight-related symptoms that can be viewed as adaptive functions--and are forms of symbolic communication. I also believe that diets do not work, and that the cultural imperative to diet is not about health. As will be noted in Chapter 3, my ideas are supported by the literature. When I would discuss these ideas with my dissertation Chair, and other researchers, I was repeatedly warned about bias. These were warnings I obviously took to heart because, when the results of my study

supported my beliefs, I continued to look for other explanations. In fact, on several occasions, my Chair pointed out what should have been obvious to me, but that I overlooked in an attempt to reduce bias. For instance, over the years in my clinical work I came to understand the comment, “I feel fat,” as meaning “I feel uncomfortable.” Rather than responding by assisting the women to lose weight, this new understanding required that I assist the women in finding why she felt uncomfortable. This resulted in more successful work with my clients. However, I stayed away from these types of interpretations of my data. In the example of “feeling fat,” it was my Chair who ultimately pointed out that it was an expression of psychic distress.

Additionally, the interviews were extensive (six to ten hours per subject). This extensive time commitment opened the interviews to more candid and expansive discourse. This served to satisfy the requirements of prolonged engagement and persistent observation and interaction as contributing influences on data trustworthiness.

Some might argue that analyzing metaphors could potentially be used to prove anything, obviously reducing the reliability of research such as this study. However, methods outlined for cognitive metaphor analysis were closely followed. Coding was based on metaphorical research of researchers, including (Gibbs, 1994; Johnson and Connors, 1987; Lakoff, 1987; Lakoff and Johnson, 1980). One way to have avoided the pitfalls of subjectivity is to have more than one researcher analyze the data. Even so, when two scholars analyze the same data, disputes arise over results. For example, Butters (Butters, 1981) in his article titled "Do 'Conceptual Metaphors' Really Exist?" contests Lakoff and Johnson's reconstruction of ARGUMENT IS WAR from the linguistic metaphors they had presented in Metaphors We Live By. Regarding reliability,

there is always the possibility of not getting it all "right" (Bialostok, 1999). As Geertz (1973) has said:

Cultural analysis is intrinsically incomplete. And, worse than that, the more deeply it goes the less complete it is. It is a strange science whose most telling assertions are its most tremulously based, in which to get somewhere with the matter at hand is to intensify the suspicion, both your own and that of others, that you are not quite getting it right. (p. 29)

In his own research, Bialostock (1999: 183) refers to Geertz's suggestion that "‘deep’ analysis . . . is inherently open to suspicion by myself and (potentially) others. I am certain that what I present here is incomplete. Studies such as mine that examine these practices will and should always have their "validity" and "reliability" tested and contested by those who may use my data, their own data, and either one of our interpretive methods to reach the same or different conclusions. Ultimately, the more work done of this nature, the more "complete" an understanding will we all have."

Summary

Participants for this research project were solicited through purposive sampling in a small college town in the southeastern United States. The research instruments used were recorded interview sessions. The data were analyzed by conceptual metaphor analysis involving metaphor identification and a categorization according to semantic similarity to discover conceptual metaphors.

CHAPTER 3 LITERATURE REVIEW

This literature review will explore topics that inform the content of my study, including approaches and theories regarding United States women and their relationship with food and body, cultural models, and metaphor. Where the literature is best viewed as part of the data analysis or discussion, it has been placed in Chapters 3, 5 or 6 respectively. The initial section will review traditional recommendations of appropriate eating and body weight in the United States , and will examine an alternative model. Because a goal of this research was to build a cultural model of women's relationship with food and body, this literature review will also discuss the theory of cultural models and how they can be constructed with the use of metaphor. Prior to reviewing the data and conclusions, it is imperative to have a clear idea of what conceptual metaphors entail and the method used to reconstruct them from linguistic metaphors, as outlined in Chapter 3. But to understand the rationale for cognitive metaphor analysis, it is important to understand why cognitivists look beyond the sentence and the context of the sentence to define metaphor as a cognitive mapping. Therefore, at the end of this literature review is a review of the history and theory of metaphor and an introduction into cognitivel metaphor analysis. As stated in the Chapter 1, the purpose of this study is to understand the conceptual schemas women have in mind when they discuss food and body; and to re-create the cultural model women have in mind when they say what they say.

Introduction

For several decades, the North American ethos has been that excessive fatness is unhealthy. The solution is to reduce body size by eating healthier, dieting, and/or increasing exercise. During this time, the rate of obesity has been increasing, giving rise to the argument that these solutions have not solved the problem. Despite significant effort to assist individuals to achieve and maintain a desirable weight, efforts have been largely unsuccessful (Goodrick and Foreyt, 1991). In fact, given the increase in “obesity” in the Western world since the 1950s and 1960s, when the dieting ethic began to dominate societal consciousness, it has been argued that the emphasis on dieting, or restrained eating, has contributed to the increase in overweight (Keys et al., 1950; Polivy, 1996). Supporting this argument, studies conducted over the last 20 years have shown that the more you teach a person to cognitively restrain eating through behavior modification techniques, the more subsequent bingeing behavior and weight fluctuations the person will experience (Polivy, 1996).

Interestingly, it has been primarily women who have embraced these behaviors in an attempt to reduce their body size. The National Institutes of Health (NIH) has estimated that approximately 40 % of adult women (versus 25 % of adult men³) are

³ Men, too, are becoming increasingly concerned with their food and bodies, and it is noteworthy that men also suffer from eating disorders, though it is estimated that only 5% of those with eating disorders are male. Lemberg R, ed. (1999) *Eating Disorders: A Reference Sourcebook*. Phoenix: The Oryx Press. Recently, there has been a dramatic increase in the numbers of images of men in popular culture. “Where once images of women dominated advertising and magazines, increasingly men's bodies are taking their place alongside women's on billboards, in fashion shoots, entertainment troupes like *The Chippendales* and large-circulation magazines. However, it is not simply that there are now more images of men circulating, but that a specific kind of representational practice has emerged for depicting the male body: namely, an idealized and eroticised aesthetic showing a toned, young body.” Gill R, Henwood K, and McLean C (2000) *The Tyranny of the 'Six-Pack'? Understanding Men's Responses to Representations of the Male Body in Popular Culture*. In C Squire (ed.): *Culture in Psychology*. London: Routledge. While men have been presented as desirable before (clearly there has been interest in the Cary Grant's, Mel Gibson's, and James Dean's of the world), what is new is that the male body is being presented, or coded, in ways that give permission for it to be looked at and desired, much like images of women have been for centuries. Gill points out, “the ways that men's bodies have begun to be represented over the past ten years constitutes a disruption of conventional patterns of looking in which, in John's famous phrase, 'men look at women and women watch themselves being looked at.’” Berger J (1972) *Ways of Seeing*. London: BBC/Pelican. Men have a number of ways to respond to this objectification, alternatively feeling stressed, angry, and aroused, and suggests more research is needed. It will be interesting to ascertain how men continue to respond to this objectification and to chronicle changes in men's relationship with food and body that may result. Thus far, not surprisingly, this new cultural interest in making men sexual objects has gone hand-in-hand with an increase in eating disorder

attempting to lose weight at any one time (National Institutes of Health, 1992a). Research also suggests that 50 % of young women are currently trying to lose weight, even though the majority is already at or below normal weight (Rosen et al., 1990). Even very young children are not spared. Research indicates that fear of fat, restricted eating, and binge eating are common among girls by age 10 (Mellin et al., 1992).

Monitoring food and body are accepted as ways to improve health and appearance, and are considered valuable and worthwhile activities, as positive moves towards self-enhancement. Women and girls talk a great deal about these activities. Nichter has found that talking about these activities is a positive experience for girls (Nichter, 2000).

Nichter (2000) began her research about girls' experiences when she noted that literature reporting that girls are undergoing an epidemic of dieting are the result of standard survey questions, which, she said, "fail to capture adequately the complexity of their behaviors" (p. 3). She also had unanswered questions, for instance, what does "dieting" mean. She also mused, "if 'everyone' is dieting, why do studies continually report that American youth are becoming increasingly overweight" (p. 4). Nichter paid little attention to research suggesting that dieting does not work, and can cause weight gain in adolescents (Field et al., 2003); however, she set out to fill the void in research on body image and dieting by focusing on what teens have to say about being on a diet. She explored "what constitutes "normal" behavior among teen-aged girls and examined the extent to which body image and dieting play a role in female gender socialization" (p. 4) by focusing on "the difference between what they *say* they do and what they *actually* do"

rates among men. Woodside B (2002) Eating Disorders in Men: An Overview. *Healthy Weight Journal* 16:52-55. Indeed, it has been argued that, "There has been an explosion in the numbers of men with eating disorders, body image conflicts, compulsive exercise, and obesity," and that these have become "hidden problems for millions of men." Anderson A, Cohn L, and Holbrook T (2000) *Making Weight: Men's Conflicts with Food, Weight, Shape and Appearance*. Carlsbad: CA: Gurze Books.

(p. 4). She spent a great deal of time examining the “I’m so fat” discourse, which she labeled “fat talk,” to find the cultural meanings of this “pervasive speech performance” and how it facilitates social relations. Her research was framed to look at the positive aspects of dieting and fat talk because “if we as researchers look for what is pathological in girls, that is what we will find” (p. x).

What Nichter did find was that most of the white girls in her study disliked their bodies. She explained that they were not really dieting. The girls would fast from breakfast and lunch at which point they would go off the diet, or, alternatively, they were watching their weight. What she found however, is that the girls were *talking* about dieting instead of dieting. She concluded that talk about dieting and fat talk was a social ritual among friends, a way of being, or a way of creating solidarity.

On the other hand, some theorists believe this attention to food and the body, specifically the desire to change them, has been destructive for girls and women. Before these theories are discussed, I will outline traditional approaches to food and body.

Traditional Approaches to Food and Body

One aspect of the traditional approach to health is that eating and food need to be regulated and body size monitored in order to achieve health. Even when weight is not an issue, externally-regulated eating is the primary eating style recommended and is exemplified in many recommended eating plans (Bloom et al., 1994). Externally-regulated, restrained eating is recommended for those who are said to need to lose weight, most notably women. Unfortunately, this eating style, though implicated in the development of eating problems and body/weight preoccupation, is also prescribed to treat eating problems and, body/weight preoccupation, including binge eating and eating disorders (Bloom et al., 1994; Carrier et al., 1993; Ciliska, 1990; Costin, 1996; Counihan,

1999; Heatherton et al., 1991; Keys et al., 1950; Polivy, 1996; Polivy et al., 1984; Wooley and Garner, 1991).

This externally-regulated, restrained eating is accomplished through a wide range of dietary techniques, from controlled fasting to low-calorie diets to modest energy restriction. Women are taught to “restrict the quantity and control the quality of the diet through the use of external eating directives that take the form of monitoring weight with the scale, following lists of good and bad foods, calorie counting, and the use of exchanges and portion control” (Carrier et al., 1993:518). Exercise recommendations are utilized in order to create a caloric deficit and enhance the weight loss obtained through dietary restraint. Participants in this approach often become restrained eaters, and are called “chronic dieters,” who continually “restrict their intake of food in order to achieve or to maintain a lower weight” (Heatherton, 1991). Even if a woman does not formally pursue a diet program, she is trained in these activities by such mediums as TV, newspapers, magazines, and advertisements (Kilbourne, 1999).

Externally directed, restrained eating most often does not result in permanent weight loss, even when combined with exercise. Individuals may (or may not) lose weight “as long as a deficiency in the energy balance equation is tipped in favor of energy expenditure over energy intake. However, no plan has demonstrated significant success in weight maintenance beyond 6 to 12 months” (Coulston, 1998). A 2% to 5% success rate is reported in the literature (Goodrick and Foreyt, 1991).

Most authorities believe that people cannot self-regulate their eating or their body weight. They promote externally-regulated, restrained eating based on the arguments that (1) weights above recommended levels causes poor health and decreased longevity, and

(2) weight loss increases longevity and improves health. Although these premises are taken for granted by the medical establishment, they are, in fact, not well supported by existing studies (Gaesser, 2002). In fact, there is a substantial body of research that contradicts many of the commonly held notions about the relationship between weight and health. These conflicting data will be discussed briefly, and have been discussed at length elsewhere (Gaesser, 2002). I will show that the research on weight, dieting, and health is more ambiguous than typically reported by scientific and medical communities.

Weight and Health

Throughout most of history, obesity has “never been a common health problem nor was it a realistic possibility for most people” (Brown and Konner, 2000:347). Currently, obesity is considered an epidemic. Both adult and pediatric obesity are on the rise not only in the United States but worldwide. The Centers for Disease Prevention reported that obesity increased from 19.8% of American adults to 20.9% of American adults between 2000 and 2001 (Mokdad et al., 2003). Currently, more than 44 million Americans are considered obese by BMI, reflecting an increase of 74% since 1991 (2002). Obesity increases the risk for developing chronic illnesses such as diabetes, hypertension, heart disease, hypercholesterolemia, stroke, some cancers, and arthritis. The statistics on pediatric obesity are even more significant. In 1999, 13% of children aged 6 to 11 years and 14% of adolescents aged 12 to 19 years in the United States were overweight. This prevalence has nearly tripled for adolescents in the past two decades. The prevailing consensus is that obesity is a major cause of premature death and that weight loss can be expected to improve the health and longevity of overweight people (1997; Manson et al., 1995). Though this is accepted as fact by most, the interpretation of the data has been

challenged for decades (Blair et al., 1995; Ernsberger and Haskew, 1987; Gaesser, 2002; Keys et al., 1950; Ritenbaugh, 1982).

Alternative Views of Weight and Health

Those who have challenged the prevailing views of obesity have accepted that some degree of fatness will negatively impact a person's health. What is argued is that population weight standards for weight are meaningless, and that weight, just like height, exists in the population in a bell-shaped curve. Some people may, in fact, be healthier if they remain fat. The most important aspect of health is fitness level, regardless of weight (Gaesser, 2002). Though approximately 2 % of the population are fat enough that there is no question of obesity's negative impact on health (Gaesser, 2002), the fact that diets most often do not work (Coulston, 1998; Field et al., 2003; Goodrick and Foreyt, 1991), and often cause weight gain (Field et al., 2003) and other very significant problems (Bloom et al., 1994; Keys et al., 1950) suggest diets may not be the best intervention.

Obesity research far from conclusive

A key argument in this alternative view of weight and health is that obesity research is far from conclusive (Gaesser, 2002). For instance, regarding mortality and obesity, some studies show increased mortality with increasing weight; many do not show this result. Gaesser found no positive correlations between weight and mortality in an extensive review of the literature. He found that approximately 75 % of all weight-mortality studies published since the 1950s "find weight to be irrelevant to health and mortality issues (except perhaps at the extremes of the Body Mass Index)" (Gaesser, 2002). Ernsberger has reported similar findings, arguing that the lack of support for a positive relationship between weight and mortality remains even after confounding factors, such as smoking, preexisting illness, and length of follow-up are considered

(Ernsberger and Haskew, 1987). Troiano, et al. (1996), in their in-depth meta-analysis of the literature, reported that weight levels currently considered moderately overweight were not associated with increased all-cause mortality and that body weight at or slightly below current recommendations was associated with increased risk of mortality. They suggest that attention should be paid to the health risks of underweight, and that body weight recommendations for optimum longevity needs to be reconsidered in light of these risks.

The belief that weight loss results in increased longevity and improved health also has been challenged. National Institutes of Health has reported that "most epidemiologic studies suggest that weight loss is associated with increased mortality" (National Institutes of Health, 1992b). Apparently, this consistent association holds for all-cause mortality and mortality from heart disease and stroke for both men and women. Even studies with widely varying methodology and follow-up remain unaffected after controlling for the potential effects of pre-existing illness and smoking status (Gaesser, 2002).

Gaesser states that the reasons for these findings are not clear due to the tremendous number of potentially confounding factors involved in epidemiological research. Short-term weight loss is associated with reductions in risk factors for cardiovascular disease, including improvements in blood pressure, glycemic control, and lipid and lipoprotein profiles. However, "given the high likelihood that weight will be regained, it remains to be determined whether these time-limited improvements confer more permanent health benefits" (National Institutes of Health, 1992b).

Obesity-related comorbidities improved independent of weight loss

Considerable research exists stating that obesity-related comorbidities, particularly those associated with the insulin resistance syndrome (for example, hypertension, dyslipidemias, and hyperinsulinemia) can be improved independent of weight loss (Appel et al., 1997; Bacon et al., 2002; Barnard et al., 1994; Barnard et al., 1992; Blair et al., 1989; Blair et al., 1993; Crespo et al., 2002; Lamarche et al., 1992; Tremblay et al., 1991). Physical activity and improved diet are required. Both are behaviors which can be altered directly, unlike the symptom of fatness. A focus on weight, especially in a culture that is so fat-phobic, functions to shift energy away from the more reachable goals of improved “metabolic fitness” (Gaesser, 2002).

Clearly, there is a substantial body of research that contradicts many of the commonly held notions about the relationship between weight and health. The research listed above is a brief introduction into the conflicting data regarding weight and health. Significant research exists which refutes dominant thinking; this research is reviewed elsewhere (Gaesser, 2002). Kassirer and Angell (1998) have stated 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.”

Again, this is not to say that BMI is irrelevant to health, as the extremes of BMI distributions frequently report associations with excess mortality (Gaesser, 2002; Troiano et al., 1996). What cannot be discerned from the literature is exactly what constitutes “extreme” and where to draw the line between healthy and not healthy. It is evident that being physically fit is more important than being thin (Barlow et al., 1995; Blair et al., 1995). What also cannot be discerned is the impact of the cultural disgust with body fat on obesity research and public opinion.

Biases in obesity research and public opinion

A number of reports suggest that interpretations of obesity research may be biased against obesity, potentially due to financial interests of researchers (Fraser, 1994; Kauffman and Julien, 2000a; Kauffman and Julien, 2000b; Kauffman and Julien, 2000c; MacPherson and Silverman, 1997; Mundy, 2001). Bodenheimer (2000) found that industry funding has allowed important advances in disease prevention and treatment, but when results are disappointing to a company, conflicts can result. Bodenheimer quotes one of his interviewees:

Companies play hardball, and many investigators can't play hardball back. You send the paper to the company for comments, and that's the danger. Can you handle the changes the company wants? Will you give in a little, a little more, then capitulate? It's tricky for those who need money for more studies. (p. 1543)

Bodenheimer recommends increasing the independence of investigators to conduct and publish research; however, he says that what would remain is the inevitable misreporting of the research. This research supports arguments by others who claim that obesity research is biased by the cultural obsession with weight loss (Ernsberger and Haskew, 1987; Gaesser, 2002).

However, even with the evidence suggesting that lifestyle is far more important than body weight in terms of health, and that shifting the focus from weight to fitness might be more prudent, weight continues to get center stage when health issues are discussed. According to Gaesser, this focus is primarily fueled by a medical/health rationale that obesity is a killer.

Most people believe the reports that 300,000 people die each year of obesity. Gaesser calls this a blatant scare tactic (Gaesser, 1999). This assertion was first made by C. Everett Koop at the 1985 NIH conference on obesity to launch his "Shape Up

America” campaign (Gaesser, 2002). Since then, this figure has appeared many times in scientific and medical journals (1997; Manson et al., 1995). Obesity was perhaps the single most compelling reason for the approval of the ill-fated weight-loss drug, Redux. As Gaesser notes, “What surprises me, given the gravity of the statistic, is that no one seems to have bothered to verify it” (p. 76). In fact, the most frequently cited source of this statistic, a 1993 article in the *Journal of the American Medical Association*, (McGinnis and Foege, 1993) shows just how misinterpreted this statistic actually is. The article, titled "Actual Causes of Death in the United States," attributes the 300,000 deaths per year to "diet/activity patterns," not to obesity. Obesity is a physical trait; diet and physical activity are behaviors. To equate them not only is unjustified, it is absurd according to Gaesser (2002). While poor diet and lack of physical activity may lead to obesity, the studies used to generate the 300,000 figure looked at the health impact of poor diet and sedentary lifestyle across the entire weight spectrum not just among fat persons.

In a more recent example of obesity becoming a culprit by the time it reaches the popular press, researchers found that physically active men experienced significant reductions in all-cause mortality, even in overweight and obese populations (Crespo et al., 2002). However, the media focused on heart disease and indicated that obesity posed a risk, though less of a risk than if one were inactive. However, close examination of the data (in Table 2 and Figure 2 on page 547 and 549, respectively) shows that the lowest all-cause mortality was actually in overweight men (slightly lower, but not statistically significantly so, compared to men in the "normal" BMI range). Obese men had only a slightly elevated all-cause mortality risk (but not significantly different from men in

either normal or overweight categories). Underweight men (BMI <18.5) had the highest risk--significantly higher than all other groups.

Ineffectiveness of dieting strategies and questionable impact on health

Another argument includes the ineffectiveness of dieting strategies and its questionable impact on health (Bloom et al., 1994; Gaesser, 1999; Gaesser, 2002; Keys et al., 1950). Regarding dieting, in 1958, pioneer obesity researcher Stunkard (1958) explained: most obese persons will not stay in treatment for obesity; of those who stay in treatment, most will not lose weight; and of those who do lose weight, most will regain it. Still today, the efficacy of weight loss has not improved. Relatively few participants succeed in keeping off weight long term (Appel et al., 1997; Bacon et al., 2002; Barnard et al., 1994; Barnard et al., 1992; Blair et al., 1989; Blair et al., 1993; Coulston, 1998; Crespo et al., 2002; Food and Drug Administration, 1992; Goodrick and Foreyt, 1991; Lamarche et al., 1992; Miller, 1999; Tremblay et al., 1991; Wooley and Garner, 1991).

The pattern of repeatedly losing and regaining weight experienced by most dieters may be one of the factors that contributes to the higher mortality rates found in people who have lost weight. Weight cycling has been shown to decrease metabolic rates at rest and during exercise, increase lipoprotein lipase activity (making the body more efficient at storing fat), and increase the proportion of fat to lean tissue in the body. With each weight loss/regain cycle, weight is increasingly redistributed from lower body subcutaneous fat, shown to have a protective effect against heart disease, diabetes, cancer, and high cholesterol, to abdominal visceral fat, which does not confer these protective effects (Gaesser, 2002). In addition, studies point to increased risk for heart disease, hypertension, and diabetes in individuals who are chronically losing and regaining weight (Blair et al., 1993; Guagnano, 2000; Holbrook et al., 1989; Lissner et

al., 1991; Olson, 2000). Other studies have suggested links between weight cycling and gall bladder disease, low bone mineral density, and kidney cancer (Fogelholm, 1997; Linblad et al., 1994; Snyder and Hasbrouck, 1996). Most recently, research has suggested a potential relationship between weight cycling and breast cancer, with the authors concluding with a warning that “the mammary gland is adversely affected by chronic weight cycling” and “cyclic dieting attempts at weight loss should not be viewed as a benign behavior in women and may be an important risk factor for breast cancer” (Syngal et al., 1999).

Negative impact caused by focus on weight

A final argument targeted the significant negative impact that this culture’s focus on weight has had for millions of individuals, especially women. Untold numbers have died in their attempts to alter their weights (Bloom et al., 1994; Brown and Jasper, 1993a; Wolf, 1991), including those without eating disorders (Berg, 1993; Mundy, 2001).

Contradictory Nature of Obesity Research

Ritenbaugh, a medical anthropologist who directed an obesity clinic, noted that surprisingly few obese patients have medical problems associated with obesity (Ritenbaugh, 1991). Gaesser, an exercise physiologist who directed and performed research at wellness centers, also was surprised to find so many healthy obese people and unhealthy thin people (Gaesser, 2000b). Because of this experience, he spent five years reviewing obesity research and wrote a comprehensive review of his findings. In his book, Gaesser (2002).concludes that given the extremely complex and often contradictory nature of the available literature in this area that “definitive proof of any given hypotheses about weight-health correlation is almost impossible at the present

time” (p. 104) and that the real risks to health and longevity are more likely the result of dieting than from stable weights that are above recommendations.

Obesity as a Culture Bound Syndrome

In a convincing argument, Ritenbaugh (1982), analyzes obesity as a culture-bound syndrome and notes the obvious “overwhelmingly powerful cultural context of the biomedical problem of obesity” (p. 358). She posits that, counter to dominant thinking (Ritenbaugh, 1991):

- Ideal weight is not independent of age; ideal weight for height *increases* with age.
- When mortality or morbidity are plotted against weight for any height, age, and sex, the curve is J-shaped, mortality and morbidity go up at low and high weights, but there is “actually little change in risk over a broad range of weights (30-60 lbs.)” (p. 175).
- The pattern of obesity is much more important than the degree of obesity in health status. Ironically, the pattern of fat most often seen in women is “associated with virtually no impairment of health (except for joint damage when the weight bearing becomes too great) and is apparently associated with relatively high circulating levels of estrogen” (p. 176). Fat distributed mostly around the waist, as seen most often in men, is associated with elevated risks of cardiovascular disease, hypertension, diabetes and cancer even at modest levels.

She explores the downward drift in body weight standards, “invisible to practitioners and not based on biomedical data” (p.357). She states that it is most obvious in women, noting that there has been no steady downward trend in weight standards for men even though higher mortality rates and health concerns are focused on them. Even when the tables were adjusted upwards in 1982, women’s weight increased less than men’s weight.

Closer look at the Metropolitan Life Insurance Height/Weight Tables

The Metropolitan Life Insurance Height/Weight Tables are based on questionable research which began in the early 1900s when medical practitioners worried about

patients being too thin. The Metropolitan Life Insurance Company sought to identify risk factors associated with premature mortality in an effort to maximize profits. The insurance company could charge higher premiums or refuse to insure applicants with these risk factors. The "risk factor" they focused on was weight, partly because it is easy and cost-effective to measure. The resulting height/weight table has been used as a standard for decades. It is likely few people in the United States have escaped having their own weight compared to it.

In his critique of obesity research, Gaesser (2002) points out many of the problems with the research in this study, which have been outlined by others (Keys et al., 1950; Ritenbaugh, 1982). These problems include:

- Life insurance policy holders:
 - are not representative of Americans
 - weigh five to ten pounds less than the average American
 - have mortality rates up to 40 % lower than the general population
- Mortality was defined as the cashing in of a policy, not the death of a person. (In other words, one person could hold five policies; when they were cashed in, it was recorded as five deaths).
- All persons were included in the 1959 study whether the policy was purchased in 1935 or in 1953...what sounds like a 20-year study has an average follow-up of 7.8 years (Keys and et al, 1985).
- Policyholders were never questioned about eating or exercise habits (which impact mortality regardless of weight).
- Weights and heights were self-reported in 10 to 20 % of cases (Keys and et al, 1985).
- It was unknown whether policyholders lost or gained any weight during the study since weight was recorded only once; it is likely that weight did change from the time they purchased the policy, especially considering that Williamson (1993) found that one half of adult Americans gained or lost up to 15% of their body weight over 10 years.

Even while there are innumerable flaws in these studies, the results are interesting. Gaesser (2002) outlines the development of the height/weight table and the assumptions that are based upon it. The first weight table was actually based on the *average* weights of policyholders sampled. So, the average weight of a 5'4" woman, aged 20 to 29 years was 126 pounds; at age 60 to 69 years, it was 144 pounds. The average was recommended and overweight was defined as anything over that average weight range. However, studies showed that mortality did not increase appreciably until at least 20 % over average weight (151 to 173 pounds for the same 20 to 29-year-old 5'4" woman). The chief medical director of Mutual Life Insurance of New York cited tables in which one had to weigh 20 % to 30% above average (163 to 187) before experiencing an appreciable increase in mortality (though he advised physicians that weight control is "the sermon which you should preach to your patients"). Only those 20% above the average were required to pay higher premiums. So, a 40-year-old woman, who in 1912 was considered average at 144 pounds, and at no risk of increased mortality until somewhere around 151 to 187 pounds, was, in 1942, considered obese and ostensibly close to death. The following table was created to underscore the changing weight requirements that can be seen in the MetLife Tables.

Of the MetLife Tables, Gaesser (2002) notes that the life insurance industry's conclusions have been accepted as truth. He states that most people interpret them to mean that any degree of overweight will increase mortality. Gaesser claims that there has been little critical evaluation of the data, and, as a result, the belief that weight is a primary determinant of health problems has been influencing scientific investigations ever since. While Gaesser would agree with Ritenbaugh's statement, "Some types of

obesity present health risks for some individuals” (Ritenbaugh, 1991:176), both would agree that the level of fatness that poses health risks cannot be determined from a height/weight table or % of body fat testing. Both would also agree that most of the weights this culture is focusing on reducing need not be reduced for health’s sake.

Table 3-1. Changing weight requirements for women

Year	Title	Qualifiers	5'4" Woman	Conclusions
1912	Average Weight	Categorized by age	Should weigh 126-144 pounds at age 20-24; higher weights for increasing age	Mortality did not increase until at least 20% over this range (151-173 pounds).
1942	Ideal Weight	No age differentiation* Frame size**	Should weigh 116-125 pounds for small frame, 131-138 pounds for large frame	Lowest mortality occurred within the weight range. Mortality increased at 126 pounds for small framed women, and 139 pounds for large framed.
1959	Desirable Weight	Same	Should weigh 108-116 pounds for small frame 121-138 pounds for large frame	Lowest mortality occurred within the weight range. Mortality increased at 117 pounds for small framed women, and 139 pounds for large framed.
1982	Desirable Weight	Same	Should weigh 114-127 pounds for small frame 134-151 pounds for large frame	Lowest mortality occurred within the weight range. Mortality increased at 128 pounds for small framed women, and 152 pounds for large framed.

*The weight of average 20 to 29 year olds was determined to be healthiest for everyone.

**Frame size was arbitrary and never measured or defined.

Gender Bias in Weight Standards

Ritenbaugh discusses the gender bias inherent in these tables. The weight at which an individual is at risk has changed several times, each time more more significantly for women than for men. Each drop in “ideal” weight resulted in a more significant drop in

women's weights than in men's weights, and at the 1982 increase in weight, women's weight was increased much less than men's weights. The result, of course, is that women have been assigned an increasingly restrictive "ideal" weight, even though it is men who are more compromised by excess weight. Ritenbaugh concluded, based on research prior to 1982, that these weight recommendations are reflective of changing cultural values, "rather than an accumulation of biomedical knowledge" (Ritenbaugh, 1982:357). More recently, Gaesser has made conclusions that support Ritenbaugh's work. In *Big Fat Lies: The Truth About Your Weight and Your Health* he discredits "the myths that obesity is a "killer disease," that weight loss is inherently good, that thinner is necessarily healthier, and that the height-weight table measure something meaningful" (Gaesser, 2002:xxiv). The conclusions of Ritenbaugh, Gaesser and others (Blair et al., 1989; Blair et al., 1993; Ernsberger and Haskew, 1987; Keys et al., 1950; Robison et al., 1993), which suggest that the majority of weights this culture is focused on changing are healthy weights that should be left alone, is in stark contrast to dominant thinking. All of these researchers would agree that there is a weight at which an individual's health is negatively impacted. However, the weights that the majority of people, in particular women, are focused on changing for the sake of health, are, in fact, healthy weights. Even though there is significant controversy on these issues, that controversy rarely makes it to the daily news, hence few people are aware of it. The most important aspect of these arguments as they relate to the present study are:

- Many people who are targeted through weight loss campaigns may actually be at weights that are healthy, or could be healthy if they exercised and ate healthy, with no need for weight loss interventions.

- The difference in the way healthy weights for women and men are constructed, especially in light of the fact that it is men who are more compromised by excess weight.
- The gender bias inherent in the weight standards.

Gender bias is seen in weight standards, and it can also be seen that while fat men are vulnerable to ridicule and discrimination, “being a fat woman is a far graver “mistake” than being a fat man. For white young women, thinness may, in fact, be the most powerful marker used to judge their physical attractiveness” (Thompson, 1994:11). This is particularly compelling when noting that in affluent societies, “adipose tissue constitutes approximately 15 % of body weight in males and about 27 % in females” (Brown and Konner, 2000:348). Dimorphism in overall fat appears to be universal. Brown notes that the !Kung, a hunting and gathering society of the Kalahari desert who are small in stature and extremely lean, also show this dimorphism (Brown and Konner, 2000).

Simplistically, fatness is considered unhealthy and unattractive in United States culture. Since women are fatter than men cross-culturally, they are at the greatest risk of being named too fat. They are the ones most likely to need interventions, even if their fatness is normal. Weight standards in the United States are gender biased.

Alternative Paradigm

Fraser (1994) argues that gender bias even exists in obesity researchers. She notes that obesity researchers are divided between the pro-diet medical researchers and the anti-diet eating disorders researchers. The pro-diet, most of whom are men, lean toward strong interventions that would include very low calorie diets, drugs and surgery, they have an "at least do *something*" attitude. The anti-diet contingent, who are primarily female, often

believe diets lead to more harm than good. Since that time, the anti-diet movement has grown significantly and has recently been coined Health at Every Size (HAES).

Health at Every Size Movement

The basis of the HAES movement is a shift from a weight-centered approach to health to a health-centered approach (Cogan, 1999). Its main premise includes ceasing attempts to alter body size, instead promoting body and body size acceptance, eating well and physical activity. A brief discussion of HAES follows though more extensive discussions are found elsewhere (Cogan, 1999; Robison et al., 1995; Robison, 1997). The Tenets of Health at Every Size include:

- Health Enhancement: attention to emotional, physical, and spiritual well being, without focus on weight loss or achieving a specific "ideal weight"
- Size and self-acceptance: respect and appreciation for the wonderful diversity of body shapes and sizes (including one's own!), rather than the pursuit of an idealized weight or shape
- The pleasure of eating well: eating based on internal cues of hunger, satiety, and appetite, and individual nutritional needs rather than on external food plans or diets
- The joy of movement: encouraging all physical activities for the associated pleasure and health benefits, rather than following a specific routine of regimented exercise for the primary purpose of weight loss
- An end to weight bias: recognition that body shape, size and/or weight are not evidence of any particular way of eating, level of physical activity, personality, psychological issue, or moral character; confirmation that there is beauty and worth in EVERY body

Health At Every Size in Practice

According to this paradigm, the first tenet focuses on facilitating health enhancement at a client's current weight with minimal, if any, attention paid to the client's weight. Robison (1997) argues this does not imply ignoring health risks and medical problems. Rather, this new paradigm strongly acknowledges that a person's

experience with weight and health is part of a complex, dynamic interplay of social, emotional, ecological, and spiritual, as well as physical factors. He notes that exclusive focus on weight can obscure or even exacerbate these factors (Wooley and Garner, 1991).

The second tenet promotes size and self-acceptance believing that self-acceptance, and self-love are important prerequisites for enabling people to engage in those behaviors that will facilitate health and a natural weight. This tenet acknowledges that fear is a very poor motivator for change and that positive change is much more likely to come from self-love than from self-hatred. People seek to take care of themselves when they feel they are worthy of it (Carrier et al., 1993; Robison, 1997).

The third tenet focuses on eating and promoting trust in oneself to promote the belief that a person can regulate her/his own eating and does not need to diet (Armstrong and King, 1993; Carrier et al., 1993; Robison, 1997). Since a goal of dieting is to eradicate signals of hunger and appetite (which has the side effect of also eradicating the satiety signal), those who have been dieting often need to relearn how to use and respond to internal signals of hunger and satiety. For these reasons, HAES professionals promote internally-regulated, nonrestrained eating. Individuals may or may not decrease their weight. However, normalizing eating is likely to improve health by reducing the anxiety, guilt, preoccupation with food, binge eating, weight cycling, and weight gain commonly associated with restricted eating. Initial research suggests this conclusion (Armstrong and King, 1993; Bacon et al., 2002; Carrier et al., 1993; Ciliska, 1990).

The fourth tenet focuses on promoting movement that is social, playful, and pleasurable, and includes not just jogging, cycling, and exercise classes but activities connected with everyday living, such as walking and gardening (Robison et al., 1995).

Movement recommendations are based on the work of Lyons and Burgard and is encouraged for enjoyment, camaraderie, and improved quality of life, not calorie burning and weight loss (Lyons and Burgard, 1990). Research has shown that physical activity can positively affect health and longevity *regardless of weight status* (Bacon et al., 2002; Tremblay et al., 1991). Recent research suggests that “if you're fit . . . being 25 or even 75 pounds overweight is perfectly healthy. And if you aren't fit, being slim gives you no protection whatsoever” (Lyons, 1995b). Additionally, for large individuals, discovering movement in a size-friendly environment can be a means of beginning to rediscover and reconnect to the bodies they have been taught to hate and ignore (MacInnis, 1993).

The fifth tenet argues that weight bias is pervasive and must be ended. For instance, MacInnis argues that all people suffer due to weight discrimination, though it is the fat person who suffers the most:

Fat oppression, the fear and hatred of fat that result in discriminatory practices, is so commonplace in Western cultures that it is rendered invisible. However, evidence exists in abundance to suggest that society hates fat, particularly on women, and persecutes women who do not meet or are not actively striving towards the ideal of thinness. In effect, "fat" has become a prejudicial term, synonymous with "stupid, lazy, and ugly." It is my belief that the medical community has played a significant role in perpetuating, if not shaping, pervasive fat-oppressive attitudes. (MacInnis, 1993)

Puhl and Brownell (2001) have argued that bias in the medical community is extensive and that the medical community has *shaped* fat-obsessive attitudes. Very negative attitudes about overweight individuals have been reported in dietitians, physicians, nurses, and medical students, much the same as in general society (Puhl and Brownell, 2001). This tenet calls for all individuals to closely monitor their own attitudes and biases regarding fatness and body fat in order to understand that size does not impact medical care.

Summary of Traditional and Alternative Approaches to Food and Body

Research regarding obesity is much more ambiguous than typically perceived. Meanwhile, experts continue to recommend weight loss to promote health, which, in turn, is heavily promoted by the huge industry poised to benefit financially. Recommendations and ideals for women are a great deal stricter than for men, supporting the argument that the “war on obesity” may in fact be directed at women. A wide body of literature in anthropology, psychology, and sociology supports Ritenbaugh’s conclusion that obesity is a culture-bound syndrome, positing that the idealized thin body “reflects the fragmented and contradictory expectations women experience in Western societies at a time when they have achieved greater equality, yet continue to be oppressed in fundamental ways” (Brown and Jasper, 1993b:17) which will be reviewed below.

Thinness as a Currency for Women’s Access to Power

Anthropological, psychological and sociological theorists have argued since the 1960s that in a culture, such as the United States, where “issues of appearance are essential currency for women’s access to power in this country, and thinness is a critical component” (Thompson, 1994:10). Behaviors such as restricting food intake, desire and/or attempts to lose weight, berating oneself for eating or needing to eat and devaluing the body, have little, if anything, to do with health. They also have little, if anything to do with food, eating, body size, or weight (Bordo, 1993; Brown, 1985; Burstow, 1992; Cassidy, 1991; Chernin, 1985b; Lawrence, 1987; Orbach, 1985; Orbach, 1986; Ritenbaugh, 1982; Ritenbaugh, 1991; Siegler, 1993). Women’s relationships with food and body have become clearer as a result of the work of theorists in the social sciences.

Psychological Theory

Psychoanalytic theorists have offered numerous insights into the psychosocial aspects of this focus on food and body. They posit that women's focus on food and body and the dieting and eating problems that result are invariably adaptations, and attempts to cope with the world. Unraveling these behaviors can expose the problems/concerns that initially caused the coping strategy (Bordo, 1993; Brown, 1985; Burstow, 1992; Chernin, 1985b; Lawrence, 1987; Orbach, 1985; Orbach, 1986; Siegler, 1993). Basically, food and body concerns are, for women, a physical expression of the contradictions women experience in attempting to meet their emotional needs (Chernin, 1985a; Orbach, 1985; Orbach, 1986). To understand this, an awareness of the social conditions for current forms of femininity, as well as an understanding of how social processes influence women's lives, is outlined in the following section.

Women and social conditions

Young girls and women continue to divert a significant portion of their physical, emotional, and financial resources to the pursuit of ideals of body shape and size. It has been argued that these goals are neither achievable nor healthy for the vast majority (Bloom et al., 1994; Gaesser, 2002; Lyons, 1995a). But according to some theorists, these goals have other outcomes.

Keeping women occupied by continually striving toward an unreachable ideal of perfection effectively keeps them preoccupied (MacInnis, 1993). Women's energies are diverted by the pursuit of dieting and body improvement. They are kept from dealing effectively with the realities of existence in a man's world, and from participating more fully in art, politics, literature, and life in general (Bloom et al., 1994; Brown and Jasper, 1993a; Wolf, 1991). Much has been written concerning the historical association of

female fat, particularly on the abdomen, buttocks, and breasts with the "feminine" values of nurturance and compassion (Bordo, 1990; Hutchingson, 1994). Throughout history, soft, rounded hips, thighs, and bellies have been considered ideal for women in the vast majority of cultures (Bordo, 1993; Brown and Jasper, 1993a; Powdermaker, 1997). This ideal is perceived as an imperative primarily because women's social value has been inseparable from their bodies. Brown (1993a) points out, "[Women's] social role has been identified with and expressed through their bodies: in bearing children, in satisfying men's sexual needs, and in the labor of caring for men's and children's emotional and physical needs." As long as women were content to stay at home and bear children, the ideal for women having more voluptuous bodies remained relatively intact. It has been convincingly argued that the obsessive hatred of fat in this country began with the women's equality movement (Brown and Jasper, 1993a), and that the more powerful women become, the more pressure there is to alter the aspects of their bodies that distinguish them from their male counterparts (Bordo, 1990; Hirschmann and Munter, 1996). Wolf (1991) states succinctly, "The more legal and material hindrances women have broken through, the more strictly and heavily, and cruelly, images of female beauty have come to weigh on us."

This shift in ideal body size, which has coincided with women's role in society, has been shown in historical trends (Bloom et al., 1994; Bordo, 1993; Brown and Jasper, 1993a; Wolf, 1991). What these theorists point out is that when women are needed in the workforce (as during World War II) or fight their way into the workforce (as in recent decades), body shape ideals for women become much smaller. When women remain at home and tend to housewifely duties, body shape ideals become more rounded (as seen

with Marilyn Monroe). The continuing trend is toward an ever thinner, leaner, increasingly muscular, androgynous ideal as women continue to fight for equality supports this view .

Since the 1960s, a preference for slenderness has taken hold in other Western industrialized nations as well. However, Fraser posits that due to a unique confluence of social, economic, and political developments favoring the desire for thinness, "no other culture suffers from the same wild anxieties about weight, dieting, and exercise as we do" (Fraser, 1994). Sociologist Thompson goes so far as to say that for white young women in Western cultures, "thinness may, in fact, be the most powerful marker used to judge their physical attractiveness" (Thompson, 1994).

Brown continues that when body size and shape are crucial to social value, women learn to focus on appearance. The result is that "policing and controlling appearance becomes an imperative for achieving both inner satisfaction and social success" (Brown and Jasper, 1993a). Women recognize that their body size affects how they are valued and treated. One result is that self-esteem becomes deeply connected to body size and shape. Women anticipate being continuously scrutinized and evaluated. They attempt to have some control over the results by scrutinizing and altering themselves (Brown and Jasper, 1993a).

Women learn that looking good is a form of currency

As pointed out by Wolf, Brown, Bloom and others, since the shape of a woman's body directly impacts how others relate to her, it is also directly connected with her economic value in society (Bloom et al., 1994; Brown and Jasper, 1993a; Wolf, 1991). Women easily learn that "looking good is a form of currency in the world and even as more (predominantly white, middle-class) women are gaining social power, appearance

continues to play a role in women's social value far more than it ever has for men” (Brown and Jasper, 1993a). So, even as women are becoming more successful in the public world, they still find that the primary place they are given approval is in their ever-increasing investment in their bodies “It is no wonder, then, that women learn to believe they can change their lives by changing their bodies” (Brown and Jasper, 1993a).

The female body has the power to create and nurture life. Yet, too often, women learn that their own appetites are to be controlled or denied rather than being indulged and enjoyed as sources of pleasure. Eating has become a major area of conflict for women as they are expected to provide physical sustenance and nurturance to others but must deny themselves food, or police their own eating in order to maintain the right body shape. Passionate, unrestrained eating is itself seen as unfeminine or unattractive, while dieting and asceticism are acceptable and encouraged. (Brown and Jasper, 1993a)

The result, to be explored later in this chapter, is that the body is often the arena within which women unconsciously express conflict they feel in their lives (Brown and Jasper, 1993a).

Women attempt to gain control of their lives

Brown explains how it is that women come to believe they can gain control over their lives by controlling their bodies:

By exerting control over their bodies, women hope to gain self-esteem and an increased sense of power and control over their lives. Powerlessness and dissatisfaction can be replaced by the self-satisfaction, social approval, and sense of accomplishment won through weight and shape control. Women's bodies become the arena for their expressions of discontent and protest. Focusing on "improving" their bodies in order to feel better about themselves distracts them from the actual sources of their discontent. As the expressions of protest become obscured, a socially and politically generated problem becomes personalized. When women say they feel better when they are thinner, they really mean it. They actually feel better about themselves. Complex dissatisfactions are transformed by being shifted onto the body. (Brown and Jasper, 1993a)

As Heenan explains, women's conscious and unconscious feelings about themselves are split off and projected on to their bodies (Heenan, 1996). These issues are

then displaced into concerns about food, body, shape, and appetite. Unhappiness fades and an uneasy well-being emerges as the body changes shape.

Bloom et al. expand on this theory. They posit that individuals and the culture use restrictions in eating and body size as a metaphor for control. Eating and body image then come to have additional meanings. By dieting, individuals learn to ignore and distrust hunger and satiation, and become focused on body and body weight. Their relationship to eating and the body becomes influenced by a culture that intrudes with ever-changing advice. Because of this influence, Bloom et al. argue that eating and body image easily become metaphors and ways to express myriad insecurities (Bloom et al., 1994).

Eating and body/weight concerns as forms of communication

These theorists posit that eating and body/weight concerns can be better understood as complex ways in which certain groups of women are communicating to the world (Lawrence, 1987) and that women are specifically communicating discontent with society and their place in society (Bloom et al., 1994). Bloom et al. suggest that this discontent is about “the need to, as women, ignore hunger and control appetite; conform to body standards that require restrained eating; feed and nourish others while restricting themselves” (Bloom et al., 1994). They posit that eating and body/weight concerns, as well as eating disorders, have symbolic value and argue specifically that these behaviors must be viewed as metaphorical expressions.⁴

⁴ Obviously, not all women use these behaviors to cope with a disordered society. Many minority women, who arguably face an extremely disordered society, enjoy a large body size as well as having a healthy relationship to food and eating. Increasingly, however, minority women are adopting the thin body standards of the dominant culture and have been found to symbolically communicate through their eating behaviors and body dissatisfaction. Thompson BW (1994) *A Hunger So Wide and So Deep: American Women Speak out on Eating Problems*. Minneapolis, MN: University of Minnesota Press.

Psychological studies lend credibility to the concept that eating problems and body/weight preoccupation are metaphors for expressing “individual and social complaint” (Steiner-Adair, 1986). (“Individual and social complaint” is a term used by Steiner-Adair that reflects women’s dissatisfaction at their status in the world.) Feminist psychiatrist Steiner-Adair (1986) shows that to accept this culture, literally and uncritically, makes women sick. She found that girls who are unable to think critically, and therefore do not question the superwoman myth, are at the highest risk for eating problems. On the other hand, girls who are critical of the conflicted and unrealistic social expectations and standards for women today are far less likely to have eating problems. She views the body-conscious female as a symbol of a culture which does not support female development or the value of relationships so essential to a woman or girl’s life and postulates that women must be seen as a “body politic instead of a body pathological.” Steiner-Adair’s research suggests that girls with eating disorders have an intuitive awareness of the dangerous imbalance of cultural values, more so than most girls. Because of the culture’s abject denial of this imbalance, and the girls inability to articulate what they know is true, they tell the story with their bodies, with eating disorders.

These researchers believe, as do many psychotherapists, that eating problems and body/weight preoccupation are an interface between the conscious and unconscious mind. They also believe that eating problems and body/weight preoccupation reflect what is going on in the unconscious mind (Bloom et al., 1994). Analyzing the verbal expressions of these behaviors then reflects “what is going on in the unconscious mind.” Eating problems and body/weight preoccupation, which are typically approached and

treated as psychological issues, arise out of a particular social and cultural context. Investigating them without considering that context, as orthodox approaches do, functions to pathologize women (Lawrence, 1987).

Clinical practice reflects these findings. Many clinicians successfully treat clients with eating problems and body/weight preoccupation with the focus that eating problems and body/weight preoccupation are symbolic of other issues (Bloom et al., 1994; Costin, 1996; Orbach, 1985; Orbach, 1986). Through the process of in-depth inquiry, they begin to decipher the meaning behind the eating problems. Clinicians are then better able to communicate with their clients, better able to understand the presenting issues, and better able to help clients make changes.

