

Slim Truth: A Textual and Autoethnographic Analysis of Celebrity Eating Disorder Coverage in People Magazine

Angela Michel
Marquette University

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SLIM TRUTH: A TEXTUAL AND AUTOETHNOGRAPHIC ANALYSIS OF
CELEBRITY EATING DISORDER COVERAGE IN *PEOPLE* MAGAZINE

by

Angela Michel

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ABSTRACT
SLIM TRUTH: A TEXTUAL AND AUTOETHNOGRAPHIC ANALYSIS OF
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Angela Michel

Marquette University, 2015

This thesis employs textual analysis and autoethnography to examine portrayals of celebrity eating disorders in *People* magazine. In it I seek to accomplish two goals: first, to reveal the story told by the entertainment news outlet about anorexia and bulimia, and second, to relate that story to the lived experience of illness and recovery. I discover that the magazine's narrative is reductive and simplistic, laced with half-truths and widely held myths about eating disorders. It depicts these disorders not as complex psychological conditions, but rather as behavioral and physical "battles" triggered by celebrity activities. The illness experience is portrayed as a double life, an extreme diet, a means of life control, or an addiction, while the recovery experience is portrayed as a never-ending process. Through the lens of feminist standpoint theory I critically and self-reflexively analyze this portrayal, drawing on multiple layers of consciousness as a media critic and consumer recovering from an eating disorder myself. As I interrogate my illness, treatment, and recovery against *People's* narrative, I articulate a nuanced understanding of the eating disorder experience and media portrayals of it.

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Angela Michel

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CHAPTER 1 // INTRODUCTION

“In the midst of winter, I found there was, within me, an invincible summer. And that makes me happy, for it says that no matter how hard the world pushes against me, within me there’s something stronger—something better—pushing right back”
(Camus, 1991, p. 202)

Christmas morning lacked its usual magic. It was understated and unexceptional, unlike the Christmases of my childhood. There were no shiny gifts to unwrap, no stuffed stockings to check. Instead there was a knock on the door from the night nurse, a palmful of morning meds, and a blind weighing—a backward step on the scale in a paper-thin gown. There was a breakfast tray set for me in the common room: on it, two slices of toast, a hard-boiled egg, a ripe banana, and a carton of milk. Here at the hospital there was a morning routine to follow, and even on this day, Christmas Day, follow it we did. I nibbled my prescribed meal while the holiday staff looked on.

Bing Crosby sang through the static of a boombox radio. I’ll be home for Christmas, he crooned, his voice mellow and enigmatically graceful. You can count on me. His promise carved a hollow homesickness inside me, a loneliness deeper than that of my first few weeks at the hospital. I longed for Christmas with my family, for trimming trees and wrapping gifts, for Minnesotan ho-ho-hos and fa-la-las. I longed for comfort, relief, and freedom from this sterile, fluorescent-lit building. Six hours from home, I longed for Crosby’s Christmas plans.

Only in my dreams, his carol reminded me.

I spent the 2013 holiday season on the eating disorder unit of a psychiatric hospital near Milwaukee, Wisconsin. There I was treated for bulimia nervosa, a disease that gripped me from age 17 to 25. For these eight years I rode bulimia’s binge-purge seesaw daily—eating, vomiting, eating, vomiting—each time in private, each time a

desperate attempt to stuff and then flush away my emotions. I lived alone with the disorder until the first semester of my second year of graduate school, when I fled my cocoon of illness for a strange new environment: inpatient hospital treatment.

Why did I flee? And why then...when I had eating-disordered living down? After nearly a decade of practice, I knew how to lead the double life of bulimia. I knew how to self-destruct in private and smile in public—to fake a steady voice, clear eyes, a bubbly spirit. I knew how to earn high grades, to never miss a day of work, and to please people. I knew how to perform in a personal hell of contradictions, a twilight world of half-alive, and to convince others that I was positively, pleasantly, perfectly okay. But during that fateful Fall semester, I studied gender theories and read feminist texts, and deep down, I could no longer convince myself.