Sociological Theory

Thompson (1994) conducted life-history interviews to examine how minority women interpreted the meaning of and reasons behind their eating patterns (p. 21). Her conclusions paralleled those of the psychoanalytic theorists. She studied African-American, Latina, and lesbian women, concluding that starving, binge eating and purging behaviors are ways of coping with society's own disorders, as well as "logical, creative responses to trauma" (p. 2). She argues that eating problems begin as survival strategies in response to many social injustices. She explores how public and medical perceptions of health and disease contain "metaphors created to explain, engage with, and sometimes dismiss illness" (p. 2):

Ultimately, more troubling than what the reliance on the ideal of thinness reveals about health research is what it may signal about United States society in general: it speaks to a social inability to openly confront and deal with injustice. In a country brimming with glorified images of youth, whiteness, thinness, and wealth, it makes painful sense that dissatisfaction with appearance often serves as a stand-in for topics that are still invisible. In fact, it is hard to imagine what the world might be like if people were able to talk about trauma and the ways they cope with it with the

same ease as they talk about dissatisfaction with their weight and appearance. (Thompson, 1994:11)

Thompson is clear that eating problems do not necessarily follow trauma, or more precisely, that “different exposure to trauma may distinguish a young girl who constantly worries about her weight from a woman for whom bulimia is the centerpiece of her day” (Thornberry et al., 1986). Her research shows that discomfort with weight, bodies, and appetite are often metaphors that girls and women use to speak about trauma. If the work of Bloom et al. (1994) is considered in this analysis, “trauma” can be extended to refer to the experience women have in a world that objectifies them and requires that they change to be acceptable. They put forth a convincing argument that the pervasive requirement to diet is experienced as traumatic (Bloom et al., 1994).

Other sociological researchers lend credence to works discussed in this literature review. Though not specifically interpreting women’s relationship with food, Sobal and Maurer (1999a; 1999b) have edited two books that examine body weight as a social problem and the social management of fatness and thinness. They explore the many ways people negotiate weight identities, reinterpret weight, and become involved in weight-related organizations, and argue that issues transcend the biomedical model typically used to consider weight issues.

Anthropological Theory

Anthropologists have been looking for meaning behind eating and food-related behaviors since the rise of structuralism. Anthropologists have studied food, food rules, and food ways to reveal cultural ideologies and to explain such things as cultural constructions of gender, class, nature, religion, morality, health, and the social order (Barthes, 1975; Caplan, 1997; Douglas, 1966; Douglas, 1975; Douglas, 1992; Levi-

Strauss, 1965; Levi-Strauss, 1970). Caplan (1997) states that food is like language. It has meaning that will shift according to contexts of time and place depending on with whom they are communicating. She believes that the study of food reveals our social and cultural selves, as well as our individual subjectivities. Foreshadowing this research project, Caplan posits that a search for meaning can be reached through the use of metaphor, metonymy, and symbol. However, little attention has been paid to the analysis of women's relationship with food and body in the United States even as research shows that a vast majority of women in the US have altered their food intake, and attempted to alter their body size and/or have expressed dissatisfaction with their bodies, as well as concern about the regulation of their food intake. Especially interesting is that most consider these behaviors normal. In fact, anthropological studies show that these behaviors are part of the social construction of femininity.

Cultural ideologies present in food rules and food ways

Race, class, and gender distinctions are manifest through rules about eating and the ability to impose rules on others. The dominant culture in America projects a belief that thinness connotes control, power, wealth, competence, success and beauty (Bloom et al., 1994; Brown and Jasper, 1993a; Coulston, 1998; Wolf, 1991). Not surprisingly, standards are stricter for women than for men, which means more women fall outside prescribed norms and feel less valued. Further, obesity for women varies directly with class status and ethnicity. The standard of thinness upholds a class structure as well as a gender power structure. Counihan (1999) compares the attitudes toward food and body of men and women in the United States to those prevailing in other times and places. The comparison reveals in stark outline how male power and female subordination are reproduced through food and body beliefs and practices.

Counihan's extensive work explores how, in Western cultures, eating habits and attitudes toward food are channels for expressing male dominance and female subordination. Women are supposed to have slender bodies, eat little, and provide food for others, especially men. Men are supposed to have powerful bodies, eat heartily, and be served food. These different stances toward food and the body reveal different attitudes toward the self. Women's sometimes servile role around food and their concern with restrictive eating and thinness reveal an insecurity about being women and a sense of powerlessness and subordination, whereas men's attitudes reveal a sense of self-confidence and entitlement (Counihan, 1999).

More recently, Counihan (1999) studied children to determine if gender identity could be seen through food themes in their fantasy stories. She argues, "Feeding and the ideas and values communicated through food ought to be important in children's development of gender identity because of food's social and symbolic significance" (p. 130). While she found no absolute differences in the use of food themes in stories, she noted that girls more often use food symbols for "parental identification through food tasks and feeding," while boys more often use them for "aggression and violence through images of devouring" (p. 154). She concludes that these children can use food to gain power. Interestingly, girls had a more secure relationship to food while boys expressed through the symbolic use of food both a greater sense of abandonment and "greater frustration of their dependency needs and less ability to satisfy them by themselves" (p. 152). That a girl's relationship to food becomes a source of disempowerment and insecurity as she matures is a question that needs to be addressed.

People select for worry those risks that reinforce social solidarity

Some anthropologists have situated the body as semiotic, showing how the body functions as both a “transmitter” and “receiver” of information which is, in turn, a function of the positioning of the individual in society (Lock, 1993:136). The Nichters (1991) posit that the American slimness ideal is related to values of control and release embedded in capitalist ideology, and show possibilities for individual resistance to this ideology. Reinforcing psychoanalytic theory, Mary Douglas argues that health concerns cannot be taken only at face value, that people will select for worry those risks that help to reinforce the social solidarity of their institutions (Douglas and Wildavsky, 1982).

Rejecting Cultural Mandates to Lose Weight

Women who continue to monitor their food and body are viewed as making the effort to improve themselves, “take care” of themselves, not “let themselves go,” etc. Abandoning this effort is often associated with letting oneself go, not caring about the self, potentially feeling defeated, depressed, and helpless. Most people do feel better when engaging in culturally appropriate behavior. However, (Burgard, 1991) found that those who quit trying to lose weight had higher levels of psychological health and well-being than those who continued to attempt to lose weight, even though they weighed between 200 and 480 pounds. Other research has shown that social avoidance and stress are related to a person’s perception of being overweight, but not to their actual body weight (Haemmerlie et al., 1988). In other words, thin people who believe they are overweight are more distressed than obese persons who are relatively unconcerned about their weight.

Burgard (1991) undertook an extensive study of women who weighed between 200 and 480 pounds. She found that those who *had quit trying to lose weight* showed a strong

positive correlation with higher levels of self-esteem, perceived self-control, and body-size acceptance. Those who had quit trying to lose weight were more accepting of their bodies, “have higher self-esteem, a stronger sense of self-control overall but a belief in external factors determining their weight, a greater sense of physical well-being, and more social support” (Burgard, 1991:82). Their personalities were apparently quite different from those who intended to lose weight. Those with no intention to lose “are more self-confident, dominant, psychological-minded, sociable, exhibitionistic, and creative, and less shameful and deferential” (Burgard, 1991:82). Those with low body acceptance who *intended to lose weight* believed their weight was mostly under their control, had more health concerns, a higher need for self-control (but lower perceived self-control), a higher *need* for body acceptance (but lower acceptance), and a higher need for abasement. Burgard argues that “perhaps it is the feeling that one’s body is unacceptable (a source of distress for women of all sizes in the present culture) that should be the focus of treatment” (Burgard, 1991:23).

Burgard’s subjects were almost unanimous in describing the difficulties of living as fat women in this culture: the daily assaults on self-esteem, the feelings of not fitting in, of being seen not as individuals but only as fat bodies. The difference in the results of the two groups in her study, she suggests, may lie in a difference in coping styles: one group of subjects tries to change their bodies to avoid this “fate,” and the other tries to change their attitudes toward their bodies. She questions whether those women with stronger coping skills are more likely to accept their bodies, or does the process of acceptance raise their self-esteem, perceived self-control, and physical well being. Hopefully further research will shed some light on this question.

Did these underlying personality differences cause these women to either fall into the group that intended to lose weight or the group that had quit trying to lose weight? Or did these personality differences develop sometime after shifting into one or the other group? Respondents in Burgard's study revealed that "there was a time when the high acceptance, low intention subjects would have looked more like the low acceptance, high intention subjects" (Burgard, 1991:94). It appears that each woman needed to move through a process that enabled her to cease feeling shameful and to begin to assertively defend her right not to have to lose weight.⁵

Other research has shown that social avoidance and stress are related to a person's perception of being overweight, but not to their actual body weight (Haemmerlie et al., 1988). In other words, thin people who *believe they are overweight are more distressed* than obese persons who are relatively unconcerned about their weight.

As previously mentioned, anthropologists Ritenbaugh and Cassidy both note increased distress in adolescents when they are identified by authorities as being "too fat," suggesting that identifying fatness and prescribing solutions to that can be viewed as an "acculturation model" (Cassidy, 1991; Ritenbaugh, 1982:359). The adolescents feel worse about themselves when they realize they have a disease. They did not lose weight but became more depressed after realizing they had a medical condition called obesity, which needed treatment.

Insisting a person's fatness is a problem can cause depression in that individual. Women who intend to lose weight have lower self-esteem and less sense of control over their lives. But consider research that shows that esteem improves with weight loss? It

⁵ Burgard did not query her subjects about their health status.

makes sense that when a person conforms to societal dictates, she or he will feel more accepted by society and hence feel better. Although many cite this as a reason to recommend monitoring food and body, doing so requires ignoring the 95 % to 98% failure rate of dieting. When 95 out of every 100 who lose weight regain it, and many put on extra pounds for their effort, using weight loss to improve self-esteem just does not make sense. Compounding this problem is the fact that many who do lose weight do not feel better, and, in fact, believe that if they just lost a bit more, they will then feel better. (Bloom et al., 1994; Hirschmann and Munter, 1996).

It has been shown that accepting or liking one's body can have a significant positive impact on an individual. It appears, also, that the size of one's body does not impact this result, as shown by Burgard, who found that women who weighed almost 500 pounds were not different in their ability to accept their bodies from women at 280. These findings, that women who have given up the attempt to lose weight report feeling better overall, goes against generally accepted beliefs in this culture, that is, that in order to be happy and content, people need to conform to recommended standards.

In this section of the literature review, I briefly discussed the traditional approaches to weight and health and an alternative offered. I raised the point that the focus on reducing body fat may be targeted against women in particular. Women have attempted to conform to these ideals though not without ramifications, not the least of which is eating problems and body/weight preoccupation. I discussed various theories of what these eating problems and body/weight preoccupation were about. In the next section, I will be reviewing the literature regarding metaphor and cultural models that will support the work of my study.

Cognitive Anthropology and Use of Metaphor

I will present in this section the prototype theory and how it gave rise to schema theory, as well as cultural models and look at the history and theory of metaphor.

Cognitive Anthropology

Anthropologists have contributed to the study of the mind throughout the past century, most specifically through the discipline of cognitive anthropology, the “study of the relation between human society and human thought” (D’Andrade, 1995:1).

D’Andrade gives a historical account of the growth and development of cognitive anthropology in *The Development of Cognitive Anthropology*. He recounts that knowledge structures early in the history of cognitive anthropology were thought to consist of paradigms and taxonomies, which in turn consisted of conceptual nodes defined by etic features in emic combinations. At least one feature was shared by all conceptual nodes thus constituting the integrity of the domain of analysis. By the mid-1970s, a variety of disciplines, including anthropology, linguistics, and psychology, noted that human cognition was more complex than what had been previously posited in theories to date. The name “schema” was given to this complex structure, though various names have been used, including frame, scene, scenario, and script (D’Andrade, 1995:122).

Most research on the concept of schema arises from the work of cognitive linguist Fillmore (1975). He argued that definitions of words based on a feature checklist, such as defining bachelor as an “unmarried man,” are grossly inadequate since, in the classic example, this does not take into account why a Pope would not be referred to as a bachelor. Fillmore made the case that to truly understand the term *bachelor*, one must also understand the *simplified world* on which the term is predicated. “One piece of

evidence for this view is that when a term is used in a context which does not fit this simplified world, the result is a semantic anomaly” (D'Andrade, 1992a:47). Fillmore questions how old can a man be and still be considered a bachelor and is someone who is professionally committed to remain single a bachelor? (Fillmore, 1975:128-129).

Using prototype theory, Fillmore explained that the term “bachelor” is understood in the context of a simple world in which a man becomes eligible to marry and is expected to do so around a certain age. The expectation is that he would stay married for life. If for some reason he did not marry at this age, he is called a bachelor (Fillmore, 1975:128-129). The Pope does not fit this prototype world of marriage practices that *bachelor* invokes and therefore would not be considered a bachelor even though he is an unmarried man. Fillmore's theory directly challenged the semantic theory that had governed the comparative study of kin terms, address terms, and ethnobiological terms with which cognitive anthropology had been concerned (D'Andrade, 1995).

Quinn was concerned that “cognitive anthropologists who subscribed to this theory of word meaning often spoke (and some still do) as if the meaning derived from contrasts among words subsumed all of cultural knowledge” (Quinn, unpublished:7). She found the idea of these prototype worlds enticing, believing that they would be a construct that could “capture the complexity of cultural meaning” (Quinn, unpublished:5). Quinn and other cognitive anthropologists began to “borrow schema theory to reconceptualize cultural understandings in its terms” (Quinn, unpublished:5).

Schema Theory

“The essence of schema theory in the cognitive sciences is that in large measure information processing is mediated by learned or innate mental structures that organize related pieces of our knowledge” (Strauss and Quinn, 1997:49). Schemas “are not distinct

things but rather collections of elements that work together to process information at a given time” (Strauss and Quinn, 1997:49). Strauss notes that many schemas are cultural because they are shared with people who have had similar experiences, but not with all people. Schemas are also called *cultural models*, especially when they are more complex (D'Andrade, 1995; Strauss and Quinn, 1997).

Fillmore notes how large sets of terms can be based on one underlying schema. This is the case with the schema of *commercial event* in which a *buyer* gives money to a *seller* in exchange for some object. One must understand this schema to understand words such as *buy, sell, lease, charge, tip, refund, tuition, salary*, etc. Research on how understanding a schema is necessary to comprehend word meaning has been undertaken by Hutchins (1987), Sweetser (1987), Kay (1987), D'Andrade (1987) and others.

Quinn further clarifies that a schema is built up from experience and stored in memory; it is generic, a cumulative outcome of successive experiences that are alike. “Although schemas can change, those built on repeated experiences of a similar sort become relatively stable, influencing our interpretations of subsequent experiences more than they are altered by them. To the degree that people share experiences, they will end up sharing the same schemas. They will have, for example, the same culture (or subculture). The social world is constructed in just such a way that many of our experiences--the language we speak, for example, or the way we are brought up as children, or the built environment we inhabit--are indeed shared” (Quinn, unpublished:6). Quinn’s premise is that many of our schemas are cultural ones.

Keller (1992) states that, in general, schemas are organizations of knowledge which have three defining properties:

- Simplify experience
- Facilitate inference
- Are partially invoked by and constitutive of goals

“Schemas sometimes reconstruct our memories of past events, determine the meanings we impart to ongoing experience, and give us expectations for the future. Schemas also fill in missing or ambiguous information” (Strauss and Quinn, 1997:49). Strauss suggests that the idea of schema can be called to mind by considering everything that can be left unsaid in a particular conversation because the speakers assume that others share their schemas. She claims that without partially shared schemas, social interaction would be exceedingly cumbersome, even impossible. Schemas can be both positive and negative; for instance, a negative stereotype is a type of schema that can have an adverse impact upon our interpretation of the present or anticipation of the future (Strauss and Quinn, 1997).

Schemas can include words, but are hardly limited to these. They can include experience of all kinds: unlabeled as well as labeled; inarticulate, as well as well-theorized; felt, as well as cognized. Schemas, in short, can be as various and complex as the experience from which they are derived. The same is true, of course, for cultural schemas, which do not differ from other schemas except that they are built up from shared experience.

Cultural Models

Cultural models are socially constructed (learned and internalized) cognitive schemas of feelings and thoughts that mediate the interpretation of ongoing experiences and the reconstruction of memory (Strauss, 1992). These models are widely shared among specific social and cultural groups. They depict prototypical events in a simplified

word, which we take to be normal events (D'Andrade, 1995). Because of this, cultural models are highly motivating. This motivational force is the result of the “authority and expertise with which cultural models may be invested, as well as their intrinsic persuasiveness” (Quinn and Holland, 1987:9). Others’ research support these conclusions (Hutchins, 1987; Linde, 1987; Price, 1987).

Cultural models are compelling in a way that does not depend on what the experts say and often seems highly resistant to revision in the face of apparent contradiction. Largely tacit and unexamined, the models embed a view of ‘what is’ and ‘what it means’ that seems wholly natural--a matter of course. Alternative views are not even recognized, let alone considered. But more than naturalness, these cultural models grant a seeming necessity to how we ourselves live our lives. (Quinn and Holland, 1987:11)

Directive force of cultural models

The directive force of cultural models relates to what we accept as the typical and normal way of life, which is based on the lives of those around us. Our lives are confirmed by the beliefs and actions of other people. But there is more to the force of cultural models than people’s “conformity to the dictums popular in their time” (Quinn and Holland, 1987). Quinn and Holland (1987) explore the work of D'Andrade (1984) and Spiro (1961) looking at how socially required behavior comes to be inherently motivating for individuals. For the behavior to be inherently motivating, it must satisfy some culturally defined need or realize some strongly held cultural norm or value. A person finds achieving a culturally prescribed goal or following cultural directives to be motivationally satisfying. To not do so produces anxiety (Spiro, 1961). The result is that the directive force of the cultural model is experienced by the person as a need or an obligation to do something (D'Andrade, 1984).

As an example of the directive force of cultural models, Quinn and Holland (1987) look at D'Andrade's (1984) work on the cultural meaning of success for Americans.

D'Andrade found that accomplishment may be rewarding because it helps a person meet needs for personal recognition and achievement (both culturally shaped), and accomplishment has therefore become valued in its own right. This contributes to an understanding of success. Quinn and Holland quote D'Andrade (1984):

[For] this inner motivation to be successful, . . . and social pressure toward conformity with the image and the life-style that mark success, together and in interaction overdetermine the motivational component of this cultural meaning system. . . . perhaps what is surprising is that anyone can resist the directive force of such a system. (Quinn and Holland, 1987:12)

Most Americans are interested in achieving success, even though what we consider to be success is, for most of us, unattainable. Nonetheless, the understandings of success have directive force and become “closely bound up with the sense individuals have of themselves and the sense they make out of their lives” (Quinn and Holland, 1987:12).

Quinn and Holland argue that cultural models “organize what are, literally, vital understandings” (Quinn and Holland, 1987) which serve to guide, orient and direct individuals (D'Andrade, 1984).

Ideological force of cultural models

Quinn and Holland (1987) discuss the ideological force of some of these models and their use as instruments of ideological hegemony using the work of Spiro (1961). Social life depends on the juxtaposition of what is socially required and what is individually desired. Those who are in power in a given society and those who stand to benefit from this control over others are dependent upon the willingness of the people to conform. “Therefore, states and other agencies promulgate ideology persuading people to do what they otherwise might question or resist doing” (Quinn and Holland, 1987:13) though they are not always effective.

To be successful, ideologies must appeal to and activate preexisting cultural understandings, which are themselves compelling. Even though ideologues may mold and adapt cultural models to their own devices, and often show a great deal of genius for doing so, they do not create these cultural ideas *de novo*, nor are they able to guarantee the power of any given cultural model to grip us. (Quinn and Holland, 1987:13)

Quinn and Holland also argue that to be convincing, an ideology must pose as either legitimate or inevitable. They use the words of Lewontin et al. (1984), "If what exists is right, then one ought not to oppose it; if it exists inevitably, one can never oppose it successfully." Quinn and Holland summarize that views of what is "right and what is inevitable are largely given by cultural models of the world" (Quinn and Holland, 1987:13).

No one person has the entire cultural model or an entire series of cultural models in her or his head (Bialostok, 1999:47). Cultural models of anything are distributed in context and become available among the group so that they can ultimately be shared. However, no two people share all the culture of the group. Rather, each person carries with her or him a bit of the model and can ultimately share the information to understand the entire picture. Schema theory is often considered to be exclusively mental structures inside the head. Bialostok (1999) notes cultural models do not simply happen in the head; they are enacted as a social practice in the social world between people.

History and Theory of Metaphor

"Metaphor is the cognitive mechanism whereby one experiential domain is partially 'mapped', i.e. projected, onto a different experiential domain, so that the second domain is partially understood in terms of the first one" (Barcelona, 2000:3). In metaphoric language, a topic is transformed by viewing it in terms of something quite different. Scholars of the classical tradition, Aristotle being one of the earliest and most

influential, considered metaphor's function to be illustrative or ornamental. Modern theorists of metaphor however, believe that metaphor's role in communication is much more important than the classically held views. This review of the literature on metaphor will provide insights into these various theories.

Aristotle praised metaphor as a mark of genius. He presented a comparison theory of metaphor in which every metaphor compares two things, one of which is designated by a word or phrase used literally and the other of which is designated by a word or phrase used metaphorically (Gibbs, 1994). Aristotle's comparison theory is known as the "substitution theory" because he believed that a metaphor is really a substitution for a simile. A metaphor was simply a simile without the "like" or "as."

Metaphor reflective of language, but not thought

According to Aristotle's classical theory of language, the basis of metaphor is linguistic, not cognitive (Lakoff, 1993). Metaphor was viewed as reflective of language, but not thought. "Metaphorical expressions were assumed to be mutually exclusive with the realm of ordinary everyday language: everyday language had no metaphor, and metaphor used mechanisms outside the realm of everyday conventional language (Lakoff, 1993:202). Metaphors were considered no more than adorned speech and were certainly not considered essential to the cognitive meaning of everyday language.

Lakoff (1993) noted that Aristotle's theory was not only accepted as truth for centuries, but it also became definitional. 'Metaphor' was defined as a "novel or poetic linguistic expression where one or more words for a concept are used outside of their normal conventional meaning to express a 'similar concept'" (Lakoff, 1993:202).

For centuries, metaphor was thus considered a matter of style, not of cognition. Philosophers such as Locke vehemently dismissed metaphor, claiming that speakers

abused language and deceived people by using words metaphorically (Locke, 1965). Locke went so far as to claim that all figurative expressions were for nothing more than to “to insinuate wrong ideas, move the passions, and thereby mislead the judgment” and called them “perfect cheats” (Locke, 1965:285). Many twentieth century positivist philosophers and others “either state or imply that metaphors are frivolous and inessential, if not dangerous and logically perverse, by denying to them 1) any capacity to contain or transmit knowledge; 2) any direct connection with facts; or 3) any genuine meaning” (Cohen, 1979:3).

This negative, ornamental view of metaphor permeated philosophic and scientific thought until the twentieth century. Then language theorists began to reject Aristotle’s theory and move away from classical positivism, and became interested in the importance of metaphor in thought. With this new view, metaphor came to be viewed as essential to all types of discourse and critical to thought (Barcelona, 2000; Fesmire, 1994; Gibbs, 1994; Lakoff and Johnson, 1980; Steen and Gibbs, 1997). Metaphor is now credited with all three of the above listed “virtues” (Cohen, 1979:3). Ortony states that the widespread use of metaphor in even the earliest “teaching texts,” such as Plato’s *The Republic and Parmenides* and the Bible suggests that metaphor is more than just a literary stylistic device. He posits that not only is metaphor an essential ingredient of communication, it is also of great educational value (Ortony, 2001:10).

Metaphor critical to thought processes

One of the most influential of the early twentieth-century theorists was I.A. Richards. He objected to the traditional perception of metaphor as merely a figure of speech and as the substitution of one word for another. Instead, not only is language metaphoric, but so is thought. Reflecting a currently held view that metaphor is

ubiquitous, Richards called metaphor “the omnipresent principle of language” (Richards, 1965, 92).

Richards introduced an interaction view of metaphor, “When we use a metaphor we have two thoughts of different things active together and supported by a single word, or phrase, whose meaning is resultant of their interaction” (Richards, 1965:93). Richards also introduced two new terms for the discussion of metaphor: “tenor” and “vehicle.” The tenor is the primary idea that the speaker is trying to communicate. The vehicle is the idea the speaker uses in reference to the primary idea to produce a new meaning (Richards, 1965). For instance, in the expression "life is a game," life is the tenor and game is the vehicle. The thoughts about life and the thoughts about a game interact to give a new understanding of qualities of life.

Since that time, a number of terms and theories have been introduced to describe metaphor. For instance, in the mid-twentieth century, Black further developed Richards's interaction theory. Black referred to the tenor as the “principal subject” and the vehicle as the “subsidiary subject.” The metaphor acts as a filter, suppressing some details of each subject and emphasizing others, to organize a new view of the principal subject (Black, 1962).

In a later work, Black changed the terms “principal subject” and “subsidiary subject” to “primary subject” and “secondary subject,” respectively. He explained the interaction with “The presence of the primary subject incites the hearer to select some of the secondary subject's properties; and . . . invites him to construct a parallel implication-complex that can fit the primary subject; and . . . reciprocally induces parallel changes in the secondary” (Black, 1993:28).

Searle (1993) suggested three steps to determine how the literal meaning of the metaphor relates to the intended meaning. First, the sentence is recognized as metaphoric when the hearer realizes it is “obviously defective if taken literally” (Searle, 1993:108). Second, the subject and the predicate of the metaphor are compared, noting any similarities between the two.⁶ Third, any attributes of the predicate which do not apply to the subject are eliminated (Searle, 1993). Searle's theory shows a reliance upon both the comparison and interaction models (Kreitman, 1999:126).

Conceptual systems are metaphoric

During the past two decades, Lakoff and Johnson have promoted the idea that metaphor is pervasive in both language and thought, claiming that conceptual systems are metaphoric (Lakoff and Johnson, 1980). "The locus of metaphor is not in language at all, but in the way we conceptualize one mental domain in terms of another" (Lakoff, 1993:203). Lakoff and Johnson (1980) labeled the two domains as the “target” domain and the “source” domain. For instance, in LOVE IS A JOURNEY, LOVE is the target domain and JOURNEY is the source domain. Each source domain has a set of properties which correspond to properties in the target domain. The target domain LOVE consists of ideas people have about love, such as the lovers, their relationship, and their goals. The source domain JOURNEY includes concepts about the journey, such as travelers, the vehicle, and their destination.

According to Lakoff, this set of correspondences between the two domains is the metaphor. He referred to the correspondence between the domains of LOVE and JOURNEY as the LOVE IS A JOURNEY metaphor. To Lakoff, the expression, "Our

⁶ The predicate of the metaphor corresponds to the vehicle in Richards's theory or the secondary subject of Black's theory.

relationship has hit a dead-end street,” is not a metaphor but instead expression of the LOVE IS A JOURNEY metaphor (Lakoff, 1993). “Our relationship” belongs to the target domain LOVE, and “dead-end street” belongs to the source domain JOURNEY. Other conceptual metaphors identified by Lakoff and Johnson (1980) included TIME IS MONEY, THE MIND IS A MACHINE, UNDERSTANDING IS SEEING, IDEAS ARE FOOD and IDEAS ARE PEOPLE.

Thought Processes Are Metaphorical

It is now accepted that metaphor is a significant part of people’s everyday conceptual system, not merely ornamental language (Steen and Gibbs, 1997). Lakoff and Johnson (1980) argue that human *thought processes* are largely metaphorical. The reason that metaphorical expressions are present in everyday language is that there are metaphors in a person’s conceptual system (Lakoff and Johnson, 1980).

Research during the past 20 years has shown that metaphor is a specific mental mapping that influences how people think, reason, and imagine in everyday life (Holland and Quinn, 1987). This work is based on the claim that many concepts, especially abstract ones, are structured and mentally represented in terms of metaphor. This claim is empirically supported by different research looking at systematic patterns of conventional expressions, novel usages, and historical shifts in word meanings, as well as work looking at the importance of metaphor in grammatical forms (Gibbs, 1997).

Researchers claim that conventional metaphors are usually unconscious cognitive mappings that are pervasive in everyday language (Barcelona, 2000). Within cognitive linguistics, there is general agreement upon the systematicity of metaphor. Complex hierarchical networks of conceptual metaphors have been discovered in English and other

languages. These networks reveal that a “given metaphor is often just a particular manifestation of a more abstract superordinate metaphor” (Barcelona, 2000:5-6).

Metaphors are to a large extent culture-specific, and are also specific to subcultures. “Domains of experience are not necessarily the same in all cultures, but the most abstract, overarching metaphors seem to have as input or ‘source’ domains universal physical notions like ‘verticality,’ ‘container,’ etc., known as ‘image schemas,’ which are acquired on the basis of our earliest bodily experience” (Barcelona, 2000:6). The work in a variety of disciplines, such as cognitive psychology and psycholinguistics, has resulted in significant empirical evidence that demonstrates the validity of many ideas about conceptual metaphor from cognitive linguistics (Gibbs, 1994; Gibbs, 1997).

Conceptual Metaphor: A Core Aspect of Understanding

With the use of the term “conceptual metaphor,” Lakoff and Johnson (1980) highlighted two crucial aspects of understanding. First, metaphor structures embody understandings and typically operate below the level of consciousness. Additionally, at the root of a variety of linguistic manifestations, there may be one basic metaphor, a classic example being “ARGUMENT IS WAR” (Lakoff and Johnson, 1980). Since this is not exactly a “linguistic” pattern, “it may be called, for theoretical purposes, conceptual” (Fesmire, 1994). Second, metaphor is said to structure thought and therefore plays a crucial role in our *inferences*. If we understand an argument as something to be won or lost, where we are interacting with an opponent, how we think or act will be in terms of our understanding of an argument in terms of war. Use of this metaphor does not lend itself to possibilities for resolutions that would occur if, for instance, arguments were understood in terms of the harmonious functioning of a biological organism (Fesmire, 1994).

“Metaphors are habitual (stable, but flexible) patterns of understanding and experiencing” (Fesmire, 1994:152). The environment contributes to the development of metaphors, and as the environment changes, different metaphors emerge. For instance, if we did not journey, then there would be no "journey" image schema. By the same token, there would be no understanding of love or life as a journey. The presence of wars allows an understanding of argument in terms of war. Because metaphors are such a significant aspect of patterns of understanding and experiencing, they can be used to examine cultural models.

Summary

I opened this literature review with the work of Nichter (2000), who examined girl's talk about food and body and found that it functioned to create a sense of self, a sense of solidarity. During this project, it became increasingly apparent to Nichter that women were doing and saying similar things. Of herself she noted, “Though nothing was said to me overtly about my need to diet, I had received a message about women, weight and their relationship to food that was to stay with me for many years to come” (p. 123).

I next looked at dominant thinking regarding obesity, followed by challenges to that thinking with the introduction of an alternative paradigm. This was followed by a review of anthropological, psychological and sociological theories regarding women's relationship with food and body. I surmised that women become conflicted about food and body as a way to displace conflicts about society.

At the end of this literature review, I discuss cultural models and metaphor. An understanding of the cultural model women's use to discuss their relationship with food and body would allow the opportunity to understand Nichters experience of being aware of the need to diet even though nothing was said to her overtly, an experience mirrored

by the subjects in her study. It would also provide the opportunity to better understand how “fat talk” functions to create solidarity. In the next chapter, I discuss the findings of the current study.

CHAPTER 4 REPORT OF FINDINGS: CONCEPTUAL METAPHORS

This chapter presents findings for this research study. I will present the data collected on subjects that meet the research criteria but were not selected, followed by the results of quantitative testing. To introduce the individual subjects, as well as to report the data, metaphors are initially presented in a way that forms a story about each individual subject. The reconstructed conceptual metaphors are then presented, followed by an extensive comparison of those conceptual metaphors used by the Low Intent group and the High Intent group. Next the subjects are regrouped for the discussion of the results.

The reconstructed conceptual metaphors are presented in capital letters, as is the custom. Any conceptual metaphor for which only one linguistic metaphor was found is marked with an asterisk. For ease of comparing conceptual metaphors among subjects, conceptual metaphors are listed in the same order.

Overview of Study and Results of Quantitative Testing

The 10 subjects were selected based on the results of a seven-page questionnaire and a brief ten-minute interview during which they were questioned about their relationship with their body and their intention to lose weight. They were selected from a group of 48 Caucasian women, aged 30 to 50 years, at least three years post-partum, who responded to the queries described in Chapter 2. All but one woman remained interested in participating in the study after finding out about the extensive time commitment. Twenty-five women were ruled out because it was determined that they did not meet research criteria before they were interviewed or completed the questionnaires. All but

one woman was still interested and underwent a brief ten-minute interview, and completed a seven-page questionnaire that queried for specific information, such as current height and weight, feelings about their eating and body, their intention to lose weight, and demographics (gender, age, sexuality, race/ethnicity, marital status, education, current occupation, partner's education and current occupation). Additionally, each potential subject completed two test instruments to determine degree of body image distress and to rule out those with eating disorders. The two tests instruments were: 1) the Body Shape Questionnaire (BSQ) (Cooper et al., 1987), which measures attitudes and behaviors about body shape; and 2) the Eating Attitudes Test (EAT) (Garner and Garfinkel, 1979), which has been shown to be a reliable measure for screening for eating disordered behavior. Several subjects were ruled out due to high scores on the EAT. The questionnaire they completed included several questions about desire to lose weight and acceptability of current body size. Table 4.1 lists the results of this testing.

Table 4-1. Results of testing for initial recruits

Subject	Height	Weight	BMI	Intent	BSQ	EAT
1	5'9"	146	21.5	Low	147	4
2	5'5"	105	18	Low	193	3
3	5'2"	110	20	Low	187	8
4	5'9"	145	21.5	High	173	4
5	5'8"	280	46	High	145	1
6	5'2"	145	26.5	Low	153	6
7	5'6"	183	29.5	High	128	6
8	5'4"	152	26	High	128	6
9	5'6"	130	21	High	167	7
10	5'10"	130	19	Low	176	4
11	5'6"	139	22.5	High	82	24
12	5'5"	129	21.5	High	145	8

Based on the results of these tests and questionnaires, five subjects were selected who exhibited high body acceptance and low intention to lose weight, and those with low body acceptance and high intention to lose weight. Consideration was also given to the subjects' BMI. Selections were made so that the women's BMI's in both groups would

be similar, that is, no group was much thinner or fatter than the other. Heights and weights were self-reported since because exact measurements were not necessary for my study. The critical variable, desire to lose weight, has been shown to not be linked to body weight or height (Bloom et al., 1994; Burgard, 1991).

I expected that those women with low intention to lose weight would exhibit different results in the current study than women with high desire to lose weight based on previous research. Burgard (1991:82) reported that those women who had low intention to lose weight “showed higher self-esteem, perceived self-control overall but a belief in external factors determining their weight, a greater sense of well-being and more social support” than women who had high intention to lose weight. One subject moved between groups prior to the start of the interviews. At the initial intake interview, Katie had a high desire to lose weight, but her interviews were delayed due to surgery. When the interviews started four months later, she had lost weight and had no desire to lose more weight so she was recategorized in the low intention group (and an additional subject was sought with high intention to lose weight).

At the completion of the interview series, the subjects were given two additional quantitative tests: 1) the Revised Restraint Scale (RRS) (Herman and Polivy, 1980), which assesses dietary restraint defined as a chronic tendency to restrict food intake and to think about weight; and 2) the Rosenberg Self-Esteem Scale (RSES) (Rosenberg, 1965) which is a ten-item questionnaire measuring attitudes of general self-worth, positive self-esteem, and global self-esteem.

The results of the quantitative testing are shown in Table 4-2. Low Intent subjects are listed first, and High Intent second.

Table 4-2. Results of quantitative testing

	Height	Weight	BMI	Intent	BSQ	EAT	RSES	RRS
Rita	5'8"	155	24	Low	41	0	24	8
Sue	5'8"	143	22	Low	53	6	25	10
Chris	5'61/2"	140	22	Low	68	2	19	14
Lisa	5'2"	190	35	Low	53	1	25	8
Katie	5'6"	127	20.5	Low	79	10	30	15
Diane	5;6"	137	22.5	High	51	5	20	19
Mary	5'6"	203	35	High	108	9	23	21
Ali	5'5"	151	25	High	121	17	12	18
Kathy	5'8"	156	24	High	67	3	27	10
Brenda	5'8"	171	26	High	135	12	21	21

Intent. Intent refers to the intention of the subject to lose weight, as determined at the initial interview. Subjects were selected so that five had low intention to lose weight and five had high intention to lose weight.

Body Shape Questionnaire. The Body Shape Questionnaire (Cooper et al., 1987) measures attitudes and behaviors about body shape. The instrument contains 34 six-point Likert-type items and measures desire to lose weight, body dissatisfaction, feelings of low self-worth in connection with weight, feelings of fatness after eating, self-consciousness in public, and distressing thoughts about weighing too much or being too big in certain body regions. The total score on this measure serves as an index of overall body image distress, with higher scores indicating more negative body image. The BSQ has been shown to correlate with other measures of body dissatisfaction and disordered eating in clinical and nonclinical samples. Interpreting the scores of this test is that those over 121 have a negative body image, and those below 56 have a positive body image. The range of scores for the BSQ was:

Low Intent = 41 to 79

High Intent = 51 to 135

Eating Attitudes Test. The Eating Attitudes Test (Garner and Garfinkel, 1979) is a reliable psychodiagnostic measure for objective, self-reporting screening of eating

disordered behavior in a nonclinical sample. A score over 20 suggests the presence of an eating disorder. No subject that scored 20 or over was accepted into the study. The range of scores for the EAT was:

Low Intent = 0 to 10

High Intent = 3 to 17

Revised Restraint Scale. The Revised Restraint Scale (Herman and Polivy, 1980) assesses dietary restraint defined as a chronic tendency to restrict food intake and to think about weight. The RRS consists of five 4-point and five 5-point Likert-type items. A Restrained eater is indicated by 17 and above points, nonrestrained by 16 and less points. The range of scores for the RSS was:

Low Intent = 8 to 15

High Intent = 10 to 21

Rosenberg Self-Esteem Scale. The Rosenberg Self-Esteem Scale (Rosenberg, 1965) is a 10-item questionnaire measuring attitudes of general self-worth, positive self-esteem, and global self-esteem. Total possible points is 30 with higher scores representing higher self-esteem. The range of scores for the RSES was

Low Intent = 19 to 30

High Intent = 12 to 27

Cognitive Metaphor Analysis: Food and Body Metaphors

The metaphors found in the subjects' interviews regarding food and body fell in five general categories: food, eating, body, weight, and hunger/fullness. There were wide ranges of experiences represented by the metaphors in all general categories. For instance, while Rita found food to be a "source of life," Brenda saw food a "limited resource" that could "do damage." An introduction follows of each subject and then a

narrative is given about the subject's relationship with food and body. The narrative was written incorporating the vast majority of metaphors the women used about food and body in the interviews. All metaphors are in italics. The first five stories are of those women who fell into the Low Intent group, the second five are of those women who fell into the High Intent group. The metaphor analysis follows this section.

Metaphors by Subject: Low Intention to Lose Weight, High Body Acceptance

The following five narratives are for women with low intention to lose weight and high body acceptance.

Rita: "Not a lot of psychic energy"

Rita is a 46-year-old woman who is 5'8" and weighs 155 pounds. Her BMI is 24. She is divorced from her first husband and is raising two college-aged children. She holds an advanced college degree and works as a social worker. Regarding her body on the initial questionnaire, she wrote, "I like it. I'm relatively happy with it. My body's been good to me. . . . The pleasures and pains (both physical and emotional) of the body/of my body have been humbling." She showed a low desire to change her body weight. Her BSQ revealed a positive body image, the most positive of any subject, and she had the lowest score of any subject on the EAT, indicating that she had minimal conflicts regarding food and body.

Metaphors related to food. The metaphors Rita used to discuss food and body were reflective of her initial interview. She described food as "a socially soothing thing," "the source of life," and "life." Sometimes she is a "picky eater" and sometimes she is "not picky," but mostly there is "not many psychic energy" behind it. She will "waltz into the refrigerator" to find something to eat. She feels comfortable "turning down" food. She will occasionally think she "blew that" when she ate enough that she became

uncomfortable. She has a strong "desire for food as separate from the social structures," meaning that she enjoys eating alone so that she can focus on the taste and enjoyment of the food. She also enjoys eating with others, especially her boyfriend and her two children.

Rita has "mystery cravings," desiring food but unsure of exactly what she wants. She described engaging in short searches for this mystery food, ultimately deciding that it was about a hunger for something else, such as rest or sex, ending her search. And while she will eat "crap," she likes to select healthy food as often as possible. She will "pile on" foods when she prepares them.

Metaphors related to eating. Rita's primary metaphor for eating was to "feast," reflecting her view of eating as a positive activity. It can be "prophylactic" when she eats in a way that helps manage her hunger. Alternatively, she will "wolf down" food or "stick something in there," "get it down there," or eating will involve "popping those in your mouth." She also discusses eating in a more passive manner saying "It goes in there" or "[a food] would get in my stomach." When she eats she might "top it off with" another food, apparently viewing the food entering a container, the stomach, in layers.

Metaphors relating to body. Rita believes her "body manages" her eating, and "checking in" is important in that process. She talks about eating in ways that are reflective of externally regulated eating, saying, "My mind will override my stomach." What is interesting about this is that Rita describes her eating in a way that shows she is an externally-regulated eater. When Rita said, "My mind will override my stomach," she meant that sometimes she is so full that she will have to tell herself to quit eating. This metaphor makes it appear that Rita is an externally-regulated eater (cognitively controls

her intake), but she is actually one of only two subjects who are almost entirely internally-regulated, the other being Sue. A third, Kathy, also frequently internally-regulates her eating and also describes it in terms that make it sound like she is an externally-regulated eater.

Metaphors relating to eating a lot. For Rita, eating a lot is described as she "wanted to eat the world," reflecting her desire as a teenager to take in her world and, at the same time wanting to satisfy an appetite that was reflective of a growing body. This was the only positive metaphor used by any of the subjects to reflect eating a lot (Diane and Chris also used some neutral metaphors for eating a lot. The remaining 56 metaphors for eating a lot were negative.)

She also describes eating a lot as something that occurs when she "slightly overshoots" her body's signal of satiety or when her "body gives me too many calories." The second expression is a passive acceptance of a situation. The use of the more passive description is important here as it possibly allows her not to feel a strong responsibility for her behavior. This also allowed her to escape any kind of self-blame or harsh self-criticism. She used no negative metaphors related to eating a lot. Rita did not discuss actively counter-regulating this over-eating, and she did not see it as a problem. Ultimately, her "body manages" it. This same lack of criticism around food and eating could be seen in her expressions about other people, "People have different drives towards those pleasures." Again this expression reflects Rita's focus on eating and food as a pleasurable experience.

Metaphors related to weight. Rita's experience of weight management could be described as a "light touch." She might notice that over several years her weight "will go

up to" a certain point where her clothes do not fit as well and she will cut out desserts and possibly alcoholic beverages to "get down to" a weight at which she is more comfortable in her clothes. She also said, "It went away" and it "went close enough down" to her original weight. Again, Rita uses a more passive voice when describing the regulation of her body, indicating a low need to control body weight. At the time of the interview, she was "at the top of" her weight at 155 pounds. She called many weight as "outlandish proportions."

Metaphors related to food. The metaphors Rita used to discuss food and body were reflective of her initial interview. She described food as "a socially soothing thing," "the source of life," and "life." Sometimes she is a "picky eater" and sometimes she is "not picky," but mostly there is "not many psychic energy" behind it. She will "waltz into the refrigerator" to find something to eat. She feels comfortable "turning down" food. She will occasionally think she "blew that" when she ate enough that she became uncomfortable. She has a strong "desire for food as separate from the social structures," meaning that she enjoys eating alone so that she can focus on the taste and enjoyment of the food. She also enjoys eating with others, especially her boyfriend and her two children.

Chris: "It's more a vehicle of me"

Chris is a 30-year-old woman who is 5'6 ½ " and weighs 145 pounds. She has a BMI of 24. She has never married and has worked as a cook at a small café though she tended to change jobs frequently. She holds a Bachelor of Science degree. The initial interview showed Chris to be content with her body size with minimal interest in losing weight. The BSQ revealed she had a positive body image and the EAT showed she did not have an eating disorder.

Metaphors related to food. Chris prefers food that is "solid" and "substantial."

When it is not, she finds food to be "crazed stuff" and "heavy" in a negative way. Sometimes it "drives me crazy," especially when she believes that the food she is eating is directly impacting her body's functioning. For instance, if she goes through a period of constipation, she will put forth a great deal of time and energy trying to determine what foods might be causing it and what she needs to do to fix it. This need for harmony, or balance, is reflected in the comment "Coffee and my stomach do not get along in the morning." It is even more directly addressed with terms she used to describe eating: "balance," "out of balance," and "use a longer time frame to balance." Eating can be a "downward spiral thing," and "confined." It can go "out the window" and can "throw my body out of whack." Sometimes "it'll snowball" in which case she might need to "let go" and "give myself permission" to eat unhealthy and/or overeat before she can "switch back" to healthy eating. For Chris then, she is either on or off her correct eating program, and she feels the need to use control to make it happen. This is very unlike Rita who did not exert much control over her eating or her body.

Chris selects food based on what she feels her body needs in the moment. For instance, eating meat "cleans out my system." (This is in direct contrast with Ali who feels that meat clogs her system, and avoids eating it to ensure a clean system). The use of the metaphor "dig in" reflects both her enjoyment of eating, and her enjoyment of eating a lot. For Chris, eating a lot is "like a habit until you click and say what am I doing; it's more a vehicle of me rather than me." She also describes eating a lot in drug-like terms, it "gives you like, boom, alleviates your brain, because you're like boom, aaahhhh." Food serves to give her a "boost" or "kick." This aspect of her relationship

with food did not become apparent until the last interview at which point she began to talk about her eating in ways that more closely describe binge eating. Chris may not have been comfortable enough to talk with me about this binge aspect of her eating at the initial interviews, but even at the last interview she did not address the issue directly. During the analysis of the interview, this aspect of her relationship with food became much more apparent. Words used to describe eating a lot, such as "overload" "go crazy," when she ate "tons" reflected her confusion surrounding eating. She often "felt gyped" by food and would initiate eat because she "was munchy."

I found it confusing to discuss food likes with Chris because her definition of liking a food did not always consider taste (this was the case for Diane as well). In other words, if she liked the taste of the food, but the food was not healthy, she did not like the food. So unless the food was seen as "healthful," she could not like it. Chris had no metaphors for unhealthy food though she did say that "part of the bluff" involved in these types of foods was the taste. It was almost as though the taste of the food tricked her into eating it. She prided herself in her cooking abilities; she could easily "whip up" foods that she enjoyed and considered to be healthy.

Metaphors related to body. Though she liked her body as is, Chris would have liked it to have been more "streamlined," as it was when she was growing up. She was always slender until her junior year in high school when she effectively quit speaking to her parents and began coming home from school to sit in front of the TV. During the commercials she would run to get, or cook, unhealthy foods to eat while watching TV, and she would still eat dinner (in silence) with her parents. One day she noticed the 20-pound weight gain and decided to lose it. Rather than eating while watching TV, she rode

a stationary bike and got her weight back down to approximately 130, a weight she maintained for many years. Of that time of her life she stated, "I lived so distant from my body."

Metaphors related to eating. To manage her eating she would "keep track of what I'm eating" and would expend effort to "get back on track." She stated confidently that "I'm always going to come around." Managing her eating in relationship to weight was given only cursory notice. Her primary goal in eating management was to enable the body to function smoothly. (Sue and Diane had similar goals; Ali, Kathy and Mary also had this goal but it was combined with the desire to closely manage their weight). Chris said of her body, it "let's me down" and it would "wear you down," and she talked of "running yourself ragged." She felt "bound up" and that her body, especially her stomach, was a "traitor." She had many feelings about this "betrayal." On the one hand, she acknowledged, "I'm not the Almighty," but on the other hand, she also said she had to "fight it." Her hips "spread," her buttocks "squished," and her stomach "bloating." She saw body fat as "extra stuff hanging around" and "extra just holding you down."

Metaphors related to weight. Chris had only two metaphors that were reflective of weight management and no metaphors for weight gain or loss. She saw weight management as "streamlining yourself." Although she put little effort into changing her body size, she did say there would be a point when "the line was drawn in the sand," and she would need to actively lose weight, but she did not say when this would be. She did not exercise, saying she was "like a slug."

She saw large women as being "more cut to the chase," more trustworthy and dependable than thin women. She also called them "squishy" in a positive way. Thin women were "willowy" and "flowy."

Metaphors related to hunger. When she felt hungry, she felt "empty" and the "need to fill myself up," and to "refuel" though sometimes she was unsure of her body's signals saying, "Sometimes I cannot pin my body," and when that happens things "could get wacky."

Diane: A "big balance thing"

Diane is a 30-year-old woman who is 5'6" and weighs 137 pounds. She has a BMI of 22.5. She has never been married and has no children. She is living with her boyfriend of six years. She is pursuing an advanced college degree and works as a graduate assistant. At the initial interview, she said that she usually does not like her body and has always felt that she is "on the verge of becoming very fat." She exhibited a great desire to lose weight in the initial interviews. However, during course of the interviews, it became clear she felt a great deal of body shame which did not necessarily translate to desire to lose weight. Her BSQ revealed her to have a positive body image (with the second lowest score) and the EAT showed she did not have an eating disorder.

The metaphors used by each subject were categorized by subject, according to vehicle in the initial analysis to determine if there was difference across subjects. Since the research question of the study related to shared understanding, this was done more as curiosity. Diane's solo analysis could have been categorized with one of her metaphors, a "big balance thing." In fact, a vast majority of her metaphors had an opposite metaphor. For instance, "put on," and "takeoff;" "alive" and "dying;" "open," and "close;"

"expanding and contracting." (These dichotomous metaphors were apparent in the sort by vehicle, but were not apparent in the tenor sort.)

Metaphors related to food. Following this theme, food for Diane was a "big balance." And although she would eat "off the wall" stuff, and "crap," she much preferred "live-type" food. She grew up feeling as though eating was something a person did to get by, but when she moved in with her boyfriend at the age of 17, she learned to appreciate food in a way she never had. She came to see food as a "social glue," and often referred to it simply as "glue" during the interviews.

She is "turned off by" junk food even though she was a "fan" of sweets, saying she had a "big sweet tooth." She felt her desires for sweet foods were a "carryover" from her childhood. She acknowledged that "in-between food" was not such a bad thing, but could not say the same thing about "crap" food.

She often felt that food "picks me rather than me picking it," exhibiting a feeling of lack of control. She sometimes "freaks out" when she cannot get her food "in line." She has what she called a "packing instinct," her intense need to have food available. It did not matter if the cable bill was paid, she said, but it was very important to have food in the fridge. This is possibly reflective of a time when she moved to the West Coast, could not find a job, and had to survive for months eating potatoes and other cheap foods. Recently she lived in Europe for two years. When she got there she found the food and their grocery stores so unfamiliar and so distasteful, she could find little of she wanted to eat. She said, "I was dying" because she felt the food was so limited.

Ever since Diane quit smoking several years ago, she has chewed gum "like crazy" and will "freak out" when she cannot find any. She made a point during the interview to

say how extensive the freak out is. While she chews two large packs of gum a day, she did not chew any gum during her interviews.

On the one hand Diane, feels food "weighs me down" and "drives me crazy," on the other hand, it can make her "feel like I was alive." It "settles" her as well as "freaks" her out and "gags" her. She is the first of the subjects mentioned thus far with metaphors for large quantities of food; for her, it is "tons of" or a "massive plate of."

Metaphors related to eating. Diane describes eating as "weighing options," "opening up," "getting back on track," and a "balance." Eating a lot is "that state," and she talks about "last time I was there.." Sometimes she will simply "give up" or "give in" before getting back on track. For her this is "screwing up" and she will "stew about it." Sometimes she does not "linger on it" and tries to be a "good little citizen in the group effort." But it is also likely that her "tyrant," the name she gives to her inner voice, will berate and chide her until she is back on track. She often has to "stop the tyrant short" to be able to begin to shift to healthier habits. She feels that things "trigger" her to eat. Regarding food selections, she says, "health concerns drives me; I tie that to weight," meaning her primary goal in managing her weight is her perception of what is healthy. This is unlike any other subjects who actively manage their weight; for them, it is about appearance as well as health. Diane is less concerned with this aspect of weight management.

Metaphors related to body. She sees her body as being "like a balloon" and describes it undergoing a "type of expansion," a "puffing." She experiences her body as "expanding and contracting" sometimes on a moment-to-moment basis. She feels as though she "takes up many room" and has often "gone too far out there." Interestingly

enough, Diane is not talking about body fat when she discusses this ballooning expansion. She is talking about her entire self, and she feels her entire self expanding and contracting; again, unlike any other subject. She feels that it is important to "listen to" her body, sometimes finding herself "open" and at other times "closed" and "not as free." She finds herself "closing down" when she experiences herself as having "gone too far out there."

She described her stomach as a "big empty hole" where things "flow or don't flow." She was unable to delineate whether she was talking about food or emotions, but did say that when she is stressed, she will discover she is "squeegeeing" her stomach. And while she did say that her "belly poked out," she did not seem at all stressed about her body's physical shape. Her boyfriend loves the shape of her buttocks and she says, "What am I going to do, lose it?"

Metaphors related to weight. Her highest weight was 170 pounds and her lowest, 125 pounds, both of which she reached without effort or much awareness that her weight had changed that much. She is happy at her current weight of 135 to 140 pounds, and, in retrospect, does not believe either of her weight extremes were healthy for her. She describes body fat as a "node" and says she used to be "chunky." She loves her feet, which "make me feel planted." She believes she has a weak jaw and says that when she gains weight, she will "lose my chin." She loves the "Maya Angelou look." She senses that Angelou is a powerful woman and that is carried in her large body. She finds that thin people are "feathery," and "prissy," and describes them as "rails" and "looking like bones," saying that it can be hard to take them seriously. In fact, it is this association with size and power that may influence Diane's experience of expanding and contracting.

Exercise is an important part of Diane's life and she follows a regular program fairly closely, although she does "have forgiveness" when she is unable or unwilling to follow through with it. She says exercise "clears my mind" and "drives me crazy" (another example of her dichotomous metaphors).

Metaphors related to hunger. Hunger for Diane is about having an "empty hole," and the experience of hunger is of having "to breathe heavy." Hunger is "starving" and "famished." She had no other hunger-related metaphors.

Metaphors related to weight. Weight management is a situation in which she "balances things," although she says, it is "hard for me to gauge," meaning she does not really notice if she gains or loses weight. She "balances things" and will "watch" what she eats and sometimes will "cut back." Weight gain is "on a path," "putting on," and "puts on." Likewise, weight loss is "taking off," "dropped," or "getting back in line."

Sue: "Dinner is your savior"

Sue is a 50-year-old woman who is 5'8" and weighs 143 pounds. She has a BMI of 22. She has been married to her first husband for 12 years, they have no children by choice. She is employed as a teacher for gifted children. The initial interview showed Sue to be content with her body size and uninterested in losing weight. Her BSQ revealed a positive body image and the EAT showed she did not have an eating disorder.

Metaphors related to food. It was very important to Sue that food she eats be enjoyable, something she called "doing the mouth thing." She enjoys "fudge to die for," a food she might have called "devastatingly gorgeous," and avoids "cardboard tasting" food. She understood that foods with "empty calories" were "not useless calories." She did not want to "waste" food; if she ate it, it needed to be good, she was not going to eat "frivolous mouth food."

She spent a great deal of time being concerned about the way food was impacting her body. She wanted "everything to go in, be processed and eliminated in a no-hassle way." But that did not always happen and the food made her "feel bloated and thick." The food would go "down your system" but it might "do me in" or "kill me." These metaphors referred to her not-infrequent gastrointestinal distress. While she tried to monitor her food closely, she was not always successful and said, "Sometimes food happens to me as opposed to me being in charge of it."

She said that dinner was often her "savior" because she could make up for consuming "frivolous calories," "garbage," "recreational" bread or something with a "low instance" of fiber. She would fix this at dinner by eating, possibly, the "bread of life" that would contain a "good instance" of fiber or some other health enhancing food. The nutritional difference between foods was often significant. For instance, the tomato that had not seen any sunlight in its "poor little life," would be nutritionally "a universe apart" from the tomato grown in different circumstances. White bread, which is "malleable," is nutritionally inferior to the "bread of life." She found the idea of "clean dirty food," such as she found in Europe, appealing. In fact, that is where Sue learned to "play with" her food, to learn how to truly enjoy it and have fun with it. She particularly enjoyed food with special memories attached to it, referring to it as "remembering venue-action scenes and certain emotions surrounding foods."

Metaphors related to eating. It was very important to Sue to eat healthfully. This was often difficult to do at work when she would have to grab a "hybrid lunch." She might avoid that aspect of the office that was a "den of sugar," but, of course, grabbing something to eat from that den was occasionally fun too. Possibly the sugar was

contributing to the weight gain as she got older. Her body was "absorbing in some way and not eliminating," but this was not something to be too concerned about.

Eating was "stuffing" and "shoveling" food. She enjoyed eating with abandon and found she could do that best when she was hungry. She said sometimes [I would] "beat myself up" for "habits I have fallen into" that she felt were not contributing to her health. She would experience "conundrums of compensation" when she would read nutrition information and try to figure out what was the best path to follow. "Backtracking" was often part of getting the diet right. Sue enjoyed eating when hungry but would "shy away from that bloated" feeling, meaning she did not like to get over full. When she would visit family for holidays, she would occasionally eat more than she wanted and be uncomfortable. She said she could not handle that because she was "not in training" for it.

Sue like to feel "clean" and "sharp," which happened when she was eating well. If she was not eating well, she would feel "out of sorts," "sluggish," "frumpy," and even like the "Michelin tire guy." Sometimes she would feel "keyed up" and "hyperkinetic," which could possibly interfere with her digestion. Sometimes she tried "rassling control" from her body but found that rarely worked; instead she tried to listen to and respond to her body. In fact, Sue is the second of only two subjects to internally-regulate their eating.

Metaphors related to body. Sue likes to be comfortable and if she has to get "stuffed into" a dress to wear it, she would get rid of the dress. Rather than force her body into something it is not, she said of the situation, just "deal with it." She thought maybe she looked a bit like a "wicked witch" because of a mole, but it was not bad enough to do anything about. Sometimes she felt "peaked," but most of the time she felt pretty good. She thought she might like to "get buff," but again it was probably not worth the effort.

She had always seen her legs as an "asset" but now they are flabby" and "hanging down." Not that she blames them; she says, [They] "hold me upright" and "they're waiting to be nourished" meaning they are waiting for some exercise. Maybe she will do that someday. She says it would be nice to have the legs of a 20-year-old woman, with "not an inch of fat" on them, "squeeze them taut." Of her small breasts, she says, "a handfuls enough" and besides, they are lots of fun, "giggling and jiggling." She would like for her nose to "behave" but it seldom does during allergy season. Her gastrointestinal system is a bother, it "can turn on me" and "hits me here." Maybe that is because it is "slow emptying" or maybe because that is "where I keep my stuff," meaning her emotional baggage. She tries to listen to what "my stomach is saying."

Metaphors related to weight. Sue has slowly gained weight as she has gotten older and is comfortable with the "fat reserves" that "will carry me" through menopause. She has "grown attached to my belly" although sometimes the "bloat" and the "bulges" are difficult to deal with. For the most part, though, she is comfortable with the size of her body.

Some people are "obscenely" and "distastefully" fat, especially when they have "wrinkled" fat. However, she has a "long stretch of weight ranges" before it gets too bad and becomes what she sees as a "wear and tear on the medical system." She does not believe a fat person could be comfortable; even watching them "waddling" is difficult for her. Sue especially does not like it on the airplane when they "bulge to your side of the seat." However, some amount of fat is okay, as in the case of one man she dated who was a "big hugging bear."

Thin people are "bony and hollow," which is an interesting metaphor since she also said she felt "hollow inside" growing up because of lack of love. Someone who is thin is "as a rail" is "wispy," "a little hollowed," has some "waify-ness" and if "she turns sideways, she's disappeared."

Metaphors related to hunger. Sometimes she has to "stave off" hunger, something that is difficult to do when she is "starving." When she has a "hunger attack," she has to eat because she is "starting to slip." While she eats, she is always aware if she "still has room for more food" because if she does not, she will quit eating immediately. She understands that "fullness and uncomfortable go hand-in-hand" and if "food is stacked up in there," "it's going to start overflowing" and that "bite will not fit." She says that you know this because you "check in there" and find out you are full. She knows that if she is not hungry and does not "feel like eating, then it will not digest," so it is best not to eat.

Metaphors related to weight. Weight management is "spending effort to" that might be best spent doing something else. Weight does "creep up" but it does not happen "at the drop of a hat" as some people seem to think. Gaining weight is "building some body," losing weight is "going down," and sometimes the weight simply "hovers."

Lisa: Bring on the "Cadillac" version

Metaphors related to food. Lisa prefers food that is substantial." She particularly enjoys breakfast, which she calls "ballast." For her, breakfast is "priming the well," meaning it "sets me" for the day. She enjoys "the Cadillac" version of the foods she eats and stays away from "foo-foo" foods. She has particular disdain for "bullshit food," which is food that has been altered so that the manufacturer can make health claims of it. She uses the terms "shit" and "crap" to refer to unhealthy food; but she also uses "shit" to

indicate tasty foods, or foods she particularly enjoys. For many years food was a "physical fix." She would "get off on" large quantities of food, which would "settle me." However, now that she gives herself free access to food, she rarely eats large quantities.

It is important to Lisa that she enjoy her food--"I'm hedonistic," she says. If food "reacts with my body," "doesn't sustain me," or doesn't "give me" something, she has little use for it. She will choose not to eat it without judgment. When she goes out to eat, she takes charge and will "create my own thing," meaning she will make special requests in order that the food is prepared to her liking.

Metaphors related to body. Lisa takes herself as "the whole package" and has learned to appreciate her large body, though it took several years of concerted effort. She enjoys herself whether she is dressed down or dressed up--a situation she calls my "full goddess regalia." She says she will "surround myself with all the glamour that I am" and head out for a good time. Indeed, even though Lisa is considerably larger than the current beauty ideal, she is "hot looking shit" and can turn heads. It has always not been this way. In the past she used to "beat myself up" for not being able to stay on a diet or for not being thin. Much of the pain in her life has come from the other people telling her she should lose weight, but now she tells them "don't come within twenty feet of that with me." She has to be proactive because "those who tote wounds with salt in them don't appreciate a little rubbing." "It has been a "huge wad of hurt," but she is learning how to deal with society's need to make large people other than how they are.

Metaphors related to eating. Lisa likes to be hungry when she eats because then she can eat "with abandon," meaning she enjoys her food more. She is a bit "one minded" when it comes to food. She does not like to look forward to one food and have someone

"bait and switch me" by offering another food. She has learned over the years to quit eating when she is satisfied; however, she believes that others want her to eat less than what she wants. Even so she has "my own framework" and knows when she has had enough to eat. Because it is important to her to enjoy eating, she calls it "a hedonistic parameter." She believes you "have to respect" the foods you eat, and "witness" how they interact with the body to be able to manage eating. Still, there is "a big fuck you involved," which is anger that remains at having other people tell her what and how to eat. Dieting was a huge part of this process, and for her dieting is, "having what I eat controlled," "having how much I eat controlled," "horse shit," and "giving other people the power over my body." When she had to "do that shit," or get "wrapped up in that bull shit," she said it's "suffering and it's resentment." "How much do I "want to suffer?" she asked. "I can't live on three grains of salt' a day." The dieting puts her into a "fight or flight response" and she asks "at what price" must I do these things? She does not want to "put myself in the hands of other people" and of those who do she says, "their martyrs," "they like to suffer."

Regarding eating a lot, Lisa says by "used to live on" macaroni and cheese, "mountains," and "pounds of" macaroni and cheese. So much "you might die." She has gotten "grossed out" by eating a lot. Eventually she "max out," and "selfed-out" when she removed judgement and allowed herself free access to food. This enabled her to move past eating in this manner.

Metaphors related to weight. Lisa had no metaphors related to weight.

Metaphors related to hunger. Lisa has a "strange clock about me," "a gauge" "in the pit of my stomach" that tells her when she is hungry and when she is satisfied.

Hunger was not a major issue, but when her blood sugar was low, she would "expect to be fed." Sometimes she felt as if she was "going to pass out" and said, "feed me or I will die." She will "make things happen so that I'll be fed." She also said "If you don't feed me, I'm going to sabotage your ass." She no longer likes to get over full because that "steals from me," meaning it takes away from her enjoyment of eating. Being too full is "wicked," self-torture," and "like I got a lead truck in my stomach." She "knows how to dodge" being too full and knows that if she "crosses over that line," she will have an "expansion factor afterwards." She eats now so that it "fills the spot."

Metaphors by Subject: High Intention to Lose, Low Body Acceptance Group

The following five narratives are for the women with high intention to lose weight and low body acceptance.

Kathy: "A battle to realign eating habits"

Kathy is a 36-year-old woman who is 5'8" and weighs 156 pounds. She has a BMI of 24. She is married to her first husband and has 2 adolescent sons. She is a psychologist specializing in the treatment of adolescents and spends most of her time between her job and taking care of her family with the help of her husband. The initial interview showed Kathy is dissatisfied with her body saying, "frustration is the operative word." She wanted to lose weight. The BSQ revealed she had a positive body image and the EAT showed she did not have an eating disorder.

Metaphors related to food. Kathy had a preference for foods with "the medical or scientific stamp of approval." She referred to unhealthy foods as "junk," "garbage," and "yucky." She also referred to them in more drug-like terms, saying that they were an "unhealthy dose of ick." She had a special distaste for visible fat in her food, calling it "rubber bands" and "glob." She also preferred not to eat "heavy" food.

She had the fewest metaphors of any subject related to liking and enjoying food. Her solo metaphor in this area was "fan," as in "I'm just not that big a fan of cold cereal." Regarding food selection, she was susceptible to check-out counter marketing ploys; when she would make last-minute decision to buy and eat something, she said, "They've nailed me." Kathy made a distinction between foods that could be prepared quickly by "grabbing" something and "tossing it in" and those that took time to prepare, the latter being "substantial," having "greater regaining social value," and "higher on the scale."

Metaphors related to eating. Eating for Kathy frequently involved "recovering equilibrium." She noted as positive that her friend found a "realm of control and she exercised it," meaning her friend elected to manipulate her food intake to control her weight. Kathy enjoys eating but was more concerned about its impact not only on her weight, but also on her health. One strategy to improve the quality of her diet involved trying to "scale back." Even so, frequently she would "lose the battle" when she "could not resist" and would "give my body a little unhealthy dose." She says, [I] "don't do" certain foods, while at other times she says, [I would] "give myself permission" and "snarf down," and then feel [like I] "blew it." She says, [it] "makes me crazy," but also [I have] "given myself more slack." Still it is a "battle" for her to "realign eating habits." Kathy adds, [sometimes my] "brain steps in and says I'm in control of both of you" (stomach and mouth).

Food is a primary way for Kathy to feel a "sense of being restored." She says, [food can give me] "boost," "lift," or a "shot of energy" when "I'm whipped and need some energy." Eating a lot for Kathy is eating "four tons of," "overload," or eating "until the cows come home." She also notes that there have been times she has "pigged out."

Metaphors related to body. Regarding her body, Kathy said that you "need to be able to drive it" and that if she were "not taking care of this thing I have been given to use" she "will not be able to drive it." It would be "like getting a new car and never changing the oil." She was constantly on the go between her work, husband, and two young sons. She rarely had time to, nor would she want to be accused of, sitting around like a "lump on a pickle." She is interested in having a firmer, slimmer body as she had when she was younger. There was a time when she would show off her long slender legs, now her thighs are her "long-standing nemesis," due to the so-called "saddlebag phenomena." She was "not wild about" her small breasts which were cause for concern in her life. They were also a concern for her mother who offered her breast implant surgery as a college graduation present. Kathy declined the surgery saying that "carving" on your body is "not a feminine thing to do."

Metaphors related to weight. Kathy never had issues about her weight, but as she is getting older she notices her belly "bulging out" and becoming "poochy." Her buttocks also "spread out." (Not included in this analysis, but an interesting metaphor her mother used to describe Kathy who had gained 10 pounds in college was that she was "two ax handles across the butt.")

Kathy believed that "fat begets fat" and that weight management is a "slippery slope idea." She acknowledges that there is an "end of the line," which is if she ever got to the point that the size 10's were too tight, that would be unacceptable. She did not say, however, what would happen. She sees hunger as inhabiting a "realm" and that includes "starving." Being full is "that end of the spectrum."

Ali: "Taking back the reins"

Ali is a 39-year-old woman who is 5'5" and weighs 151 pounds. She has a BMI of 25. She has never married and works as a mental health counselor. On the initial questionnaire, she wrote her feelings about her body, "Comfortable/uncomfortable, this often fluctuates with my moods and my self-esteem at the moment." She expressed a significant interest in losing weight. Her BSQ test revealed she had a negative body image and her EAT showed she did not have an eating disorder, though her score showed her to be the most disordered eater in this study.

Metaphors related to food. Ali had a significant number of negative connotations regarding food. Although she did consider food to be a "common thread that weaves everyone together" and enjoyed preparing food for others, she had a highly conflicted relationship with food, and knew that you cannot just "lop off attachment to it." She found that food frequently became a "glue ball that is hard for me to digest." Likewise, food formed a "big old lump in your stomach" that was also difficult to digest. She felt that she often did not get the nutrients she needed from the food because the food did not digest well or because it did not provide enough nutrients or the right mix of nutrients (similar in thinking to Mary). The foods that most often formed "a lump" were refined foods, such as breads, and meats and became "glue".

Metaphors related to food and eating. She noted that food has a "calorie load" and that she was not eating "blank calories." She was highly concerned about the caloric value of the foods she chose to eat and their impact on her weight, so she "keeps tabs on" her caloric intake. She had been a vegetarian since childhood although would succumb to a "Big Mac attack," sometimes as often as once a week. She considered "McDonald's" (used as a metaphor for unhealthy food) and other unhealthy foods as "crappy" and

"goo." For most of her life she has felt extreme guilt at frequenting McDonald's, not only because she is a vegetarian and believes the food to be unhealthy, but also because she feels that establishments such as McDonald's harm the environment in a significant way. She and Mary were the only subjects who expressed this concern about impact on the environment. She used to "beat myself up" for the McDonald's outings even though she was well aware of the strong connection between McDonald's and her childhood. One of the few times she felt truly loved was when her grandmother would take her to McDonald's as a child. She relished that experience even more so because she was able to escape the physical, sexual, and emotional abuse she received in her home.

She frequently would comfort herself by eating "soft mushy foods," such as mashed potatoes and ice cream. While she still does this, she says "I don't berate myself" as much as she used to and credits therapy with helping her do this. Since she has "lightened up" on herself, Ali has found the intensity of cravings for McDonald's and mushy foods has reduced significantly. She aspires to eating an extremely healthy diet which she describes as organic, low-fat, high-fiber, low sugar, and vegetarian. She rates foods with what she calls a "tiering thing" with "real food" being high on the scale. Basically, the only time she eats unhealthy foods is when she is eating for emotional reasons. At those times she says she feels "yucky," but she can have more extreme experiences as described by "my body repulsed and almost projectile," a description of her body rejecting food, though she was not describing vomiting. Even so, she will "spiral down" "if it starts to get excessive and hanging out there too long." She will get into her "self-bashing routine." Ultimately eating unhealthy foods will cause her to

"crash." These experiences are especially bad because this food is simply "crap that it stores," meaning it causes weight gain.

After years of therapy, she has learned to "let myself do it" in reference to this unhealthy eating. She finds she gets back to her healthy eating much more quickly: "If I'm lax a day or two, I stay relaxed and get back on track." This is ultimately difficult to do since there are many things that "trigger" her eating. These triggers, she said, cause her to "stuff as much in there as I can" and "cram[med] too much food in there." She is in a "realm" when she is "packing too much" food in. She also uses drug-related terms in reference to food in eating, for instance, she "OD'd" on food. But ultimately she says it "wasn't a big crime" and hopefully she will "switch into" the healthier eating style.

Metaphors related to eating. Metaphors that Ali used for eating include "chomping down," "sticking bread in there with the fish," and having a "really incredible chocolate experience." Eating for her is also "stocking up on some energy reserves," for instance, when she has a long day and wants to be able to work effectively throughout the day.

Metaphors related to body. In discourse regarding her body, Ali speaks both of "freeing up" and "blocked" energy, of "spending energy" and "more easily directing" it. She often experiences herself as "spread out and diverse" or "scattered and disbursed" and vastly prefers feeling "compact."

She will "spiral out of control" and get into "another level of being the victim." She has found that the "victim gig" has followed her her entire life, only recently recalling being sexually abused at the hands of her maternal grandfather. She is aware that this "victim routine manifests as out of control in my belly," which means that when her belly

feels out of control, she is experiencing the vulnerability and pain of being victimized. While she is aware of this connection, she is much more likely to focus on her "pudgy" belly, or feeling "bloated" or the "flab action," "fat factor," or "fat flab" and seeing her "blimp" body as the problem, rather than the feelings she seems to think might be behind it. While her belly did not appear to be large on any level, she often found her belly feeling "squished" because it was so large.

Metaphors related to weight. Ali works almost every day to "get into the mode of taking back the reins" to get control of the "flab thing hanging down" or the "arm flab thing." She often does not feel she is able to take back the reins because it "does not know what to do with it all," meaning she feels her body does not know what to do with the food. Her body tries "to process it all." She says that since it is "hard for me to digest," it is difficult to achieve these goals. She does not like "having bread hanging out in there while fish is getting processed," and notes that her body is "working overtime trying to process it all." Sometimes her body simply "shuts down."

She sees her body as "a lump," sees herself as a "couch potato," and finds that her body "gnaws at me." She sometimes finds that it is "hard to move through space." Ali tries to "tune into" her body, but often finds she is "numbed out" and "doing survival." She finds she is constantly "moving towards that place" where she will feel more comfortable.

She does not feel she "has a handle on" her weight. Ali believes her body is "working overtime, trying to process food but not use it all," the result being she will "plop on some pounds." Her "guidepost" for managing her weight is counting calories

and while she does not think that "working out like a maniac and eating celery and water" will work, she says, [I must] "reel myself back in."

Weight gain for Ali is "not using it all," "getting pounds on," "put on," "creep up," and "blew up like a balloon." And although she has not "found any logic" to weight loss she uses terms like weight is "going down," "comes off," and "drop," and often, "weight does not go anywhere."

She says the weight is "not a driving force" in her life although it did appear in the interview that both her weight and her need to eat a specific way both are driving forces.

Metaphors related to hunger. Ali is the only subject to have no metaphors for hunger.

Mary: "Not getting the depth of nutrition that I need"

Mary is a 46-year-old woman who is 5'6" and weighs 210 pounds. Her BMI is 35. She has been married since her early-30s to her first husband; they are childless by choice. Mary is a college professor. At the interview she reported having a "fairly good relationship with food and body, but I do have an issue with excess weight to deal with." She wanted to deal with this issue by losing weight though she never wanted to diet again. The BSQ revealed Mary had a negative body image and the EAT showed she did not have an eating disorder. During the course of these interviews, Mary began a weight training program with a personal trainer and began to alter her eating habits with his help. Her weight was at 192 pounds at the final interview; her BMI at 33.

Metaphors related to food. Mary is one of three subjects who felt strongly that the food she eats has not been providing the nourishment she needs (the other two subjects were Sue and Ali). She was concerned with "not getting the depth of nutrition I need." She recalls all of her life having to deal with "maniacal cravings," with hunger that never

seems to be satisfied, and with an inability to feel fullness. It seems to her that "cravings skyrocket" when she eats carbohydrate foods, especially "empty carbs," which have left her seeking "the freedom thing." During the last year she has found that her cravings seem to be controlled when she eats a low carbohydrate, high protein diet, which causes her to "find the protein" whenever she eats. When she describes food as "something to munch on," it belies the depth to which she feels that what she eats directly impacts her experience of her body and her ability to eat in a way that would allow her to feel successful. For Mary, food preparation is "whizz it around," "banging around," "grab up," and "throw".

Mary finds that foods such as "McDonald's" (used as a metaphor) which are full of "disgusting fats," are simply "foods playing into the worst human greed or cravings." Additionally, she has strong feelings about foods that have been altered and changed from their natural states, such as low-fat foods, saying manufacturers are "imbalancing the food." She calls the whole situation a "boondoggle." She has a "spiritual fear of those foods," explaining that they are "denatured." She believes these foods end up "taxing her body like crazy" and that they can cause an "addiction."

Metaphors related to eating. Managing her eating has been a lifelong, difficult chore for Mary. As a child "big rules about eating became into play" partially because her mother was highly concerned about health, partially because her father was extremely controlling, and mostly because everyone around her thought she should lose weight. She was put on her first commercial diet at the age of 16, though looking back Mary states that while she was a large girl, she was certainly not overweight. She spent the next 10 years "dieting harshly," going on and off diets, each time gaining more weight than she

had lost. Unfortunately, her body hatred increased with each weight gain, making it increasingly difficult for her to care about herself. Finally, when she was in her mid-20s, she became "sick of that whole approach" because she realized that diets actually do not work. Mary began to learn how to eat without dieting, but found the "maniacal cravings" continued to urge her to eat, and overeat. She continued to gain weight until reaching her highest weight of 235 pounds. She found that to be able to begin to manage her eating, she first had to learn to like herself and her body. As she began to do that, she was better able to make sense of her eating. The figurative expressions that Mary used in relationship to eating tells the story of the difficulty she has had managing her eating.

"Balancing" her eating is a priority; she knows "where the line is" but often has a very difficult time getting "back on track." She tries to reach the "middle ground," but will often get on a "kick," which is "deadly for me" because "backsliding" is difficult for her to stop. Mary is aware that sometimes eating is about "trying to fill some other needs." Mary will eat in a way that "isn't the greatest practice," but she will attempt to "sidetrack it."

Sometimes she will "get started without having that awareness," meaning she will begin eating when not in touch with her body's needs. At other times, she will "power through the day" and manage a "hold out till dinner" in an attempt not to overeat. But when the cravings "skyrocket," she finds she "cannot sidetrack that kind of hunger." Regarding fullness, she will "override that little signal" but finds it "settles really well with me" when she can listen to that signal and stop eating when she is comfortably full.

Mary believes the way she is eating "isn't the greatest practice." She is "still vulnerable to potlucks and social eating"; however, as she has become more accepting of herself, she "feels freer" with many foods and is better able to modulate her intake.

Mary says eating "gives me little lift," but it can also "choke me sometimes," which she describes as "my throat was closing off feeling." Sometimes food and eating makes her "go crazy." Eating large quantities of food is "going hog wild," "pig out," and she says she had some of the "worst pig outs."

Metaphors related to body. Mary believes a person must have a "baseline level of love" to simply go on living. But it takes more than that to really be able to accept yourself to move forward in life. She has a "strong internal life" and has recently begun working out in order that she might "carry as much muscle as I can." She found "a freeing" in her weight lifting as she sees her muscles grow and her strength increase. She sees her body as a "little furnace" and has devoted herself to keeping the "machine running." She has begun to redefine herself, and, in fact, to use new metaphors to describe herself. She has learned to accept herself, saying "I'm an Amazon," and she describes her body as a "brick outhouse." She used to "beat up on myself" and did not "groove on" her body but only experiences that now when she has fallen off her program. She wants to "live inside" her body and believes she has been doing a good job lately. Her goal is to be able to "go running without hurting," which she explained is a metaphor for being able to do whatever she wants to do, and do it effectively.

She finds her body "has its ups and downs," it "will do jumpy stuff" and is sometimes "jittery." She believes that liking herself has "freed energy" to be able to pursue health much more actively. Right now she is "exploring how to be in good tone

and smaller." She sees this as a "different realm" than what she has been used to living in. Previously, when she would lose weight, she would find it scary, and believes that feelings and thoughts that occurred at a certain weight can reoccur when one "hits that level" again and that the feelings "harken back to" previous times. But with more acceptance of herself, Mary is enjoying exploring herself as she changes. While she is more accepting of herself, she still feels very negatively toward her body fat and called it the "disgust portion" of her body and finds that it is an "intense drag on the body" "to carry this around." She speaks of "carrying weight" as she spoke of "carrying muscle." She believes she carries a "hefty load of fat" and objects to her "little pooch."

Metaphors related to weight. For Mary, weight management is about "keeping herself in line" but she has always felt that she does not "seem to have any tools to" be able to do this. This is compounded by a "sensitive metabolism." Weight gain for Mary is an "uphill trend," or going "up another notch." It must be monitored since weight can "creep up" and can become "monstrous." She is frustrated at times when her weight "hovers" or "stalls."

Metaphors related to hunger. For Mary, hunger can start as "an anticipation," and feels like a "bit of adrenaline" or "like butterflies." She says, "I do have some kind of baseline trust for my body," but often finds she does not "seem to get that signal" that indicates hunger and satiety. She finds she will feel a "slump" or "energy drop," or that she is "dragging," or has an "empty feeling." She will feel "edgy," which can be part of a "low blood sugar factor" and finds that she is "going to crash." She states, if "I can listen to that signal, it feels pretty good." But often she finds that hunger is "a hole that cannot be filled up" and is "deeper than my stomach being empty."

Katie: A “woman on a mission”

Katie is a 49-year-old woman who is 5’6” and weighs 140 pounds at the time of the initial screening interview. Her BMI was 23 at that time. She is divorced from her first husband years ago and has been raising her two college aged children while working as an office assistant at a real estate office. Katie holds an advanced college degree. The initial screening interview showed that Katie was dissatisfied with her body and wanted to lose weight: “I’ve wasted many years being somewhat dissatisfied with my body and pre-occupied with losing weight.” The BSQ revealed that she had a positive body image and the EAT showed she did not have an eating disorder. Due to the scheduling of her hysterectomy and a time period for recovery, the interviews did not start until three months later. At that time, Katie weighed 128 pounds with a BMI of 20.5. She attributed this weight loss to loss of appetite due to having fallen in love, though the relationship did not work out. She is pleased with this weight loss and content with her body size.

Metaphors related to food. For most of Katie's life, food has been a "major ruling force." Until the time of her hysterectomy three months prior to the initiation of these interviews, for her entire adult life, she would spend one-half of every month completely food focused. She consumed large quantities of any foods that she could, often gaining seven pounds. The second half of the month, she would have to severely restrict her food intake to get back to her baseline weight. These cycles of eating were correlated with her menstrual cycle. However, she continues to engage in "heroic" efforts to control her weight.

Katie tries to avoid "garbage," but finds herself "always attracted to" it. She "tries to surround myself" with food she enjoys. Different parts of her body call for food, "my mind says feed me," her stomach "hasn't had anything to play with," "is not wishing that

ithad something" or "would like to do something please." When she has a craving, she tries to "circumvent it," possibly easier to do when "nothing just calls to me," or "protein did not call to me" in which case, the "craving dropped off" or maybe the foods "did not occupy the same place." Sometimes she will "get into" the foods she "loves."

Katie uses metaphors that are reminiscent of drugs, such as "bountiful supply." For her, eating is "put in," "stuff in," "throw in," and "load in." She would "spiral in" to craving cycles. (Craving cycles is my term, although these eating experiences seemed like binges. Katie felt that term did not describe this eating behavior). These craving cycles started with Katie eating "pods" of healthy foods. Since they typically did not satisfy her cravings, she would continue eating, "spiraling in" until she eventually got to the "garbage" food. At this point, there was not much room for more food so she would eat much less of the "garbage" than normally. Eating is also "wolfing down," "choking down," "packing down," and even "breaking down." Katie also "inhales," food and "dips into" food.

Regarding stopping eating, Katie states that "somebody has to communicate to this other part of me" before she can "roll away from" the food. In order to "cut back" her food, she must "rein it in" and oftentimes this requires her to "be heroic." She has to find "more drive to rein in" in order to "get back on track." She uses the feedback of her body's weight going up a bit and states that "I can interact on that information" to begin to cut her food intake. She also stated, "I am going to interact with" the information to manage her weight. Sometimes, she said, "My consciousness kicked in," or a "mental trigger finally says quit." Likewise, eating is also started by a "physical trigger" which "drives the eating."

Katie had a significant number of metaphors for eating a lot, 18 as compared to the other subjects who metaphors ranged from one to eight. Eating a lot was "pigging out," "porking out," and "eating like a piggy." Using the term pig, in reference to eating a lot may seem to be a common practice but only four subjects used it or a variation of it.

Katie has "not been able to step outside that loop" when eating a lot. When she was "in this loop," she would "load up on," "load myself down," and "eat more than my body cares about." She "needed to get out" but often coped by "letting it run its course." Things would get "a bit wacky" because her "stomach has a pretty big window." She was well aware while eating that she had "blown it." She found that "cutting yourself some slack" was a helpful way to deal with a "royal binge." Another strategy was to "deal with the mess on Monday." Ultimately, for Katie, eating served to "take me down a notch."

Metaphors related to body. Katie saw her body as a "vessel." It would normally "run smoothly," and, at times, "could fire on" minimal amounts asleep, although it might be "lagging." She saw her body as a place "where I store weight," and if she was not careful it would be "gone to pot." It was important that she not "get out of those parameters" in order to be able to maintain her weight. This is particularly difficult when her hormones were "out of whack." She referred to fat on her body as "blob," and "lumpy."

She once referred to her thighs as a "lush part" of her body, "rain forest kind of lush," but she is more likely to refer to her thighs as "wearing jodhpurs." She thought of her feet as her "weak link" because they hurt, and also found the need to cover her "old ladies arms." She used a number of metaphors for her stomach, those mentioned above as well as her stomach "wants to play," or "wants to do something," in reference to desire to

eat. She found the need to "turn off the brain mode" sometimes in order to stop self-defeating thoughts which can allow her the opportunity to continue eating.

Katie was the only subject with a regular exercise program. In fact, exercise was a very significant part of her life. She walked three miles to work and back most days; and of this opportunity she said she was "milking it for all it was worth." She would often get up early to take a longer route to "wing up there" to work. She would like to "log more distance" because she found that an effective way to "offload stuff." In this manner, she would cope with stressful situations with the obvious and desired side effect of more effective weight management. Exercise made her feel "sharp." Katie was not worried about becoming "washed up." When she was not working, she would ride her bike for extremely long distances, upwards of 50 miles. She said, "Good Lord willing, I will not get anal" about her exercise.

Metaphors related to weight. Katie identified herself as a "woman on a mission." She found that there "has to be some external force" or else she would get "out of line." Weight management was a "looming large project" that she had to "keep a really good thumb on." Her goal was to "flatten out that line," meaning she would need to "balance out" her weight gain caused by eating a lot and get her weight back down. She frequently found herself "out of line" or "in a bind" with her weight, reflected in having to make decisions around "wearing wardrobe C as opposed to wardrobe B or wardrobe A."

Again, the difference in use of terminology around discussion of weight gain weight loss is apparent. For Katie, weight gain was food "going right to my hips." It was doing "damage" and "a payback." She knew she was "going to grow" and "constant build" if she did not have a handle on her eating. She was always pleased when she

would "shed" weight, especially when it would "just fall off me." "Dropping" weight was constantly needed to "even out" that line. Katie "hung right around" 135 to 138 pounds most of her adult life although she ranged from a high of 140 to a low of 128 pounds, which was her weight at the time of these interviews.

Metaphors related to hunger. Hunger was "starving" for Katie, a "concave feeling" that resembled "rubbing skin on skin." There is "no rhyme or reason" for her hunger; she often felt she was "going to bite the end of your finger off." She also described her hunger as if her stomach were a person who wanted or did not want food, as seen in the previous stomach metaphors and in her "stomach would like something to interact with." Although she stated that "it's not usually tricky to calm my hunger," this did not seem to be the case.

Regarding hunger, there was often "no time for anything to register." She found that cues of hunger satiety and fullness "have their own little areas out there," and that "defining those slips is tricky." On occasion she felt "really stuffed" or "about to pop," but it was very rare she felt extremely full. It was not until the closing interview that she described one of these craving cycles, she consumed a quantity of food large enough to make most people feel extremely full.

Brenda: "Willpower to overcome it all"

Brenda is a 37-year-old woman who is 5'8" and weighs 171 pounds. She has a BMI of 26. She is married to her second husband and has a teenaged son from her first marriage. She has a Master's degree and is currently in between jobs. At the initial interview, Brenda expressed significant conflict regarding her love of food but hating the weight gain that resulted from "eating improperly." She had an extremely high desire to

lose weight. Her BSQ revealed that she had a negative body image, with the highest score of any subject, and her EAT showed she did not have an eating disorder.

Metaphors related to food. Brenda saw food as a "limited resource." She was concerned when the quantity of food served "wouldn't fill a 5-year-old," and she felt that she would "miss out on" foods that she might enjoy. She discussed a "grab it and growl" approach to buffet tables, explaining this approach was the result of an extended period of time in which she and her husband had very little money. Brenda was a 22-year-old mother of an infant daughter when she recalls buying large quantities of potatoes to have something to eat. She would prepare her husband's lunch and would go without. When she was 14, she recalls picking up the packaged lunch her mother had prepared for her and found the bag only to contained a lollipop. She noted her twin 16-year-old brother's had bags with packaged lunches. Her mother laughed when Brenda asked about this discrepancy. She interpreted this to mean her mother would no longer be preparing her lunches, which is exactly what happened. She later used the phrase "dig a lollipop out of a bag" to indicate times she felt uncared for. It is also likely that the "limited resource" approach to food has been significantly influenced by her extensive dieting history but Brenda did not mention anything that might have indicated this thought process.

Brenda found what she called the "Beaver Cleaver concept" a continual ordeal in her life. She bristled at the "old traditional male syndrome" at which her husband expected her to work, take care of the house and children, as well as serve him meals. She felt that if she was going to "help bring home the bacon," then she should have help "frying it up in the pan." She resented "having to go that extra mile." There was no help in her first marriage, much like her teenage years. Though her second husband helps

more often, it is usually only after Brenda insist that he does. She sees many women as "silent sufferers," and she probably places herself in this category.

She is the primary person to grocery shop and prepare food for the family, and feels mostly unappreciated for this role. For this and a number of other reasons, Brenda feels a strong need to have food served to her. This need most often manifests in her frequent secretive trips to McDonald's. While she states that there is "not much to be had there" and that she tries to "stay away from McDonald's," she finds herself compelled to go. In explaining why, she states that "it's more of a thing," meaning it is not necessarily just about the food but about the entire experience of going to McDonald's. The ritual involves always using the drive-through, eating in the car while driving, and being alone. One of the motivating forces behind going to McDonald's is the intense desire to be served, to be taken care of. Unfortunately, Brenda does not take in this more positive aspect of being served; rather, she berates herself for these "bad" choices and feels that she "needs to go to McDonald's anonymous." She finds that she gets on these "kicks" and suffers greatly in her attempts to get off these kicks.

Food is something that can "do damage," a reference to its potential impact on her weight. While Brenda feels that food "goes somewhere to pile on," she also describes it in drug-related terms: "McDonald's anonymous," "salt-a-holic," "carbs kick in," and "need for it kicks in." Preparing dinner is "doing dinner" and eating is "doing" as in "we will do pizza." When she discusses large quantities of foods she uses terms very unlike any other subject such as: "endless amounts," "unlimited," and "keeps rolling in."

Staying with the theme of calling McDonald's "more of a thing," Brenda talks about her food likes and desires in terms of a "salt thing," and conversely "it's not my

thing.." She "gets the itch for" and "urge for" certain foods, as well as having "vicious craving cycles."

Metaphors related to eating. For Brenda, eating is "chowing down," "digging in," and sticking with." She attempts to "suck it up" and eat what is available and uses the terms "sneak," "cheat," and "catch myself" to refer to eating. In an attempt to manage her eating, she would "switch" her eating habits, but often found them "going to pot." She experienced the "day goes to pot" and claimed she would then "crash again." Regarding eating a lot, Brenda would use terms such as "stuff" and "gorge myself." These terms are in contrast to when she seemed to enjoy eating large quantities of food, using the phrases "tear the food up" or the "poor syndrome factor." Rita was the only other subject who had a metaphor that reflected enjoyment with eating large quantities of food.

Metaphors related to weight. Brenda's primary goal in altering her food habits was to reduce her weight. She has been engaged in a relatively constant battle to control her weight ever since the birth of her first child at age 22. To reduce her food intake, she would "cut out" certain foods or alternatively "stay away from" or "walk away from" them. Among her weight management strategies were "resisting" the food or "white-knuckle past." Regarding dieting, the only metaphorical expression she used was: "I wind up not been able to stay on it." However, Brenda had significantly more figurative expressions with the tenor of weight than any of the other subjects by far.

She felt that managing her weight required an extreme amount of "internal fortitude" because she "could just eat dinner and gain five pounds." Although this last expression appears metaphorical, I could not determine whether or not it was. She used this type of phrase often, mostly to refer to weight gain although she talked about her

youth when she and her brothers "could skip lunch and lose five pounds." Although it is doubtful that five pounds would be gained or lost due to eating or skipping a meal, Brenda probably believes it to be true.

Every morning she states that "hope springs eternal" and she will "jump on the scale." Every day she hopes she will get a "big return," but is almost always disappointed, experiencing a "low feeling." She states that she has "no metabolism" and that her "metabolism is nonexistent."

She will "starve all day" or "cut myself down to one meal a day, drinking bread and water and still gain weight." She feels she puts her "body into a survival mode so it packs on everything." When asked if she would feel better if she did not weigh herself every day, she said that the scale is "like a magnet, it draws me in." She describes the desire to lose weight as a "loop of film running through my head" and feels as though she needs "willpower to overcome it all." Brenda feels as though she has gained a "stupendous amounts" of weight and expresses the desire to "take myself out" because she feels like she "cannot get out of the starting gate." Of her friend who has elected to accept herself at her current weight, Brenda says that she has reached "the end of her will to fight," and that "she's at peace with herself." Her desire to lose weight is constant, that she "always has got this thought in the back of my head," yet every day "hope springs eternal."

As with all the categories, each subject discussed weight gain and weight loss with very different metaphors. Brenda referred to weight gain as "packing it back on," "packing on," "went up to," "get rid of this," and "I hit about." She feels like she is always "like in the negative" because she "winds up gaining" weight. On the other hand, she will "take off" weight or "burn it off." She might "get back down to" or find she "lost

down to." And she needs to "verify that." Regarding lost weight, she is pleased when she has "kept that off," but more often feels that her "scale is stuck" and that her weight is "balanced there." Each day when her "scale is still saying" the same thing, she finds a continual sense of failure facing her regarding her current weight of 171 pounds (at 5'8"). She recalls with pleasure when in high school she "topped out at 113 pounds."

Metaphors related to body. Brenda used the fewest metaphorical expressions when discussing her body, by far the lowest of any subject, the majority of those discussing body fat. (Most of her metaphors related to the body could be categorized under weight). The triceps portion of her arms looked like "turkey waddle" and laughed that "her arms are waving." She thought that a girdle would "fix me up," but found that the fat simply "squished up," it "flowed out of my waist and squished out underneath." Of her body she said that she "cannot stand it" and was distressed with "jeans cutting me in half." The only way she talked about her body that did not involve her size was that she found that her "system stabilizes," and can be "out of gas."

Most subjects had a large number of metaphors for different parts of the body, the most frequent being Sue with 19; Brenda had only two. (Although Lisa had a large number of body metaphors, she had no body parts metaphors). Brenda talked only about having "turkey arms" when she was young and of being "big rear-ended." She sees herself as a "meat and taters kind of gal," and claims that at least they "cannot haul me off" from the mall parking lot.

Metaphors related to hunger. Hunger is experienced for Brenda as the "need for it kicks in." She calls this "starving" or "her sugar level goes down." She believes her hunger cues could be "a guidepost to losing weight" but most of her discourse revealed

that any eating would cause weight gain. "The stomach growl thing going on" can be too much for her and she often ends up eating more than she had planned, at which point she "bloating myself," or that she has reached "that gluttony point." She feels she seldom eats to the point of feeling uncomfortable anymore and states that "it took test trials, but I was able to step away when I got too full."

Conceptual Metaphors Used by Subjects

The following section consists of the result of the cognitive metaphor analysis. All metaphors presented above were included in this analysis. Table 4.3 outlines the conceptual metaphors of food, eating, body and body fat used by each subject from the low intent to lose weight (Low Intent) group. Table 4.4 outlines the conceptual metaphors of food, eating, body, and body fat of those with high intent to lose weight (High Intent). (In the list of conceptual metaphors for body, some of them are in bold. This indicates that all those below it that are indented were used to create the coherent metaphor that is in bold.)