Several writers ignited a feminist fire within me, a spark that fueled my eating disorder confession. First, bell hooks highlighted the political value of sharing deeply private secrets. She explained that feminists of early consciousness-raising groups “uncovered and openly revealed the depths of their intimate wounds” (2000, p. 8). Thoroughly inspired by hooks and the revolutionary women about whom she wrote, I was even more moved by Chicana feminist Gloria Anzaldúa. In “Speaking in Tongues: A Letter to Third World Women Writers” (2004), Anzaldúa poignantly described her motivation for feminist writing: “To write is to confront one’s demons, look them in the face and live to write about them. Fear acts like a magnet; it draws the demons out of the closet and into the ink in our pens” (p. 82). Anzaldúa’s passage resonated with me like a thousand bells ringing, and I jotted it in my journal immediately after reading it. Beneath Anzaldúa’s words I scribbled some of my own: “Wrestle this demon in your writing.”

I thought more about my eating disorder demon while reading Naomi Wolf's (1991) The Beauty Myth. In the book's "Hunger" chapter, Wolf described women's preoccupation with thinness as a phenomenon of the backlash against feminism. Part of an unattainable beauty ideal—"the beauty myth," that is—hunger strips women of their social power. As Wolf explained, "Hunger makes successful women feel like failures" (1991, p. 197). Excessive concern with body weight makes women feel hopeless, worthless, and imprisoned. Wolf's chapter gave credence to my eight-year bulimia experience. Three weeks before entering treatment for my disorder, I understood the painful reality of her words: "To be anorexic or bulimic is to be a political prisoner" (1991, p. 208). I could no longer deny the truth.

Today, after months devoted to inpatient and partial hospitalization and over a year devoted to outpatient psychotherapy, I continue to work toward full recovery from my bulimia. I take daily medications and attend weekly therapy sessions. I follow my prescribed meal plan (most days) and I avoid engaging in eating-disordered behaviors (again, most days). With the help of a supportive therapist, a phenomenal mentor, and my closest family and friends, I continue to challenge my bulimia with everything I have. Now it is no longer a fresh wound but instead a telling scar—a fading mark of struggle and proof of survival.

Therapeutic counsel says "secrets keep you sick." Secrets let eating disorders run rampant; they let sufferers rule remote worlds of excessive self-control and unrelenting self-criticism. Since leaving such a world, I am no longer burdened by secrecy and shame. I share my story openly and honestly, and I do my part to reduce the stigma that still surrounds eating disorders. To that end I analyze and reflect on my lived bulimia

experience in this thesis. Specifically, I explore how my illness, treatment, and recovery relate to a particular body of discourse: media portrayals of celebrities.

Background of Study

At age 17 I kept cut-and-pasted *thinspiration* in a spiral-bound notebook, a makeshift scrapbook honoring ultrathin models and just-as-thin celebrities. My teenage self devoured these magazine images with envy, studying them, glorifying them, hoping one day I would join them in the Promised Land of the thin and beautiful. These glossy images, I then thought, could help me achieve my weight loss goals; they could motivate me to diet and inspire me to exercise. *Come on, skinny love*, they seemed to exhort. *The thinner is the winner*. Amidst these famous hipbones and collarbones was a penciled chart of celebrity body measurements—heights in one column, weights in another—special attention paid to celebrities as tall as I am. Actresses Kate Beckinsale, Jennifer Garner, and Angelina Jolie set strict standards for a five-foot-eight woman like myself.

Five years after I made my *thinspo* journal and tucked it squarely beneath my mattress, I was drowning silently in the murky depths of bulimia. By this time the binge-and-purge disorder was a full-blown obsession, a coping mechanism, and a kneejerk reflex to every emotion, feeling, and sensation I had. As Marya Hornbacher recounted in her memoir *Wasted* (1998):

It was purely an emotional response to the world—under pressure, binge and purge; sad and lonely, binge and purge; feeling hungry, binge and purge—and it actually had little to do, believe it or not, with a desire to lose weight. I always wanted to be thinner, sure, but I wanted to eat as well. (p. 108)

As it had for Hornbacher, bulimia had become as instinctual as breathing, as crucial as a crutch. I clung tightly to it as I stumbled toward a dead end of hopelessness.