Table 4-3. Low intent to lose weight

Subject	FOOD IS	EATING IS	BODY IS	BODY FAT IS
Rita	LIFE-GIVING SOOTHING FUN FORCE DRUG DISGUSTING	FAILURE ABOUT SOMETHING ELSE CONSUMING INDISCRIMINATELY MANAGED BY THE BODY ENJOYMENT NOT A BOTHER* OVER-DOING IT PUTTING IN A CONTAINER TAKING CARE OF SELF TURNING DOWN	OBJECT RESPONSIVE	BENEFICIAL POWER IS THERE – NEUTRAL
Chris	BENEFICIAL IMPORTANT DRUG CRAZY-MAKING DECEPTIVE OBSCENE	A CRAZY-MAKING FORCE FAILURE HABIT A LOOP RESTRAINT BALANCING BEING JUDGED BY OTHERS BEING MEAN TO MYSELF CONSUMING INDISCRIMINATELY DETRIMENTAL * GETTING BACK ON TRACK OUT OF CONTROL TAKING DRUGS TO IMPROVE MOOD/ENERGY	SYSTEM OBJECT CONTAINER BATTLEGROUND BURDEN	DETRIMENTAL OUT OF CONTROL
Lisa	PLEASURE BENEFICIAL IMPORTANT DRUG SEX FORCE INCONSEQUENTIAL DETRIMENTAL NOT PLEASURE A PAIN DISGUSTING ENDLESS	BEING JUDGED BY OTHERS CHEATING DEADLY DONE MY WAY ENJOYMENT MANAGED BY THE BODY OUT OF CONTROL OVER DOING IT RESPECTING * TAKING DRUGS	OBJECT WONDERFULLY FEMALE RESPONSIVE	
Sue	PLEASURE FUN LIFE-GIVING BENEFICIAL ALIVE VALUABLE MORE THAN FOOD FORCE SAVIOR INCONSEQUENTIAL WEAPON CHANGEABLE RANKED DETRIMENTAL DEADLY CONFUSING NOT REAL NOT PLEASURE DISGUSTING McDONALD'S	HABIT RESTRAINT CONSUMING INDISCRIMINATELY ENJOYMENT GETTING BACK ON TRACK	SYSTEM OBJECT BATTLEGROUND FUN RESPONSIVE ENERGIZED GROUNDING EASILY MANAGED NOT LIKED BURDEN BURDENED	BENEFICIAL LIKABLE LARGE LOAD TO BE CARRIED BLOB/BLIMP/ BLOAT/FLAB OUT THERE TAKING UP SPACE OUT OF CONTROL

Table 4-3. Continued

Subject	FOOD IS	EATING IS	BODY IS	BODY FAT IS
Katie	FORCE OBJECT RANKED DETRIMENTAL INCONSEQUENTIAL DISGUSTING DRUG NOT PLEASURE ENDLESS	A CRAZY-MAKING FORCE FAILURE A LOOP SKILL RESTRAINT OVERPOWERING FORCE BEING MEAN TO MYSELF CAUSED BY SOMETHING CONSUMING INDISCRIMINATELY FORCING DOWN GETTING BACK ON TRACK HEROIC NEEDING CONTROL OVER DOING IT PUTTING IN A CONTAINER TAKING DRUGS	SYSTEM OBJECT CONTAINER COMMUNICATING BURDEN TOO MUCH	DISGUSTING BLOB/BLIMP/ BLOAT/FLAB

* Conceptual metaphor constructed from only one linguistic metaphor.

Table 4-4. High intent to lose weight

Subject	FOOD IS	EATING IS	BODY IS	BODY FAT IS
Kathy	RELIGION RANKED DISGUSTING	BATTLE A CRAZY-MAKING FORCE FAILURE RESTRAINT OVERPOWERING FORCE BEING MEAN TO MYSELF CAUSED BY SOMETHING CHEATING CONSUMING INDISCRIMINATELY DETRIMENTAL FORCING DOWN NEEDING CONTROL NOT THE ANSWER TO WEIGHT * OUT OF CONTROL TAKING DRUGS TO IMPROVE MOOD/ENERGY	SYSTEM OBJECT BATTLEGROUND WORTHLESS	BLOB/BLIMP/ BLOAT/FLAB OUT THERE TAKING UP SPACE
AD	LIFE-GIVING BENEFICIAL CONNECTING PLEASURE IN CONTROL RELIGION CRAZY-MAKING DISGUSTING DEADLY ENDLESS LIMITED	FAILURE STATE/PLACE TO ESCAPE WORRY * ABOUT OTHER PEOPLE TOO* ABOUT SOMETHING ELSE BALANCING BEING MEAN TO MYSELF ABOUT RESTRAINT CAUSED BY SOMETHING ENJOYMENT GETTING BACK ON TRACK TAKING DRUGS	OBJECT CLOSED / OPEN EXPANDING CONTRACTING TAKING TOO MUCH SPACE BATTLEGROUND GROUNDING PACIFIER COMMUNICATING BURDEN BURDENED	
Mary	IMPORTANT FORCE (NEUTRAL) DRUG EVIL FORCE DETRIMENTAL SCARY INADEQUATE DISTRACTING DEADLY NOT REAL DISGUSTING McDONALD'S	A CRAZY-MAKING FORCE FAILURE HABIT RESTRAINT ABOUT SOMETHING ELSE BALANCING BEING MEAN TO MYSELF CONSUMING INDISCRIMINATELY DEADLY DETRIMENTAL ENJOYMENT GETTING BACK ON TRACK	SYSTEM OBJECT BATTLEGROUND LOVED COMMUNICATING NOT LIKED OUT OF CONTROL SELF-CRITICISM	DETRIMENTAL DISGUSTING BLOB/BLIMP/ BLOAT/FLAB OUT THERE TAKING UP SPACE

Table 4-4. Continued

Subject	FOOD IS	EATING IS	BODY IS	BODY FAT IS	
Ali	PLEASURE	CRAZY-MAKING FORCE	SYSTEM	DETRIMENTAL	
	CONNECTING	FAILURE	OBJECT	BLOB/BLIMP/ BLOAT/FLAB	
	SOOTHING	A LOOP	BATTLEGROUND	OUT THERE	
	REAL	RESTRAINT	RESPONSIVE	TAKING UP SPACE	
	FORCE (NEUTRAL)	OVERPOWERING FORCE	COMMUNICATING		
	RELIGION	BEING MEAN TO MYSELF	NEGATIVE		
	RANKED	CAUSED BY SOMETHING	WORTHLESS		
	DETRIMENTAL	CONSUMING	REJECTING		
	INVASIVE	INDISCRIMINATELY	BURDEN		
	DISGUSTING	DEADLY	COSTING ME		
	IN CONTROL	DONE MY WAY	OUT OF CONTROL		
	McDONALD'S	ENJOYMENT	SELF-CRITICISM		
		EXTERNALLY MONITORING *			
		GETTING BACK ON TRACK			
		NOT A CRIME*			
		OUT OF CONTROL			
		PUTTING IN A CONTAINER			
		TAKING CARE OF SELF			
	Brenda	ENTERTAINMENT	FAILURE	SYSTEM	OUT OF CONTROL
		FUN	HABIT	OBJECT	DISGUSTING
VALUABLE		RESTRAINT	NOT LIKED		
ENJOYABLE FORCE		ABOUT WEIGHT GAIN	TOO MUCH		
FORCE (NEUTRAL)		OVERPOWERING FORCE			
RELIGION		BEING MEAN TO MYSELF			
DRUG		CHEATING			
CHANGEABLE		CONSUMING			
DEPRIVING		INDISCRIMINATELY			
DETRIMENTAL		DEADLY			
CONFUSING		ENJOYMENT			
INCONSEQUENTIAL		GETTING BACK ON TRACK			
DISGUSTING		TRACK			
OBSCENE		NEEDING CONTROL			
LIMITED		NURTURING THE SELF			
ENDLESS		PUTTING IN A CONTAINER			
EVIL FORCE	TAKING DRUGS				

Table 4-5 outlines the conceptual metaphors of dieting, hunger, blood sugar, full, and weight of the low intent to lose group. Table 4-6 outlines the conceptual metaphors of dieting, hunger, blood sugar, full, and weight of the high intent to lose group.

Table 4-5. Low intent to lose weight

Subject	DIETING IS	HUNGER IS	BLOOD SUGAR is	FULL IS	WEIGHT IS
Rita		A DROP DEMANDING FORCE PAYING ATTENTION TO BODY	DEMANDING FORCE BALANCE NOT PERMANENT	TO BE LISTENED TO WITH CARE	
Chris	REGIMEN THAT OTHER PEOPLE CONTROL	EMPTY NOT DECIPHERABLE DEMANDING FORCE			BATTLE
Lisa	SUFFERING VIOLENT UPSETTING COSTLY RIDICULOUS REGIMEN THAT OTHER PEOPLE CONTROL GOING WITHOUT	DEMANDING FORCE EMPTY A PLACE MEASUREMENT TOOL	DEMANDING FORCE	TO BE AVOIDED UNCOMFORTABLE LINE THAT IS CROSSED	
Sue	GENTLE ATTACKING RIGID RULES	PAYING ATTENTION TO BODY			
Katie	GETTING BACK ON TRACK REACTING TO THE BODY HEROICS CONTROL GOING WITHOUT	DEMANDING FORCE EMPTY A PLACE NOT TO BE TAKEN SERIOUSLY UNCONTROLLABLE DOWNWARD MOVEMENT NOT EXPLAINABLE NOT DECIPHERABLE		PACKED CONTAINER	GETTING BACK IN LINE BALANCE IMITATION NEEDING CONTROL SELF-CRITICISM DIFFICULT RESTRAINING

Table 4-6. High intent to lose weight

Subject	DIETING IS	HUNGER IS	BLOOD SUGAR IS	FULLNESS IS	WEIGHT IS
Kathy		DEMANDING FORCE		UNCOMFORTABLE END OF THE SPECTRUM	OUT OF CONTROL QUICKLY GETTING BACK IN LINE OMNIPRESENT
Diane	ATTEMPTING VIOLENT UPSETTING GOING WITHOUT	NEED DEMANDING FORCE EMPTY			GETTING BACK IN LINE OMNIPRESENT JOURNEY BALANCE RESTRAINING DIFFICULT
Mary	VIOLENT UPSETTING BLAMING THE VICTIM NOT SELF-CARE GOING WITHOUT	DEMANDING FORCE EXCITEMENT FOR SOMETHING NOT MANAGEABLE A DROP DRAGGING ABOUT OTHER THINGS	DEMANDING FORCE	HARD TO DISCERN	SKILL GETTING BACK IN LINE
Ali	SELF-CRITICISM	DEMANDING FORCE EMPTY NOT TO BE TAKEN SERIOUSLY UNCONTROLLABLE DOWNWARD MOVEMENT NOT EXPLAINABLE NOT DECIPHERABLE		PACKED CONTAINER	SKILL A PLACE INeeding CONTROL RESTRAINING
Brenda	IMPOSSIBLE	DEMANDING FORCE DEMANDING FORCE INSATIABLE A LINE		UNCOMFORTABLE PACKED CONTAINER	SKILL BATTLE OMNIPRESENT INeeding CONTROL RESTRAINING WILLPOWER A LOW FEELING

Comparison of Conceptual Metaphors Used by Low Intent and High Intent Groups

Tables 4-7 through 4-14 delineate the conceptual metaphors used by each group, comparing those of the low intention to lose group with the high intention to lose group.

The groups cannot be differentiated based on these conceptual metaphors.

Table 4-7. Comparison of food metaphors between low intent and high intent groups.

Metaphors for Food	Low Intent	High Intent
Similar Metaphors	DRUG FORCE BENEFICIAL CHANGEABLE CONFUSING CRAZY-MAKING DEADLY DETRIMENTAL ENDLESS FUN DISGUSTING IMPORTANT INCONSEQUENTIAL LIFE-GIVING McDONALD'S NOT REAL OBSCENE RANKED SOOTHING VALUABLE	DRUG FORCE (NEUTRAL) BENEFICIAL CHANGEABLE CONFUSING CRAZY-MAKING DEADLY DETRIMENTAL ENDLESS FUN DISGUSTING IMPORTANT INCONSEQUENTIAL LIFE-GIVING McDONALD'S NOT REAL OBSCENE RANKED SOOTHING VALUABLE
Metaphors not common between groups	A PAIN SAVIOR WEAPON ALIVE OBJECT DECEPTIVE MORE THAN FOOD NOT PLEASURE SEX	RELIGION CONNECTING DEPRIVING DISGUSTING DISTRACTING ENJOYABLE FORCE ENTERTAINMENT EVIL FORCE INADEQUATE INVASIVE LIMITED PLEASURABLE REAL SCARY

Table 4-8. Comparison of eating metaphors between low intent and high intent groups.

Metaphors for Eating	Low Intent	High Intent
Similar Metaphors	CRAZY-MAKING FORCE FAILURE HABIT A LOOP RESTRAINT ABOUT SOMETHING ELSE OVERPOWERING FORCE BALANCING CAUSED BY SOMETHING CHEATING CONSUMING INDISCRIMINATELY DEADLY DETRIMENTAL * DONE MY WAY ENJOYMENT FORCING DOWN GETTING BACK ON TRACK NEEDING CONTROL NURTURING THE SELF OUT OF CONTROL PUTTING IN A CONTAINER TAKING CARE OF SELF TAKING DRUGS TO IMPROVE MOOD/ENERGY	CRAZY-MAKING FORCE FAILURE HABIT A LOOP RESTRAINT ABOUT SOMETHING ELSE OVERPOWERING FORCE BALANCING CAUSED BY SOMETHING CHEATING CONSUMING INDISCRIMINATELY DEADLY DETRIMENTAL DONE MY WAY ENJOYMENT FORCING DOWN GETTING BACK ON TRACK NEEDING CONTROL NURTURING THE SELF OUT OF CONTROL PUTTING IN A CONTAINER TAKING CARE OF SELF TAKING DRUGS TO IMPROVE MOOD/ENERGY
Metaphors not common between groups	SKILL BEING JUDGED BY OTHERS HEROICS MANAGED BY THE BODY NOT A BOTHER* OVER-DOING IT RESPECTING * TURNING DOWN	BATTLE STATE/PLACE TO ESCAPE * WORRY * ABOUT OTHER PEOPLE TOO* ABOUT WEIGHT GAIN * BEING MEAN TO MYSELF NOT A CRIME* NOT THE ANSWER TO WEIGHT * EXTERNALLY MONITORING *

Table 4-9. Comparison of body metaphors between low intent and high intent groups.

Metaphors for Body	Low Intent	High Intent
Similar Metaphors	BURDEN SYSTEM VEHICLE BODY IS A BATTLEGROUND OBJECT BURDENED COMMUNICATING GROUNDING NOT LIKED RESPONSIVE TOO MUCH	BURDEN SYSTEM VEHICLE BATTLEGROUND OBJECT BURDENED COMMUNICATING GROUNDING NOT LIKED RESPONSIVE TOO MUCH
Metaphors not common between groups	EASILY MANAGED ENERGIZED FUN WONDERFULLY FEMALE	A PACIFIER CLOSED / OPEN COSTING ME EXPANDING CONTRACTING LOVED NEGATIVE OUT OF CONTROL REJECTING SELF-CRITICISM TAKING TOO MUCH SPACE WORTHLESS

Table 4-10. Comparison of body fat metaphors between low intent and high intent groups.

Metaphors for Body Fat	Low Intent	High Intent
Similar Metaphors	BLOB/BLIMP/BLOAT/FLAB DETRIMENTAL DISGUSTING OUT OF CONTROL OUT THERE TAKING UP SPACE	BLOB/BLIMP/BLOAT/FLAB DETRIMENTAL DISGUSTING OUT OF CONTROL OUT THERE TAKING UP SPACE
Metaphors not common between groups	BENEFICIAL GOOD IS A LARGE LOAD TO BE CARRIED IS THERE –NEUTRAL LIKABLE POWER	

Table 4-11. Comparison of dieting metaphors between low intent and high intent groups.

Metaphors for Dieting	Low Intent	High Intent
Similar Metaphors	GOING WITHOUT UPSETTING VIOLENT	GOING WITHOUT UPSETTING VIOLENT
Metaphors not common between groups	REGIMEN THAT OTHER PEOPLE CONTROL ATTACKING CONTROL COSTLY GENTLE GETTING BACK ON TRACK HEROICS REACTING TO THE BODY RIDICULOUS RIGID RULES SUFFERING	ATTEMPTING BLAMING THE VICTIM IMPOSSIBLE NOT SELF-CARE SELF-CRITICISM

Table 4-12. Comparison of hunger metaphors between low intent and high intent groups.

Metaphors for Hunger	Low Intent	High Intent
Similar Metaphors	A DROP DEMANDING FORCE EMPTY NOT DECIPHERABLE NOT EXPLAINABLE NOT TO BE TAKEN SERIOUSLY UNCONTROLLABLE DOWNWARD MOVEMENT	A DROP DEMANDING FORCE EMPTY NOT DECIPHERABLE NOT EXPLAINABLE NOT TO BE TAKEN SERIOUSLY UNCONTROLLABLE DOWNWARD MOVEMENT
Metaphors not common between groups	MEASUREMENT TOOL A PLACE BALANCE NOT PERMANENT PAYING ATTENTION TO BODY	A LINE NEED ABOUT OTHER THINGS EXCITEMENT DRAGGING FOR SOMETHING INSATIABLE NOT MANAGEABLE

Table 4-13. Comparison of fullness metaphors between low intent and high intent groups.

Metaphors for Full	Low Intent	High Intent
Similar Metaphors	PACKED CONTAINER UNCOMFORTABLE	PACKED CONTAINER UNCOMFORTABLE
Metaphors not common between groups	A LINE THAT IS CROSSED TO BE AVOIDED TO BE LISTENED TO WITH CARE	END OF THE SPECTRUM HARD TO DISCERN

Table 4-14. Comparison of weight metaphors between low intent and high intent groups.

Metaphors for Weight	Low Intent	High Intent
Similar Metaphors	BALANCE BATTLE DIFFICULT NEEDING CONTROL RESTRAINING	BALANCE BATTLE DIFFICULT NEEDING CONTROL RESTRAINING
Metaphors not common between groups	GETTING BACK IN LINE IMITATION SELF-CRITICISM	JOURNEY A LOW FEELING A PLACE SKILL OMNIPRESENT OUT OF CONTROL QUICKLY WILLPOWER

Table 4-15. Comparison of numbers of metaphors in common and different between low intent and high intent groups

	Food	Eating	Body	Body Fat	Diet	Hunger	Fullness	Weight
In Common	20	24	17	5	3	7	2	5
Used only by Low Intent	9	8	7	6	11	5	3	3
Used only by High Intent	10	20	0	5	8	2	7	0

Discussion of Conceptual Metaphors of Low Intent and High Intent Groups

Table 4-15 shows a comparison of the number of metaphors the subjects used in common, and also the number used only by the Low Intent group and only by the High Intent group. Both Low Intent and High Intent groups conceptualized the body in the same primary ways, that is BODY IS AN OBJECT, BODY IS A SYSTEM, BODY IS A VEHICLE and BODY IS A BATTLEGROUNDS. The primary difference was that the Low Intent group had more positive conceptual metaphors, including BODY IS WONDERFULLY FEMALE, and the High Intent group had more negative conceptual metaphors, such as BODY IS WORTHLESS. Both groups had similar negative body fat conceptual metaphors, though the Low Intent group also conceptualized body fat as

positive, BODY FAT IS BENEFICIAL, POWER, and LIKABLE. Regarding dieting, almost all conceptual metaphors were negative with a few that might be considered neutral. The negativity in the Low Intent group was more significant, possibly their low intention to lose weight allowed them the freedom to view diets as more RIDICULOUS and SUFFERING. The Low Intent group viewed hunger as slightly less negatively than the High Intent group, whose members also found HUNGER IS INSATIABLE and NOT MANAGEABLE. Few metaphors were used for fullness, but the Low Intent group was more likely to view FULLNESS IS TO BE AVOIDED for comfort reasons with the High Intent group conceptualizing FULLNESS IS HARD TO DISCERN. It seems those who were not interested in losing weight were more likely to stop eating before those with more interest in losing weight. Regarding weight, both groups found WEIGHT IS A BATTLE, NEEDING CONTROL, and RESTRAINING. The High Intent group also found it to be A SKILL and requiring WILLPOWER. Weight also got OUT OF CONTROL QUICKLY. These additional conceptual metaphors for the High Intent group reflected possibly the reason they were so desirous of losing weight because they found it a skill that was difficult and that got out of control quickly. This concept of SKILL plays a large role in the analysis of the interviews.

Patterns Emerge During Analysis

The analysis of the interviews revealed differences in the women that were obscured in the original divisions of Low Intent and High Intent groups. I completed the analysis based on these four patterns that emerged during the analysis.

The original Low Intent group consisted of Rita, Chris, Lisa, Sue, and Katie. It was assumed that all those in this group with high body acceptance, and low intention to lose weight would have a more relaxed relationship with food and body. This was an incorrect

assumption. Both Rita and Lisa exemplified the patterns I had expected in this group. While both were interested in health, neither actively pursued altering her weight. In fact, Lisa had no metaphors for body fat; Rita had three: “beneficial,” “powerful,” and in a neutral term, “it is there.” Neither used the BODY IS A BATTLEGROUNDS conceptual metaphor and both found the body responsive, with Lisa adding the conceptual metaphor BODY IS WONDERFULLY FEMALE. Both expressed a high level of enjoyment and pleasure in their bodies. They were both fairly relaxed about their eating, both concerned with healthy eating, but neither Rita nor Lisa judged her eating behavior or felt bad about herself for the way she ate. Both of them sought eating as a way of taking care of themselves and both found significant enjoyment with eating. Rita and Lisa accepted their body weight and body functioning, which I called Pattern 1 (P1). Of the Low Intent group, Chris and Sue both expressed minimal concern about body weight, but both showed significant concerns about bodily functions and how they were impacted by food, which I called Pattern 2 (P2). Though Katie expressed no desire to lose weight, she spent a great deal of time and energy working to maintain her weight, showing significant concern about weight and how it was impacted by food. I called this Pattern 3 (P3).

The High Intent group consisted of Kathy, Diane, Mary, Ali, and Brenda. It was assumed that all those in this group would have low body acceptance with a high intention to lose weight resulting in a more conflicted relationship with food and body. But again, the analysis of the interviews showed a different pattern. Diane exhibited P2 with significant concerns about bodily functions and how they were impacted by food. Brenda showed significant concern about weight and how it was impacted by food, P3. Mary, Ali, and Kathy showed yet a fourth pattern (P4) which was actually the combined

characteristics of P2 and P3. They had significant concerns about bodily functions and how they were impacted by food. They also had concerns about body weight and how it was impacted by food. In summary, the patterns that emerged included:

- P1: did not closely monitor food intake and body size and, for the most part, let the body manage it – Rita, Lisa
- P2: actively monitored and controlled the impact of their food intake on the way their body functioned – Diane, Sue, Chris
- P3: actively monitored and controlled the impact of their food intake on their weight – Katie, Brenda
- P4: actively monitored and controlled the impact of their food intake on the way their body functioned and their weight – Ali, Mary, Kathy

Summary

The analysis of the data resulted in five groupings of metaphors used by women to discuss food and body: food, eating, body, weight, and hunger/fullness. Conceptual metaphors women had to know to engage in the discourse were ‘reconstructed’ from within these groups. The conceptual metaphors of the Low Intent to Lose Weight group were compared with those of the High Intent to Lose Weight group with minimal differences. However, during the analysis, four different patterns in the subjects’ discourse about food and body emerged. The cultural model was created based on these patterns. In Chapters 5, 6 and 7, I will discuss the results, a summary and recommendations for future research.

CHAPTER 5
FOOD AND BODY: FORCES, BALANCING AND SKILL

Forces Act on the Body

The women in my study used a significant number of conceptual metaphors that ultimately reconstructed a force schema. In particular, food, hunger/fullness, and blood sugar were discussed in terms of forces that act on the body. The women expend varying degrees of effort to balance these forces. Before discussing the resultant balancing, I will explore the concept of forces using Mark Johnson's schema for force (Johnson, 1987). The women's perception of forces is one arena that differentiated the four patterns, a discussion of these differences follows.

The Force Schema

Interaction with the environment is required for survival. These interactions require the exertion of force, which can be observed "when we act upon other objects, or when we are acted upon by them" (Johnson, 1987:42). Force is always present and easy to overlook unless it is extraordinarily strong (for instance the pressure against the stomach when extremely full) or not balanced by another force (as when we are hungry and there is no food available). Johnson argues that structures of force in our lives play a central role in comprehension of experience. According to Johnson, there are a number of features that play a role in our sense of force and which outline a general gestalt structure⁷

⁷ A gestalt structure refers to "an organized, unified whole within our experience and understanding that manifests a repeatable pattern or structure." Johnson M (1987) *The Body in the Mind: The Bodily Basis of Meaning, Imagination, and Reason*. Chicago: University of Chicago Press.. The gestalt has an internal structure which functions to connect "aspects of our experience and leads to inferences and our conceptual system." The image-schemata discussed by Lakoff and Johnson are all gestalt structures. Lakoff G, and Johnson M (1980) *Metaphors We Live By*. Chicago: University of Chicago Press.

for force. The six gestalts for force are outlined below with additional discussion relating them to women's relationship with food and body.

Force is experienced through interaction

The first gestalt for force is that “force is always experienced through *interaction*” (Johnson, 1987:43). We become aware of force as it affects us or an object that we see. There is no schema for force that does not involve interaction, or potential interaction.

When encountering a food that is desired, an attraction toward that food is felt as a force. All subjects used terms that indicated food was a force. It was a positive force, as in food is “devastatingly gorgeous,” subjects were “attracted to” it, and “love” it. It was also a negative force, food was “crap,” “garbage,” and “disgusting.” The negative force did not necessarily repel the subject from the food. On the contrary, the food was often viewed as incredibly “attractive,” creating a dilemma. To understand the resolution of this dilemma requires an understanding of the subjects' belief of what would happen once that force (food) had acted upon their bodies.

The food and body acceptors (P1) experienced food as a relatively inconsequential force. Neither of them was focused on what food did once it got into the body other than enjoying the food and a passing concern that the food would meet their nutritional needs. Neither thought that food HAD to do something. Although they were attracted to food, this attraction was not overwhelming. They did not view food as a problem, possibly because they had fewer food rules and were less likely to label foods as good and bad. Both were interested in eating healthfully, though Lisa less so than Rita. But because they did not actively believe they should stay away from any food, few counterforces had to be implemented. As Rita explained to me:

Karin: What does stomach hunger feel like?

Rita: It just feels like my stomach's empty.

Karin: There's an emptiness and a desire for food because of the emptiness?

Rita: It's not..no, I don't really desire food, it's just like I realize, oh, I'm hungry...you know, I mean...you know, I start planning on that...you know...it just makes me aware of the time, you know, like if I am at work or something and my stomach feels hungry, it will usually just make me look at the clock...and go, oh, yeah, that's right...it's going to be lunchtime soon.

The remaining three groups felt strongly that food was going to do something to the body: cause bodily discomfort or other bodily problems (P2, P4) or cause weight gain (P3, P4). Since those in these three patterns wanted to control the impact food had on the body and believed they could control the impact, they saw food as a force to confront. They also found food attractive, sometimes overpoweringly so, and therefore viewed it as a problem to varying degrees. They expressed concern about and desire to control these forces primarily because of their potential impact on the body. They divided food between good and bad, depending on its impact on the body, though what was considered good and bad again varied among each subject. In the following examples, Ali (P4) feels that meat clogs up her digestive tract whereas Chris (P2) feels it clean out her system:

Ali: The meat and the major gluteny...you know, the major thick pasty type breads feel like no matter what I do, if I swallow it, it stays in this, like, lump thing, glue ball that is harder for me to digest. You know, I can like feel it, cause it's big and huge and lumpy.

Chris: In the beginning it was great, like really...people said, did you get sick? You know, you hadn't eaten meat for seven years, and I was like no...it was like, it felt so good, I felt like it went through my body really quickly, whereas sometimes, other times, I would feel kind of heavy, I think with a lot of carbohydrates and things, it felt so good, or...even sometimes if I feel heavy, I just feel like, wow, I need a burger or something and I get half a burger and I just feel like it cleans out my system in a way, I don't know.

Pattern 2 (P2) primarily controlled the types of foods they consumed, selecting those foods that would be the most health-enhancing and trying to avoid those that were

not. They monitored the impact food had on their bodies, and how it made them feel. Pattern 3 (P3) was focused on the impact the food would have on body weight, trying to select the lower calorie, lower fat, and lower carbohydrate foods that would allow them to lose, or maintain weight loss. Pattern 4 (P4) was focused on both the health-enhancing aspects of food, and its ability to alter their weight, and chose food with that in mind. Patterns 2, 3 and 4 all exhibited significant applications of counter-force measures to control the impact of the food force.

Johnson (1987) notes that the schema for force also includes *potential* interaction. People interact with food on a daily basis and will also experience the force of food daily. We all look forward to our favorite foods and experience the force of potential interaction that Johnson discusses. The force of potential interactions with food impacted all women in this study. However, with P2, but even more so for P3 and P4, potential interaction with food created additional forces that P1 seldom experienced. For P2, force of potential interaction was primarily a problem when they saw food as particularly unhealthy, or became concerned it would negatively impact bodily functioning. For both P3 and P4, the potential forces created an omnipresent problem. It seemed that for these groups, there was a constant undercurrent of attention being paid to food.

For P3, the undercurrent always reflected back to body weight:

Brenda: It is a vicious craving cycle, and you know, to this day I have to deal with it. It's very difficult for me to drive by a fast-food restaurant and not try and stop in. I've just white-knuckle past...and if I can manage to stay away from those heavy carbohydrates for two or three days, then my system finally settles down and gets used to it and then I don't crave it anymore, and I'm fine....but it's those first two or three days of dieting that...I wind up not being able to stay on it, and then of course, if I'm really good, and I've suffered through it and three days later I get on the scale and I look at the scale and I've actually gained weight, then it's like...phew...forget it. And then that's it (laughs). It's terrible.

For P4, the undercurrent of attention reflected concern about both weight and bodily functioning. In the following example, Mary discusses in the first quote how the quality of her food intake can cause cravings and worsen irritable bowel problems. In the second quote she shares how she has recently discovered that wheat and carbohydrates were the problem.

Mary: Well, it makes me have all kinds of wild cravings and my whole sort of irritable bowel stuff gets going, so....I've never made that connection before, so...yeah it's been totally cool, so I'm eating really better, you know, better balance of things, just really focusing on protein, high quality proteins and vegetables and...just doing really well with that.

Mary: Well, before that, I mean before..this recent revelation about the wheat and the carbs, you know, I would be a lot freer with the buffet. But I was having cravings before that were just insurmountable, you know. Almost wasn't my choice (chuckles), you know.

It appears that P2, P3, and P4 never truly got away from the experience of food as a force in their lives. For Brenda and Ali, this was an extremely upsetting experience, making them feel constantly out of control. Katie had a unique approach to these forces; she saw them as a huge (and powerful) game. Though Katie was upset by the forces, she did not have the intensity of reaction that Brenda and Ali did. Her lesser reaction was because maybe she was satisfied with her current weight; however, this is unlikely as her weight had only been at this low point for four months, and the interactions with food and body she described had not changed with the weight loss.

Other forces in this schema include hunger and fullness. The four groups responded to and dealt with the forces of hunger and fullness in different ways.

For P1, hunger was described as a relatively inconsequential force that would float away if it was ignored; a powerful force, resulting in eating, was low blood sugar:

Rita: I very seldom have my stomach get hungry...because the blood sugar hunger clicks in a little sooner.

Regarding her response to hunger and blood sugar, Rita says:

Rita: I can kind of ignore it...but if my blood sugar's low, I grab something...

Karin: If you ignore stomach hunger, will you eventually get blood sugar hunger?

Rita: Well, yeah, just because, you know, time passing...but they don't seem that related, oddly enough.

Though Rita talks about getting “hungry” and eating to avoid hunger in general, when talking specifically about it, she describes needing to eat not because of hunger but because of low blood sugar.

Karin: And do you identify that feeling as a level of hunger? Do you identify it more as, my blood sugar's low, I need to eat, or...my...I am hungry, my blood sugar's low, I need to eat.

Rita: I just identify it as my blood sugar's low and..and I need to eat. And I will...and I don't get picky at that time, I mean, I have learned things like..okay...if I am at home...let's say I am at home on the weekend, I've had breakfast, I have done some chores and things and then realized, I am going to go to the grocery store, and that's going to be about an hour, and I feel the little tiniest hint...I would go..like on my way out, just a slice of bread and eat it on the way to the store, you know, and...what I am saying is that...you know, there's eating for pleasure and then there's eating for that.

However, effort was made to take care of hunger and to satisfy hunger with the foods that were desired, as in the following two quotes:

Rita: Breakfast is functional...you know, it's not...that much fun and I don't want to spend much time on it but I want it to...you know, I don't want to be hungry again two hours later.

Rita: I had made this meal for myself and my friend came over, uninvited, just, you know...happened to drop by and...oh, who's coming to dinner, I said, well, nobody, I was just hungry, and my friend seemed kind of...oh...you made all this for yourself, yeah, well...this is what I wanted to eat and my friend was kind of...like it was weird that I made...a four-course meal just for me. But that's what I wanted.

Low blood sugar, however, was viewed as a force that required the immediate response of eating:

Rita: I start to get a little...I don't quite know how to describe it, it's a kind of shaky feeling and it's kind of a shaky feeling and...ah...um...a little bit of trouble concentrating..you know, it's a kind of distractability...or something...and I know...oh okay...and...and before I figured out what that was, I had some pretty bad experiences with it where I just began to feel terrible and then eat and notice..oh, I feel bet...and then...you know, I started doing some reading and realized...oh, that's my blood sugar dropping and that feels like a cellular hunger, because it's not associated with my belly hunger...you know...when you're...and to me they're very different hungers and if my stomach is hungry but my blood sugar level's okay...it's just the stomach is very empty...that I can go with...you know, I can keep doing things, but if the blood sugar's dropping, I can't...I have to pay attention to that.

The pattern Lisa described regarding hunger and low blood sugar was almost exactly the same as that described by Rita. For both, the force of fullness was an enjoyable experience, but going beyond this point was avoided because it was uncomfortable. Lisa expressed how eating to over full would “mess up” the enjoyable aspects of the meal:

Lisa: I feel it up to here. I feel it. You know, I'd be having indigestion, it'd be up to here, if I ate any more. It would like mess up all the good parts. It would...it would cross over the line from being good food and a good taste and good stuff that I like to being you know, like indigestion.

A key difference between the groups was that P1 did not express a need to manage the forces of hunger (low blood sugar) and satiety; rather, P1 let “the body manage” it. Because they let the body manage it, they responded directly to the body and rarely ate when not hungry. They quit eating sometime between the time when hunger forces were gone and when full, actively avoiding over-full in order to maximize comfort and enjoyment of eating. Apparently this was something Lisa had learned to do as she had given up dieting. While she was dieting, for most of her life, she rarely let the body manage it; instead, she ignored signals of hunger and fullness.

Rita appeared to be an almost completely internally-regulated eater, as was Sue (P2). While they both ate for emotional reasons, Rita ate more often for comfort and Sue

more often due to stress. Both quit eating when satisfied or full, even if eating was initiated due to emotional reasons. Lisa has apparently learned to do this since giving up dieting, though she explains she does not always do it.

Another key difference in the groups was that the force of food was significantly diminished when hunger was not present for P1; such was not the case for P2, P3 or P4.

Pattern 2 (P2) also responded to the forces of hunger and fullness but would override them in an attempt to alter the functioning of the body, though they did not do this often. As Diane stated, “I generally don't eat when I am not hungry.” Sue, as an internally-regulated eater, did not eat when not hungry, but also did not eat past full. She believed food did not digest as well if she was not hungry, and became uncomfortable if she ate “one bite” past satisfied:

Karin: So you might go ahead and eat when everybody else eats, even though you are not quite hungry yet?

Sue: I have done that, yeah. I don't like it...I'm not comfortable when that happens at all.

Karin: What happens ...

E: I just don't feel like eating...you know, and then it doesn't digest, it sort of like...it's sort of like...I imagine my stomach saying, what are you doing, you know, we're not ready...or something like that, so yeah, it's not satisfying at all for me to eat when I am not hungry.

Pattern 3 (P3) exhibited conflict in dealing with the forces of hunger and fullness. Conceptual metaphors for those with this pattern of eating used included HUNGER IS A DEMANDING FORCE, HUNGER IS UNCONTROLLABLE, HUNGER IS NOT TO BE TAKEN SERIOUSLY, HUNGER IS NOT EXPLAINABLE, and HUNGER IS NOT DECIPHERABLE. This group often expended significant effort to manage hunger and fullness, experiencing distress when they could not. It was most significant for Brenda:

Brenda: it's something I would like to have one day to be able to have *the willpower to overcome it all* and just go on a diet and only eat when I'm hungry, eat the right foods, switch my eating habits so I eat more in the morning and less in the afternoon, exercise a little more, get out a little more, not being so obsessed with, oh, my gosh, I'm 20 miles from the nearest store and I'm hungry and...on the way home and...you know...I just...I would like to just be a little more in control of my eating habits I suppose.

Pattern 3 (P3) did not experience a significant reduction in the force of food when hunger was not present; therefore, they had to deal with these forces on a more constant basis than either P1 or P2. A frequent pattern for Katie and Brenda was the need to contain the forces of food:

Katie: I just need to *rein it in* and if I'm going to eat a lot, then I'm just going to eat a lot for a while, but I'm going to eat good stuff..and so I just switched from eating...you know...a whole candy bar and a ton of stuff, to eating a fair amount of stuff, but more healthy stuff and the craving just then..like dropped off after that...it was just...I think I was just in this little...you know...loop...*this little thing that I just needed to get out of...*

Pattern 4 (P4) experienced the forces of hunger and fullness in a way similar to both P2 and P3. While P4 used the same conceptual metaphors expressed above in P3, P4 was more likely to express interest in the force of hunger as something that should be responded to. It is important to note that P2, P3, and P4 each exhibited those characteristics of P1 at some points during their interview. It is important not to think of P4, for instance, as an aberration and completely different from the other patterns. Those in P4 also pay attention and respond to the forces of hunger and fullness as the following excerpt from Kathy (P4) shows:

Kathy: Sometimes I will bring fruit or carrots or something to snack on in the morning if I know it's going to be a long time before I have lunch because I don't...I don't want to be tempted to go, you know, have any reason to walk across the campus and grab a donut.

But this attention and response to hunger and fullness frequently involves more tension or conflict. Again Kathy states:

Kathy: ...if I listen to my body, then it's frequently sort of a battle between the stomach and the mouth and the mouth tends to win...so...it's easier if the brain just steps in and says, look (laughs) I'm in control of both of you.

Patterns 2, 3 and 4 are more likely to express the need to control the forces of hunger and fullness, and attraction to food than P1. In a way, P1 gets around responding to the forces of hunger, since they describe hunger as relatively inconsequential, but find low blood sugar to be unavoidable. Pattern 1 (P1) is the only pattern that experiences this demand with the only resolution possibly being they must eat.

Movement of an object through space

The second of Johnson's gestalts for force is that "our experience of force usually involves the movement of some object (mass) through space in some direction. In other words, force as a *vector* quality, a directionality. There may actually be a moving object, or there may be only a force exerted against an object that is not moved or changed" (Johnson, 1987:43).

The primary object that is moved in this schema is food. The secondary object that is moved, or acted upon, is body weight.

Force typically involves a single path of motion

The third of Johnson's gestalts for force is "there is typically a single *path of motion*" (Johnson, 1987:43). It typically continues until its path is terminated, counteracted.

Though not stated explicitly, I inferred from the interviews that the path of motion for P1 was into the mouth, digestion and resolution of hunger, followed by elimination. The process started due to a force of either attraction to food that typically arose due to either hunger or emotional needs. The process ended because it was terminated (rather than counteracted) most often because the force of the food or hunger was sufficiently

diminished or eliminated. In other words, eating was terminated by the subject because the force that caused the subject to eat was essentially resolved by eating.

The path of motion was more explicitly stated by the other groups. For P2, the force of food was two-fold; both attraction to it and fear of its potentially detrimental health-detracting qualities. Conflict would increase when the subjects had strong attractions to the food they viewed as detrimental to their health. This conflict was frequently seen in discussion of digestion (see Chapter 6) which was often symbolic of other concerns. This conflict was so strong that Chris and Diane would not label a food they enjoyed but also viewed as detrimental as a food they liked. They *liked* foods only that were not detrimental. The path of motion therefore involved a significant amount of restraint, typically restraint directed at the attraction to food rather than hunger. Subjects consumed the food, which went into the body, where it spent a great deal of time hanging out getting processed or moving about the body. The food alternatively caused problems or fixed problems before it was eliminated. The subjects viewed themselves as active agents in their ability to control the internal workings of their body.

Pattern 3 (P3) experienced the force of food as an attraction and also fear of its potentially weight-increasing properties. Conflict increased when the subjects experienced strong attractions to the foods they viewed as causing weight gain. The subjects viewed food as having different negative forces, depending on the extent to which they believed that food would cause weight gain. Brenda experienced the most distress of any in P3 because of her belief that any and all foods not only could but would cause weight gain. This group used a significant amount of restraint to control the force of food, with the restraint being directed more often to the hunger than to the attraction of

food. In other words, they were more likely to try to modulate their hunger than their attraction to food. The food was consumed and viewed as either going straight through the system and being eliminated efficiently, or viewed as causing weight gain because the food was being stored.

Pattern 4 (P4) experienced the force of food through their attraction to it, fear of its potentially health-detracting qualities, and fear of its ability to cause weight gain. Conflict regarding food was omnipresent for this group, and they continually worked to restrain these forces and therefore counteract them. The restraint was used to control the attraction to food and hunger. They attempted to modulate both forces. The path of the food was a combination of P2 and P3; food was consumed and either went "straight to the hips" or bounced around in the body causing all sorts of problems, or alternatively, food fixed problems. The food was typically viewed as having fixed a problem, caused a problem, or caused weight gain before it was eliminated. This was no doubt a source of considerable concern.

Forces have origins and are directional

The fourth of Johnson's gestalts for force is that "forces have *origins* or *sources*, and because they are directional, agents can direct them to *targets*" (Johnson, 1987:43). It doesn't move of its own accord, it moves because something with power moves it.

This feature of forces allows the conceptual schema in which women try to control food intake. In P1, food is eaten and the target is hunger--which is resolved. Conflict arises when subjects view the force as traveling to and impacting various parts of their bodies when they believe that they should be able to direct the force once it is inside the body. Conflict increases when subjects fail to direct the force once it is inside their bodies in the manner they believe they should be able to (P2, P3, and P4).

Forces have degrees of power or intensity

A fifth gestalt for force is that “forces have *degrees of power or intensity*. Where there is power there exists the possibility of measuring the force it generates” (Johnson, 1987:43). Measuring the force it generates gives it a relative ranking.

This is another feature that differentiates P1 from P2, P3, and P4. Pattern 1 (P1) appears to experience the force of attraction to food as relatively minor. Interestingly, these are the only two women in the study who gave themselves free access to food. In other words, no foods were forbidden. Although they differentiated foods by nutrient density, they did not use this differentiation as a guide to which foods they *had* to eat and which foods they *had* to stay away from. However, the intensity of the need to eat, due to low blood sugar, was the most intense for this group and they always responded to it by eating. The other patterns viewed hunger as something that could be controlled and hence manipulated, not necessarily responded to. While all P2, P3, and P4 would eventually respond to the force of hunger, they did not always feel it was permissible to do so. The force of food for these patterns varied, probably the highest for P3, but it was significant for all three.

Force involves structure or sequence of causality

The last of Johnson’s gestalts for force is “because we experience force via interaction, there is always a *structure or sequence of causality involved*. The door closes because I, or the wind, or a spring mechanism, acted on it to cause it to shut (Johnson, 1987:44).

Once again this feature of the force gestalt helps to explain women's relationship with food and body. With P1, the stronger force is hunger and the subjects center their eating around this force. It structures their eating experience, and they are focused on the

reduction of hunger when they eat, not on the way it impacts the functioning of their body or their body weight.

The subjects in P2, who are primarily concerned with the internal workings of the body, are more likely to focus their eating on controlling the impact of the food force on the functioning of their body. When they ate, they paid acute attention to what bodily processes may or may not be impacted by the food, spending significantly less energy than P1 does on managing hunger. Likewise, those in P3, who saw food as having a direct impact on body weight, focus more closely on the scale and concern themselves with how each meal was going to impact their body size. This was so strong for Brenda that she came to view the measuring device for body weight as having force. About the scale and regarding her need to weigh herself several times a day she said, "It's like a magnet, it draws me in." The force of food causes a sequence of events that compels Brenda to "jump on" the scale every single day. Pattern 4 (P4) again was a combination of P2 and P3.

Image Schematic Gestalts for Force and Force Relationships

Following through with Johnson's (1987) schema of force, he elaborates seven of the most common image schematic gestalts for force and force relationships that operate constantly in our experience. Once again, these gestalts are listed and discussed in terms of this study.

Compulsion

The first of Johnson's image schematic gestalts for force and force relationships is compulsion, which is 'the experience of being moved by external forces' (1987:44). Sometimes the force can be irresistible while at other times it can be counteracted, or

modified. The force “comes from somewhere, has a given magnitude, moves along the path, and has direction” (p. 44).

While most often the term “compulsion” is used with an attraction to food over which one has essentially no control, the term, as defined by Johnson, reflects both an irresistible force, as well as one that is less insistent. Every subject in this study experienced a degree of attraction to food, though it was only P3 and P4 subjects who found that force irresistible. Ali explains it this way:

Ali: I don't feel like I'm as hard on myself, you know, but I still don't feel like, “yahoo, I just had a Big Mac and fries,” but I feel like it's, you know, I have to do it, it's like this....

Karin: You feel driven?

Ali: Mmm hmm. Yeah, I feel like it's this thing I have to do.

Katie explains it a bit less directly:

Katie: I frequently eat an entire bag of potato chips. But ah-Ok retreat, We just went on a retreat last week, last weekend. Well, one of the things they did was make trail bags. I love trail mix, just chocolate and nuts, I had three cups of it within maybe a half hour and I ate a ton that whole weekend and even when I got home Sunday afternoon I thought, well, I could be really good the rest of the day but I've blown it, I'm going to go ahead finish blowing it for the remainder of the day. I'll deal with the mess on Monday. So I did, I just can't remember what I ate Sunday night but, Oh it was pizza. (Laughs) I'm really into bad food, aren't I? I had half of a large pizza.

Karin: And you weren't hungry?

Katie: I feel like I was hungry but I'm sure I wasn't. I mean there's no way, I just couldn't have been.

Karin: So you say your body wanted to do it?

Katie: Yeah

Blockage

The second of Johnson's image schematic gestalts for force and force relationships is blockage. He states, “In our attempts to interact forcefully with objects and persons in

our environment, we often encounter obstacles that block or resist our force” (Johnson, 1987:45). One must either stop or redirect force in response to these obstacles.

There are few blockages in this culture around interactions with food. Many experts believe we need blockages. The government is considering taxing foods that are considered to cause weight gain and ill-health.

The only external blockage that was encountered was that of societal expectations of body size and foods that should be eaten. This blockage most significantly impacted the largest women in the study, Lisa (P1) and Mary (P4). It was experienced as society in general, and loved ones in particular, telling them they should eat differently and lose weight. While all subjects received the message their weight needed to be changed at some time in their lives, none received it as intensely as Lisa and Mary. They both felt shame and anxiety about their eating and weight. Lisa has dealt with this blockage by actively rejecting societal injunctions to look and eat in a certain way. She explained how angry she feels at other people for insisting she be something other than she is. She also spent approximately four years learning to like herself, a process that is described toward the end of this chapter, and which she feels is not complete. Mary also attempted to reject society, though not nearly as vehemently as Lisa, and learn to like her body. She felt that this process allowed her the opportunity to begin to alter her weight on her own terms. At the end of the interviews, she had lost more than 10 pounds. Mary was discouraged because she had reached a plateau, but felt confident that she would achieve her goal weight. While Lisa rejected the blockages, Mary ultimately accepted them, but, she said, on her own terms.

Rita (P1) was the only subject to have rejected these blockages at an early age. She is the only subject who has never gone a formal diet. Even so, she was aware of society's expectations. When she noticed her pants getting tight every five years or so, she might cut out desserts and alcohol until they fit better again. She was not self-critical about this process, nor did she attach value judgments to it. Her primary goal was not to have to buy new clothes. Kathy had only been on a diet once, the Atkins diet, for a short time. She otherwise moderated her intake by avoiding sweets and using portion control. Neither of these women had metaphors for dieting. The conceptual metaphors for dieting used by the remaining eight subjects included:

DIETING IS

- A REGIMEN THAT OTHER PEOPLE CONTROL
- SUFFERING
- VIOLENT
- UPSETTING
- COSTLY
- RIDICULOUS
- GOING WITHOUT
- GENTLE
- ATTACKING
- RIGID RULES
- GETTING BACK ON TRACK
- REACTING TO THE BODY
- HEROICS
- CONTROL
- ATTEMPTING
- UPSETTING
- BLAMING THE VICTIM
- NOT SELF-CARE
- SELF-CRITICISM
- IMPOSSIBLE

Judging by this list, it is apparent that dieting is not viewed in a positive light.

Blocking the force of food by dieting was an upsetting, even violent, experience for most of the subjects. Mary, who had been congratulated for losing weight that resulted from a severe depression explains:

Mary: I recovered, the weight came back on, and...and then...since then it's just pretty much just kept creeping up. And there have been, you know, maybe a couple

of other minor dieting incidences since then, but they...they all fail pretty quickly, usually within a month. You know, I could...I could lose five or ten pounds, and then, you know, it comes back plus some...so...

K: So since your early college days, you've done little done little dieting?

S: Like really pushing, no.... I mean, I have done Weight Watchers once since then, actually it was fairly recently, it was just a couple of years ago, but I just, you know, just plopped right out of it. I just intensely dislike having to be so obsessed with food that I have to keep track of every frigging morsel I put in my mouth, you know, and...I mean, I think the point system actually...is their little gizmo, is pretty good because it counts fiber and you know, it's all this healthy stuff. And what made me really sick going there was how obsessed everyone was at the meetings, you know, they would...because this was before Big Daddy's got figured out, so everybody would be going on and on about Big Daddy's and how good it is and...one woman admitted that, you know, Big Daddy's were...2 points apiece or something, that she would eat 12 of those some days, and nothing else...and I'm like...what is going on here....this is not....

Karin: She was bragging?

S: Yeah. Yeah...it was just not a healthy diet, you know....not in any way, shape or form.

Karin: Did it feel good to go to Weight Watchers?

S: No, I hated it.

Lisa explains her thoughts about dieting:

Karin: Do you ever feel guilty for eating?

Lisa: Not really.

Karin: Did you used to?

Lisa: Oh, I used to do this whole thing about cheating and I've been bad and I...I cheated and I was bad, you know, and I shouldn't have done that, but I don't do that.

Karin: How did you get over doing that?

Lisa: I quit going on diets, you know...I quit giving other people the power over my body...you know..giving other people the right to say I need to go on a diet or...putting myself in the hands of people that are in charge of a diet program of one sort or the other...I quit doing that...

And in the following quote, the intensity of anger Lisa feels for societal expectations is readily apparent:

Lisa: I may have to figure out a little bit of a different way to eat, but I'll be damned if I'm going to go on a fucking diet and...do that shit they want me to do...we're going to have to figure out a way to do it that works for me, you know...and if that means that I have to respect carbohydrates more, or something, which I think is most...what all that shit's about...um..you know, I could figure out how to do that...but...you know, and I think it would be really good for me physically, you know, I don't need to have colon cancer, cause I don't eat vegetables...you know...I don't...I need to have some of that other good shit in my body because my mother died of cancer...so...you know...yeah, on that aspect...I don't think I'm really in control of what I eat, because I don't eat enough things that are good for me...but I don't feel like I eat out of control...you know, I don't think that I just eat mountains of ice cream and you know...and...and...you know...pounds of pasta...I don't think that I'm like out of control in terms of the volume of what I eat...but it would be really nice if I could figure out how to eat food that was better for me.

Those with P1 experienced the least amount of blockage of anyone in the study because of the availability of food, and they allowed themselves free access to foods they wanted.

Lisa's relationship with food changed significantly when she removed the blockages she had allowed to be imposed upon her at the age of 32 and she quit dieting. When she quit, she turned the anger that she felt at herself outward toward society. She turned her outrage against not only the rules for eating that had been imposed on her--and which she had accepted--but also against those who would have her eat differently and be a different size. Her distance from dieting was readily apparent in her metaphors for dieting, which included "it's suffering and it's resentment," "at what price," "have what I eat controlled," and "giving other people the power over my body." She had divided food into good and bad foods, willing herself to eat only the good foods (defined as foods that would not cause weight gain). These blockages were apparently part of increasing the force of food. When she finally quit dieting and gave herself free access to food, in effect

eliminating the blockages, the force of food was minimized significantly. She no longer felt herself overwhelmed by the force of attraction to food.

The blockages experienced by the women in this study more often were self-imposed. The force of food and hunger is blocked or resisted by the self, easily seen in the conceptual metaphors used by all subjects except Rita and Lisa. Restraint requires one withstand the forces, “rein it in,” “be heroic,” (both from Katie, P3) and “white-knuckle past” (Brenda, P3), eat something else: “circumvent it” or engage in another activity for distraction.

A problem arises when one eats in response to the forces and the forces are not diminished, which was more likely to happen in P2, P3, and P4. When the primary drive to eat is hunger, which eating resolves, the forces are reduced or eliminated. When eating attractive foods, especially those that are “bad,” eating does not necessarily reduce the force. The act of eating does not necessarily reduce attraction to food. If that is the primary force behind eating, it can remain intact no matter how much has been eaten. It becomes much more difficult to stop eating when the forces of food is not diminished by eating, setting up the requirement for blockages.

Counterforce

The third of Johnson’s image schematic gestalts for force and force relationships is counterforce is a “head-on meeting of forces” (Johnson, 1987:46). Again, this schema differentiates the patterns. Counterforce was experienced for P1 when their low blood sugar could not be immediately resolved by eating. Since this rarely happened, P1 seldom experienced distress when eating. The other patterns experienced significant counterforce. Pattern 2 (P2) experienced it in bodily distress; P3 in weight gain or

perceived weight gain, and shifts in hydration status; and P4 in both bodily distress and changes or perceived changes in body weight.

Johnson (, 1987) describes the interaction of force and counterforce, when strong, like a head-on collision. This illustration does not accurately describe the force/counterforce interaction of P2, P3, and P4, primarily because these forces do not simply collide and then stop colliding. In the minds of these eight women, these forces collide and continue to collide repeatedly. There is frequently no resolution to this meeting of forces, contributing to the BODY IS A BATTLEGROUNDS conceptual metaphor. Brenda (P3), in particular, expressed extreme despair in having to live with this daily turmoil, saying, “It’s a low feeling.” She suggested a solution would be to “take myself out.”

Lisa (P1) dealt with this turmoil in her own life by choosing to accept her body and to quit trying to change it or to lose weight. Exemplifying the significant impact of the collision of these two forces have in a woman's life, Lisa felt that accepting her body gave her peace. She had not experienced this feeling since she was a little girl. Brenda also made note of this shift in a friend who reached “the end of her will to fight.” She said of her friend, “She’s at peace with herself.” Lisa continues, however, to experience the social pressure strongly suggesting that it is not acceptable to live as a fat woman in today’s society. A significant portion of her interviews reflected her anger at being told continually that she is not okay, as can be seen in conceptual metaphors she used for eating: EATING IS DONE MY WAY and EATING IS BEING JUDGED BY OTHERS.

Diversion

The fourth of Johnson’s image schematic gestalts for force and force relationships is diversion, which occurs when “a force vector is diverted as a result of the causal

interaction of two or more vectors” (Johnson, 1987:46), without compensation, the initial force vector is lost.

Pattern 1 (P1) finds low blood sugar a force that can be diverted only for so long and believes it must be heeded; hence, always respond to it by eating, and therefore always get resolution. This pattern does not experience a strong pull toward individual foods since there are no “forbidden” foods. Those with P1 rarely use diversion to deal with the force of food.

Diversion is a common tactic for the other three patterns, which find ways to divert hunger (only for so long) and to divert attraction to food, for instance, selecting a healthier variety of the food or a lower calorie one. One difference between P1 and the other groups is that P1 does not believe that hunger can be diverted, in effect, they do not believe they have control over hunger. Pattern 2 (P2), P3, and P4 all operate from the stance that hunger and the body’s response to food can be successfully diverted.

Removal of Restraint

The fifth of Johnson’s image schematic gestalts for force and force relationships is removal of restraint.

The removal of a barrier or the absence of some potential restraint is a structure of experience that we encounter daily. The relevant schema is thus one that suggests an open way or path, which makes possible an exertion of force. (Johnson, 1987:46)

Because some actual barrier is removed or because a potential barrier is not present, the force can be exerted, and there is nothing blocking it.

Removing restraint was for one subject, Lisa, a part of reducing the force of food. When she removed restraint--when foods were no longer forbidden or the quantities limited--the force of the foods diminished substantially. During the interviews, Lisa

described her lifelong obsession with macaroni and cheese. Apparently her mother used to make it often, but never enough so that her family got as much as they wanted, leaving Lisa and her siblings feeling deprived. As an adult, she came to believe that she should not eat macaroni and cheese because it would cause her to gain weight, so she restrained herself. The result was that it became extremely important to her. Macaroni and cheese quickly became one of her favorite binge foods with significant emotional connections. When she allowed herself free access to it, that is, removed restraint, the situation changed:

Lisa: I've kind of grossed out on macaroni and cheese a bit...um...you know, it doesn't taste so good anymore...um...it doesn't taste so good anymore.

Karin: Why not?

Lisa: I don't know, it tastes fake and yucky, it doesn't taste good.

Karin: When did that happen?

Lisa: After I just made myself as much macaroni and cheese as I wanted, whenever I want it, I mean, occasionally, I'll still make macaroni and cheese, I just make myself a box of macaroni and cheese for dinner, um...you know, and at my house, whenever we cook it for dinner, we make two boxes, there's never...you know, everybody has as much macaroni and cheese as they want here (chuckles) ...um...um...an...and when I get messages from my children that it's really important that you go to the grocery store, Mom, there's no more macaroni and cheese. I buy six boxes at a time, so there's always some here...um...but they even grossed themselves out on the Easy Mac, the kind you can make in the microwave, and that's gross. That's nasty shit. But...they won't even eat that anymore.

She returned to the topic numerous times:

Lisa: Macaroni and cheese isn't near as good as it used to be, any variety, I guess...now, I wonder if I would go to the trouble to make Martha's macaroni and cheese, how good it would be at this time. But macaroni and cheese isn't nearly as good as it used to be [...]...it's like it lost its emotional fix.

And later she stated:

Lisa: But Stouffers macaroni and cheese, which used to be, like, you know, the Cadillac variety, it tastes like shit. It's gross. It's nasty, um, you know. I got some

macaroni and cheese out of the cafeteria awhile back ago, and I did get double scoops of it, and it was o.k., but it's just, like, it doesn't, um...it just doesn't do for me what it used to do anymore. It doesn't have that thing, .it doesn't do it.

Karin: What did it used to do?

Lisa: I don't know. It just used to be really good and comforting.

Karin: How often did you used to eat it?

Lisa: (Sighs) Probably, at least once every couple of weeks. Sometimes more. Sometimes I'd make two boxes and just eat it `til I didn't want anymore. But it's, like, nobody in my house eats mac. We're like all maxed out on macaroni and cheese. I still have boxes of macaroni and cheese that we run out of food and nobody will eat the macaroni and cheese anymore. And everybody used to live on macaroni and cheese in my house. But nobody eats it anymore.

Karin: Well, what happened?

Lisa: Well, maybe we got grossed out on it. I mean, I don't know about my children I just think they got tired of it. But it was, like, I guess I just didn't need it that way anymore.

Subjects with P2, P3, and P4 all dealt with the force of food by removing restraint on occasion; in fact, all subjects, except P1 and mostly P3 and P4, experienced eating primarily as restraint and removal of restraint. Removal of restraint is often associated with self-talk about “giving myself permission”. As Kathy (P4) says:

Kathy: I enjoy them, I mean, I wouldn't eat them if I didn't enjoy them, but it's....I guess it's...and it is also related to how much I've worked out. If I've been exercising a lot then it's...I have permission, I have more permission to eat those kind of things just cause I want them. Um...it wasn't always that way, but now that I'm...I'm much more conscious of that...I can't afford to eat stuff I don't need very much.

Ali (P4) related:

Ali: I kind of lightened up on myself. I had...I liked fish and I liked cheese, and eventually I got, I came around to feeling okay with eating those things again, that it wasn't a big crime to do that, so I got less strict.

Also from Ali:

Ali: ...well the Big Mac I do because I usually feel better afterwards for some reason, especially when I started just letting myself do it and trying not to beat myself up about it.

Diane (P2) also described removal of restraint:

Diane: I tend to be a pretty stubborn person in a sense, and when...when I do...I think I can identify with both of those, but when I do give in, I totally give in. I try not to stew about it, to go back and forth about it, I just say...that's it...you're giving in...have whatever you want...and then the next day, I...am very much the tyrant and I've really...even if I have those feelings, like I just want to give in today, and I don't want to think about food, and I don't think about getting on track, being healthy, I tend to like...be really hard on myself, so hard, that I suppress those feelings and get rid of them.

Karin: Which feelings?

Diane: The feelings like...I just want to have another bad day, I don't want to think about food, and...and I think that I don't want to think about food because when I am thinking about food, I mean, thinking about it in terms of being health-conscious. I don't want to think about food in that sense, because that...sometimes, it gets to be a burden, either way, whether I am having bad days or whether I am having good days, either way gets to be a burden, you know, preparing my lunch every day gets to be...whew...I'm tired this morning, I just don't want to prepare it.

Enablement

The sixth of Johnson's image schematic gestalts for force and force relationships is enablement.

If you choose to focus on your acts of manipulation and movement, you can become aware of a felt sense of power (or lack of power) to perform some action. [You can lift the baby but not the car]. While there is no actualized force factor here, it is legitimate to include this structure of possibility in our common gestalts for force, since there are potential force vectors present, and there is a definite "directedness" (or potential pat of motion) present. (Johnson, 1987:47)

Those from P1 did not describe strong feelings of enablement regarding the forces of hunger and food, probably because they rarely manipulated the forces. They seldom attempted to control hunger or attraction to food. This schemata, however, perfectly describes why women who are able to restrict their food intake feel a sense of power.

When women focus on manipulating food and become aware of the sense of power to be

able to perform this action, they are manipulating the forces that allow them to feel powerful. While this can be seen somewhat in P2, it is actually in P3 and P4 where the power is most strongly sensed. Enhancing this sense of power is the fact that manipulating the force of food can exert a force on the body causing it to lose weight. This is not sufficient to describe the power since members of P1 do not experience a sense of power when restricting their food intake. It is likely this sense of power comes from controlling and manipulating the force of food to create weight loss. This sense of power then allows the individual the opportunity to conform to prevailing standards of body size. As noted in Chapter 2, women are rewarded in many ways, power being one of them, when they conform to societal dictates for body size. Ali (P4) describes:

Ali: [...] when I am dropping weight, you know, getting lower rather than putting on weight, it feels better to me. My body feels more energized, it feels like it's functioning more efficiently. Just more energy, besides lighter, it feels like it's easier to move. It feels like...um...it's functioning better.

Katie (P3) concurs:

Katie: I think I probably have a pretty high self-esteem anyhow, but I think that one...because I do have a good self-esteem, I feel really good about myself, but...it would...it would...it would not be as great a self-esteem, at least not initially to weigh more.

Rita (P1) does not strongly feel the need to alter her body size to conform to society. She does not reflect the sense of power from controlling or manipulating her weight, though she does describe a sense of power that comes from being both larger and smaller:

Rita: I think I feel most comfortable about 145 pounds. Because then I'm...I don't have this up front. I don't have a little gut...um...but I'm not so thin that I feel like I'm missing something, you know like I don't...it's kind of...when I've been at my heaviest, and sometimes it feels nice. *It's like I have more weight to throw around...* (laughs) I don't know. I know that sounds strange. Like, I'm not going to just go around bumping...strangers or something, but there's sort of more there. But I think about 145 is when I feel best. And, you know, um...as far as body image, too, I

think it's good. My clothes aren't tight. Like I said, I'm wearing about the same size I wore a size...so, the clothes I have aren't tight, you know. But they're not loose.

Of course if losing weight has the power to make you feel better, not losing weight can make one feel worse, as Brenda (P4) describes:

Brenda: Well, the first 2 big weight losses that I talked to you about, I felt very successful with those, because I had managed to keep it off for quite a while and I knew that...the only reason that I had gained weight at that point in time was because I had...you know...celebrated...and...food for me at that point, after my first marriage, was a comfort thing, you know, I...if I could eat good food...and go out to a restaurant, then I was successful and happy...so that was my reward and you know...starving in your first marriage does traumatize you a little bit...but anyways...I had sort of related to that a little bit...and...um...but nowadays...my dieting...I feel like a total failure...because I can't seem to take it off...I can't...I mean, I'll lose weight, I'll quit eating and I'll stay away from McDonald's and I'll drink plenty of water, take my vitamin B's and whatever else I need to do and exercise, work in my garden, go to bed and...or...in the evening...but...quit eating before 6 PM, like a lot of doctors suggest that you do, and I'll get on the scale and it's still the same, or I've gained weight, so...you know, I don't feel like I'm very successful in weight loss these days...at least not the last 3 or 4 years, I don't feel like I'm very successful at that.

Attraction

The seventh of Johnson's image schematic gestalts for force and force relationships is attraction, the "gravitation toward an object" (Johnson, 1987:47-48).

Attraction to food is the basis for the force schema, as outlined throughout the discussion of force. The following excerpts from Katie and Brenda's interviews exemplify this attraction to food:

Katie: I feel like I was hungry but I'm sure I wasn't. I mean there's no way, I just couldn't have been.

Karin: So you say your body wanted to do it?

Katie: Yeah

Karin: What about the trail mix, why did you eat three cups?

Katie: Because it was so good. And I never have it and I knew I would never have it any time again in the future and I just really liked it, I enjoyed it.

Karin: Was that the same with the pizza? I'm not going to have it again for a while...

Katie: I very rarely eat pizza. Yeah

Karin: So is there a part of that sometimes with the eating . . .-

Katie: Probably so, because a lot of times if I get my kids pizza I won't even have any of it.

Karin: Oh, because?

Katie: Because I don't think it's very good for me, it's all fat and oil.

And in another example of the force of attraction:

Katie: Oh, yeah. I just inhaled that stuff...yeah, and that might have been partially because it was a different food, but noodles have always been a comfort food for me, probably dating back to that, it's just something I've always been attracted to. I love pasta, I love that sort of stuff now.

This scenario also exemplifies the increased attraction that occurs when restraint is involved. Katie ate three cups of trail mix because, as she said, "I never have it and I knew I would never have it again in the future." She also overate the pizza because, she said, "I rarely eat pizza." This is as opposed to Lisa, who gave herself free access to macaroni and cheese and found she no longer needed to eat large quantities at each sitting. Brenda also describes the force of attraction:

Karin: And a green bean casserole with no cheese?

Brenda: Uh...no, I probably wouldn't eat it. I mean I would if I had to...if it was there, but...but there wouldn't be a big attraction there...the biggest attraction for me for the green bean casserole are...is the cheese and the crust and...all that stuff..so...

Forceful bodily experiences give rise to image schematic structures of meaning that can be transformed, extended, and elaborated into domains of meaning that are not strictly tied to the body (such as social interactions, rational argument, and moral deliberation). These issues will be explored primarily in Chapter 6. Meanwhile, how do women deal with these forces?

Balancing Is Necessary to Deal with the Forces

Just as with force, balance metaphors were extensive and found throughout the analysis, though the focus of the balance was different between the four patterns. The forces most poignant for each pattern foreshadow that which is the focus of the balancing act. A brief discussion of balance follows, and then a discussion of the skills development that some subjects undergo in their attempts at successful balancing.

Concept of Balance

We are seldom aware of the experience of balance even though it is pervasive; and necessary for survival.

The experience of balance is so pervasive and so absolutely basic for our coherent experience of our world, and for our survival in it, that we are seldom ever aware of its presence. . . . Balancing is an *activity we learn with our bodies* and not by grasping a set of rules or concepts. First and foremost, balancing is something we *do*. (Johnson, 1987:74)

Johnson describes balancing as “a preconceptual bodily activity that cannot be described propositionally by rules” (Johnson, 1987:74). It is not possible to explain to another person how to balance. Consider bicycle riding; what steps would have to be explained to help another achieve balance?

One can give the beginner a few more or less empty rules, but the balancing activity happens when the rules, such as they are, no longer play any role. (Johnson, 1987:74)

These rules or suggestions might include: 1) start by pushing off while one foot is on one peddle; 2) place the other foot on the other pedal and then exert equal force on the pedals; 3) move the foot that is the highest forward followed by moving the foot that is the lowest backwards. The conscious following of rules is an impediment to balancing the forces when riding a bike. Instead, the cyclist intuitively knows when the balance is

right, knows how to make adjustments, and has a feel for the movement that sets the bike in motion.

According to Johnson, balance is understood by way of the bodily experience of equilibrium--or loss of equilibrium. Systemic balance is understood in an immediate, preconceptual manner. Balance is experienced in the body and interpreted as “there is too much acid in the stomach,” “I feel too full,” or “I am thirsty.” When the body’s system is “out of balance,” it is perceived that there is “too much” or “not enough.” The “normal, healthy organization of forces, processes, and elements is upset” (Johnson, 1987:74). We note these experiences and often make a response to attempt to regain balance. We might take an antacid, allow time to pass for digestion to occur, or add moisture to the mouth.

Johnson posits that it is through these bodily experiences that we begin to understand the concept of balance in other areas of life, such as justice. But these metaphorical applications of balance are beyond the scope of this work. Image-schematic structures contribute to the sense of these experiences and activities as coherent and significant. The image schema is not actually an image. It is “a means of structuring particular experiences schematically, so as to give order and connectedness to our perceptions and conceptions” (Johnson, 1987:75). To explore how image schema can give order and connectedness, consider an event that would cause recognition of our balance or lack thereof. For instance, you are enjoying a meal and distracted by pleasant conversation, but then realize you are uncomfortably full. You become aware of the situation because you no longer feel in balance. You consider what you might need to do to balance your system: skip the dessert and just wait. Some people might consider taking a walk or even, in an extreme case, inducing vomiting. What is it that is balanced?

Certainly not a point that can be seen or touched. Still it is a recurrent pattern in balancing. Johnson explains that “balance (or lack thereof) is a balance of forces in my perceptual activity” (Johnson, 1987:79). The hidden structure is related to the psychological forces of perception. “To the extent that there is a pattern to these force relations, there is a schema” (p. 79). (And because it is based on psychological forces of perception, the sense of balance can be altered by an individual’s mood.)

Meaning of Balance Closely Tied to Bodily Experiences

Because the meaning of balance is so closely tied to bodily experiences, it is no surprise that food and the body are metaphorically viewed with the balance image-schema. Image “schematic structures have a relatively small number of parts or components that stand in very definite relation to one another so whenever a single schema is instantiated in a number of different experiences or images, the same parts and relations recur” (Johnson, 1987:79). One schema for balance can structure a number of different kinds of objects, events, and experiences.

Johnson discusses a prototypical schema for balance “consisting of a point or axis around which forces and weights must be distributed, so that they counteract or balance off one another. The balance is often metaphorically constructed as weight” (Johnson, 1987:80). This prototypical schema for balance can be easily described when considering the visual balance of a painting wherein there is a complex metaphorical experience of visual weight and force. There are parts, such as eyes and ears, each having two parts, all of which have “different visual weights that are, in the total visual gestalt, in balance” (p. 82). Even when a figure is not perfectly symmetrical most artwork has some balance, which is conceived of as having a balanced weight. It is a metaphorical extension of our experience of physical weight that artwork has a balance of weight. Other schemata for

balance can be interpreted as variations of the prototypical schema. The seesaw schema is a type of schemata in which the axis is reduced to a point, which serves as a fulcrum (Johnson, 1987:85). The equilibrium schema results from the “continuous mapping of symmetrical force vectors meeting at a point onto a curved surface” (p. 89). It can be imagined as the experience of homeostasis within the bodily organs. For instance, the stomach can be viewed as having internal and external forces, each exerting force on the surface (container surface). It has multiple points, each of which is a locus of balanced forces. When the force inside the stomach becomes so great that it is noticed, it is experienced as unbalanced. All three schemas of balance are used by women in this study. Typically, hunger is experienced via the prototypical schema; body functioning is experienced via the equilibrium schema; and body weight is experienced via the seesaw schema.

What Is Being Balanced?

The metaphorical projections of balance move from the bodily sense (with its emergent schema) to the mental, epistemic, or logical domains. From our experience of bodily balance we are able to understand balanced systems, the balance of power, and so forth. Following the psychoanalytic theory discussed in Chapter 2, women seemingly take this a step further with some experiences and re-map mental, epistemic, or logical domains on to the body.

Women in this study experience the balancing of the body in very different manners. For instance, the primary focus differs of what they are balancing:

- P1 is balancing blood sugar
- P2 is balancing bodily functioning and hunger
- P3 is balancing body weight
- P4 is balancing bodily function, body weight, and hunger.

Balancing is an activity, something we do with the body that requires an ordering of forces and weights relative to some point, axis, or plane. The experience of systemic equilibrium is an equally basic experience of balance. To view the body as a system that requires balancing, it is first necessary to view the body as an object. One aspect of the objectification is the **BODY IS A PLACE THAT REQUIRES BALANCING**. This arises from the **BODY IS A PLACE TO LIVE**.

The body is conceptualized as an object. One aspect of that objectification is that the **BODY IS A PLACE TO LIVE**. Mary (P4) discusses what it is like to “live inside your body.” Chris, in reflecting about a book she had read, discusses a quote which allows her to talk about living away from her body, and now living in her body:

Chris: They open up each chapter with different quotes, like “Mr. Duffy lived a short distance from his body”...(laughs)...I know, I thought it was hysterical...and it's like so interesting, so, so funny. I think I related to it, you know, to a degree, because for so long I did live so distant from my body and from everything, I was like in a black hole, like where isbut now, yeah, I think I do embody my body, definitely.

The Experience of Systemic Equilibrium

“A system is an organization of interconnected, interdependent individuals or elements that work together to form a functional unity” (Johnson, 1987:98). The system we are most intimately connected to is our body. Many component systems make up the larger system, such as the nervous, circulatory, respiratory, and musculo-skeletal systems, but the systemic aspects of the body in my study are eating, hunger, and satiety, digestion, and, metaphorically, weight. Some of the metaphors that subjects use to indicate the **BODY IS A SYSTEM** include the body “is going to process” (Katie), food goes “down your system” (Sue), the “system stabilizes” (Brenda), “keep the machine running” (Mary), and the body “is working overtime trying to processes it all” (Ali).

In all these systems except for weight, “There must exist a certain dynamic equilibrium, a proper balance of forces, if the system is to function properly” (Johnson, 1987). While each subject had a different tolerance level for imbalances, a distinction which is important, they all engaged in balancing activities with respect to the body. The following quotes are subjects’ descriptions of balancing:

Ali: I feel like I get bloated and I feel like I, it feels like I actually have a hard time digesting food, cause it feels like there's too much in there, um, or, I might actually feel like I get, um...burby, you know, just feeling distended. When I don't overeat, it feels like my food is digested easily and easily, you know, like used, and digested and....it's easy, it's not stressful.

Chris: I mean more and more just because really I feel better when I don't overeat. you know, it's just like, it's not worth it to eat that ice cream or to have that piece of cake when I know it's overload. um. but I guess it depends case by case. another. yeah, if I'm with other people, and they're going to get it, I'll probably eat some, too.

Kathy: .My husband and I are trying to work on portion control because we both have a tendency to serve ourselves and each other more..you know...like a lot more of whatever it is than we ought to eat, then we end up being...or being the end of the evening and feeling too...like we've eaten too much and...and we have eaten too much and...so...you know...that sort of thing.

Kathy: I don't think what I eat is really the key. As long as I eat relatively moderate portions and as long as I don't overeat and I mean eating to the point where after the meal is over I think...ohhh...I ate too much...you know, that I feel overfull...I don't think it matters that much. I think the key for me is how much I exercise. How much activity, how much energy I expend.

Katie: I'm conscious when I'm eating that I am overeating. I don't really think of it going anywhere, particular, that just happens to be where I store my...my extra weight...no, I just..I know I am putting more in than I am using...so...and you know, putting more in than I am going to need to maintain so...I need to use up the extra stuff I just put in.

Rita: You know, when you drink too much and the next day you have a hangover and you go...well that was dumb...why did I do that..

Sue: When I don't feel good about my body is what we talked about, is when I feel bloated, which is a function of eating too much, eating the wrong foods, eating at the wrong time...um...then I don't feel good, then I feel frumpy and...and...out of sorts and...even though my weight has probably changed minimally, because of

whatever I've eaten, you know...I get the feeling that I'm really hideous...you know...and...until I...until the feeling of fullness or bloatedness goes away...then I get back to feeling okay.

We may experience an imbalance as a passing situation, or as something that needs to have a counterforce applied to correct it. In the first excerpt, Ali is feeling force, internal and external, related to a three-dimensional container. Exactly how balance is brought to the system is what creates differences among subjects in this study. It has been introduced in the section on forces.

The focus of balance for P1 is low blood sugar. It is the only compelling force for P1 in the food and body schema. Those with this pattern are cognizant of the impact of food on health and weight; however, it is not a driving force in their food selection.

Subjects who view the body as a system conceptualize this system in terms of a mechanical system. Ali (P4) repeatedly uses metaphors that conceptualize her body in terms of a mechanical factory in which food is getting processed:

Ali: It feels like it's being used, digested easier and more efficiently and used more efficiently as well. I'm not having like bread hanging out in there while the fish is getting processed.

She describes her food intake in engineering terms, with the body a factory in which one is working overtime:

Ali: I approach it like an engineering science study, you know, where's the calorie load that makes me start to feel like my body is working overtime, trying to process food but not using it all.

Mary compares her body to a furnace, a reference to the calorie-burning potential of muscle, and in the second quote directly uses the metaphor of a machine:

Mary : I should carry as much muscle as I can, and I feel it now, and my body is feeling more like a little furnace.

Mary: Yeah, it's just part...you know, part of life, one of the things you have to do to keep the machine running.

Conceptualization of the body as a system, or machine, allows balance to be described primarily in terms of “physical” forces. Johnson notes that when balance is viewed as more of an ecological system, it requires “a balance of physical forces also, but its equilibrium consists, in addition, of social forces that are not physical in any literal sense” (Johnson, 1987:88).

Only three subjects do not use the BODY IS A SYSTEM metaphor, both of those in P1, and Diane (P2). All subjects discuss balance of the body in ecological terms. But it is those who do not use the BODY IS A SYSTEM metaphor who more significantly consider the social aspects of the balancing of the body. Instead, they primarily view the body as a balance of the forces of nature. (“These social forces are real, but are understood via metaphorical projections from the schemata for physical force as well as other schemata and their metaphorical extensions” (Johnson, 1987:88).

The behavior that facilitates balance is eating, but again, the topics that women discussed metaphorically in terms of balance exposed the focus of their interactions with food and body. The following lists all of the bodily systems that each women discussed in terms of balance with example(s) of the discourse:

Rita (P1): Blood sugar.

If my blood sugar gets real low and I sort of crash, it's almost like the *balance* is upset.

Lisa (P1): none

Diane (P2): Eating, body weight.

I think it has to do with what's been going on, like the context of my diet. Like how many good days have I had, how many, you know...I try to *balance* it, everything in my mind is a *big balancing thing*, so...if I've been going along fairly good and there's the option to have the carrot cake and I'm not full and I...oh...I'll have it, you know? It's no big deal. It's always..I see it as a *big balance*.

Chris (P2): Eating, bodily functioning.

If I want to eat Cheese Doodles, then I can, and you know, I know I just eat more *balanced* another day, you know?

Your body craves salt because it's trying to *balance* itself out, I feel like, when you're eating well and you're eating *balanced*, your body feels so good and it knows...it craves fresh fruit or it craves brown rice.

I think your body's so *out of balance* you need to just eat salads and greens

Sue (P2): Food.

Sue: ...*balanced* in terms of...the grains, the vegetables, the sweet, the sour, you know, all the tastes, and protein.

Katie (P3): Body weight, food, and exercise.

My dad watched his weight very closely...he never ate anything really strange he would leave things out...but he remained, you know, *balanced* in his diet for the most part.

I would eat what I wanted and then the other two weeks I would have to just eat...discipline...to just get back to . . . flatten out that line, but it was just constant build and *balance*.

It *balanced* out, I mean, I had to be heroic when I wasn't...you know...porking out...and it just evened out.

I always try to make really *balanced* meals. It's not a punishment at all...I love to walk...and I love to bike...I mean if I didn't like it, I wouldn't do it, I would find something else to do. [...] ...it's just a cause and effect. If you are going to do this, you should do that, if you don't want [weight] to be an issue on top of everything else.

Brenda (P3): Body weight.

About 150, I was back down to about 150, 148, somewhere around there. And I lost weight down to 135, and it was like I *balanced* there for a week, and then went up to 140.

Mary (P4): Eating, food.

As far as what we say is *balanced* eating, it was pretty *balanced*.

It's helping me a little with my carb *balance* as well.

Ali (P4): Body.

You know, so I really started to delve into that and get into vegetarianism and supplements and learning about vitamins and minerals and nutrition and how to eat well and *balanced*.

Kathy (P4): Eating, food, exercise, and body weight.

I mean in terms of eating more *balanced* meals versus having days when it's junk

[We want to] improve our eating habits, partly to lose weight, because we're both heavier than we want to be, but...um...partly just as a way of trying to *realign* our eating habits. . . . We always did eat pretty carefully, and I don't mean in a restricted way, but we planned our meals and that sort of thing, so this, I think, is an attempt to kind of recover our...our...*equilibrium* in terms of eating so that it's not...so that it is more conscious and thoughtful.

I tend to try to *balance* things...if I'm feeling a little heavy, yeah, I'll do a little more exercise, or...and it's not so dramatic, I mean I don't...I don't ever restrict myself from eating, I might just try to *balance* a little more.

Lisa (P1) discussed balance, but did so in a way different from any other subject.

She was not focused on balance other than that which she feels has been imposed upon her:

Lisa: You know, I've never wanted to regulate my food, I've just always kind of been told I had to. It's not been...I've never wanted to restrict my intake or...you know...make sure that I eat *balanced* meals and stuff like that. It's just that I, you know, it's like just kind of been shoved upon me one way or the other.

Most likely she has felt the need to balance her food intake as an imposition, and rejected it along with the need to monitor her weight and her food intake. Possibly in rejecting society, Lisa was able to quit using the conceptual metaphor BODY IS A BATTLEGROUND. This was not an insignificant task considering the extent to which it was used in the discourse of all women in P2, P3, and P4.

BODY IS A BATTLEGROUND

The battle metaphor is an extension of the balance metaphor conceptually. In a battle, two sides are at odds with each other, both employing various techniques to tip the balance of the battle in their favor. We think of the winner as the one who overpowers the

other by weighing relative losses and gains. The structure of this experience is the same. Whether the subject is balancing or battling, both are intimately tied to the schemata that emerge in our physical experience of balancing. They differ only in intensity and in methods employed to achieve balance.

Subjects from P2, P3, and P4 all expressed metaphors that were reconstructed into BODY IS A BATTLEGROUND (though some are found in the body and others found in the weight-related metaphors). The intensity involved in them was palpable. The BODY IS BATTLEGROUND conceptual metaphor was also found in metaphors for weight. In the following example, Brenda mentioned a friend who had given up dieting with “she's reached the end of her will to fight.” And she later comments about her own body:

Brenda: I don't think there will ever be a time where I will accept it. I mean, I am more of a fighter, I suppose (laughs).

In another example, Kathy discusses the internal battle for control of the body:

Kathy: I think it's because...if I listen to my body, then it's frequently sort of a battle between the stomach and the mouth and the mouth tends to win...so...it's easier if the brain just steps in and says, look (laughs) I'm in control of both of you.

To get a feel for BODY IS A BATTLEGROUND, a partial list of these conceptual metaphors follows: BODY IS FIGHTING BACK, TRYING TO SURVIVE, TRAPPED, TRAITOR, ENEMY, IN NEED OF CONTROL, TRAUMATIZED, and IN DANGER.

Pattern 1 is the only pattern that did not use the conceptual metaphor of BODY IS A BATTLEGROUND. Interestingly, one of the conceptual metaphors found in P1 and nowhere else is BODY IS WONDERFULLY FEMALE. Chapter 6 posits reasons for these different conceptual metaphors.

The BODY IS BATTLEGROUND conceptual metaphor is linked to viewing body management and weight management (or body balancing) as a skill.

Body Balancing Is a Skill

The concept that body balancing is a skill is a powerful metaphor; it is extremely popular today and rarely questioned. (The term used most frequently to describe this behavior is “management,” as in “weight management,” and will be used interchangeably in this discussion.) Indeed, those in P2, P3, and P4 used metaphors that were reconstructed into the conceptual metaphor SKILL in both the arenas of eating and weight. The assumption this metaphor entails is that body management is a product of a discrete, neutral set of skills. These skills, such as restraint (in both quantity and type of food, portion control, exercise, and so forth), can be called upon and applied regularly across all body-balancing situations discussed in this work.

In his extensive analysis of skill, Bialstock notes how the common understanding of a skill is that of a set of subskills, an understanding that originates from psychology and is meant *to separate* (Bialostok, 1999). He quotes from Barton (1994) who finds the skills metaphor fits well with the cultural tendency to measure and monitor human activities. Using Barton’s framework, body balancing can be viewed as a set of skills which can be broken into parts, and taught and tested. Skills are learned at the basic level and gradually built up, leading to the belief that there are stages of learning and that skills are learned in a linear order. Underlying this, Barton argues, is the organizing idea that there is only one way of learning the skill. Bialostok quotes Scribner and Cole’s (1981) description of a literary practice, a “recurrent, goal-directed sequence of activities using a particular technology and particular systems of knowledge” and a skill as a “coordinated sets of actions involved in applying this knowledge in particular settings” (p. 236). Bialostok summarizes that a practice is “the configuration of technology, knowledge, and skills” (Bialostok, 1999:237). Hence the practice determines the skills, which means that

the skill is located within the practice, a skill that Bialostok cautions “always exists within a social context” (p. 237).

The women in this study discuss body balancing skills in ways that support Bialostok’s arguments of skill as located within a practice:

Mary: there are many, many, many times in the past, and still I do this, when I'll have chocolate at that time of day, which I also know isn't the greatest *practice*, but, you know...it gives me a little lift.

The use of the term “practice” is reminiscent of a “meditation practice” in which a person repeatedly practices meditation to learn how to quiet the mind. In this case, the practice of eating chocolate might not seem like a skill; the skill aspect of the metaphor can be more easily seen when realizing that not eating chocolate would be considered a skill. Mary specifically addresses skill development in the following quote regarding a diet program she was enrolled in:

Mary: I have been very resistant to practicing the cycle they call it...this...this cycle you go through when you ask yourself all these questions and you are supposed to practice it also by calling other people in the group.

Kathy also discusses making an effort to improve eating habits in a way that suggests an ability to execute a practice. In the second quote below, it is apparent that Kathy conceptualizes improvement of eating skills to involve a rudimentary set of skills:

Kathy: My husband and I have been making a much more, sort of conscious effort to, um...improve our eating habits, not...I mean partly to lose weight, because we're both heavier than we want to be, but...um...partly just as a way of trying to *realign our eating habits*.

She attempts to teach these skills to her children:

Karin: Their good dinner--what is that?

Kathy: Their good dinner is the sort of substantial portion of their dinner. . . . For my oldest son that is typically chicken strips or fish sticks and a little bowl of peas, normally because that is right now the only vegetable that he will eat without making a huge fuss and I figure peas are pretty good so, you know, that's ok if he

wants to eat peas every night or a slice of whole grain bread and butter. Sometimes we give him a break; he gets to have bread and butter instead or bread and margarine instead of peas.

And Kathy, who is at the grocery store with her sons, describes the positive aspects of teaching them these skills:

Kathy: I wanted to try their smoked turkey cause I was thinking about having it for Thanksgiving, and asked the boys, . . . did they want one...no, they didn't want one...much like I knew was going to be the case and then we started to walk away and I'm eating the sandwich and my younger one turns around to me and says, I wish I could have one. And I said, well, sweetie, you can, you want a bite of mine? He said, no, I want one of my own. So we backed up and I asked him which did he want, did he want the turkey or the ham, thinking, okay, be cool, be cool, he's never eaten either one of these before, never eaten ham, never eaten turkey. And first he wanted the turkey and then he wanted the ham and so she made him a ham sandwich and he ate virtually all of it, despite the fact that it was falling apart and it was like...yes....okay...yeah....(laughs) he's eating a food that he hasn't eaten before.

Objectification of Skills

In his extensive analysis of the use of “skill” as a metaphor, Bialostok (1999) explains the conceptualization of skills as “objects turned into commodities which can be put together, built upon, refined, and so forth” (p. 234). In all these situations, the part is necessary to make the whole strong, a concept that he argues is correlated with a moral state of being. Skills are discussed as a commodity, which allows the conceptualization of skills as things which can be purchased, changed, and used. All of this is reflected in the metaphors women used. Consider that in order to “get” skills, the skills must be something that can be “gotten,” and, by necessity, are objectified. “Getting” a skill can be seen as having a possession, as Mary (P4) stated, “I don’t seem to have any tools to do anything about that,” in reference to managing her weight. Something that can be possessed can also be lost as seen in the metaphors used to discuss skill “acquisition.” A person can “gain” a skill and a person can “lose a skill.” Viewing a skill as a possession

requires having control over it, which can happen only when a person becomes very good at it (Bialostok, 1999). Ali describes it this way:

Ali: There's been times when I feel like I've eaten well and I've been exercising that, it feels like my weight doesn't go anywhere, or actually put on weight, and then there's been other times when it seems like I drop weight, so there seems to be an element of weight gain and loss that I don't quite have a *handle on* and understanding of.

With the use of the metaphor “have a handle on,” Ali describes her understanding of weight management as something she could grab and own; something she could “get,” like a possession.

Conceptualizing skills as possessions facilitates the understanding of skills as things that are tangible, self-evident, and easy to recognize. If a skill is viewed as a possession, it should also be tangible, self-evident and easily recognizable (Bialostok, 1999). Following this line of thinking, women who “get” weight management skills, do so because they are obvious, as with Katie who is “a woman on a mission.” A mission is typically considered a specific assignment to be carried out, a task which is clearly spelled out and obvious. Ali (P4) describes a weight management skill of counting calories as, “I use it as a guidepost.” A guidepost clearly demarcates weight management as a skill that can be possessed; it is tangible, self-evident, and easily recognizable. On the other hand, women who do not “get” weight management skills are lacking, “I can't even seem to get out of the starting gate...so...it's a little depressing.” In this metaphor, Brenda is blocked, trapped behind a starting gate (tangible, self-evident, and so forth), not able to gain access to the skills just on the other side. In the example of Mary who does not feel she has the tools, it is her lack of a tangible, self-evident, easy-to-recognize possession that interferes with her ability to lose weight.

Because a skill is commodified, it becomes something that “can be mechanistically “gotten,” “acquired,” or “owned,” usually as the result of instruction” (Bialostok, 1999:237). Two other aspects of “skill” are critical to this discussion. First, skills require conformity to an established rule, principal, or condition. If the skill is done well, it is precisely enacted. If something is done well by definition, it is absolute and kept within narrow specified limits (Bialostok, 1999). Following this metaphorical construct, someone who is good at weight balancing understands some aspect or rule of knowledge about it that can be absolutely confirmed, known, and demonstrated. This is clearly seen in commercial weight management programs such as Weight Watchers where it is the successful weight losers who return to teach others also how to be successful at weight loss.

Second, skill “also implies a sense of power for which there is rigorous and stringent imposition of enforced discipline” (Bialostok, 1999: 272). What is being learned in body balancing is reflected in Johnson’s (1993) discussion of “Moral Law folk theory:” where moral character is conceived of as principally a matter of control:

Moral character is conceived as being principally a matter of control—the rational, moral self (or faculty) must bring the bodily, sensuous self under control. Since our physical, desiring self is strong and nonrational and manifests insatiable longing, it takes a strong, powerful moral will to control it. An incessant struggle ensues between these warring faculties, and one's character is revealed in the outcome of this conflict. Moreover virtue requires a strong will that hears the call of reason you can bring the passions under control. (Johnson, 1993:50)

Skill as Morality

Learning the skills required for body balancing contributes to the perception of someone who is a moral individual. The person who is able to use these skills is constructed as a moral person. It is more than merely knowing and then applying the skill. Knowing a skill involves “mastering” a skill, and mastering the skill (or anything) is

thought to involve willpower, conflict, strength of character, and character building (Bialostok, 1999). Skill development is a metaphor of self-discipline. Brenda describes this when she wishes she had the “internal fortitude” to enable her to lose weight. Ali expresses how the “discipline of this (managing eating) is good for me.” Regarding getting seconds at dinner, Kathy states, “My husband's actually much more disciplined than I am in some ways, but...so he's a good...he sets a good example for me.” Brenda explains she “needs willpower to overcome it all.”

Learning a skill, in effect, serves as a form of governance. When people gain knowledge and learn a skill, they are expected to act with self-motivation and self-discipline (Bialostok, 1999:273). Historically, through the development of inner discipline and becoming good at a skill, individuals learned to control their worlds. Historically, getting to this point has been viewed as a problem of public administration and public policy because skills produced social harmony and allowed the individual to become, in effect, the manager. This was done all in the name of promoting individual freedom (Bialostok, 1999). Eventually, schooling became one of the “many explicit mechanisms for the state both to conceptualize and organize . . . [programs of] . . . pacification, discipline, and training, privacy; traits believed crucial to the modern citizen” (Bialostok, 1999:273).

The self-discipline and passivity so commonly associated with mastering skills must be understood within the context previously referred to, and cannot be understood simply as a learning process a person undergoes. The ideologies found in the metaphors discussed in this section reflect practices that are in reality mechanisms to construct modern citizens as independent individuals who are “free” to govern themselves. The

person who learns the skill has been “produced by” the institution that taught the skills (Bialostok, 1999). A woman who “masters” weight management not only masters that unique skill, but also masters how to restrain her eating, how to discipline her body, how to eat in a lady-like fashion, how to defer, how to go without, how not to want, and how not to let herself go. In effect, learning to manage weight trains a woman in femininity, as constructed by this culture. She also learns how to reproduce the same types of mastery and self-governance in another person by teaching weight management skills (Bialostok, 1999).

Johnson (1993) argues that a folk theory of moral law that most people live by is a mistaken theory, unsophisticated and superficial in nature. Feminist theorists and other post-modernists would undoubtedly agree. But as a "folk theory," it represents what members of a culture consider is a moral issue and believe we should lead a moral life. Folk and other "common sense" theories by their very name claim to be universal. To consider something as “common sense” not only describes the way it is, but the way it should be. Common-sense is talked about as if it were natural, as if there could be no other way (Linde, 1993). Most relevant to this discussion, common sense itself can be considered an issue of morality "disguised as an issue of universal factuality” (Linde, 1993:195).

In summary, skills are metaphorically constructed as objects to possess. Either a person owns the skill or does not own the skill. The lack of ownership represents a lack of character since ownership would require self-discipline, a strong character, and willpower (Bialostok, 1999).

These metaphors have been so naturalized that their ideological nature is completely disguised. Linde (1995) points out that the active disguising is a deliberate or near deliberate attempt by those in power "who use the discourse of normalization to make the achieved order of the world appear to be in effect nature" (p. 195). It is difficult to imagine that those in power, or out of power, are conscious that BODY BALANCING IS A SKILL or WEIGHT MANAGEMENT IS A SKILL is connected to their identification of a moral individual.

However, Bialostok (1999:280) discusses Freire's (1970) notion of banking education "where knowledge (as a skill) is considered a thing that is deposited into the person, and how, for this to happen, the person must be considered something of an empty vessel, the transparency of the use of the skill metaphor becomes abundantly clear." Bialostok considers those who educators typically consider to be good students, typically the quiet, obedient students who do what they are told and do not create difficulties. They listen, learn and assume a significant amount of self-discipline and self-control. Basically, they are the students who act as empty vessels waiting to be filled. The teacher is the subject of the learning process and the pupils become the objects. Bialostok concludes that this conforms to a morally correct configuration. The morality of body balancing will be discussed in the next section. But first I will offer a brief discussion of the skill of body balancing as seen through the discourse of the women in this study.

Body Balancing Skills

As discussed in the section on balance, subjects balance their bodies in very different ways, and the focus of the balance differs among subjects. Likewise, body balancing skills are conceptualized differently. Pattern 1 (P1) conceptualizes the body as more a part of the self than the other three patterns do, and explains that the body

manages itself. Therefore, balancing the body does not require an inordinate amount of work. Rita explains this process in the following excerpt. It is apparent that even though the body “manages it,” Rita still assumes a level of control. The skills needed are necessarily minimal:

Rita: I think my body just more or less kind of manages it, you know, slightly overshoots and you know, gives me too many calories if I let it, you know, if I just eat what I want.

Patterns 2, 3 and 4 all operate under the assumption that the body must be managed and certain skills are necessary to do this. In fact, Katie (P3) discusses socializing her daughter with a distinctive orientation to these skills noting that her son does not need them.

Karin: How else do you know it's time to stop eating?

Katie: It's not a noticeable one, but I don't like...I don't have a problem with my boys seeing me overeat, because they are both really slender. My daughter is still slender but I don't think her eating habits are maybe what they could be because if she wants something, she'll just eat it until she doesn't want it any more and she will eat what I know is more than she is going to process. I don't like for her to see me overeat, not because I am embarrassed, but I really want to be a good mentor to her and I don't want her to do that, so...and I mean that's purely a mental thing...I just...

Karin: So when your daughter is around sometimes you'll...

Katie: Yeah, I just don't want Trisha to...I don't mind if Trisha sees me eat like frozen yogurt because it's just a standing joke in my house and how much I eat, but if I really binge, I don't do very much before I will..I will rein it in when I am around her and say, geez, I just got to quit doing this, you know, I am going to regret having done this, cause I don't want her to have that kind of weight issue. I never tell her what to eat or not to eat, I just want to be an okay model for her.

Katie sees weight management as a skill and therefore it can be modeled, or taught, somewhat systematically to her daughter. Likewise, Kathy models healthy eating behaviors for her children, “I consider that to be a bad meal both...not very healthy and a

bad model for the kids.” She also believes that boys do not need the same skills or constraints as girls, or, in this case, herself:

Kathy: I think it's much more okay for my little boys to eat cookies than it is for me because their metabolism is way higher than mine.