By age 22 I was frequenting the grocery store nearly every day, hunting for disposable feasts like a famished dog at a trash can. Binge food items in hand, I would survey the store's shiny selection of entertainment magazines as I made my way through the checkout lane. Most days I would scan the magazine headlines quickly, browsing the recent celebrity gossip without much thought. Some days I would leaf through an issue as I waited in line; other days I would give in to the impulse buy. The checkout-counter magazines always fed my eating disorder more. As I consumed the latest diet tips, tricks, and regimens, I silently compared myself to the magazine stars. *If only, I would think. If only I looked more like them and less like me. If only I could squeeze into those super-slim skinny jeans, don that delicate designer dress. THEN I'd be happy. Then I'd be beautiful, successful, and special.*

If only I knew then what I know now.

At age 25 I turned toward feminism, an empowering intellectual discovery that has been essential to my eating disorder recovery. Feminism has provided a framework for understanding the social context of my food and body image issues. It has given me a reason to cut short my one-sided conversations with the mirror, to use my voice to talk back to society instead. In a culture obsessed with female thinness, recovery from my eating disorder has been both a personal and political commitment. As feminist Abra Fortune Chernik proclaimed in "The Body Politic" (2001), "Gaining weight and getting my head out of the toilet bowl was the most political act I've ever committed" (p. 108).

I discovered Chernik's chronicle of her eating disorder while in treatment for my own disorder. Her essay read to me like a manifesto:

Fat, thin, soft, hard, puckered, smooth, our bodies are our homes. By nourishing our bodies, we care for and love ourselves on the most basic level. When we deny

ourselves physical food, we go hungry emotionally, psychologically, spiritually, and politically. We must challenge ourselves to eat and digest, and allow society to call us too big. We will understand their message to mean too powerful. (2001, pp. 110-111)

When recovering from her eating disorder, Chernik recognized the social injustice in her weight obsession. She was angry that society applauded her weight loss, ignorantly praised her self-destructive habits, and “preferred [her]...hungry, fragile, crazy” (2001, p. 107). Newly bold and determined, Chernik embraced her right to take up space. Bold and determined myself, I directed my attention to social and political perspectives on eating disorders.

Now, at age 26 I have matured into a communication scholar with multiple layers of consciousness. I am a media critic and consumer who also identifies as a feminist, a mental health researcher, and a recovering bulimic. In this thesis I use these social locations to develop a standpoint from which I engage and interrogate entertainment media portrayals of anorexia and bulimia. Specifically, I use my situated perspective to analyze, interpret, and reflect on the narrative told about eating disorders in *People*. Integrating research and lived experience, I reflexively and critically examine the celebrity magazine, a text representative of a culture in which eating disorders thrive.

Statement of the Problem

Eating disorders affect millions of Americans. According to the National Eating Disorders Association (NEDA, 2014), 20 million women and 10 million men will experience an eating disorder at some point in their lives—and no age, race, social class, or sexual orientation is immune. These figures encompass all types of eating disorders, including anorexia nervosa, bulimia nervosa, Binge Eating Disorder (BED) and Other Specified Feeding and Eating Disorders (OSFED), but anorexia and bulimia are arguably

the most well known. Anorexia is characterized by intense food restriction, an irrational fear of gaining weight, and an undue influence of body weight on self-esteem (APA, 2013). In order to meet the diagnostic criteria for anorexia, patients were once required to weigh 85% of their recommended body weight, but specific weight criteria have since been eliminated from the Diagnostic and Statistical Manual of Mental Disorders (DSM-V). Diagnostic criteria of bulimia include recurrent episodes of binge eating and purging—behaviors that compensate for the bingeing, such as self-induced vomiting or abusing laxatives—and conflation of body weight with self-worth (APA, 2013). Individuals with bulimia may be underweight, average weight, or overweight.