True to her focus on management of blood sugar rather than management of weight, Rita attempts to instruct her daughter how to manage her own blood sugar:

Rita: Right and I guess it's something I've become aware of...to take care of the blood sugar, I am kind of aware of...because I see my daughter do the same thing, where she'll be...really lethargic, she won't be feeling...and then she eats and she perks up...and I've been trying to teach her that...you know..do that..you know, take some crackers with you, you know.

The skills are needed to counteract the forces of food and hunger. The skill is basically managing eating and was referred to as "a practice," (which is a configuration of knowledge and skills) a loop, a habit, getting back on track. The women did not always achieve success, as shown by conceptual metaphors as EATING IS A FAILURE, EATING IS OUT OF CONTROL, and EATING IS A STATE/PLACE TO ESCAPE. Eating was seen as an OVERPOWERING FORCE, A CRAZY-MAKING FORCE that was NEEDING CONTROL, which frequently required HEROIC measures among P2, P3, and P4, clearly delineating the need for management skills.

Summary

In Chapter 5, I discussed the physical forces that influence women's relationship with food and body. Balance is a critical aspect of keeping these forces in line. The four different patterns vary significantly with what is being balanced and how that is accomplished. In P2, P3, P4, balancing requires skill development that needs self-discipline and control, characteristics often associated with a moral person. Most significantly, skill development can be interpreted as an attempt by those in power to gain

or remain in power. All this is especially poignant when one considers that body balancing is an activity that can be accomplished with virtually no skills whatsoever, as in P1 who lets “the body manage it.” This is not an anomaly. Many researchers argue that people are capable of and are healthier if they internally-regulate food and body (Carrier et al., 1993; Ciliska, 1990; Heatherton et al., 1991; Polivy, 1996; Polivy et al., 1984).

Johnson’s (1987) analysis of balancing can shed some light on this discussion. He argues that balancing is “an *activity we learn with our bodies* and not by grasping a set of rules or concepts. First and foremost, balancing is something we *do*” (p. 74). He states that “balancing *cannot* be learned propositionally by rules” (p. 74). One person cannot teach another person how to balance. “One can give the beginner a few more or less empty rules, but the balancing activity happens when the rules, such as they are, no longer play any role” (Johnson, 1987: 74). Only the individual person can intuitively know when the balance is right and know how to make adjustments. Body balancing cannot be taught.

So why is body balancing being taught? Better yet, why do people believe they need anything beyond their intuitive selves to be able to balance their body? Bialostok’s (1999) analysis of skill building as a moral activity begins to answer these questions. But to fully understand the need to gain skills to balance the body. I needed further analysis of the women’s interviews. Chapter 6 delves into these issues and attempts to answer these questions.

CHAPTER 6

WHY DO SOME BELIEVE THEY NEED EXTENSIVE SKILLS TO BALANCE THE BODY?

Chapter 5 illustrated that women view the body as an object which has forces acting upon it. Those forces are food, hunger, and blood sugar. The subjects act to balance the forces, which is accomplished by altering eating patterns. The balance is felt or observed in the body. The women need skills to balance the body. For some subjects, the skills needed are quite minimal: a requisite understanding of the basics of healthful eating that they follow loosely, allowing the body to do the bulk of the work managing this balance. Though not supported by dominant thinking, the body is capable of regulating itself, successfully balancing the forces of food and hunger (Bloom et al., 1994; Brown and Jasper, 1993a; Carrier et al., 1993; Ciliska, 1990; Heatherton et al., 1991; Hirschmann and Munter, 1996; Polivy, 1996; Polivy et al., 1984). Exactly what was balanced and what qualified as a balanced body was different for the different patterns:

- P1 let the body manage it. Balance was achieved when hunger was appeased.
- P2 was focused on the quality of food intake, ensuring food consumed would be beneficial to the body and not cause undue harm. Balanced was achieved when the body functioned smoothly without problems and nutrient needs were met (though this was an elusive goal, reaching it was something that could not be established) and hunger appeased.
- P3 was focused on the impact of eating on body weight. Balance was achieved when body weight was correct and hunger was controlled.
- P4 was focused on the quality of food intake, ensuring food consumed would be beneficial to the body and not cause undue harm, and on the impact of eating on body weight. Balance was achieved when the body functioned smoothly without

problems and nutrient needs were met (again a difficult goal to establish), body weight was correct, and hunger controlled.

The question that remained was why would some women balance only hunger and be satisfied, and why did other women work to balance other forces and seemingly never be satisfied? Why would some women take on a variety of forces to balance if the body could be balanced in the simplified approach of P1? The discourse of the women exemplified the significant amount of work required to balance the body in this manner. Why did P2, P3, and P4 have such rigid limits of acceptability for balancing their bodies? For instance, why would 10 pounds make a difference between acceptable and not acceptable? Why would 135 pounds be permissible but 138 pounds be fat? Consider the words of Katie:

Katie: It's like it's...this 10-pound range, which is so silly, when you think about it, you know, I think anything below 132, I feel really good...132 to 135 is okay, but I have no room to play...135 to 138, I really need to get back on track, at 138, I'm fat.

The One Stone Solution

The answer to these questions required a return to a feminist analysis of culture. It turns out that neither Katie nor those subjects with P2, P3, or P4 are alone. Wolf reviewed studies from the 1960s to the 1980s that explored women's sense of satisfaction with their bodies. She concluded that 10 to 15 pounds has become "a fulcrum of most Western women's sense of self" (Wolf, 1991:186). These 10 pounds, the exact range that Katie describes as making the difference in how she feels about herself, is what Wolf has called the "One Stone Solution." One stone, which is the British measurement of 14 pounds, is roughly the weight that keeps 50 % of women who are not overweight from being their ideal selves.

Most significantly, once that one stone is lost, these women have dropped well below their natural weight. They are also below a weight that would be considered beautiful if it were not for culturally imposed standards. Since the body attempts to restore itself to a natural weight, women must continually apply effort to maintain the loss. But weight gain typically ensues. The inevitable sense of failure serves to "continually reinforce in women a uniquely modern neurosis" (Wolf, 1991:186).

The women in P3 and P4 concur. Brenda discusses her weight: "I feel like a total failure...because I can't seem to take it off." Katie experiences a strong sense of accomplishment at being at her lowest adult weight, finally, at the age of 50. If she gains back the seven to nine pounds from her estimated set point, no doubt, she will feel a strong sense of failure.

This sense of failure that exists when women are not able to balance their bodies is the result of societally imposed standards that indicate how much a woman should weigh and what she should eat. But simply having a standard is not sufficient to enforce its use. These socially required standards require behavior that is not altogether pleasant, for instance, restricting food intake. How does this behavior come to be inherently motivating? D'Andrade (1984) argues that for a behavior to become inherently motivating, it must satisfy some culturally defined need or realize some strongly held cultural norm or value. Even if the behavior is unpleasant, achieving a culturally prescribed goal or following cultural directives will be experienced as motivationally satisfying and to not do so anxiety producing. The result is that the directive force, or motivation, to act in a certain way is experienced by the person as needs or obligation to do so (1984).

Monitoring food and body is socially required behavior for women. Wolf [1991] has coined the term “Beauty Myth” to describe and explain the directive force behind these behaviors. She also explains how the behaviors associated with the Beauty Myth satisfy a culturally defined need. These concepts are critical to the analysis at hand and require further explanation. Evidence of the Beauty Myth in the subject’s discourse will then be outlined.

The Beauty Myth

The Beauty Myth, explains Wolf (1991) is that beauty is an objective and universal entity. It is a known quantity that “real” women want to embody and that “real” men must want to possess by virtue of their connection with women who embody it. According to this myth, women's beauty is directly related to their fertility, which allows the conclusion that the myth is based on sexual selection and is therefore inevitable and changeless. None of this is true according to Wolf, who claims beauty is actually a currency system which is determined by politics and keeps male dominance intact (the culturally defined need). Assigning value to women ,according to a culturally imposed physical standard, “is an expression of power relations in which women must unnaturally compete for resources that men have appropriated for themselves” (Wolf, 1991:12). The Beauty Myth is nothing more than "the need of today's power structure, economy, and culture to mount a counteroffensive against women" (Wolf, 1991:13).

This is difficult to understand until we realize that historically and cross-culturally the Beauty Myth has not always existed as it does today. Its most significant changes have occurred since the time when material constraints on women were loosened during the time of the Industrial Revolution. This is indeed a telling statement. Until that time, the family was a productive unit and women's work complemented men's work. Women

were valued for their work skills, economic shrewdness, physical strength, and fertility, as noted in Chapter 3 (Bloom et al., 1994; Brown and Jasper, 1993a; Wolf, 1991). Beauty did not play a large role for ordinary women. In fact, most of our assumptions about the way women have thought about beauty date no earlier than the 1830s. Since that time, middle-class Western women have been increasingly “controlled by ideals and stereotypes as much as by material constraints” (Wolf, 1991:15). The stereotypes and ideals are exemplified in the Beauty Myth which claims to be about intimacy, sex, life and/or celebration of women. But Wolf argues, “It is composed of emotional distance, politics, finance and sexual repression. . . . It is about man's institutions and institutional power” (Wolf, 1991:13).

The qualities considered beautiful in women are merely symbols of the female behavior considered desirable at that time in history: “*the Beauty Myth is always actually prescribing behavior and not appearance*” (Wolf, 1991:13-14).

Women in this study were aware of the Beauty Myth to varying degrees. Brenda talked of the “social engineering” that creates an environment in which larger men are more valued, but larger women are not. She also discussed men’s expectations that women will cook and serve them as hard to circumvent. Kathy identified herself as a person with feminist beliefs and qualified it with:

Kathy: I don't think of myself as a radical feminist because I don't think men are bad, inherently, I don't think -ah-it's all conspiracy. But I do think that there are factors in the system that stack the deck against women and that something has to be done about that. And I think that there are aspects of our culture that are -ah-aggravated by the fact that most positions of power are held by men. That is bad.

Culturally Defined Need for the Beauty Myth

In a convincing argument, Wolf claims that the Beauty Myth is a political weapon against women's advancement. Every generation of women since about 1830, when

material constraints on women began to loosen, has had to fight a version of the Beauty Myth. Still today "The modern neurosis of life in the female body spreads to woman after woman at epidemic rates" (Wolf, 1991:19).

Women have escaped from certain aspects of the Beauty Myth. Consider that for years, women's primary social value was defined as the attainment of virtuous domesticity. Who could forget the advertisement in the 1960s which featured the jingle, "ring-around-the-collar," in which a husband peered at his wife with a patronizing and accusing gaze, followed by her guilty expression. When the wife finally was successful in removing the dirty ring in the collar, all was forgiven; life was happy once again. This advertisement exemplified the guilt women were made to feel for not adequately performing housewifely duties. This guilt was actually fostered by the marketing industry. Wolf quotes from Betty Friedan's *The Feminine Mystique* (Friedan, 2001) that marketers' reports described how to manipulate housewives into becoming insecure consumers of household products: "A transfer of guilt must be achieved, capitalize on guilt over hidden dirt" (Wolf, 1991:65). Women felt guilty over ring-around-the-collar and used the "therapeutic value of baking," as directed by advertisers, to relieve this guilt and shame. In the 1960s, however, women began to reject this role of domesticity to enjoy some of the new freedoms that came with the Feminist Movement.

As they did, the Beauty Myth came to be redefined as the attainment of virtuous beauty, and marketing reports actually chronicled the need to shift its guilt-inducing techniques from germs and dirt to make-up and hairspray. While women slammed the door on blissful domesticity, actively rejecting "the consumer heaven of the isolated multiapplianced home" (Wolf, 1991:19), today's woman is trapped with no door to slam.

This new Beauty Myth is destroying women physically and depleting them psychologically (Wolf, 1991:19).

The Beauty Myth "is not a conspiracy; it doesn't have to be" (Wolf, 1991:19). Because "possibilities for women have become so open ended that they threatened to destabilize the institutions in which male dominated culture has depended," Wolf posits that "a collective panic reaction on the part of both sexes has forced a demand for counter images" (Wolf, 1991:19). She compares this current-day image to medieval German instruments of torture, a body shaped casket painted with the limbs and features of a lovely, smiling young woman called the Iron Maiden.

The unlucky victim was slowly encased inside her; the lid fell shut to immobilize the victim, who died either of starvation or, less cruelly, of the metal spikes embedded in her interior. The modern hallucination in which women are trapped or trapped themselves is similarly rigid, cruel and euphemistically painted. (Wolf, 1991:17)

The contemporary culture bombards us continually with images of this current Iron Maiden, all the while censoring women's faces and bodies. Why hide women's faces, bodies, and voices? Wolf argues that it is an economic necessity. "Western economies are absolutely dependent now on the continued underpayment of women. An ideology that makes women feel 'worth less' was urgently needed to counteract the way feminism had begun to make us feel worth more. This does not require a conspiracy; merely an atmosphere" (Wolf, 1991:18). She discusses economist John Kenneth Galbraith's explanation for our society's need to view homemaking as a "higher calling" as a fiction that has been essential for economic reasons. Wolf eloquently argues that the Beauty Myth functions currently as a new justification in the workplace where the old ones had lost their hold over newly liberated women.

Pattern 1's Violent Reaction to the Beauty Myth

One of the most significant differences among the four food and body discourse patterns identified was P1's experience regarding the Beauty Myth. Both subjects discussed aspects of the Beauty Myth that went beyond a simple understanding of it. They initially attempted to conform to societal expectations and then became furious about those expectations, being objectified, and the inequities that exist between women and men. As the following discussion shows, both subjects initially felt great dissatisfaction and discomfort with themselves, and, it appears turned this into dissatisfaction and discomfort with society. Both quit battling their bodies and instead battled society.

After years of dieting and hating her body and herself for being a large woman, Lisa quit dieting and worked to learn to like herself. This process involved more than four years of coming to appreciate the womanly aspects of herself, and actively rejecting and getting mad at those who would tell her she should be different. She is currently happier with herself and even likes and enjoys her large body. A radical departure from her previous existence of berating herself and dieting.

Both women in P1 were able to speak highly of themselves and their bodies. They both expressed doubts and concerns, but, in general, they enjoyed themselves and their bodies. Katie (P3) and Kathy (P4) were able to speak highly of themselves in general, but this ended quickly when discussing the body. Lisa went through a process of finding an "unacceptable" body acceptable to herself but had to actively reject the Beauty Myth to do so. Rita, on the other hand, had, for most of her life, a body that was not only acceptable but coveted by many.

Rita was considered extremely beautiful when she was young; she had a slender body and beautiful features; indeed, at 50 years old, she was still a stunning woman, though heavier than prevailing cultural standards. Early on, she realized how society objectified women and found that experience extremely unpleasant. She refused to conform, in fact, rebelled against cultural standards of beauty. She described struggling with the uncomfortable feelings of being objectified and of being “a body” when she felt she was more than that. She became acutely aware of the double standard between women and men at an early age. This awareness can be seen in her experience regarding girls and women’s magazines:

Rita: Oh, well, I mean, that's how I felt when I would read those magazines, that I was being abused, that, you know, you're okay, you go do something and you feel bad afterwards, whether it was self-abuse or whatever, you know, I mean, yeah, and I was reading the magazines by choice, but, I just didn't feel good afterwards so I was like, no, I am not going there, I don't want to do that, and now, of course, those magazines were not some...you know, alien thing in our culture, they were everywhere, I mean, those, the ideas of, you know, look pretty, be...be skinny, you know, um...be sexual, be provocative, but, of course, then don't be, you know...um, all of those...that was there, culturally, and, you know, I stopped reading the magazines, I stopped shaving, I started wearing loose, comfortable clothing, um, all of those things and it was me in some ways just putting that away.

She described her conscious decision to stop looking at the magazines as a form of rebellion. She did not believe that some internal strength allowed her to do this; rather, she had to do it to survive:

Rita: I don't think it was the strength, it was sort of a survival thing. The same way with children, you know, who are abused or something; they put it away. I literally put it away. I said, I don't want to go there. I put the mirrors away, too.

Her reasoning for ceasing to read these magazines involved more than rebellion or survival; however, she shows an uncanny awareness of being manipulated by fashion magazines at the age of 14. She discusses next how these magazines cause a woman to

long for a state of perfection that is not achievable. And showing an understanding of the Beauty Myth, Rita also states that someone else is always defining that perfection:

Rita: You know what it is? I don't like longing. I am uncomfortable with unsatisfied longing...

Karin: Is that like a want?

Rita: Yeah, yeah, a desire, and I think those..I don't like that feeling. I like satiation. I don't like prolonged affairs that are never consummated, you know, where you are in love with somebody, no, I just...it would exhaust me emotionally and physically. And those magazines do, they put you in a state of longing for something...kind of perfection that you can't get. And by definition, somebody else is always defining what it is..and I think it's just my own sort of psychic...I don't like longing...you know what I am saying...just sort of unattainable...it's just like..I get mad at the thing, it's just like, no, no, I don't want to be in that state.

This awareness began at a relatively early age and grew from feeling abused by fashion magazines, as well as society. Her response was to get furious::

R: Um, yeah, and during that time, and, in fact, I was very, very angry during that time and all that anger was turned inward.

K: Can you give me some ages so I can get a reference?

R: We are talking about probably...15, 16, 17, and I would say right around 15, I stopped looking at the magazines...took the mirrors out of my room at 16.

Rita: I think...I think a lot of it was, I mean, I was...it was specifically a female anger, in order to...the anger of a girl in that position, and I think the...also the...that sort of, you know, you get praise for looking good, but you also get...you know, guys bothering you, harassing you, want to have sex with you, . . . so there was...it was just the anger...I think it...it wasn't really centered on even the magazines, that was just...that was something I just did and...but...ah...I think a lot of it did have to do with all of that and with sort of the peculiarities in my own family and...I was...really quite angry a lot up until my early 20's and that's, I think, as I began to see it more as a social thing, you know...someone tried to rape me, several of my friends were raped.

Karin: In your early 20's?

Rita: Yeah. Late teens, early 20's...well actually early 20's, and I became very, very angry about that and...ah...oh, and my mother died and a lot of other things were happening too, so like the emotional volume got really turned up on a lot of things and I was...for a while, I was probably a pretty nasty person to have at a party, particularly around some men...cause I also had some...you know, some scorn for

some of them too, because they were...ah...some of the men who just didn't understand, they just didn't get it, you know, which was pretty common, yeah, but I was...I was angry...angry that I couldn't walk outside, angry that I couldn't get up in the morning and jog without...without some bozo pulling up beside me in a car and masturbating...angry that I had to be...afraid in my own apartment. . . .

Rita: Yeah, then of course, all of the other stuff, such as...you know...women not being, you know, represented in Congress and...um...just...women not having social or economic power, which they should. . . .

It appears as though Rita identified at an early age the gender inequities that make women feel uncomfortable. Theorists argue that discomforts are often displaced onto their food and bodies. In getting angry at society, she was probably able to escape the battle that so many women experience internally. If so, it confirms what these theorists argue: 1) women are uncomfortable because of these inequities; and 2) feeling constantly bad about food and body is an escape from these inequities (that most deny existing). If this is true, then Rita turned the anger outward leaving her body relatively unscathed. Rather than feeling bad in her own body and believing she needed to conform to the Beauty Myth to be prettier, thinner, better, she got angry at those who would have her act this way. She understood that the Beauty Myth was about “*actually prescribing behavior and not appearance*” (Wolf, 1991:13-14). This is reflective of Bialostok’s (1999) analysis of skills in which he stated that a person does not learn just weight management skills, but she also learns all the behaviors that go along with it. Rita rejected it all:

Rita: Yeah. I think I just got mad, and...and I don't know why...it turned out, but it was, I mean, it really was, I think, around the age of 17, where it just completely turned outward, and that was...as I said, earlier, just before that, I had been despondent enough to be suicidal...

At this point in her life, Rita was so consumed with anger that she sought therapy. She was able to begin to see family dynamics that contributed to her anger, in particular, her emotionally unresponsive and distant father. Through this process, she felt she was

able to quit rejecting herself and begin to feel “on a real deep level, for the first time, and consciously, that I was okay. It felt, in a way, like a return to my very own childhood.”

Rita explained it:

Rita: I was returning to the...almost like the child I had been...who was in the world, in her body, unselfconscious, you know, unless, you know, everybody was actually looking at me or something, and...um...just there, you know, and...and...I mean even to the point that I would forget sometimes to...brush my hair..you know...for...a whole day, and...and I remember thinking, this is great, you know, I just...it was...um...in that sense is what I mean, by being, returning to the person I felt I was born, you know..

Karin: Did you put mirrors back up?

R: Yeah, yeah...I did. I don't remember when I did, but I do remember um...I don't think I ever felt a need to have a..you know, a big full-length mirror, but the houses I lived in did have them [...]. Yeah...yeah...I had the mirrors again. But...ah...you know, as a girl, I had that..that feeling of, you know, just complete comfort in my body, I remember that.

Karin: And it came back?

R: That comfort...

During the interviews, Rita expressed becoming unapologetic about herself. She notes how women tend to act deferentially to men. When she did not act this way, men in particular, but women as well, feel uncomfortable with her behavior. She noticed this when she decided to quit acting deferentially around the age of 14. For most of her life, she has tended to lean toward this unapologetic stance:

Rita: Well, yeah, yeah...and what I...the being unapologetic to me is like...not...is not being self-conscious and I...

Karin: Just being in your body and..

Rita: Yeah. Yeah. Refusing to constantly be...and I guess I am thinking of a conversation I had recently with a friend who confessed that she lived most of her life as though someone was always watching her...and...I think, to be unself-conscious is to...and I think...to be unself-conscious about your appearance as a woman is to stop...living for the watcher who is looking at you.

It was this sense of unself-consciousness that she gained through her rebellion that made others uncomfortable. She discussed how men would react to her when she would act in a confident way typically reserved for men, and when she actively took what she wanted from life and enjoyed it. It was a learning experience that she recalls with great fondness:

Rita: Yeah. And that was really for me most intense, I think, in my early 20's, where I felt almost like...my adolescence melt away from me and I felt comfortable again in the world, like I had as a girl.

Karin: How old were you?

Rita: I think I...I remember being conscious of it in my early 20's. I remember, um, what it...I lived alone then, and I had a couple of incidents like I went to school in my bedroom slippers once, and I just thought, I'm comfortable again, I am physically comfortable. [...] I remember just feeling this sense of comfort in my...you know...um...in my body. Almost this feeling of like, yeah, my butt itches in public, yeah, I'll give it a good scratch...and it wasn't even so much that defiance of...yeah, I'll do it if I want to, as that I would do it, and then notice...that, oh, oh, I forgot...and it was...and I realized...I am comfortable here again, I am unself-conscious. I am not concerned about being watched. She describes this sense of unself-consciousness as not monitoring her looks: I remember once working in my house doing something and I went out to get something [...] a tool or a paintbrush, and there was a mirror in the place and I looked up and I saw...I didn't even have to look up, it was just a mirror, in fact, I remember not thinking it was me at first, or taking a minute to register, oh, that's a mirror...that's not...and I had like a smudge of dirt and my shirt had a stain on it and I realized, oh, my God, I just forgot, I just...like was doing whatever I was doing in the house and...thought, oh, I need a whatever and I just, you know, shut the door and went to the car and drove off to go get it and didn't look in the mirror, didn't comb my hair, didn't...

Metaphors that Rita used when discussing issues related to the need to monitor her appearance, or looking a certain way reflected her understanding of the Beauty Myth:

“play this game,” “bailed out,” and “bingo!” Lisa also went through a process of becoming aware of the Beauty Myth and decided she was no longer going to play that game, but not until she was in her 30's. For Lisa, this was a process of learning to honor

the female aspects of herself, and reclaiming the right to say what is and is not permissible for herself:

Lisa: I've just spent my whole life being judged, and I'm a victim of my culture, it's very hard for me to escape it, but I really, really don't want to do to other people what's been done to me.

Lisa has learned to like her large body in a society that finds large bodies unacceptable. The process involved getting extremely angry at those who would have her look a certain way and act a certain way. She rejected being deferential and refused to accept other people's standards of conduct around beauty and behaviors that are traditionally thought of as "feminine." She also continues to be very angry at societal expectations. The anger Rita went through lasted about six to eight years. As Lisa comes to feel more comfortable with her rejection of societal ideals, she, too, will probably experience a reduction of anger. Meanwhile, she is very angry. For instance:

Lisa: Well, yes, and we have established in my life that every time I say fuck, there's a big piece of anger attached to it. You can follow the string...um...

Karin: So there's anger in your food habits... So you said your eating patterns are all about your anger.

Lisa: Well I guess, I don't know if you would call it my eating patterns but...um...you know, yeah, there' a big fuck-you involved with I only eat what I like and when I want to eat and the way I want to eat, and the way it's good for me, you know? Yeah.

Karin: A reaction against everybody telling you what you should eat and what you should look like.

Lisa: Yeah, and it's been that way since I was little...little tiny...

While both have gone through this rejection of societal expectations, both also are able to co-opt these expectations in a way that gives them pleasure. While other women in this study also enjoy "being feminine," or "looking good," the main difference is that both Rita and Lisa are also comfortable when they are not meeting societal expectations

for weight or beauty. For the other three patterns, though they have struggled with issues of self-acceptance as well, feeling comfortable with themselves required the requisite attempts to meet societal expectations for women. Those who were not comfortable now stated they would not be comfortable until they had achieved these goals.

One Stone Solution Is Political

Simply dropping the ideal, or desirable, weight for women by “one stone below most women's natural level, and redefining a woman's womanly shape as by definition ‘too fat,’ waves of self-hatred swept over First World women, a reactionary psychology was perfected, and a major industry was born”. (Wolf, 1991:186). Wolf did not discuss the Metropolitan Life Tables examined in Chapter 3, but they are a perfect example of her argument.

In 1912, the tables reported the average weights of women and men. For instance, the average weight of a woman who was 5’4” was 126 to 144 pounds. Mortality did not increase until weights of 151 to 173 pounds. The 1942 tables no longer reported the average weight of women; instead, they reported the “ideal” weight for women and dropped it by *10 to 19 pounds* for a small frame. (Previous tables did not differentiate by frame size. Frame size was determined by making the third who weighed the least small framed and the third who weighed the most large framed. With each lowering of weight standards, women’s weights were dropped more significantly than men’s weights.)

Another downward shift occurred in the tables in 1959 when women’s “desirable” weight was deemed to be *18 to 28 pounds* less than what the average woman weighed. By 1982, “desirable” weights increased (more for men than for women), and now women were only being asked to weigh *12 to 17 pounds* less than the average weight of women. This is, indeed, the One Stone Solution. This One Stone Solution, Wolf says, is political. If it

were really about sexual desirability, it would be a private issue between a woman and her significant other. If it were really about health, it would be an issue between a woman and herself (Wolf, 1991:186). It would also be focused on men since men are more likely to suffer health problems than women, as a result of excess fatness, as discussed in Chapter 3.

As proof that the One Stone Solution is political, Wolf points to the guilt women feel when they eat “too much.” Why should women feel guilty for eating “too much,” especially when “too much” is defined by someone else who does not know how hungry she might be at that meal? Why do women use strong negative words to describe their bodies, especially the fat on their bodies? Why do they feel shame about their bodies? Why do they feel so badly when their food intake does not result in their bodies functioning optimally?

The work of Burgard (1991) supports Wolf’s contention that this is a political issue. Women in Burgard’s study, who had quit trying to lose weight, even though they were not at all close to an ideal weight, were more accepting of their bodies. They had “higher self-esteem, a stronger sense of self-control overall but a belief in external factors determining their weight, a greater sense of physical well-being, and more social support” (Burgard, 1991:82). Their personalities were apparently quite different from those who intended to lose weight. Those with no intention to lose “are more self-confident, dominant, psychological-minded, sociable, exhibitionistic, and creative, and less shameful and deferential” (Burgard, 1991:82). Those with low body acceptance, who *intended to lose weight*, believed their weight was mostly under their control, had more

health concerns, a higher need for self-control (but lower perceived self-control), a higher *need* for body acceptance (but lower acceptance), and a higher need for abasement.

Women feel guilt and shame about fat on their bodies because no matter what they do, the vast majority will never match the ideals that are held in front of them. Women who rejected these ideals did not do so until they became infuriated with society. Rita discussed the disapproving responses she got when she became unapologetic and refused to cater to these ideals. Burgard shows that women who have rejected these ideals are more confident, less shameful, and deferential. Our culture's "fixation on female thinness is not an obsession about female beauty but an obsession about female obedience". (Wolf, 1991:187).

Dieting as a Potent Political Sedative

"Dieting is the most potent political sedative in women's history; a quietly mad population is a tractable one" (Wolf, 1991:187). Numerous studies of prolonged and periodic caloric restriction confirm Wolf's statement. These studies have shown that dieting results in personality changes that include increases in apathy and depression, and decrease in mental alertness, comprehension, and concentration. They also show deterioration of spontaneous activity, loss of ambition, narrowing of interests, general feeling of ineffectiveness, distraction, increased neuroticism, a reluctance to make group decisions or plan activities and an inability to effectively control emotions (Keys et al., 1950; Polivy, 1996; Polivy et al., 1984).

In the classic study on voluntary starvation, Keys et al. (1950) studied the impact of restricting food intake on men who ate approximately 1600 calories a day for six months. They lost 24 % of their body weight (it is significant that the current ideal for women is 23 % thinner than average). But the negative side effects do not stop simply because a

person resumes eating. After eating again, the symptoms worsened for the subjects in the Keys study. Their hunger pains increased even though they consumed between 1,877 and 4,158 kilocalorie per day. Their appetites remained insatiable for 12 weeks, even those on the highest calorie diets, and they found it hard to stop eating even when they were “stuffed.” They became more irritable and depressed and exhibited a slump in morale; they became argumentative and expressed feelings of being “let down.” It took between 15 and 20 weeks to partially recover from the effects of caloric restriction and weight loss (Keys et al., 1950). By week 33 of no longer restricting food intake, 10 out of 14 subjects were eating normal amounts, though others still ate more than at the study’s initiation. Around week 33, humor, enthusiasm, and sociability began to return. It takes up to 33 weeks to recover from the impact of dieting for six months, which is a period of time when the subjects actually felt worse than when they were restricting food intake. People seem to attribute feeling worse to the fact they are no longer dieting, and they attempt to resume dieting.

Wolf suggests that it is these traits of dieting--and not thinness for its own sake--that serves the purposes of the culturally defined need, a need to cancel the freedoms of newly liberated women (Wolf, 1991 231). Advances made by women that enhanced self-esteem and self-efficacy are effectively checked by the Beauty Myth.

Wolf asks, “What, then, is fat?” She answers, fat is portrayed “as expendable female filth; virtually cancerous matter, an inert or treacherous infiltration into the body of nauseating bulk waste. The demonic characterizations of a simple body substance do not arise from its physical properties but from old-fashioned misogyny, for above all fat is female; it is the medium and regulator of female sexual characteristics” (Wolf,

1991:191-192). This definition seems a bit strong. But, in fact, this study confirms that women who have not actively rejected the Beauty Myth found their body fat unacceptable. (It is important to make a distinction between subjects who have challenged the Beauty Myth, as a number of them did, and those who have violently rejected it, as those in P1 did.)

What, Then, Is Fat?

Certainly body fat was discussed in highly negative ways by all subjects except those in P1 who made no derogatory comments about their body fat. Rita had two positive metaphors, "got a little extra stored," and "more weight to throw around." She found she liked her body when it was smaller, and also liked it when it was larger. She appreciated the differences. Both had positive and negative aspects, though she did note that being smaller was more accepted and rewarded by others.

Karin: You said there's something kind of pleasant about being lean and airy...

Rita: Yeah, there is.

Karin: Can you describe the feeling? You said the clothes drape differently. Is there any more to that?

Rita: No, not really, in the sense that it's just...you know...in sort of comparing my lightest to my heaviest, they each sort of have their own pleasures, you know, just...just the pleasure of sort of feeling lighter in a way and...um...and not having any clothes tug at you or...um...when I've been the lightest I am, I could run, things don't...there's not that much to move (laughs)...um...that feeling, you know, it's a pleasant feeling.

Lisa had no metaphors related to body fat. During the interviews, however, she expressed enjoyment of much of her body, including aspects that many women dislike on themselves. Of her thighs she said: "They are round and substantial, I don't know, they're...I don't know they are just...I have a nice shape, you know, I'm shaped well." She liked her buttocks. And of her breasts, she said:

"I like them, they are very feminine and I...and the same...they are very feminine but at the same time they are very powerful and you know, they are substantial and they are, you know, and they are saggy, they're not these little perky things, they're real."

Her experience confirms Burgard's (1991) research. Large women, in this case a BMI of 35, can indeed learn to appreciate their bodies. And while Rita was closer to what this culture considers acceptable, she would be considered heavy by many at a BMI of 24. For both women, weight did not factor into their sense of self-esteem.

Sue (P2) used some positive metaphors, "fat reserves" and "will carry me," reflecting her belief that weight gain was a positive preparation for menopause. She also expressed her negative feelings about feeling fat with "bloat" and "bulges" and felt negatively about others with excess fat. Diane (P2) used neutral metaphors of "node" and "chunky," reflecting her less intense need to manage body size. The remaining women used negative metaphors, such as "bloat" and "flab action" (Ali, P4); "extra just holding you down" (Chris, P2); "blob" and "lumpy" (Katie, P3); "disgust portion," "intense drag on the body" and "hefty load of fat" (Mary, P4); and "turkey waddle" (Brenda, P3). Those women who were attempting to control their weight (P3 and P4) were most likely to feel negatively about their weight. Do they feel negatively because they want to lose weight or because they have attempted to reduce their weight so many times and failed that they hate their fat? In other words, because they diet, do they hate their fat? Again actual body size did not play into whether or not women hated their fat. Similar metaphors were used by women from a BMI of 20.5 to 35.

Brenda (P3) who had a BMI of 26 discusses trying to fix her body fat by buying a girdle. The excerpt exemplifies how many in P2, P3, and P4 feel about fat: it is an out of

control substance that oozes out, in effect, taking over, undisciplined. She starts with a description of what body fat does when she sits down:

Brenda: And when you sit down and it all kind of comes out over the top of your pants. I remember one time I thought...well, why don't I beat the system, I'll go buy a girdle, that will fix me up. I went down and tried on a....bought a girdle...brought it home, put on one of my dresses and...the fat squished up and flowed out of my waist and squished out underneath (laughs)...so when I wore my dress, you could still (laughs)...see the whole thing...they just weren't around my waist anymore, they were up around my chest and my knees...

In the following examples, Ali and Kathy (both P4) discuss body fat in a derogatory manner:

Ali: I need to tone this....I don't use that muscle...blah, blah, blah...that looks horrible...looks like an old lady's arm, you know. I remember my mom having this like dangling like...like chunk of flesh. I thought it was so gross when I was a kid...she wasn't that old...and...uh...you know, I just remember, I just, you know, remember seeing it as I was a kid, and now still, this like flab thing hanging down, you know, and it's just, to me it looks really yucky

Kathy: I want to wear shorts, and there's certain kinds of shorts that...like tight denim shorts, you know, I just don't do that. Like bike shorts...because, my thighs will be sort of poochy, and that's icky, that's unattractive looking. I don't like it when I see other people wearing tight shorts and their thighs are sort of...bulging out below the...

Karin: The sausage roll effect....

Kathy: That's icky...so...um...so on those occasions I will feel...it will be thigh fat, but it's all basically between my knees and my belly button.

Kathy was one of several subjects who expressed distaste at fat people in general. She explains how she felt about seeing a young woman wearing tight low-cut jeans with a shirt that did not quite make it down to the pants line:

Kathy: But I think there is some element of the, you know, how can you stand to look like that in my reaction. . . . She didn't really have the body to wear it, you know, she had a little bit of belly hanging out over her, and it's not that I'm so much, like ok, if you're a little bit overweight or a little bit, you know, you don't have a perfect body, that's fine, but there are certain clothes that you shouldn't wear if you don't have the body to wear them, I think.

Karin: Because it looks distasteful?

Kathy: Because it just doesn't, it just doesn't look good. And I guess I tend to associate that with...ah...my natural reaction to those women is, that is a girl that is less intelligent, because if she were as smart enough she would know that she doesn't need to look like that to be attractive. She doesn't need to dress like a Britney Spears to be attractive and she doesn't have Britney Spears's body so she shouldn't be trying to wear those kind of clothes.

Kathy explained that she understood there were women who were quite overweight who were "bright and impressive," and she has recently begun to challenge her belief system. In fact, a number of the subjects, even though they held thinness as an ideal for themselves, thought of large women as powerful.

Fat Women as Powerful/Thin Women as Weak

Interestingly, a number of the women, even if they were interested in being thinner, spoke with appreciation of large women whom they saw as exhibiting power and confidence. The subjects offered the following descriptions during the interviews, but I did not specifically address them. They discuss automatic assumptions when relating to fat or thin women, and how they interpret the other based on body size. Diane described heavy women as "robust and full-sized," "sturdy," "strong," and "attractive." She loves the "Maya Angelou look" because of the "big presence" that Angelou carries. Diane mentioned Angelou several times as a large powerful woman she wished to emulate, but would never measure up to. Chris believed that larger women were "more cut to the chase," meaning they were more serious and less frivolous, and they were more trustworthy and dependable than thin women. She also called them "squishy" in a positive way. No negative metaphors were made about the subjects' experience with large women. Brenda expressed being taken more seriously as a large woman:

Karin: Do you ever feel that bigger is stronger in a way?

Brenda: Yeah. Yeah.

Karin: Can you talk about that?

Brenda: When I was younger I did. I worked at this record center...it was for Dade County and I worked behind the scenes and we took care of documents that were generated by the county...so we would wind up hauling 50- and 60-pound boxes...1 cubic foot of records everywhere...and...ah...I was fit then. I weighed 145 pounds..and I was all muscle and I really liked that. I liked being able to have a strong back, strong legs, being very physically fit...and...ah..it gave me a sense of independence and being able to do what...pretty much whatever I wanted to do, and nobody threatened me...I was never threatened...(Laughs)...not by...I mean not physically or anything.

In a comment that portrays the slightly less judgmental attitude of P2 (P1 is the least judgmental, P3 and P4 the most) of body fat, Diane stated:

Diane: I don't hold anything against fat people. I don't hold...and I don't like people who do. And I don't...I don't put these judgments on other people like that. Like I...I feel like it's okay. What people eat is okay.

The P2, P3, and P4 subjects added one caveat, however, these large women should be proportioned and look strong and healthy. Apparently loose, out of control fat “wrinkled,” according to Sue (P2). Several discussed fat people negatively, but clarified that it was only those fat people at the end of a “long stretch of weight ranges” who were “distastefully” and “obscenely” fat (Sue).

Diane finds that thin people are “feathery” and “prissy,” and describes them as “rails” and “looking like bones” adding that it can be hard to take them seriously; that they are “just...not a strong voice even.” Rita described thin women as “wispy,” “didn't have reserve,” and “the environment is not feeding you.” Chris said they were “willowy” and “flowy.” Sue, who did not express positives about largeness, nevertheless expressed the same views of thin women as the other subjects: they were “a little hollowed” and “she turns sideways, she disappears.” Only one positive metaphor was used to describe

thin women, a metaphor that was also used in a negative way: “wispy” (Rita). It is telling that Rita was the only subject who had positive metaphors for both thin and fat women.

Mary expressed these thoughts about largeness and smallness, as she reflected on her own fear of losing weight:

Mary: Right, if I actually get smaller, will I lose my power. Cause I...I do think that's part of why I don't want to get smaller. I mean, whenever I feel myself getting smaller, I tend to sabotage it almost right away, because it scares me a little bit.

Karin: Are you in touch with what you are scared of?

Mary: Losing that strength...yeah...losing power, feeling like I'll be a weak person if I'm small.

Karin: What would the weakness look like?

Mary: You mean how would it be manifested? Yeah...yeah...what would that look like...hm....I don't know, it seems to me like it would just be weakness, fatigue, inability to carry through with all the things that you want to do in a day...um...maybe...you know, inability to participate in things at a vigorous level um....vulnerability to attack maybe...not that I ever have been attacked...I mean...I've been attacked a couple of times just...you know...ah...ah...nonsexually...but...um...very minor instances...you know...people just messing with me, but...yeah...vulnerability, I guess I see it as a vulnerability.

Brenda experienced smaller women as more easily carted off from the Winn-Dixie parking lot. She says smaller women are:

Ali: More vulnerable, I suppose. I look at my cousins and I think...my gosh, you know...if they are in a Winn-Dixie after dark...how are they going to defend themselves, they are not going to be able. And I suppose that's the only advantage to being, you know, 5 foot 8 and 170 pounds, is, not too many people are willing to take on something like that, even if I am more fat than muscle these days...um...it would be very difficult for them to haul me off versus my 110-pound cousin...and...ah...so I would say there's a distinct advantage in being a bigger woman...ah...and it does kind of concern me with my cousins...um...you know...they're...they're...not overweight or any...by any stretch of the...they are, fortunately okay...um...but just them being, by virtue of their size, they are going to be more of a...a target, I suppose.

Regarding discussions of body fat, P1 was the only pattern to appreciate their bodies whether thin or small, and Rita was the only subject to have positive metaphors

for both fat and thin women. When talking about body fat, P2 was likely to use neutral metaphors, though there were some positive and some negative ones. Patterns 3 and 4 subjects used only strong negative metaphors about body fat. All groups attributed positive characteristics to large women and negative characteristics to thin women metaphorically.

Wolf (1991) argues that if women hate their thighs, they have learned to hate femaleness. It is possible that when women learn to hate their thighs or their fat, they also learn to reject those experiences that the women in this study associated with large women, that is, being more powerful. Women are conferred power in this culture by conforming to the Beauty Myth. It seems that on some level women in this study understand that women who refuse to conform--as it would appear that large women are doing, so--are powerful. Women who do conform to prevailing standards--and it might appear that thin women are doing so--are meeting culturally defined needs by being frail and vulnerable, "worth less." By extension then, disgust or hatred of body fat is more than hating femaleness. It is also about rejecting the power that women are not supposed to have. It is about accepting femininity. This is an area that deserves further research. Meanwhile, a close examination of the women's "fat talk" reveals that these subjects are not talking only about their bodies when they discuss dieting and fat. These results parallel the work of Nichter (2000).

Analyzing Fat Talk

In her research of teenage girls' discourse about food and body, Nichter (2000) found their conversations revolving around the expression "I'm so fat." She coined the phrase "fat talk." No sooner had she done so did she begin to become aware of fat talk everywhere, even among women her own age. She wondered why females of all ages talk

about fat so much. "By the time a white middle-class girl reaches adolescence, she has become a competent participant in this discourse, whether or not she actually practices weight control" (Nichter, 2000:47). Nichter concluded that instead of showing actual behavior, fat talk reflects important personal and cultural concerns.

Nichter found that girls engage in fat talk as an idiom of distress, a finding as seen in the current study. By using fat talk, a girl could "allude to widely diffuse feelings" (Nichter, 2000:47) without actually discussing the specific problem. "I'm so fat" was an ambiguous way of saying the speaker felt stressed or out of control, allowing others to affirm she is, in fact, not fat, and that things are not so bad. This fat talk functions to form group identity, allowing a girl to call attention to her imperfections before others do. Before eating, it is a type of apology or excuse for indulgence. Nichter states, "When examining the 'I'm so fat' interchange, it is important to look beyond the content of the message to the social relations of the discourse as a performance in which group solidarity and personal identity are negotiated" (Nichter, 2000:48).

Nichter explains how fat talk, which is "the sharing of one's thoughts about the inadequacies of one's body shape," (Nichter, 2000:49) functions to build rapport. It allows the speaker to be vulnerable and give the impression she is not withholding. Through the sharing of thoughts and feelings, Nichter noted girls bond with shared problems and boost each other's self-esteem by providing positive feedback and social support. Brenda (P4) describes commiserating with her friend using fat talk in the form of joking:

Brenda: I get in these discussions sometimes and we...we don't really say...oh, I am so fat...let me have a beer to drown my sorrows...I mean, we don't really get depressed together. What we will do is we will sort of laugh about it, you know...and my cousin's favorite thing is...look, look, I can wave four times...and

she's doing this...and of course her arms are waving...I mean her hands are waving and so is her little waddles underneath her arms...I'm waving four times...she ... (laughs)...I mean...sometimes we will kid around, with each other, we will kid around about how fat we are (laughs).

Several subjects in the current research expressed significant distaste with fat talk.

Several subjects indicated they refused to engage in it. The two strongest negative reactions were from Lisa (P1) who found it demeaning and Ali (P4) who found it pointless. Following quotes are excerpts from interviews with Ali in which she expresses her dislike for fat talk, but how she herself uses it. When asked if she engaged in fat talk, Ali explained:

Ali: I do, probably real occasionally, and real briefly, but I get real bored and agitated with it is really quick, because I feel like I'd rather do something about it than talk about it, it just...it really agitates me a lot, um...cause it...it just feels like, well if I really mean what I say then I do something instead of just sitting around and talking and whining about it.

When asked if she thought talk might be bonding for women, Ali placed fat talk in a category she called unhealthy behaviors that people can bond through.

Ali: I think people bond, you know, just basically fundamentally in one of two ways, you bond in unhealthy behaviors or you bond in healthy behaviors, or you can have a mix, so, yeah, I would say there's probably quite a few people who bond in those unhealthy behaviors.

Though she herself does feel fat fairly often, she does not want to engage in fat talk:

Ali: I don't like it, I try to change it as quick as possible if I feel it starting to happen, I don't...I don't like the way that feels, to be whining to each other about how gross you are.

In fact, the entire time we discussed fat talk, Ali had on her face an expression of distaste. When I commented to her about this she said "I just don't like it." She did, however, feel it was okay to discuss finding a solution to the problem of fatness if one intended to do something about it:

Ali: I feel like it's something that I talk with the intention of finding a solution or either listening to myself talk or from suggestions from other people because I have the intention to move through it, not because I have the intention to stay there and wallow in it.

Chris (P2) felt similarly and explained it:

Chris: I don't know. I guess I automatically negate someone [who says], "I feel fat". You know maybe I think, well, I'm like, what? Don't say that, you know 'cause I'm thinking in my head if you feel fat, then change the way you look.

It is interesting to note the objection to fat talk since so many women kept up a running dialogue of fat talk with themselves (except for P1). Brenda explained it as “a loop of film, I suppose, running through my head, all the time.” Nichter noticed that as the girls got older, they were less likely to engage in fat talk. Is it possible that women less often voice the concerns that are still in mind as they get older? Is it also possible that the distaste at hearing fat talk is due to the fact they hear it so often within themselves? Having it verbalized may simply feel like too much.

Nichter established that the phrase "I'm so fat" was a marker of group affiliation, providing the opportunity for girls to get positive feedback about their appearance. The sharing served to build group solidarity, in effect, consensus building, among the community of girls. Talking this way at meals served a different purpose: "an admission that she knows she should not be eating, that she knows she should be on a diet" (Nichter, 2000:51). This is, in effect, as Nichter says, a public statement of responsibility and concern for her appearance. It also serves to put her in control of the situation since she herself has revealed the state of her body and knows that no one else can beat her to that. This apparently would not have been the case if the fat talk had been directed at Lisa:

Lisa: You know, actually, I find it very aggravating when I go to a buffet with people and I listen to people get food and then bitch about they shouldn't eat it. I hate that. You know? Don't come back to the table with a bowl of chocolate ice cream and then talk about how you...had...you know, you have to put it in the

tiniest bowl possible, because you have no self-control. Please don't do this. It's like just shut up and eat what the fuck you want. You know? Don't come back here eating ice cream bitching to me about how fat you are, you know? Don't do that. It's like...it's like a conflict of interest or something, don't...don't do that, you know, choose to eat, or not eat, but don't come back and lay this bullshit in front of me.

Another purpose for talking about feeling fat is to find out what other girls think of them. Nichter noted, however, that the girls understand they cannot really trust these responses since no one is likely to say, "Yeah, you're too fat."

Fat talk communicated that the individual understood she was no better than anyone else and also needed work. If a girl did not engage in fat talk, she was viewed suspiciously, as if she were satisfied with herself and therefore thought she was better than the rest. Even when girls were "fed up" with fat talk and diet talk, they engaged in the conversation so as not to separate themselves from the group by implying they were perfect. While some women in this study participated in fat talk, a number were "fed up" with it and refused to engage in it.

Talking about imperfections, in effect, is a leveling agent according to Nichter. Girls felt there was something wrong with being satisfied with how they look. (Nichter notes how girls' behavior was subject to much heavier sanctions than boys' behavior.) This reflects Rita's experience of her own unself-consciousness. When she allowed it to show, both girls and boys would seem uncomfortable around her. Rather than speak highly of themselves, girls would make self-deprecating comments and had others correct them since one of the few avenues for girls to gain praise was to criticize themselves.

While most of the women in this study spoke highly of themselves, apparently able to move beyond this injunction, the only ones able to do so about their bodies were those in P1 and Sue (P2). When asked specifically what they liked about their bodies, after an initial hesitation, the subjects discussed what they liked. This ranged from hands (Chris),

to feet (Diane), to the lone woman who said hips and thighs (Lisa). Rita and Lisa were the only two to talk about their own personal enjoyment of their bodies in ways that were not related to functional aspects of their bodies. In fact, they both discussed personal enjoyment of their breasts (at one point Rita mentioned how wonderful it felt to wear a cashmere shirt with no bra). Patterns 2, 3, and 4 all discussed themselves and their bodies in negative terms (though they all expressed positive aspects of themselves as well).

Nichter notes that a woman putting herself down reinforces negative feelings she has about herself, making things worse. For these reasons "I'm so fat" is far from innocuous and has potentially far-reaching implications. It is possible that these self-deprecating comments were training for the self-critical thinking in which P2, P3, and P4 engaged. For some, it was a constant litany that often went unchallenged. Diane (P2) had a name for her self-critical voice, "the tyrant." She felt that the tyrant, though typically much more critical and nasty than necessary, was a critical aspect of keeping her on target, keeping her exercising and eating right. Ali (P4), who hated to engage in fat talk, nevertheless continually engaged in it with herself. This reflected another of Nichter's findings: fat talk is not just conversation with friends; it is also an inner dialogue.

All the subjects experienced "feeling fat" except for one of the largest subjects, Lisa. Apparently she used to feel fat often, but when she decided to give up dieting, she learned to like and accept herself--with a concomitant end to feeling fat. Prior to giving up dieting, she believed the only way she could like herself was if she lost weight. It took her three or four years of silencing the negative self-talk and replacing it with positive comments to end feeling fat. Her efforts paid off as can be seen in the following excerpt:

Karin: Do you ever feel fat?

Lisa: Have I ever?

Karin: Do you. In the recent past...

Lisa: Not so much anymore, I mean, I look at myself and I still see this thing, you know, but...I don't really feel fat, no. Actually I don't feel fat.

The "thing" she mentions is her double chin. She goes on to discuss how she understands she is a fat person; and sometimes when she looks in the mirror, she looks better and sometimes worse, but she never dislikes herself anymore because of her fatness. She realizes that looking good might be the result of the angle from which a woman is viewing herself, or looking bad may be the result of fluorescent lights in the room. It is hard to feel good if the face looks green. Once when Lisa's face looked green under fluorescent lights, she looked again with different lighting and decided she looked good. She notes, however, that the feelings about herself did not change because she thought she looked bad.

This experience is in direct contrast with Mary, the only other large woman in the study who said she felt fat every day. Feeling fat was often the result of viewing her body:

Mary: I mean if I see myself, I guess it's a visual image and I'm saying yes...you know, that body is carrying more weight than it needs to carry and then...yeah, I feel fat. And there's also the disgust portion of that...it's like...you are...you know, you are so disgusting...(chuckles) how did you ever get that way...[...] but then other times I just feel fat...like if...especially if my clothing is restrictive, you know, or if...if I have been eating a lot of carbs and I feel real bloated you know in the abdomen....I'll just feel fat.

Chris (P2) was the only subject who did not relate to the terms "feeling fat," or "I am fat"; however, she was familiar with the feelings most commonly attributed to the body when a person feels fat. For Chris the experience was a sense of being bloated or overweight. She was the only subject who did not also describe an aspect of feeling fat that was not related to body size.

Feeling fat is not about fatness but is “a cultural thing”

Women’s discussion of feeling fat revealed that the experience of feeling fat does not necessarily change when weight fluctuates. Although they describe feeling fat in terms of bodily experience, after reflection every woman, except Chris (P2), noted that feeling fat was about something other than body size. In the excerpt below, Diane first describes the experience of feeling fat, then describes what it was about:

Diane: Yeah. Sometimes I do feel fat, and, um...it's usually after I haven't been exercising for a few days. I have maybe been eating poorly, and my clothes are too tight. That's the first indication. All my clothes don't fit me. So, um...I feel...I feel fat (laughs).

Karin: Does the weight on the scale have to change for that to happen? In other words, have you actually gained weight, or is your perception that you've gained weight?

Diane: I think it's my perception.

Karin: So clothes, they feel tighter, still.

Diane: Well, I exercise a lot and when I stop exercising, I actually lose weight, but my body gets bigger. Does that make sense?

It did not make sense to me. As noted at the beginning of Chapter 4, much of Diane's experience with her body did not make sense to me. She continued:

Diane: ...feeling fat-like even when I got to 170 I felt a lot of shame I didn't feel fat...(laughs). I can feel fat any moment of the day. You know, I eat a big meal I feel-ah-fat.

Diane explained that feeling fat could be feeling shame or it could mean that she felt heavy after eating a large meal.

When Sue (P2) feels fat, she immediately interprets it as feeling uncomfortable and sets out to become comfortable. Usually this means she changes her clothes. Sue will put on looser clothing when it is “that time of the month.” If something does not fit her, she gets rid of it rather than alter her body to make the clothes fit. Ten years after she

married, she tried on her wedding dress which was tight, so she sold it at a consignment shop. She explains that feeling fat over the wedding dress was actually grief for lost youth, for the past that is gone. Sue is clear that when she says "I feel fat" or "I feel bloated," she is actually saying that she feels uncomfortable. To her, "I feel fat" is a cultural thing, Sue said:

Sue: The "I feel fat" in the dress is much more psychological than physical. Because, I'm feeling good. I mean I might even be feeling svelte that night, you know...but they've put on the dress and it's like, oh, I'm not so svelte...you know...um...and so then it becomes a kind of more cultural...I don't look in this dress like I think I should look in this dress.

Kathy stated that feeling fat means believing yourself to be out of control. She described it as "a generalized feeling like, I hate myself, I am not happy with myself, but...I am not happy with this one aspect of myself; there's something I should be doing that I am not doing." Feeling fat for Kathy was a call to action. It meant she was not taking care of herself in the way she should have been. This was a reflection of the significant responsibility Kathy felt. For her, taking care of her body was a duty, that she owed to herself, as well as to her husband and her children. She also was aware that if she was having a "crappy day," she would probably feel fat that day, again showing that feeling fat was not related to body size or weight changes.

When asked if she ever felt fat, Katie responded, "Sure. Not right now, but I have a lot of times. I just don't right now because I am at one of my lower weights." She was at her lowest adult weight of 127 pounds and fairly thin. She experiences feeling fat even though she admits, "I don't ever get really heavy." She has a fairly narrow range within which she feels comfortable:

Karin: At what weight do you think you feel fat?

Katie: Oh probably 137 on up. Or 138. There's just something about...I don't know...I guess cause that might actually be a set point for me, or was for a long time, so if I lost a couple of pounds below that, I felt really good, and when I inched up a couple of pounds, I really felt fat...you know...thinking, oh, geez, you know...here I am, you know, pushing 140 or whatever...over 140 and I feel huge....

But even though Katie can state--down to the pound--at what weight she begins to feel fat, Katie also shows an understanding that feeling fat is not about the actual size of her body:

Karin: What would happen if you didn't know what the scale said?

Katie: I would probably judge it strictly by the clothes that I have worn...

Karin: You feel like there would be a real direct correlation between the size of the clothes and the feeling fat and the number on the scale, even when you didn't see that?

Katie: To some extent, yeah...I do...I do...I frequently thought, you know, if I had these pants and somebody got them in a size bigger and put them in my drawer and...you know...I gained five pounds and they fit, I'd still feel like I was...at...you know...130...instead of 135...and I would feel fine about that. Or...or, if you took some of my jeans that were too big right now and just started slowly shrinking them until they were tight...I would feel like I was gaining weight and I would feel fat, so yeah, I do judge where I am by my clothes...

Several of the subjects stated that changing clothes would end a feeling fat experience, clearly showing a lack of association between weight and feeling fat. The interviews regarding the sense of being fat, or feeling fat, were extensive. The following summaries indicate what each subject meant when she said "I feel fat:"

P1

Rita: Clothes feel uncomfortable.

Lisa: Does not "feel fat," though used to; experiences being uncomfortable when clothes do not fit well.

P2

Chris: Feel bloated; overweight; not streamlined.

Diane: A perception; clothes don't fit; feeling shame; or the feeling of heaviness after eating a large meal; at her largest weight did not feel fat.

Sue: "Uncomfortable, definitely uncomfortable"; "around my period"; or being in a bad mood.

P3

Katie: "Getting less activity;" clothes are tight; weighing above 138 pounds.

Brenda: Clothes do not fit; it is "that time of the month."

P4

Ali: Feels like it is "hard to move through space"; clothes feel too tight; PMS time.

Mary: Sees herself and thinks she looks disgusting; clothing is restrictive; bloated in abdomen.

Kathy: Clothes are uncomfortable; it has been a "crappy day."

When feeling fat, women were likely to feel less confident and more withdrawn.

Ali explains,

"I would definitely be more withdrawn on a day like that. Kind of into myself and just my own focusing on...you know, me, and just kind of more being alone, withdrawn."

Weight loss does not fix feeling fat

Most of the women are fairly certain that weight loss is not how to fix feeling fat.

Ali was clear that:

. . . feeling bad equals feeling fat, and feeling good equals feeling thin, so that...this is not really about changing your body to feel better, but changing your space, to feel better, but to also, almost, in effect, lose weight. You can...you know, energetically lose weight by shifting your mind stance.

She stated that feeling bad is feeling fat, not that feeling fat is feeling bad. Though

Ali would have agreed that feeling fat is feeling bad, the focus of her discussion was that

when she feels bad for whatever reason, she also feels fat. Even though she was clear the experience was not about being fat, she continues to focus on the need to change her body, and she sees her own fat talk helping her do this. As she says, "self-talk is...is..you know, starts out with the eeeww, yuck, thing, eeeww, gross," and then turns into a type of evaluation and "then I usually turn it into positive...you know, then I usually turn it into, I can do this I need to..exercise more, I need to . . . just eat better." Sue was also clear that feeling fat was about something external to herself, the culture, and her clothes, but she too discussed a possible response to it by changing the body size, even though she would never do it:

Sue: No, it's an aesthetic thing. I should look different in this outfit. I should look different in this dress.

Karin: So it's, I don't look good? I feel fat is, I don't like the way I look right now?

Sue: Yes. Definitely that.

And, talking about her sense of feeling fat:

Sue: I'm not acting on it in an active way in my life. I would never lose weight because of that, or, you know, torture myself in any way. But I have that instinct of regret, like, why can't I have that flat stomach.

I feel fat is I feel uncomfortable

Fat talk was clearly not about body size. My study found that women used fat talk as an idiom of distress and as a way to allude to psychic distress, as did Nichter's subjects. The fat talk that occurred as a result of interview prompting was indeed negative. The extent to which the women with P2, P3, and P4 made self-deprecating and self-loathing comments was at times palpable, and certainly not unfamiliar to me. Ultimately, this study confirms Nichter's comments that self-criticism that accompanies fat talk may actually be a harmful experience.

In summary, it appears that feeling fat is about feeling uncomfortable, and that fat talk is expressing levels of discomfort. All subjects who felt fat explained that this was a physical discomfort when clothes do not fit well. Additionally, Diane (P2), Sue (P2), Kathy (P4), and Mary (P4) all explained “I feel fat” is an expression of psychic discomfort. These findings support the work of several studies and numerous theorists who have argued that expressions of body/weight (and food) preoccupation are reflective of experiences unrelated to body size or weight (Bloom et al., 1994; Brown and Jasper, 1993a; Lawrence, 1987; Steiner-Adair, 1986).

Discomfort with fatness is displaced into other areas

Blaming fat is false blame. A particular provocative and compelling discussion about largeness was, Diane’s struggles with her feelings about a new anger at fat people. In an insightful discussion, she allows how fat people stand for consumption, and that she believes Americans’ penchant for consumption, and over-consumption, is what has created the state of affairs that were so prominent in the news during these interviews, the war in Iraq in 2003. Americans’ hatred of fatness is not only about controlling women as Wolf (1991) argues, but for Diane, it is a way to disown responsibility for the significant negative impact of over-consumption on all aspects of life. Consider the words of Diane (who lived for two years in Europe where cars and portions of food, among other things, are typically much smaller than in the United States):

Diane: For the past two weeks, I’ve been really angry at large people. I just...I see..um..I don't know...I'm starting to...I'm starting to..like I see a big truck on the road with a big person in it and I'm just...I'm feeling frustrated, I'm feeling like, God, is that necessary. Is the big house necessary, is the big truck necessary, is the bigness necessary, I don't know, I'm starting to feel really frustrated (laughs)...and that's not how I really feel when I've been telling you in the interviews how I really have viewed the situation..

Karin: Is that related to knowing that you were coming for this interview? (*Note: Diane experiences a great deal of body shame and was concerned about this interview that centered on her relationship with her body.*)

Diane: No, not at all. Okay...I mean, I don't want to..I'm just having a difficult situation dealing with the state of the world right now, and I'm...I'm placing false blame, I guess I could say. I'm placing false blame. I'm looking at the big trucks, and I'm looking at the big houses, and I'm saying, okay, here's the real problem in the world...it's not...whatever is going on in the Middle East...it's this...and that's where...it's coming from.

Karin: So, it's the big people as well as the bigness of everything?

Diane: Yeah. Wow...everything big, and I have to catch myself and stop myself from going into that path...and I thought, when I was coming here, I said, this is really interesting, I'm going to go for this interview, because I am really down on so much of this big stuff...power...big...but..yeah..

What, Then, Is Fat Talk?

Wolf might agree with Nichter's findings that fat talk serves to build personal identity and group solidarity, but not in the positive ways she describes. Wolf would probably argue the identity and group solidarity being built is done in the service of the Beauty Myth. Ultimately, fat talk is political and serves to keep male dominance, the "culturally defined need" (D'Andrade, 1984), intact. Wolf (1991) argues that monitoring food and body, which would include fat talk, serves to keep women and girls contained in a world in which they have more freedom than possibly any other time in history. Even with this freedom, women live with a constant threat of violence. While men are free to come and go as they please, females are always aware of their vulnerability. This conflict between proffered freedom and the threat of violence creates conflict that becomes numbed, Wolf posits, by girls and women's focus on disciplining food and body.

Chernin (1981) posits that the threat of violence need not be physical because it is omnipresent in our psyches. She argues that the cultural assault on women's bodies and appetites through learning to diet and fearing food is a major initiation rite of women in

Western culture. Young girls live with an intense fear of being fat or of even being identified with a fat person. Gutwill and Gitter (1994) extend this by stipulating that “to live in fear and dread of food and with hatred of one’s body creates an everyday experience of pernicious fear and assaulting self-criticism that too often parallels the outcomes of sexual abuse” (p. 186). Fat talk, for Chernin, would be an internal representation of the cultural assault on girls and women’s bodies. Even without the threat of rape or physical violence, girls and women are under the constant threat of the symbolic violation of consumer culture (Gutwill and Gitter, 1994). The focus on food and body and fat talk functions to keep girls and women numbed out from this constant assault, from both cultural threats and the very real threat of violence, and from extending her energy into other areas. According to Wolf (1991:217), “Dieting is being careful, and checking into a hunger camp offers the ultimate in care.”

Certainly the women in this study understood that containment is the name of the game. Body fat must be contained. Body size must be contained. They also understood the meaning ascribed to female bodies by theorists discussed in Chapter 3 and briefly in this chapter: big is powerful, confident; thin is vulnerable and not to be taken seriously. While they all could appreciate these characteristics in others, all those women in P2 (except Sue), P3 and P4 wanted smaller bodies, even if it meant being smaller than they were naturally meant to be, apparently accepting cultural injunctions that women should be vulnerable and not taken seriously.

Mary (P4) explained these concepts when she discussed her fear of losing power if she lost weight, and the vulnerability she felt when she had previously lost weight (at the beginning of the interviews she was a BMI of 35). Interestingly enough, during these

interviews, Mary began working with a personal trainer for the expressed purpose of getting stronger. Even though this trainer specialized in weight loss, she was clear with him she did not want to lose weight. At the last interview, Mary described how strong and powerful she felt as she showed me the new-found muscles in her arm. “I’m an Amazon,” she said. She described proudly how her trainer said she was one of the strongest women he had trained. Concomitant with this new-found strength, Mary decided she was ready to lose weight. She went on her trainer’s nutrition program and at the closing interview was a BMI of 33. She was thrilled with the weight loss, but remained most proud of her body’s significantly increased strength. Mary found a way to become smaller and not sacrifice the power she associated with being a large woman, though she remained within the constraints of the Beauty Myth. In a way, Mary negotiated her experience both to be what she aspired to be, and also to more closely approximate what society wanted her to be. This is the purpose of fat talk and the Beauty Myth.

Ultimately feeling fat is being preoccupied with being uncomfortable. Theorists argue that preoccupation with food and body is actually a way of displacing other experiences onto food and body. These experiences are a result of the role of women in this society and women’s discomfort with this role. This study found that feeling fat is about physical discomfort and, indeed, all of the women except P1 responded to that physical discomfort, on some level, by the need to change the body. It is almost as if they have heard the injunction, “You are uncomfortable with something external to yourself (clothes)? Then do something about it, change yourself to fit the clothes.” It is not far to the next step, again posited by theorists: “You are uncomfortable with something external

to yourself (the way society treats you)? Then do something about it, change yourself into what you are supposed to be. P.S. We will tell you what you are supposed to be.” Indeed, women in this study (except for Lisa) responded to psychic discomforts by thinking about altering eating or losing weight, even when they were aware they felt fat due a bad day or being in a bad mood. Society has offered a solution, “Having a bad day? In a bad mood? We’ll tell you why. You are not eating right and you weigh too much. Fix that.” Responding to discomfort by focusing on food or body effectively displaces other issues. Support for this is found in P1 who refused to “play that game,” and in the process became furious at society.

The experience of women in this study directly reflects writings in Chapter 3, that is, keeping women occupied by continually striving toward an unreachable ideal of perfection effectively keeps them preoccupied (MacInnis, 1993). Subjects from P2, P3, and P4 were all preoccupied with their body. This preoccupation was not limited to body size, however. Three women who were basically comfortable with their body size (and Sue among them who was extremely satisfied) were preoccupied with bodily functioning. It appears this, too, is in the service of the Beauty Myth. Of interest to further study is how women who exhibit P2 escaped the tyranny of body size, but took on the battle of body functioning.

Are women who reject the Beauty Myth more comfortable? While Lisa certainly expressed a higher degree of comfort in her body than was expressed by anyone else in P2, P3 or P4, she still experienced a high level of anger at society. She stood her ground against those who continued to attempt to get her to conform. However, Rita exuded a level of comfort and of self-acceptance unlike any other in the study. She recognized

societal injections but refused to conform, and she no longer got mad about them. Though her anger over being objectified was fairly well over in her early 20s, Rita continued to be angry against a society that refused to allow women access to men's freedoms. Reflecting the words of Wolf, Rita specifically was active in groups that rallied against the constant threat of physical violence against women for many years. Over the years her anger about violence has abated.) Even the transcriptionist once noted that Rita's voice was different from the other women, saying her voice had a sense of ease and calm unlike any of the other women.

Both Rita and Lisa are no longer passive or compliant women. Refusing to accept the Beauty Myth has separated them from other women. Rita, who never fully engaged in the Beauty Myth, does not understand the experiences of women who are taken in by this myth. Both subjects with P1 believe the body is fully capable of managing itself, freeing them from having to follow other's rules in body balancing, or freeing them from having to become dependent on someone else who will teach them the skill for body balancing. "Comfort" for them is not dependent upon altering food or body. They define comfort on their own terms.

It would seem reasonable to conclude that when women's energies are diverted by the pursuit of dieting and body improvement, the culturally defined need as outlined by Wolf, is met. Women are kept from dealing effectively with the realities of existence in a man's world, and from participating more fully in art, politics, literature, and life in general (Bloom et al., 1994; Brown and Jasper, 1993a; Wolf, 1991).

It is clear that feeling fat is about much more than the size of the body, but questions remained. For instance, what makes women accept that monitoring food and

body and learning skills from others to do so is natural and desirable? Certainly we are enculturated to it from the time we are born. But what is it that keeps us stuck in the “loop,” never questioning that balancing the body by monitoring these learned skills, which never seem to work, is a common sense and natural way to exist in the body? This analysis revealed that what keeps women in this loop are issues of morality.

Body Balancing Found to Have Moral Attributes

Living in a manner to promote your own sense of well-being could be said to be living a moral life. In this sense, all women in this study were living morally and taking care of themselves by eating properly; being concerned about their health was part of that moral life. But morality extended beyond these issues. To understand this, a more detailed understanding of morality was required. Therefore, a discussion of morality and how it has come to be connected to eating is next presented, followed by a discourse of morality in women’s relationship with food and body.

Objectification of the body allows a person to understand that the body can be altered to the greater good. Objectification also allows the body to be viewed as a tool to carry this out, as well as to gain pleasure. The body is an seen object that can be altered to create balance. When the body is in balance, the individual can then feel whole.

It appears that the women in P2, P3, and P4 operate under a cultural model where body balancing is a stand-in for morality. Exactly what is perceived as being balanced impacts the construction of this morality. The primary purpose of the women’s discourse about food and body is to morally distinguish themselves. Brenda said, “I know it's not good for me...I know it's what's making me fat, and keeping me from losing the weight I need...or the metabolism problem I suppose too.” Most people will understand this to mean she has a strong desire to eat correctly, and to eat in such a way that will allow her

to attain her “proper” weight. Linde (1993) examines narrative and reflexivity saying that “the most important function of reflexivity is to establish the moral value of the self” (p. 122). However, these profoundly ideological messages do not directly index the moral character of the speaker. The message is “indirect” because the metaphors evoke another feature of the communication (Ochs, 1990) and the morality is not acknowledged. Narrative is “an extremely powerful tool for creating, negotiating, and displaying the moral standing of the self” (Linde, 1993:123). According to Linde (1993:122), “people do not want just any objectifiable self; they want a good self, and a self that is perceived as good by others.” Narrative and reflexivity are vehicles to achieve a self that is perceived as good by others.

Morality in Women’s Discourse about Food and Body

Morality is infused throughout the interviews, which contain many ideas of goodness and badness and images of a good or a bad person. This “image of moral personhood celebrates middle-class values and aspirations of psychological health including a desire to (a) promote one's well-being and the well-being of others; (b) achieve cohesion, unity, wholeness, and completeness; and (c) achieve happiness through the pursuit of pleasure and the achievement of empathy” (Bialostok, 1999:119). These moral considerations are not abstract, intellectual principles, but highly motivating matters of “common sense” that are reinforced through real and imagined social approval and disapproval. In other words, women feel a greater or lesser degree of guilt--or what Spiro (1961) refers to as “moral anxiety”--if such moral principles of physical and psychological health are not regularly met. It is the intertwining of the Beauty Myth and One Stone Solution with the moral principles of physical and psychological health that make them the potent forces they are today. Women in P1 fought to remove the Beauty

Myth and One Stone Solution from their beliefs about physical and psychological health. Those with P2, P3, and P4 have accepted them as one and the same. It is this that differentiates women in this study, and which will be the focus of this discussion of morality. While P1 subjects are concerned about health and eating in a way that will promote health, they do not exhibit the degree of moral anxiety that the other groups do. This is due to the removal of the Beauty Myth in their calculations of what is “right.”

As an example in what will become obvious; Rita differentiates between what she considers good and bad food; however, there is little, if any, guilt for eating bad food; she puts little energy into even thinking about it. Kathy talks more strongly about a similar situation. She experiences conflict because foods are good and bad. She would like to eat the bad foods, but believes she *should* eat the good foods. If she wants more food she gives herself *permission* to eat more, but only if they are good foods. Kathy’s talk centers around what is right behavior and the desire to engage in right behavior, but experiences conflict because that is not always what she wants to do. Rita does not experience conflict when eating what she considers bad food.

Morality was hidden behind the ubiquitous terms used to describe food as “good” and “bad.” They are so commonplace that they seem to mean little more than good is “good for you” and bad is “bad for you”; statement of facts, no more. Moral judgment goes well beyond this and is linked to “right, wrong, good, evil, bad, ought, obligation, duty, guilty, blameworthy, praiseworthy, noble, disgraceful, righteous, and virtuous, as well as ought to, should, fair, deserves and rights, and so forth (Snare, 1992:1). As will be seen, all these characteristics were infused throughout the interviews of P2, P3, and P4. A closer analysis revealed that not only did the women frequently used the term “good,” but

they used it to mean different particulars and often took the time to clarify it. Kathy (P4) next distinguishes between “good” that is about enjoyment and pleasure, and “good” that is about what is right, and how “food” is linked to giving oneself permission to eat:

Kathy: There's you know, good like pizza that I really enjoy eating, or good like grilled veggies and grilled chicken and...umm...I don't know, there's a real dichotomy there because...a real conflict there in some ways because...if it's food that I define as good, meaning healthy, then I have permission to eat more. I can...it's okay for me to have a second serving of...grilled vegetables or stir fry because it's not going to...if I'm still hungry it's not that bad for me. It's not like I'm going to be taking in more salt or fat or...sugar than I think is healthy for me.

Before discussing the morality associated with women’s discourse about food and body, it is worthwhile to examine the ways in which morality has been intertwined with eating in United States’ culture.

Eating, Morality and United States’ Culture

In our culture, as with other cultures where food is very abundant, there is considerable inhibition about eating. In fact, in “wealthy” countries, inhibiting the pleasures of eating has become a widespread pattern and is typically attributed to concerns associated with health risks. Few times in history has the comment, “Looks like you've lost weight” been a compliment. While weight loss has been feared in past years, today it is in vogue for the wealthiest to visit costly spas where they are fed painfully austere portions of food while enduring exercise regimens enforced upon them. In this culture, the ability to do this is a mark of status, but it would seem preposterous to those in Third World cultures who do not have enough food and who undergo strenuous exercise just to survive. It has been referred to as “a secular replacement for going to Lourdes or Mecca. It reflects well on the campers, on their morality and sense of personal discipline. Unhappy and ravenous campers perhaps, but virtuous paragons whose morality is a shield against mortality” (Tiger, 1999:1).

In a world in which excessive amounts of food are readily available, and most manipulate food in an attempt to decrease intake, it is easy to overlook the fact that eating is absolutely essential for life, one of the few behaviors that is. In *Food and Power*, Counihan (1999) discusses the work of several theorists, including Arnold, who stated that “food was, and continues to be, power in a most basic, tangible and inescapable form” (Arnold, 1988:3). She notes not having enough food and being hungry is “a stark indication that one lacks the ability to satisfy one’s most basic subsistence need” (p. 7); there is no more absolute sign of powerlessness than hunger (Lappe and Collins, 1986). Wolf (1991) explores how food is a primal symbol of social worth; whoever a society values, it feeds well. Food is status and honor. Samoan women, who are held in high esteem, exaggerate how much they eat on feast days. Publicly apportioning food is about determining power relations, and sharing it is about cementing social equality. Wolf posits that with the strict weight standards held for some women, their portions of food testify to and reinforce our sense of social inferiority. Bialstock (1999) notes how parents in his study found eating a moral duty that requires some degree of self-love. Mary (P4) in the current study discusses a similar concept: “I feel like for me I had a base line level of self-love.” She believes that all people must have that to go on living. Food and eating have been linked to social and moral order (Ochs et al., 1996).

Those who are viewed as not controlling their food intake, a quality associated with the fat person, are:

. . . discriminated against because it is assumed they lack backbone. They are self-indulgent. They are self-destructive. They enjoy bad food and too much food too well. Clearly they don't exercise. They are vehemently lazy. Their cholesterol levels are shameful. Their fiber intake and their moral fiber are both zero. Medical statisticians and moralists alike define them as surefire quick losers in the war

against mortality. They do not have the warrior leanness and hardness on which people can depend. They enjoy intake more than output. (Tiger, 1999:1)

Of course, we are only talking about cultures where excess, not scarcity, is the problem. There are still cultures today where fatness is appreciated and valued.

The war continues and the battlefield is the body, notes Tiger (1999), who believes this is reasonable since the body is the principal cause of the war in the first place. He is wrong, of course, but he echoes the sentiments of most of society. This study shows that the cause of the war is not the insatiable body, but the Beauty Myth that seeks to control women. Meanwhile, food is considered an endless battle involving pleasure, calories, vanity, the fear of early death, lust for taste, and sociability. It has come to seem more theological, particularly in North America. This moral underpinning of food and eating, not ironically, began shortly after the time when Wolf (1991) noted that material constraints upon women began to loosen.

Historical Perspective of Morality of Food: The Right Thing to Do?

Until the late 1800s, consumption of food was primarily for pleasure and survival, and those who could eat a lot of it did so--to the envy of others. While the era's culinary indulgence was flourishing, a countermovement began in the late 1800s by health gurus, such as John Harvey Kellogg, C.W. Post, and Wilbur Olin Atwater who began promoting food for health's sake.

John Harvey Kellogg had an especially significant influence on the eating habits of Americans. He said Americans were not choosing their foods wisely, and in 1876, he set out to change their relationship with food. Kellogg's premise was that most diseases could be traced to nutritional problems and those that could not were linked with "mental and moral inefficiency." He opened the Battle Creek Sanitarium in Michigan for guests to

learn to improve their health by changing their food and lifestyle. He also published a booklet, “Rules for Right Living,” which set forth in Kellogg’s characteristic scolding style the many mistakes culinary sinners were likely to make. He also invented and successfully marketed Corn Flakes as a health food to take the place of meat at breakfast (no small financial interest here!).

Americans’ interest in health foods waned during the beginning of the 1900s, but it has come full circle (interestingly enough the exact same pattern seen in body weight (Wolf, 1991).) Once again, we are thinking about food much as we did a century ago. Eating, as in the 1890s, is an activity often laced with anxiety, uncertainty, ambivalence, and moral significance. This is not surprising when we consider the pervasiveness of marketing and advertising, the American faith in scientific knowledge, and the most basic feelings about food as friend, enemy, and even moral force (Stacy, 1994). The Quaker Oats Company knew just what it was doing when it launched the somewhat pious advertising campaign in the 1990s for oatmeal: “It’s the right thing to do.”

Defining Right and Wrong: Defining Morality

A discussion of morality is needed to clarify the nature of morality and how it applies to the discourse of the women in this study. Morality is used:

- descriptively to refer to a code of conduct put forward by a society or, some other group, such as a religion, or accepted by an individual for her own behavior; or
- normatively to refer to a code of conduct that, given specified conditions, would be put forward by all rational persons (Zalta, 2002).

Morality as a code of conduct accepted by an individual for her own behavior, which is the descriptive definition, concludes that the food and body talk (and behavior) of any person is a proxy for morality. This makes clarifying the role of morality difficult in this study and minimizes the impact that the Beauty Myth has on women’s’ eating

patterns. The normative definition allows a clearer examination of the discourse in this study, but needs further clarification.

Morality is not the only code of conduct put forth by society. Others include etiquette, law, and religion (Zalta, 2002). Etiquette refers to actions considered less serious than those to which morality typically applies, though it is sometimes included as a part of morality. Law has explicit rules, penalties, and officials who interpret and apply penalties; morality does not have this explicitness (though there are areas of overlap). Religion includes stories, often about supernatural beings, that are used to explain or justify the behavior that it requires; morality does not have these stories (though again there is overlap). Morality is confined to a guide to conduct, while religion is always more than this (Zalta, 2002).

Morality is used in three different ways in the descriptive sense, based on the views of the society. All three moralities can exist within one society and are concerned primarily with:

- practices not related to other persons (with a claim it is based on the dictates of a god, such as the ritual of attending church on Sundays)
- sexual practices (with a claim that this morality is based on human nature)
- practices that minimize the harms that people suffer (with a claim that their morality is based on reason)

The two universal features of morality are: 1) it is put forward by a society, and 2) it provides a guide for the behavior of the people in that society (Zalta, 2002). Morality can allow slavery or justify inequities. Morality need not incorporate impartiality with regard to those people whose behavior is subject to moral judgments, nor does it need to be applied to all.

People do not always accept the morality put forth by their society, which causes a problem with the descriptive definition of morality. Since the definition of morality cannot strictly apply to groups, the focus of morality should possibly shift to the individual. Morality would then be “that guide to behavior that is regarded by an individual as overriding and that he wants to be universally adopted” (Zalta, 2002). But “morality” does not refer to just any guide to behavior accepted by an individual, it is that guide to behavior that the individual adopts as his overriding guide, and wants others to adopt as their overriding guide as well. This sense of “morality” is descriptive because an individual's morality can be referred to without endorsing it. In this sense, as in the original descriptive sense, morality has no limitations on content. Whatever guide to behavior an individual regards as overriding and wants to be universally adopted is that individual's morality. In this sense, the food and body discussions can be indicative of the morality except for those in P1, and to a lesser extent with Diane, who did not believe the behavior in which she engaged should be a guideline for others.

When “morality” is used in its universal normative sense, it need not have either of the two features that are essential to moralities previously referred to. The only feature that the descriptive and normative senses of “morality” have in common is that they refer to guides to behavior. The claim to a universal morality is that it is a code of conduct that all rational persons would put forward for governing the behavior of all moral agents (though other societies may have a different code of conduct, which may not be viewed as moral; or they may have “defective” moralities because they lack some essential features). It is a morality that any rational adult would know what kinds of actions morality prohibits, requires, discourages, encourages, and allows (Zalta, 2002).

Morality becomes:

- a code of conduct;
- a universal guide that all rational persons would put forward for governing the behavior of all moral agents;
- concerned with promoting people living together in peace and harmony, not causing harm to others, and helping them (though the prohibitions against causing harm, directly or indirectly, are not taken as absolute) (Zalta, 2002). To avoid acting immorally, a justification is needed for violating the prohibitions.

The following definition of morality incorporates all the essential features of morality as a guide to behavior that all rational persons would put forward for governing the behavior of all moral agents. This definition will be used for the purposes of this study: *Morality is an informal public system applying to all rational persons, governing behavior that affects others, and has the lessening of evil or harm as its goal* (Zalta, 2002).

The characteristic of wellness, wholeness, and satisfaction have historically been considered by Western philosophers to be highly moral attributes. “Eating also captures what may be the universal human need to pursue pleasure and avoid pain” (Bialostok, 1999:127). And while much pleasure is associated with eating, adverse consequences do occur when a person over-indulges or eats foods that cause gastric distress. The Beauty Myth helps frame these indulges as immoral. (Being able to over-indulge (or take a medication before eating to minimize the negative consequences of eating that food) is a marker of class (Bialostok, 1999).

Morality in Food and Body Discourse

A moral philosophy typically begins with what is a rather deep-rooted part of everyday practice. At its basis are moral judgments as to what is “right, wrong, good,

evil, bad, ought, obligation, duty, guilty, blameworthy, praiseworthy, noble, disgraceful, righteous, virtuous; as well as ought to, should, fair, deserves and rights” (Snare, 1992:1).

Pleasure and seeking pleasure are part of the make-up of morality, as is this concept of rightness about eating, which is most linked to morality. However, it is the intensity with which the women discussed these issues that was most significant. For instance, compare Kathy’s thoughts with Rita’s (P1) response. These thoughts follow a discussion of her feelings about “bad” foods, and answer the question, “Do you eat bad foods?”:

Rita: Yeah. That's a sort of general rule, you know, I try to, just because..I want to be healthy. And the bad foods don't really taste that much better, it's not like they are some wonderful treat and...if ever I am really craving..um..something...you know...one of those..you know, Dairy Queen where they take and dip it in the chocolate, well, I go and indulge myself that one time...but...I don't really...I mean, I avoid them in a kind of general way, but not...there's *not a whole lot of psychic energy behind it*...ooohh, bad thing...you know...there's not a whole lot of that, it's just a sort of...you know...just trying to be healthy.

Kathy discusses good and bad foods in a different way, stating that eating something for enjoyment has to be earned and that permission must be given:

Kathy: One or two cookies after a meal...when I've had otherwise a good dinner, I don't feel *guilty* about. Cookies sort of *snuck* in the afternoon, um...[...] at that point I'm not hungry...so...eating cookies when I'm not really hungry, that's a bad thing.

Karin: What about for enjoyment?

Kathy: No, no, no, I enjoy them, I mean, I wouldn't eat them if I didn't enjoy them, but it's....I guess it's...and it is also related to how much I've worked out. If I've been exercising a lot then it's...I have permission, I have more *permission* to eat those kind of things just cause I want them. Um...it wasn't all..you know, it wasn't always that way, but now that I'm...I'm much more conscious of that...I *can't afford* to eat stuff I don't need very much. You know, if we go out to dinner and it's a nice restaurant and they have wonderful desserts, then I have dessert because it's good and I like it and I don't feel guilty about that. But there aren't very many...the kind of cookies we have around the house are not generally like wonderful gourmet cookies. They are Oreos or chocolate chip cookies that my kids...that we have them for my kids, not...

Karin: What's the difference between a gourmet cookie and the pumpkin bread?

Kathy: Um...one of them seems more like high fat, high sugar...do you know...the cookies...I mean cookies are more highly processed...junk.

Karin: So they are lower on the totem pole of healthy food?

K Yeah. Yeah. Also...um...almost anything I make myself is higher on the scale. That's not entirely true because we made...you know...Halloween cookies and those were total junk but...

Karin: But would they be higher than an Oreo?

K: Not really. Well, probably slightly higher than an Oreo cause they don't have filling, you know, that filling in the middle of an Oreo that is just like sugar, I mean, might as well just get a spoon and stick it into the sugar bowl and . . . [She describes homemade foods as being better.] I don't know that it makes it healthier, but it makes it more satisfying. There's definitely something less bad...there's something...there's greater redeeming social value to something that either I have made or particularly that I have made with my kids.

Diane discusses her fear of processed food, which she implies is disgusting.

Disgust is an emotion that evokes considerable moral ramifications:

Diane: Too many chemicals. Processed cheese? I wouldn't even touch it...Cheese Whiz?...

Karin: Why not?

Diane: I don't know what it is. Is it food, I don't know...I don't know what it is, I'm afraid of it. Yogurt is a good food...yogurt's a really good food...um...unless it has gelatin in it...

Diane discusses how she rationalizes about the relative goodness or badness of

food and its impact on her when she eats:

Diane: I try to balance things and I say...to myself...well it's not that bad, look, you've been taking care of yourself, what's the big deal if you have this one meal, and then the other side comes and says...um...like...you shouldn't do it, it's a bad choice...it's a bad choice to make. Do you want to be this person who makes these bad choices? Do you...and then the other person comes in and says...you are not this person who makes these bad choices, so what? You want one bad meal. And it's like a little dialogue...and then when I do choose to do it, it's very much a decision that I've made and that's it.

Karin: You don't feel guilty?

Diane: I can't say that I...I don't know, I mean, I guess sometimes I would feel guilty. But, I tend to be a pretty stubborn person, and I think once I make up my mind about something, I tend to sit with it. I know that on that questionnaire there was this one question you had that says, do you ever feel guilty after eating one thing, ..and I struggled with that question, and I said...do I...do I ever feel guilty after eating....one thing...so then I started thinking about...times when I would have dessert. Do I ever feel guilty about eating that one thing, and I think it depends on where I'm at that day. If it's a bad day, I might feel bad about the whole day, but I don't linger on it,

Sue describes an understanding that requiring perfection in food is about other things. Her understanding of standards being about “other things” permeates her interview. Here she describes how desiring perfection in food is acting out a proxy for morality:

Sue: But a lot of that perfection thing does come from my mother's -I mean you never knew if you was going to be able to please my mother. Which I now understand has to do with boundaries and alcoholic behavior and all that kind of stuff. I mean I now understand, and certainly never understood that when I was a child. But -ah-so the idea of eating perfectly, having a perfect body, having perfect digestion, all that is kind of more of that than the actual relationship with the food. It's more like an act of perfection.

Regarding what is a good or bad day, Rita describes eating foods that do not sit well, that inadvertently cause gastric distress as bad days:

Rita: There are days where I eat something that gets in there and it doesn't feel so good, you know....and then I go, well, I guess I ate too much of that...I drank too much or...that was really greasy...you know...but that's sort of...that would be a bad day but it's not something I don't evaluate my days based on eating success or failure.

For Ali a bad day has different connotations. It is fraught with moral judgment:

Ali: I think in terms of, yeah, I've eaten too much calorie-wise, it's going to put on weight, but I also think in terms of, I know that I don't feel good, by eating as much as I have. It feels like my body's gotten too much, it doesn't know what to do with it all.

Eating Is Consumption

Food is associated with the bodily experience of ingestion. A significant number of metaphors made up the conceptual metaphor EATING IS CONSUMING INDISCRIMINATELY. The metaphors used by the woman were suggestive of eating that was self-indulgent to the point of acting in a manner that is uncontrolled or unrestrained. Katie (P3) describes eating indiscriminately, meaning that she is not restraining her intake and it is self-indulgent:

Katie: One day last week, I just *porked out*...and it was really interesting, I don't know if it was the temperature or what, but almost every woman I talked to was doing the same thing, and I can remember standing at the counter *wolfing down* pistachios talking to my daughter and one of her friends and her friend goes, oh, my God, I've been eating all day...I can't believe I have been eating, and my daughter says, me too, I just ate and ate and ate.

Brenda (P3) describes desiring food in a way that also frames it as an act of self-indulgence and lack of restraint:

Brenda: I have been ravenously hungry at times but...um...normally it's just...okay, well, I've been to school all day and I haven't eaten anything, except I've had water and...and...I'm ready to just *chow down* when I get home, you know, you've got this stomach growl thing going on and you really want to eat...

The metaphors used by Katie and Brenda suggest the act of eating is associated with a fair amount of intensity. The conceptual metaphor EATING IS CONSUMING INDISCRIMINATELY is also used to describe an event with a different focus. Rita described a time when she quickly grabbed food to assuage hunger with the same metaphor as Katie used. For Rita, wolfing down is grabbing something quickly (the something being whatever is easy. which is the indiscriminate part of her act) when she is on the run:

Rita: And there are times too, where I have been, like maybe really hungry, my blood sugar really low, and I am eating rapidly, and I feel full, but I am not that satisfied, cause I sort of wolf down the food and like it was just fast food and I

really would have rather have had...you know...a calmer meal and...you know...and had time to make myself...something I was more interested in.

Only one metaphor was used regarding consumption to indicate a positive, enjoyable event (EATING IS PLEASURABLE): “feast.” In the following excerpt, Rita (P1) describes overeating as a pleasurable experience and discusses limiting food intake. Limitations are imposed by the inability of her stomach to handle a quantity of food, not by cognitive restraints. She adds that she does this for comfort reasons rather than to be virtuous. The fact that she mentions this clarifies that Rita understands food and eating are discussed in terms of morality. So while Rita knows food and body are constructed in terms of morality, she does not consider eating as a universal code of conduct:

Rita: What I think of as overeating...or...you know...you just...you know, you just *feast*...you know...there's some special occasion, you're out...you know, you have everything, you have your salad, your bread and your dessert and everything, and you do the whole thing, and you have coffee, you have some wine...that kind of thing...only that now, it's just...it may not be that comfortable, so I am a little more cautious...like I may pass up dessert or something, or...just...you know...but it's not a..I am not thinking of my diet or my waistline or being virtuous, it's just...that won't feel good when I get done with it if I eat all of that.

And in another excerpt, Rita uses a metaphor that typically relates an intense eating experience. It describes an enjoyable act that has no sense of negativity or of being bad:

Rita: I hear people talk about, you know, pigging out and eating a whole thing of ice cream...I don't do that. I'm talking about, I get a chocolate bar, one of those...you know...about 6 inches by...you know, 2 inches or something and for me...a chocolate *binge* is eating half of one of those...not eating three of them or something...um...you know, when you break off a square and you eat.

Digestion is Discussed in a Symbolic Manner

Eating and consumption also relate to digestion. A concern with the digestive process is one of the delineating features of the different patterns. The women with P2 and P4, all interested with bodily functioning, showed concern with digestion, a concern imbued with morality. Ali (P4) describes a bad day as a day she overeats, which causes

her body to have a hard time digesting food because “too much is in there.” Pattern 1 discussed overeating as being an uncomfortable experience they prefer to avoid and that they have to wait for a while to become comfortable again. Ali (P4) used the term “too much” implying a value judgment: it is over a certain limit that was the appropriate limit. Her body experiences difficulty functioning properly when she has not eaten properly. When she eats properly, her body functions in an easy, non-stressed manner:

Ali: I just...I feel like I get bloated and I feel like I, it feels like I actually have a hard time digesting food, cause it feels like there's too much in there, um, or, I might actually feel like I get, um...burby, you know, just feeling distended. When I don't overeat, it feels like my food is digested easily and easily, you know, like used, and digested and....it's easy, it's not stressful.

Likewise, when she is hungry, the eating experience is perceived as positive. Ali's body is able to do its work quicker and more efficiently. Her body functions better and the result is she receives more energy:

Ali: So I eat when I'm hungry, it feels good, it feels tasty, it feels like it gets digested quickly and efficiently and it feels like it turns into energy in my body quickly, and if I eat when I'm not hungry, it feels like it just kind of sits there and doesn't do very much.

Some foods are difficult to digest. Some foods also digest better than others allowing her to eat with comfort or causing discomfort. In the excerpt below, she mentions that vegetables are easier to digest and facilitate comfortable feelings:

Ali: I feel like they taste good and they're so...I feel like they taste good and they're satisfying, I like eating them and then...they fill me up as well, but they don't cause me to feel uncomfortable...like it's hard for my body to digest something either.

Karin: Chocolate is hard to digest?

S: No.

Karin: The comfort foods are hard to digest?

S: They are more..you know, like, more difficult, yeah, it feels like, you know, potato chips are fattier, is harder to digest, you know, like breads are harder to digest...um...yeah.

Meats and breads fall into the difficult-to-digest category. The negative feelings are easy to sense in the following passage, as is the sense of disgust with meat and bread:

Ali: The meat and the major gluteny...you know, the major thick pasty type breads feel like no matter what I do, if I swallow it, it stays in this, like, lump thing, glue ball that is harder for me to digest. You know, I can like feel it, cause it's big and huge and..lumpy.

Difficult to digest foods tax the body. Mary discusses certain foods that are difficult to digest and that tax the body. These foods are often highly processed foods.

Later it will be noted that Mary has an “almost spiritual fear of those foods”:

Mary: I do know that soy is really hard to digest and...and the soy foods that we have out there that are real popular, like tofu and soy milk, are not in any way whole foods...you know, in my opinion, and...I mean, it's more than opinion, it's a fact, they are highly processed foods, so...people are thinking they're...you know, they're doing something really healthy by drinking all this soy milk, and it's...you know, it's really hard to digest.

Some foods aid digestion. There are foods that aid digestion and are therefore good to consume; they aid the body in performing its work. Sue (P2) shares how alcohol does this for her:

Sue: I like that little bit of alcohol with dinner, I think it actually digests my food better, but I don't know if that's...I know in Europe they think that, I don't know if it's true or not.

She mirrors the concerns of the previous women regarding digestion when she notes that eating when she is not hungry disrupts her digestive processes.

Sue: I just don't feel like eating...you know, and then it doesn't digest, it sort of like...it's sort of like...I imagine my stomach saying, what are you doing, you know, we're not ready...or something like that, so yeah, it's not satisfying at all for me to eat when I am not hungry.

A critical difference is that Sue evaluates overeating in terms of eating a quantity that causes discomfort, as opposed to Ali who states she had eaten “too much.” Ali’s (P4) comment relates more of a moral interpretation of overeating than does Sue (P2). This highlights the key difference between P2 and P4.

Food intake must be monitored to aid digestion. Because Sue suffers occasionally from irritable bowel syndrome, she monitors foods that could cause upset. She describes why this monitoring is necessary. (When she mentions that she cannot control the wine, she is referring not to the quantity of wine, but to how it makes her feel once inside the body. A single glass has on occasion given her a headache and made her feel uncomfortable.) This makes her feel out of control of her bodily functioning. If she followed the proper procedures for eating, she believes that her body would function in a more comfortable fashion. One of her metaphors, “conundrums of compensation,” however, shows how she feels about the rules for eating. She is concerned that:

Sue: My digestive system can *turn on* me. Sometimes I feel like I'm unable to control it. You know I could get constipated, I could react badly to food either from a mechanical digestive process or from an allergy digestive product -ah-but you know we talked about the wine earlier that I don't handle wine that well most of the time and I can't control it. You know, I can't say ok I'm going to have this glass of wine tonight and it's going to be great and I'm going to enjoy it. It just happens to me and that sense I feel sometimes food happens to me as opposed to me being in charge of it. I don't necessarily think that I am angry about that. I'm probably frustrated by it and if I had a magic wand I would say I want everything I eat to go in, be processed, and be eliminated in a nice easy, you know, no hassle way. I'm sure everyone would feel that way.

Eating properly is a necessary event when it is framed as having such a direct impact on the minutia of digestion. In the following example, Ali frames proper digestion, and therefore proper eating as a moral imperative. Recall that Ali is a vegetarian:

Ali: It feels like it's not only a weight loss issue that makes me feel good. On the days that I feel like I'm eating better, I feel like I'm making better food choices and I feel like I actually do feel better and it's *easier for me to digest*. I mean, for me, I know that I feel better when I'm eating lighter and not so much bread and not so much butter and not so much dairy and I just know that *my body seems to function better* on those foods, you know, fresh vegetable juice, and you know, those kinds of things, and *tofu is more easily digestible than a big hunk of meat* for me. On a bad day, you know, like the other day, I feel like I'm eating more of the things that are harder for me to digest, breads, that....more fat, more butter, more bread, more cheese, more fried foods, more...of those kind of things, you know, even going from a ...a veggie burger that's cooked lightly in oil, you know, on bread that's toasted, is *a lot easier for my body to handle* than if I go to eating a tofu Reuben that's like slathered with butter and it's got cheese and Russian dressing on it. You know, those two things alone, one feels like it's easy to digest, the other *one feels like my body's like, you know, struggling*, then also the quantity thing. I tend to eat less and I tend to eat more, you know, on the good days and bad days.

Concerns with digestion are symbolic. In each of these cases, digestion is interfered with by many different events. Interestingly, these events directly parallel the concerns of each woman. For instance, Ali is a vegetarian who finds highly processed foods distasteful, hence meat and white flour are difficult to digest. Overeating is bad and causes difficult digestion. Mary is fearful of processed foods, which she believes cause difficulty internally. Sue has always used hunger as her primary indicator of the need to eat; when she is no longer hungry, she quits eating even if that means throwing away one last bite. For her, eating when not hungry causes difficult digestion. These examples can be contrasted with Rita, who, when she talks about digestion, does not talk about it being difficult, but indicates the time it takes to digest food: “meats take longer to digest.” She states it as a fact. It is not difficult when this occurs or that it remains in her body a longer time. She is not saying it is good or bad, positive or negative.

Hunger Is About Needs

Eating is about hunger, which is about need. Some of the women (Diane and Sue from P2) were very clear about their understandings of their own hunger:

A: I've known I'm hungry. It usually doesn't happen like that. It's the other way around. I know I'm hungry...and for some reason I can't get food, and then I get into a very bad mood. I do...I get into a very bad mood.

Other subjects described not experiencing hunger often; instead, they felt low blood sugar. Discussions in Chapter 5 alluded to both women in P1 focusing more on experiences of low blood sugar than on hunger. Although it sounded as if they were talking about hunger, both adamantly insisted that this intense need to eat was not the result of hunger; rather, it was too low blood sugar. Both indicated that there are frequently no hunger signals that preceded this experience of low blood sugar. Both were very clear that when they felt low blood sugar, simply eating would take care of it. Mary and Ali (P4) also described an experience that sounded like hunger though they explained it was not hunger; rather, it was low blood sugar. It was not related to hunger even though they described it occurring only after extended periods of not eating. This low blood sugar is an extremely intense experience, more intense than any description of hunger from any other subject in the group. The intensity of the force required both Rita and Lisa to respond to it immediately, though Mary and Ali were able to fend it off at times. From their descriptions of these experiences, it seemed that all the subjects were describing intense hunger pangs. Rita and Lisa had undergone glucose tolerance tests with negative results.

When low blood sugar was not occurring, these subjects described hunger as an inconsequential force:

Ali: Hunger doesn't seem to happen very often for me, for one. You know, real true hunger, where I actually feel hungry, like...and what hunger feels like to me is..I get..like my stomach growls and it feels like it would feel really good to eat at that moment, that my body needs it.

I was fascinated that the two women who always responded to bodily needs for food by eating, described that need as low blood sugar and not hunger, and that most of the women described hunger as inconsequential. It was as if they were all disavowing one of the most primal urges known to humans. Even the women who felt hunger was out of control at other times described it as inconsequential, which is interesting. I surmised that this is also in response to the Beauty Myth. Women are not supposed to have needs but instead take care of others' needs. This behavior has been clearly shown to be reproduced repeatedly in advertisements with women, especially food advertisements (Kilbourne, 1999).

The women in P2 and P4 expressed their needs, not as the need for food, but *the need to get something* from the food. This usually was due to a lack in the food, rather than in the women's ability to select or procure the right food. The three excerpts below mirror the experience of other women in P2 and P4, especially those of Mary:

Ali: Nourishment. Sustenance. It just felt like I was not getting what I was needing to get from food, I mean, just instinctually, intuitively, it just didn't feel like, this was good stuff to be eating, like I wasn't getting what I....I didn't know to call it vitamins or minerals or nutrients or, you know, balanced proteins and all that, I just knew that I didn't feel like I was getting what I needed, it just didn't taste good to me, it didn't feel good to me.

Ali: I have the feeling like I am not getting enough nourishment, my food is not giving me what I need, and enough of it, so I still am pretty heavy into supplements and feeling like I am not getting something that I need.

Ali: Food is lacking, I have an almost paranoid feeling of I'm not getting the nutrients I need, and there's something lacking.

In terms of needs, the women tend to disavow their need for food by saying they seldom experience hunger, but those who do eat according to the body do so in response to low blood sugar. Many of the women felt food was not providing them with what they need, leaving them feeling unsatisfied, as well as fearful for their health. This research is

positing that there are deeper symbolic meanings to this that are beyond the scope of the present study.

Eating is also viewed in terms of quantity related to bodily needs, which are concerns primarily for P3 and P4. Reflecting Ali's (P4) comment about eating "too much," Katie (P3) also views overeating as surpassing a self-imposed limit. The next passage exemplifies the cognitive control that Katie privileges in the monitoring of her food intake. Brenda uses the same type of control. This desire to cognitively control quantity of food intake is a key aspect of P3, though it is also seen to a large degree in P4. Katie explains how she knows she is eating more than she should with an intellectualized response:

Katie: I know I am eating over and above what I need to be eating.

Karin: How do you know that?

Katie: Just because I usually maintain very nicely on a lower consumption of that food.

Karin: Based on history...

Katie: I mean I just know what my body needs. I mean I know my body doesn't need a bag of potato chips and I know my body doesn't need three huge handfuls of walnuts...I just know it doesn't...you know, but I will justify eating more if I think the food is not bad for me.

The eating metaphors and reasoning highlight the bodily experience of eating: ingestion and the intensity in which we perceive the task (binge, wolf down); the internalization of the product (digest), which has for many of the subjects a symbolic reference, and the ongoing need that sustains us, which is either controlled or denied (hunger). The use of these metaphors in everyday speech directly indexes such aspects of life as pleasure, physical health, and their use is influenced by personal worldviews. In the case of P2, P3, and P4, that influence is primarily the Beauty Myth and One Stone

Solution. The need to get food and weight “right” is based on rules imposed by society, which have been internalized as good and right and are seen as common sense. For P2, P3, and P4, attempting to get it “right” allows the construction of a kind of moral person. For P2, getting it “right” is to have the body function efficiently; for P3, it is not eating too much, as determined cognitively; and for P4, it is having both the body function efficiently and not eating too much, as determined cognitively.

Food as a Material Good Creates Ethical Meaning

Considering food as a material good that costs money and requires labor in preparation imbues it with “an ethical meaning and renders eating a moral activity” (Ochs et al., 1996:20). Two subjects, both from P4, talk directly to this issue. Ali relates why she avoids certain foods:

Ali: All the reasons I have for the bad health of it, the supporting the industry of cows and cutting down rain forest to feed a cow and, you know, just the whole thing, the myriad of reasons.

Mary felt that much of food industry cannot be trusted (as did Sue and Ali). She feels that food that is provided is often tainted, as can be seen in the following example:

Mary: I'll never eat at McDonald's. I do think those foods make you crave them more, make you crave themselves.

Karin: That they entrap you.

S: Yeah...might almost be a little addictive...and I don't mean addictive in that sense but...so *those foods are playing into the worst human greeds or cravings*, you know, for...for...disgusting fats and...you know...empty carbs and just...all that...and...on a more scientific level, I fear, *I actually fear the fats in those foods*, because they are trans fats, you know, they are hydrogenated fat or. they are fat that's *been damaged* by being in a hot cooker for three days.

Eating harmful or deleterious substances would not be a moral act, not taking care of the self. Eating at certain establishments is constructed as an immoral act. When considering food/eating as an act of self-love, the moral deed involves eating healthy

foods which are considered to be morally superior to others. Diane (P2) presents information to explain why eating a certain food is harmful to the self:

Diane: It would still weigh me down, so, I..I think it would be...it makes me tired. That's what I mean when I say weigh me down, it makes me tired. So...that's what I am trying to gauge it on.

Eating certain foods is detrimental to bodily functioning, as seen through the use of the metaphor “weigh me down.” It makes her tired. Eating those foods takes her in a direction that is not optimal for bodily functioning, for body weight, or even for spirituality as will be seen. The physical act of consumption is a moral act, producing pleasure. The positive morality of the event is increased if the product is a healthy moral product. The event is fraught with symbolism, as seen in the discussion of digestion.

Eating Is Pleasurable

“Pleasure results in some form of happiness (admittedly at times short-lived) and must be considered something intrinsically good” (Bialostok, 1999:165). Eating typically results in feelings of pleasure and provides a sense of well-being and happiness. It is “fundamental to the health of body and soul (Ochs et al., 1996:25). While the P1 subjects were able to enjoy foods they considered “good” and “bad,” both food tasted good. While one food item was more health-enhancing than the other, there was no value judgment associated with eating them. Either food could serve the purpose of balancing the body since low blood sugar could be alleviated with either “good” or “bad” foods. The other Patterns had a different experience of pleasure. Pleasure was illicit when it was the result of eating foods considered “bad.”

Bad foods were those foods that interfered with body balancing, though exactly what foods were considered bad varied with the subjects. When Chris (P2) ate a food that

she considered “not healthy,” she reasoned she must be doing it for emotional reasons since she was not eating it for taste:

Karin: Well you say you are eating crazy...how do you know it's emotional? How do you know it's not just....

Chris: Well I guess because it's not good food, so why would I be eating like Cheetos...

Karin: Maybe because of the taste?

Chris: No...yeah...I mean...I think that's just part of the bluff...I don't think so, I mean Cheetos...

Karin: Why? Isn't taste a main reason people select foods?

Chris: Yeah. Yeah...I mean, that's true, you know. . . . Maybe because I know the difference of what tastes good and what doesn't...

Karin: What tastes good?

Chris: I know that good food tastes good. I mean Cheetos....they taste good, you know, but they're not...not really...(chuckles).

Karin: Why not?

Chris: Well because I guess I know they're not good for you so...um...I mean...if I'm in a mood where...um...I will let myself eat Cheetos or whatever, yeah...that's a good question, you know, I don't know... I have a big issue with that, I mean it doesn't taste good...it tastes good because they're eating the wrong things like maybe you're eating too much sugar, so then your body craves salt because it's trying to balance itself out. I feel like, when you're eating well and you're eating balanced, your body feels so good and it knows...it craves fresh fruit or it craves brown rice. It's like you're just like...oh my God, I want rice so bad and I want chick peas, I want, you know, fresh vegetables, whatever, so in my head I don't really think that Cheetos taste good, I just feel like sometimes I am indulging myself with them.

Chris's comments exemplified a key area of distress for P2, P3, and P4. When a food did not serve to balance the body, they had difficulty identifying the food as pleasurable. Though pleasure was sometimes sufficient reason to eat foods that would not balance the body, it most often was not. If these foods were consumed, it required justification.

So while happiness is constructed in this culture as a moral attribute, consuming pleasurable foods was not a path to happiness for many of the women. This did not stop them from eating the foods, but did contribute to the conflict they experienced when eating. If happiness is moral, and eating pleasurable foods creates happiness--and not eating pleasurable foods is also constructed as moral--the person with this belief system is indeed in a quandary.

Pleasure is a motivating factor in initiating eating, but the injunctions not to eat and to limit pleasure, both societal and self-imposed, by those in P2, P3, and P4 are profound. The result is that these woman create complex methods for limiting these pleasures. They indulge in them in a way that will minimize consequences, and justify them in the name of health and weight management. EATING IS RELIGION uses the source domain of religion to indicate how profoundly important it is that these women select foods that will be a means to an end that is something other than pleasure. The moral/immoral dichotomy of food can be seen through the use of such common terms as “garbage” and “crap” that were used to reconstruct conceptual metaphors FOOD IS DIGUSTING and FOOD IS OBSCENE.

Body Balancing as Morality

Striving for goodness, nobility, and a happy life is not only an integral part of what it is to be human, but thought to be naturally determined (Bialostok, 1999). Therefore, conceptualizing body management as a moral act and an index of a moral person can be considered highly motivating. The proposition BODY BALANCING IS MORALITY helps explain particular actions taken by women in specific situations. Most of these actions and behaviors are taken by women to be natural, normal, and simply a matter of course.

But common sense beliefs about the importance of good nutrition or a healthy weight take on even greater moral certainty when historical ideologies join with popular and "expert theories" (Linde, 1987). These theories explain why it is important to eat a certain way or be within a specified weight range. This becomes part of a powerful cultural model of these women, completely naturalized and projected as universal truth so that not only can they not imagine their own life without a method of balancing food, eating, and weight but they cannot imagine anyone else's life without it.

Summary

In Chapter 6, the question regarding some women balance only hunger and be satisfied when other women work diligently to balance other forces and are seemingly never satisfied? Examination of the Beauty Myth (Wolf, 1991) proved to be essential for answering this question. Wolf's (1991) discussion of the Beauty Myth and One Stone Solution provided a framework from which to understand women's experiences. Discussion in Chapter 6 centered around differences in the subjects' acceptance (P2, P3, and P4) or rejection (P1) of the Beauty Myth and One Stone Solution and further developed the issue of morality, which had been raised in the analysis of body balancing as a skill in Chapter 5. Women who have learned to balance the body according to society's dictates have learned the self-discipline required to fit into the culturally constructed feminine ideal. This ultimately allows the women to establish themselves morally.

In Chapter 7, I draw conclusions and present the cultural models and recommendations for future research.

CHAPTER 7 CONCLUSIONS, CULTURAL MODELS AND RECOMMENDATIONS

Analysis of the interviews resulted in five groupings of metaphors used by women to discuss food and body: food, eating, body, weight, and hunger/fullness (including low blood sugar). Conceptual metaphors were then “reconstructed” in each of these five groups. These conceptual metaphors initially appeared extremely diverse. This was a finding confirmed by two separate metaphor analysis experts who recommended that a separate analysis be completed on the discourse of each subject. There were similarities among subjects, but it was the differences that stood out. Dividing the subjects into those with low intention to lose weight and high intention to lose weight proved no more fruitful for the analysis. After significant time analyzing metaphors and reasoning, four different patterns emerged among the subjects. These patterns served to make sense of the seemingly disparate conceptual metaphors. The patterns (P) were:

- P1: did not closely monitor their food intake and body weight and, for the most part, let the body manage it.
- P2: actively monitored and controlled the impact of their food intake on the way their body functioned.
- P3: actively monitored and controlled the impact of their food intake on their weight.
- P4: actively monitored and controlled the impact of their food intake on the way their body functioned and their weight.

The four patterns were seen most closely through the lens of Johnson’s (1987) theory of metaphoricity in force and balance, Bialostok’s (1999) analysis of skills and Wolf’s (1991) Beauty Myth and One Stone Solution.

Force and Balance

All the women viewed the body as an object which has forces acting upon it. Those forces were food, hunger, and blood sugar. The women act to balance the forces by altering eating patterns. Exactly what was balanced, how it was accomplished, and what qualified as a balanced body was different for the different patterns:

- P1 internally-regulated quantity and quality of food intake. Ultimately, this meant the women, for the most part, let the body manage both food intake and weight. They did not restrain their eating. Balance was achieved when hunger was appeased.
- P2 more often externally-regulated eating, though they internally-regulated quantity of food intake on occasion. Even when they were not internally-regulating, they expressed belief that this was possible. They occasionally restrained their eating. They were more focused on the quality of food intake, ensuring that food consumed would be beneficial to the body and not cause undue harm. When the body functioned smoothly without problems and nutrient needs were met (though exactly when this elusive goal was met was difficult to establish) and hunger appeased, the body was balanced.
- P3 was almost entirely externally-regulated and they almost continually restrained their eating. They did not believe it was possible to internally-regulated eating and that to do so would wreck havoc on their weight. The body was balanced when correct weight was achieved and maintained and hunger was controlled.
- P4 was almost entirely externally-regulated though they had varying levels of belief that internal-regulation of quantity was valid. They frequently restrained their eating. They were focused on the quality of food intake to ensure that food consumed would be beneficial to the body, and not cause undue harm. They were also focused on the quantity of food intake, concerned with its impact on body weight. Those in P4 had varying levels of trust in the body's ability to regulate weight and so closely monitored (and often attempted to control) it. Balance was achieved when the body functioned smoothly without problems and nutrient needs were met (again a difficult goal to establish), correct weight was achieved and maintained, and hunger controlled.

For P1, little skill was required to balance the body, for the most part; they let the “body manage it.” However, for P2, P3, P4, special skills were needed to balance the body. These skills involved self-discipline and control, characteristics often associated with a moral person. The women with P2, P3, and P4 all put forth effort to learn these

balancing skills from others (through reading, taking classes, getting a trainer, and so forth) and to practice them in every day life.

Body Balancing Skills

Most authorities do not believe that people are capable of regulating their own food intake or weight and recommend externally-regulated eating that is usually restrained. Women follow these recommendations in an effort to balance the body, reinforcing the belief that eating and weight management require skills that can be taught, and learned.

Externally-regulated, restrained eating is accomplished through a wide range of dietary techniques, from controlled fasting to low-calorie diets to modest energy restriction. When learning the skills involved in this form of food and body monitoring, women are taught to “restrict the quantity and control the quality of the diet through the use of external eating directives that take the form of monitoring weight with the scale, following lists of good and bad foods, calorie counting, and the use of exchanges and portion control” (Carrier et al., 1993:518). Exercise is also taught to create a caloric deficit and enhance the weight loss obtained through dietary restraint. Authorities have determined that these behaviors will balance the body if followed closely; and that the body is balanced when a specified weight is achieved and a specified mix of foods has been eaten in the appropriate quantity.

However, Johnson (1987) argues that balance cannot be taught.

Balancing is an *activity we learn with our bodies* and not by grasping a set of rules or concepts. First and foremost, balancing is something we *do* . . . balancing *cannot* be learned propositionally by rules. . . . One can give the beginner a few more or less empty rules, but the balancing activity happens when the rules, such as they are, no longer play any role. (Johnson, 1987: 74)

Following Johnson’s argument, it is impossible for one person to teach another person body balancing skills. While women can learn about nutrition or calorie counting

and apply this knowledge to eating and weight management practices, the ultimate awareness of what needs to occur to balance the body is intuitive. Many professionals agree that teaching body balancing skills is ineffective and fraught with problems. They believe that even though these body balancing skills are valued by mainstream society, they:

- Rarely result in permanent weight loss or healthier, more controlled food intake (Bloom et al., 1994; Coulston, 1998; Goodrick and Foreyt, 1991; Kassirer and Angell, 1998).
- Have been implicated as the primary cause of eating disorders, eating problems and body/weight preoccupation (Carrier et al., 1993; Ciliska, 1990; Costin, 1996; Counihan, 1999; Gutwill, 1994; Heatherton et al., 1991; Keys et al., 1950; Omichinski and Harrison, 1995a; Omichinski and Harrison, 1995b; Polivy, 1996; Polivy et al., 1984; Polivy and Herman, 1992; Robison et al., 1995; Robison et al., 1993; Wooley and Garner, 1991).
- Have been implicated as a cause of excess body fat (Field et al., 2003; Keys et al., 1950; Polivy, 1996).

In other words, these skills contribute to, and possibly cause, the problems they are supposed to be correcting. In fact, there is a movement, Health At Every Size (HAES) (discussed in Chapter 3), that argues traditional body balancing skills *causes* eating problems and increased fatness, and that body balancing occurs most effectively when a person eats in an internally-regulated, nonrestrained fashion. This style of eating allows the body to regulate its food intake; in effect, allowing the body to balance itself, just as P1 does. Those who follow HAES argue that people do not need to learn the skills being taught to balance the body. They argue that the body is basically capable of managing itself.

If the body is capable of balancing itself, why is such effort put into learning body balancing skills? Why is externally-regulated, restrained eating so often recommended by professionals? Why is it recommended that women monitor food intake and body size?

Challenging Common Sense Beliefs to Understand Body Balancing

To examine the body balancing conceptual metaphor required that the common sense reasoning that legitimizes food and body monitoring be called into question. Monitoring food and body is frequently viewed as common sense behavior; accepted as natural and appropriate. When told that excess fat negatively impacts health, and weight loss improves health, it is common sense to alter food intake to lose weight. Since women are naturally fatter than men, it is also makes sense that they spend more time and energy to monitor food and body than men; and are more likely in need of body management interventions. And since body weight standards for women are such that average weight women are overweight (Gaesser, 2002), than it makes sense those average weight women must monitor their food and body. Thus, it is common sense that the majority of women must monitor their food and body.

However, in Chapter 3, I discussed research which challenges these assumptions and which argues that:

- Data linking overweight and death, as well as the data showing the beneficial effects of weight loss, are limited, fragmentary and often ambiguous” (Kassirer and Angell, 1998).
- Body weight standards are not based on biomedical data (Ernsberger and Haskew, 1987; Gaesser, 2002; Ritenbaugh, 1982); that the biomedical problem of obesity has an “overwhelmingly powerful cultural context” (Ritenbaugh, 1991), and that obesity is best viewed as a culture-bound syndrome (Gordon, 2000; Ritenbaugh, 1982).
- Weight standards are gender biased (Gaesser, 2002; Ritenbaugh, 1982). Women have been assigned an increasingly restrictive “ideal” weight, even though it is men who are more compromised by excess weight.

Food and Body Concerns Symbolic

These researchers argue that weight standards are reflective of changing cultural values, “rather than an accumulation of biomedical knowledge” (Ritenbaugh, 1982:357).

According to this line of thinking, women are being directed to monitor food and body, not because of sound science, but because of cultural values.

Understanding this information that conflicts with dominant thinking allows the opportunity to view the current “war on obesity” as about something other than health. Theorists and researchers have been arguing for decades that this focus on food and body has nothing to do with food and body, but is actually about controlling women (Bloom et al., 1994; Brown and Jasper, 1993a; Orbach, 1986). Though this is discussed in Chapter 6, it is not my intent to pursue this argument, rather to examine women’s response to it. Women who attempt to meet these standards often become food-and body-focused (Bloom et al., 1994), as do men (Keys et al., 1950). However, since women have more restrictive body weight standards, and there is more pressure on women to conform to them (as discussed in Chapter 3), they are more likely learn and use the skills taught to balance the body. They are also more likely to suffer the consequences of doing so.

Theorists argue that when women closely monitor food and body, the body becomes the arena within which women unconsciously express conflict they feel in their lives (Brown and Jasper, 1993a). Apparently, dissatisfactions experienced by are women, both conscious and unconscious, are transformed by being projected onto the body (Heenan, 1996). These issues are then displaced into concerns about food, body, shape, and appetite. This has reported in women regardless of body size, including the very fat (Bloom et al., 1994).

The analysis of the subjects’ discourse in my study lends credibility to this argument. My findings also support the work of Steiner-Adair (1986), who argues that

eating problems and body/weight preoccupation are metaphors for expressing “individual and social complaint.”

By way of example, let us look at the analysis of digestion. Only women in P2 and P4 had noteworthy concerns about digestion. However, the problems they had with digestion were directly linked to arenas in their lives with which they experienced conflict. For instance, the vegetarian finds that meat is difficult to digest; the woman who is fearful of processed foods finds them difficult to digest; the women for whom it is important to only eat when hungry finds that eating when not hungry causes difficult digestion. In these examples, digestion is linked to personal ideas of what is correct behavior. Discussion of digestion is symbolic of other issues. In the three examples above, each woman’s concerns about digestion reflect concerns about larger issues: it is not “okay” to kill and eat animals; it is not “okay” to denature food and foist it on the public; and, it is not “okay” to eat to the point of being uncomfortable.

This is in direct contrast to women with P1 who talk about digestion in a matter-of-fact manner. Meat is not “difficult to digest”, rather, meat takes “longer to digest.” This does not cause difficulty; it is not good or bad, merely a fact. Digestion is not framed as a moral issue; and discussions of digestion are not symbolic of other issues for P1.

The findings in my study also support Brown (1993a), who posits that women's bodies have become an arena for their expressions of discontent and protest: focusing on "improving" their bodies in order to feel better about themselves distracts them from the actual sources of their discontent. Women with P2, P3, and P4 all experienced feeling fat, and all were aware at some point that feeling fat was not related to fatness. At some point in the interviews, they all identified “feeling fat” as an expression of psychic distress

about some other situation, such as having a bad day, being in a bad mood, or wearing ill-fitting clothes. However, even when clear the experience of feeling fat was not about being fat, these women would focus on changing the body to resolve the “fat feelings” rather than change the situation that resulted in the distress. Fat talk, ultimately, was an idiom of distress that, unfortunately, usually distracted from the actual problem, leaving it unresolved.

According to these theorists, food and body concerns are symbolic of more than having a bad day (Bloom et al., 1994; Brown and Jasper, 1993a; Lawrence, 1987; Steiner-Adair, 1986). They argue that the “psychic distress” I found underlying fat talk may actually be reflecting women’s dissatisfaction at their status in the world; that food and body concerns can be viewed as specifically communicating discontent with society and women’s place in society. Steiner-Adair (1986) explains that the body-conscious female is a symbol of a culture that does not support woman or girls. Her research found that girls who were unable to challenge society’s unrealistic expectations of women were more likely to have eating problems than those who actively rejected the “superwomen” role. These theorists argue that focusing on food and body distracts women from having to be acutely aware of society’s unrealistic expectations. Analysis of P1 provides evidence supporting this theory. Both women became aware of feeling extremely dissatisfied with women’s status in the world and rejected the roles in which they found themselves placed. These women were the only women in the study who did not exhibit eating- and weight-related problems. Apparently those who do not vehemently battle society as did P1, end up in a battle with themselves, as seen with the BODY IS A BATTLEGROUND conceptual metaphor in P2, P3, and P4.

Through the analysis of subjects' discussions of digestion, hunger and feeling fat, my study supports the arguments of the many theorists discussed in Chapter 3 (Bloom et al., 1994; Bordo, 1993; Brown and Jasper, 1993a; Hirschmann and Munter, 1996; Lawrence, 1987), that eating and body/weight concerns, as well as eating disorders, do have symbolic value and that these discussions (and behaviors) can be viewed as metaphorical expressions.

But why was it that some of the women in my study were not caught up in monitoring food and body, and did not have eating- and weight-related problems (P1)? It was readily apparent that both women with P1 had undergone similar life-changing events that enabled them to move away from monitoring food and body.

The Beauty Myth

Examination of the Beauty Myth (Wolf, 1991) proved to be essential for understanding why P1 was so different from P2, P3, and P4. It was an important for the development of the cultural models, and for illustrating the directive force of the cultural models.

The Beauty Myth the term Wolf has given to the beauty ideals and stereotypes that increasingly control middle-class Western women (Wolf, 1991:15). The Beauty Myth claims to be about intimacy, sex, life and/or celebration of women, but Wolf argues, "It is composed of emotional distance, politics, finance and sexual repression. . . . It is about man's institutions and institutional power" (Wolf, 1991:13). She claims it is a political weapon against women's advancement.

The Beauty Myth actually prescribes behavior, even though it appears to prescribe appearance (Wolf, 1991). The qualities considered beautiful in women merely reflects the female behavior considers desirable. Bialostok's (1999) analysis of skills in relationship

to food and body monitoring proved helpful to understanding how the Beauty Myth prescribes behavior. But first, what behavior is prescribed? Wolf's (1991) discussion of the "One Stone Solution" provided a framework from which to understand women's experiences.

The One Stone Solution is, for most women, the difference between feeling good about herself and feeling bad about herself. (Wolf, 1991). One stone (the British measurement of 14 pounds), is roughly the weight that keeps 50 % of women who are not overweight from being content with their bodies. Not coincidentally, weight standards for women in the United States currently recommend women weigh 12 to 17 pounds less than the average woman. It is also the approximate amount that most of the women in this study wanted to lose. Wolf contends that simply dropping the ideal, or desirable, weight for women by one stone below most women's natural weight, and redefining a woman's natural shape as 'too fat,' is sufficient to reinforce in women a sense of failure as well as a "uniquely modern neurosis" (Wolf, 1991:186).

So, women who are at an average weight are not considered beautiful, nor are they considered healthy, according to today's standards. Once women have lost that one stone, they are well below their natural weight. Since the body actively attempts to restore itself to a natural weight, women must continually apply effort to maintain the loss. Weight gain typically ensues and women must double their efforts. Dieting becomes an increasingly important skill for women.

The One Stone Solution does not simply keep women of average weights focused on their bodies, it is meant to keep all women expending energy to monitor their bodies. Thin women believe they are too fat; average size women "know" they are too fat; and

fat women understand that they are completely unacceptable. It keeps all women, regardless of size, continually worried about their appearance; and, since average is deemed too fat, it ensures that the vast majority of women are too fat.

Subjects' Response to the Beauty Myth

The four patterns identified in the analysis proved to be an effective way to view the women's response to the beauty myth. Those with P1 rejected it vehemently. Those with P2 were aware of it and while they found it suspicious, did not actively reject it. Those with P3 were not concerned with it, and were the most likely to live within its confines. Those with P4 were aware of it, and while they did reject it, did not do so forcefully. The result was that P2, P3, and P4 all needed to develop the skills necessary to live with the Beauty Myth.

Special Skills Required

Living within the confines of the Beauty Myth, and working to achieve the One Stone Solution, as did those with P2, P3, and P4, requires specialized skills, or the illusion of the need for these skills. These special skills include restraining food intake, enacting nutrition advice, and monitoring body size. Bialostok's (1999) analysis of skill development examined how learning a skill requires conformity to established rules or conditions. Skills also require control and discipline. Skill development, in fact, is a metaphor for self-discipline; and learning a skill is a form of governance according to Bialostok. A woman who "masters" the skills of weight management not only masters that unique skill, but also the associated skills. The associated skills are most often constructed as feminine (restricting food intake, minimal interest in food, eating that is circumspect) in this culture. But there is another catch. Bialostok explains that mastering

a skill requires not only self-discipline, but also passivity (consider the metaphor of a student as the empty vessel).

Counihan's (1999) work, discussed in Chapter 3, reinforces this analysis. She explored how, eating habits and attitudes toward food express female subordination and male dominance. Her research showed how women, who are supposed to have slender bodies, eat little, and provide food for others, experience a sense of powerlessness and subordination as a result. This appears to be the point of the body balancing skills so important for women in this culture.

Skill Building and Morality

This need for skill development is ripe with morality. Women come to understand it is necessary for body balancing success and it requires discipline and self-control. Women who have learned to balance the body according to society's dictates have learned the self-discipline required to fit into the culturally constructed feminine ideal, as well as passivity. The impact of this increases exponentially when considering Wolf's (1991) argument that the act of restricting food intake is sufficient to create passivity and compliance. This is the point of the Beauty Myth. It is the point of dieting.

Most significantly, Bialostok (1999) argues that skill development can be interpreted as an attempt by those in power to gain or remain in power. He explores Linde's (1995) work, who said that this is successfully disguised by those in power "who use the discourse of normalization to make the achieved order of the world appear to be in effect nature" (p. 195). All this is especially poignant when one considers that body balancing is an activity that can be accomplished with virtually no skills whatsoever, as argued by the HAES movement, and as seen in the women with P1, who lets "the body manage it." Bialostok's (1999) analysis of skill development, when applied to women's

monitoring of food and body, reinforces Wolf's (1991) contention, that framing women's food and body as constantly in need of monitoring is a political weapon against women's advancement.

The Culturally Defined Need

Simply having a restrictive weight standard is not sufficient to enforce its use. D'Andrade (1984) argues that for a behavior to become inherently motivating, it must satisfy some culturally defined need or realize some strongly held cultural norm or value. Even if the behavior is unpleasant, achieving a culturally prescribed goal or following cultural directives will be experienced as motivationally satisfying and to not do so anxiety producing. The result is that the directive force, or motivation, to act in a certain way is experienced by the person as needs or obligation to do so (1984).

Women internalize the need to monitor food and body because of the Beauty Myth. My study, which suggests that women who reject the Beauty Myth no longer need to monitor food and body, reinforces this argument. These behaviors require specialized skills, that, in turn, require self-discipline and control. The result is that these behaviors are cast as moral. Women monitor food and body to establish themselves morally. Eating has been constructed as a moral issue for more than a century. Feminine eating especially is constructed as a moral issue. The primary purpose of the food and body talk of P2, P3, and P4 was to establish themselves as moral agents.

Cultural Models of Women's Discourse about Food and Body

This section answers the research question: What is the cultural model of food and body from a selected group of white women aged 30 to 50 years? In other words, what is it that these women must know in order to say the things they do--"to say culturally acceptable things about the world" (Quinn, 1987: 4)?

The following cultural model depicts a prototypical storyline of subjects that make up P1. Separate cultural models have been created for P2, P3, and P4 in order to delineate the differences in those patterns. The latter three patterns are on the core cultural model of P1.

Cultural Model of P1

Forces of food and hunger. The forces of food, hunger, and blood sugar must be balanced to be comfortable and happy. The forces of food can be strong but are never overwhelming. There are no strict rules about what foods are permissible or not permissible to eat. Hunger is an inconsequential force that goes away when ignored. Low blood sugar, however, is a significant force that must be attended to by eating immediately; this force is always responded to. Eating is the medium that balances the body, and can cause both pleasure and pain.

Balancing the body. The body is the location of the balancing. What is balanced is primarily low blood sugar, but sometimes also hunger. The body is capable of managing both forces of hunger and low blood sugar. Forces of food do not require management other than on occasion a minor amount of skill needed to ensure adequate intake, but mostly the body manages it. No judgment is associated with the body needing assistance to reach a balance. In this case, eating is a skill that requires minor attention that balances the body. There is no one proper way to eat so there are no transgressions, though eating certain foods can cause bodily discomfort. These are bad days and the solution is to wait them out, and possibly “not do that again.”

View of body and beauty myth. The body is viewed as an object, one that provides great pleasure but that occasionally creates pain when overeating or eating foods that cause indigestion. The body could be changed, but there is seldom reason to change

it. It is important to be happy and comfortable. To accomplish this, the Beauty Myth must be actively and forcefully rejected. The One Stone Solution also is actively and forcefully rejected. No additional skills in body balancing are necessary to ensure happiness and comfort in the body since the goals of the self are consistent with what the body does naturally.

Cultural Model of P2

Forces of food and hunger. The forces of food and hunger must be balanced to be comfortable and happy. The forces of food can be strong and at times overwhelming. There are specific rules about what foods are permissible or not permissible to eat, and these rules should be followed closely to ensure comfort. Hunger is a force that is important, but it goes away when ignored. Individual with P2 sometimes respond to this force by eating. Eating is the medium that balances the body and can cause both pleasure and pain. It is critical to eat in a way that will minimize pain. Not to pay attention to this is bad and can be viewed as a transgression. Sometimes new food rules develop as a result of the body's responses to food. Pleasure is not always an issue with eating and is sometimes ignored in the pursuit of health.

Balancing the body. The body is the location of the balancing. What is balanced is bodily functioning and hunger. Bodily functioning is balanced by analyzing food intake and ensuring proper intake of nutrients. It is also necessary to determine what foods cause what reactions in the body and manipulate those foods for the desired result. The body is capable of managing the force of hunger, but it is not capable of managing bodily functioning. Forces of food do require on-going management and require a significant amount of skill. When the body is not balanced, it is a detrimental situation, and effort

must be applied to get it in balance. Eating is a skill that individuals must learn in order to balance the body.

View of body and beauty myth. The body is viewed as an object, one that provides great pleasure but that occasionally creates pain when overeating or eating foods that cause indigestion. The body is seen as a mechanical system that can be adjusted to achieve balance. Because of this, women should apply nutrition formulas and follow rules to achieve the desired result. These skills should be practiced on an on-going basis. The process of balancing the body is difficult and often involves a fair amount of self-discipline. Self-criticism is frequent and sometimes helps to get the body back in balance. Body weight could be changed, but there is seldom reason to change it. However, if weight went up slightly, skills would be enacted to get it back in line. It is important to be happy and comfortable. To accomplish this, the Beauty Myth is eyed with some suspicion but never actively challenged. Balancing the body is cast as “moral.” It is moral because it is required for the achievement of a sense of wholeness. The use of specific set of skills to achieve balance or morality simultaneously constructs the identities of P2 women in ways that meet the approval from others in their discourse community.

Cultural Model of P3

Forces of food and hunger. The forces of food and hunger must be balanced, but in order to be comfortable and happy, body weight must be balanced. Doing so requires the proper balancing of food and hunger. The forces of food can be strong and constantly overwhelming. There are strict rules about which foods are permissible and not permissible to eat and these rules should always be followed. But these rules are often broken, resulting in eating undesirable food, usually in excess. Transgressions are frequently justified in some manner, and are most often seen as a failure. Hunger is a

confusing force that is difficult to comprehend. It is always important to be in control of hunger, which is extremely difficult to do. Individuals should not respond to hunger, which is a force that is not to be trusted. Eating should proceed based on weight management skills only. Eating is the activity that balances the body, the success of which can easily be discerned weighing each day or by monitoring the way clothes fit. It is always important to restrain eating, both quantity and type of food eaten with attention to caloric content. Pleasure in eating creates much difficulty and must be controlled by limiting access to pleasurable foods. Pain is not necessarily an issue with eating, but it is always painful when weight goals are not reached. Health is a concern, but often not considered when pursuing weight loss. Besides, weighing less will enhance health.

Balancing the body. The body is the location of the balancing. What is balanced is primarily weight. Weight is balanced by restricting caloric intake and/or exercise. Hunger is balanced by ignoring it, circumventing it, masking it, or by eating (though often not in response to the hunger). It is necessary to determine what foods cause weight gain or loss and to eat accordingly. The body is not capable of managing the force of hunger, the force of food or weight; therefore, a significant level of skill is required and must be used constantly. This skill requires a large degree of self-discipline. It is detrimental to the body when it is not balanced, as seen by the scale or the way clothes fit, and effort must be applied to get it into balance.

View of body and beauty myth. The body is viewed as an object, one that can provide pleasure but that will cause pain when weight goals are not reached. The body is seen as a mechanical system that can be adjusted to achieve balance. Because of this, women should apply nutrition formulas and follow rules to achieve the desired result.

Skills should be practiced on an ongoing basis. The process of balancing the body is difficult and requires a significant amount of self-discipline on an on-going basis. Self-criticism is frequent and sometimes helps to get the body back in balance. Body weight must always be monitored, sometimes more than once a day, and if it is not at the appropriate weight, women should take action to correct it. If weight goes up, the women should use skills to get back to the appropriate weight.

It is important to be happy and comfortable. To accomplish this, the Beauty Myth must be met on a daily basis. The One Stone Solution is correct, is followed, and is not challenged. Balancing the body is cast as “moral.” It is moral because proper weight management is required for the achievement of a sense of wholeness. The use of a specific set of skills to achieve balance or morality simultaneously constructs the identities of P3 women in ways that meet the approval from others in their discourse community.

Cultural Model of P4

Forces of food and hunger. The forces of food and hunger must be balanced, but in order to be comfortable and happy bodily functioning, as well as weight, must be balanced. The forces of food can be strong and are often overwhelming. There are strict rules about which foods are permissible and not permissible to eat and, these rules should be followed always. But they are often broken, resulting in eating undesirable food, usually in excess. Transgressions are frequently justified in some manner, and are most often seen as a failure. Hunger is a confusing force that is difficult to comprehend. Sometimes it is important to eat in response to hunger, but most of the time a woman should not respond by eating. Hunger should not be responded to when it is perceived that too much food has been eaten that day, or if the hunger is felt to be out of control.

Eating is the medium that balances the body, and it can cause both pleasure and pain. It is important to restrain eating, both in quantity and types of food eaten with attention to caloric and nutritional content. It is critical to eat in a way that will minimize pain.

Pleasure is not always an issue with eating, and it is sometimes ignored in the pursuit of health. Health is always an issue, but sometimes not considered when pursuing weight loss.

Balancing the body. The body is the location of the balancing. What is balanced is bodily functioning, hunger, and weight. Bodily functioning is balanced by analyzing food intake and ensuring proper intake of nutrients. Weight is balanced by restricting caloric intake and/or exercise. Hunger is balanced by ignoring it, circumventing it, masking it, or by eating. It is necessary to determine what foods cause what reactions in the body and manipulate those foods for the desired result. The body is not capable of managing the force of hunger, the force of food, bodily functioning or weight; therefore, a significant amount of skill is required and must be used constantly. It is detrimental to the body when it is not balanced, and effort must be applied to get it into balance.

View of body and beauty myth. The body is viewed as an object, one that provides great pleasure but that occasionally creates pain when overeating or eating foods that cause indigestion. The body is seen as a mechanical system that can be adjusted to achieve balance. Because of this, women should apply nutrition formulas and follow rules to achieve desired result. Skills should be practiced on an ongoing basis. The process of balancing the body is difficult and requires a significant amount of self-discipline on an on-going base. Self-criticism is frequent and sometimes helps to get the body back in balance. Body weight must always be monitored, sometimes more than

once a day, and if it is not at the appropriate level, action should be taken to correct it. If weight goes up, skills are used to get it back to the appropriate level.

It is important to be happy and comfortable. To accomplish this, the Beauty Myth is sometimes eyed with suspicion, but it must be met on a daily basis. The One Stone Solution is correct, must be followed, and is seldom challenged. Balancing the body is cast as “moral.” It is moral because proper weight management is required for the achievement of a sense of wholeness. The use of a specific set of skills to achieve balance or morality simultaneously constructs the identities of P4 women in ways that meet the approval from others in their discourse community.

Clinical Implications

The Health at Every Size (HAES) movement as described in Chapter 3 has as a goal helping people become more comfortable with their bodies at whatever size they are, with the belief that those who like themselves will take better care of themselves and be healthier. The tenets outlined in Chapter 3 involve taking care of your health in the moment, rather than waiting until reaching “desirable” weight to take care of it. It also involves size and self-acceptance; internally-regulated, nonrestrained eating (tempered with some scientific nutritional knowledge); physical movement that is social, playful, and pleasurable; and an end to weight bias. This all occurs under an overarching umbrella of removing focus on weight. In other words, the focus is on a weight-neutral approach to health.

Removing the judgmental good food/bad food dichotomy (an aspect of Tenet 3) is considered to be an important part of a weight-neutral approach to health. My study suggested that this is a critical component to the HAES movement--and may need to be placed side-by-side with weight-neutrality--because women without weight concerns had

the same conceptual schema as those with weight concerns--BODY IS A BATTLEGROUND--if they were caught up in good food/bad food thinking. Underlying the thinking of both patterns was that the body must be battled in order to achieve good health. This is the antithesis of the HAES movement. The movement will need to determine if a primary focus on weight-neutrality is sufficient to reach those comfortable with their weight, who continue to fight their body, in an effort to get their food “right.”

However, my study suggested that there is another, more critical component to removing this fight with the body--The Beauty Myth (Wolf, 1991). The only women who lived without the BODY IS A BATTLEGROUND conceptual metaphor were those who vehemently rejected the Beauty Myth. Though these women were interested in achieving and maintaining good health, they also accepted themselves regardless of weight and were not judgmental about their food intake. Rejecting the Beauty Myth appeared to be a critical aspect of their ending their use of the conceptual schema viewing the body as a battleground.

A large part of the Beauty Myth is weight bias. It could therefore be argued that the fifth tenet (which involves an end to weight bias and recognition that body shape, size and/or weight are not evidence of any particular way of eating, level of physical activity, personality, psychological issue, or moral character; confirmation that there is beauty and worth in every body) would address these issues. However, it lacks the vehemence and drive that was so evident in the subjects who broke through the Beauty Myth and who achieved true body acceptance and ended their judgmental view of food.

My study shows that women in this study conceptualize food and body as a battle unless they have actively rejected cultural injunctions to monitor food and body. These

results suggest that for HAES to be successful, it may need to broaden its scope to include more feminist perspectives, and actively tackle the Beauty Myth. In fact, it is possible that a primary focus on weight-neutrality, though it actively challenges the dominant paradigm's weight-centered approach to health, may inadvertently be meeting "the culturally defined need" discussed in Chapter 6. A focus on weight-neutrality may actually be diverting attention from what would better serve the health of Americans--ending the Beauty Myth.

Regardless, it appears that proponents of HAES have positioned themselves to tackle many of the common practices that my study suggests are part of the BODY IS A BATTLEGROUND conceptual metaphor.

Suggestions for Future Research

Qualitative research is like panning for gold, with much sifting required. My study has much more sifting to do. Many arenas in this data could be mined for additional information. Current research is limited only by its research questions.

It is recommended that further research be undertaken on each of the four patterns that emerged from the analysis of the data. In particular, studying the metaphors and reasoning of any one of the patterns would yield new and important information. Focusing research on women who reject the Beauty Myth and those who do not would also prove interesting. A study of the metaphors and reasoning of men in the area of food and body would be fascinating. More men are getting caught up in food and body balancing (as noted in Chapter 3). High-school boys are now shaving their bodies in an attempt to enhance attractiveness. I undertook a sample study of two men for a qualitative-research methods class; and the results were surprising. Men are overlooked in this arena.

Additionally, it would be of interest to learn about the metabolic fitness levels of the four different food and body patterns. Also of interest would be an extensive nutritional analysis of the eating patterns of the different women, to determine if the different patterns result in differing levels of nutritional intake. Future research in women's health and relationship with food and body would benefit from attention to these patterns.

APPENDIX A INTERVIEW INSTRUMENT

Interview 1: Life History

I would like to talk about your life, specifically memories about food, eating and your body. Prompts:

- What is your first memory of food?
- What favorite meals/foods were prepared, what was it like to eat at home?
- Were you restricted from any foods growing up? Forced to eat any?
- How has your food changed over time?
- Have you dieted? Success?
- Have you ever experimented with alternative weight loss strategies?
- How do you typically come off diets?
- Describe how your weight has/has not changed.
- Highest, lowest adult weights.
- How often do you weigh yourself?
- What would you like to weigh? Last time you weighed this? For how long?
- What do you think your set point weight is? Last time weighed this? How long?
- Do you feel in control of your life? What makes you feel in control?
- What do you do to take care of yourself? Physically? Emotionally?
- Do you feel entitled to participate in life?

Interview 2: Eating Patterns

Describe your current eating patterns.

- Do you have “good” days and “bad” days? Difference?
- Describe a typical day with food (good and bad).
- What is “overeating”?
- How do you feel when you overeat?
- Do you ever feel bad about yourself for eating? Explain.
- How do you know when to start eating?
- How do you know when to quit eating?
- Describe hunger, fullness, and satisfied.
- What is the difference between full and satisfied?
- How often do you use hunger as a guide for eating?
- Do you find you enjoy food more when hungry? Less when not hungry?
- What would happen to your eating if you listened to your body? To your mind?

- Do you ever “resist” or “restrain” eating? Why?
- What would happen if (you were) not restrained?
- Do you ever experience “emotional hunger”? How do you respond?
- How do you think you should respond?
- Do you feel guilty about eating?
- How do you deal with your wants and desires around food?
- Do you feel in control of your eating? When do you feel in control?

Interview 3: Relationship with Food

Tell me about your relationship with food.

- What are your favorite foods? How often do you eat them? Do you enjoy them?
- Do you find food exciting?
- How do you approach food with which you are not familiar?
- Do you have good foods and bad foods. How do you distinguish between them?
- Do you crave certain foods? Kinds?
- What foods, if any, do you avoid? Why?
- Foods you are fearful of?
- Foods you consider “forbidden”?
- How do you deal with leftovers?
- Are you comfortable eating alone? At restaurants?
- Some feel that feeding self/others is an act of love. Is this the case for you?
- Do you feel in control of your food? What makes you feel in control?

Interview 4: Relationship with Body

Tell me about your relationship with your body.

- Do you ever “feel fat”? What is that experience about for you?
- What is your favorite part of your body? Why?
- What about your body do you enjoy? Appreciate? Like?
- What is your least favorite part of your body? Why?
- What about your body do you dislike?
- What makes you feel worse about your body? (Women’s magazines?)
- What makes you feel better about your body?
- Do you engage in “fat talk” (define per Nichter)? Makes you feel better? Worse?
- Do you ever find certain parts of your body feel fat? When does that happen?
- Do you ever feel out of control over your weight?
- How are different/the same at different weights?
- How has your experience of your body changed over time?
- Have you been surprised to feel good about your body when your weight was up?
- Do you feel in control of your body? What makes you feel in control?

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BIOGRAPHICAL SKETCH

Karin Kratina was born in San Francisco, California and grew up in Delray Beach, Florida. She holds a Bachelor of Science in foods and nutrition from St. Mary's Dominican College in New Orleans and a Master of Arts degree in exercise physiology from the University of Florida. Ms. Kratina has worked as a registered dietitian and exercise physiologist, specializing in the treatment of women with disordered eating and eating disorders. She is a speaker and author who received the 1999 Excellence in Practice Award in Disordered Eating/Obesity from the American Dietetic Association's practice group, Sports and Cardiovascular Nutritionists (SCAN).

Ms. Kratina has been appointed to the Clinical Advisory Board of the Journal of Health At Every Size, as well as the Clinical and Scientific Advisory Boards of both the National Eating Disorders Association and The Elisa Project. She has published three books, one of which had a second edition released in 2003. In addition, she has published numerous book chapters and journal articles.