Eating disorders have the highest mortality rate of all psychiatric illnesses [National Association for Anorexia Nervosa and Associated Disorders (ANAD), 2014; NEDA, 2014], and they contribute to a variety of physical, mental, and emotional complications. Among the health consequences of anorexia are low blood pressure, dry skin and hair, muscle loss, osteoporosis, brain damage, and heart failure (NEDA, 2014). Bulimia may lead to tooth decay, dehydration, electrolyte imbalances, swelling of the salivary glands, and inflammation of the esophagus (NEDA, 2014). Both eating disorders commonly coexist with other mental health problems, such as depression, anxiety, obsessive-compulsive disorder, personality disorders, and substance abuse issues (NEDA, 2015). According to the most recent research on the topic, sufferers are 23 times more likely to commit suicide than the general population (Sullivan, 1995). Scientists have yet to identify one definitive cause of eating disorders, as they believe the disorders are triggered by a complex combination of biological, psychological, interpersonal, and social factors (NEDA, 2012). Of particular interest to this thesis are the social factors.

Celebrity magazines provide a rich habitat for studying eating disorders because they are among the pervasive social factors that “glorify ‘thinness’ and place value on obtaining the ‘perfect body’” (NEDA, 2012, n.p.). Exposure to such media is inescapable (Dittmar & Howard, 2004). Every day the average American spends 11 hours with digital media, including television, smartphones, and Internet (Nielsen, 2014). He or she reads a print newspaper for 30 minutes per day and a magazine for 20 minutes (Schonfeld, 2010). Though Americans are increasingly more media literate, media messages still hold influence. As Martin (2007) explained, “We can be mercilessly critical of any and all fluff that is thrown our way, but we remain incapable of intelligently processing *all* these messages *all* the time. The onslaught is paralyzing, the magnitude mind-numbing” (p. 147; emphasis in original). Media like *People* are capable of shaping public perception, thought, and action (Evans, 2005; O’Hara & Smith, 2007; Seale, 2002).

While it is clear that media are powerful, pervasive forces in our culture and eating disorders are prevalent, potentially life-threatening conditions, it is unclear how media cover eating disorders and how media consumers relate to this coverage. As will be reviewed in Chapter 2, literature tends to overlook media portrayals of celebrity eating disorders, and it neglects autobiographical accounts of consumers engaging these portrayals while living with or recovering from eating disorders themselves. To speak to this gap this thesis asks the following two-part research question: *What story does People magazine tell about celebrity eating disorders, and how does this story relate to the lived experience of eating disorder illness, treatment, and recovery?*

Preview of Study

The following study is a textual and autoethnographic analysis of the narrative told by *People* about celebrity eating disorders. In it I analyze and reflect on the entertainment magazine's coverage of anorexia and bulimia, reflexively connecting this coverage to my lived experience. I rely on my experience as a source of critical insight about *People*'s portrayal of eating disorder illness, treatment, and recovery. Layering research and experience, I engage and interrogate the magazine's narrative about celebrity eating disorders, revealing how I interpret it through multiple layers of consciousness.

I begin Chapter 2 with a review of the extant literature about media depictions of thin female bodies and eating disorders themselves, and then I explore magazine and celebrity culture research. Next I review feminist perspectives on women's bodies and eating disorders and develop the study's theoretical framework, feminist standpoint theory. In Chapter 3 I discuss the study's methods of materials collection and analysis, and in Chapter 4 I present and interpret my textual and autoethnographic analysis. Finally, in Chapter 5 I discuss the implications of *People*'s coverage, provide the media with practical recommendations for reporting on eating disorders, situate the study within a broader scholarly context, and suggest directions for future research.

CHAPTER 2 // LITERATURE REVIEW AND THEORY

“Our bodies, no less than anything else that is human, are constituted by culture” (Bordo, 1993, p. 142).

Introduction

In this chapter I review literature relevant to this study’s research question: *What story does People magazine tell about celebrity eating disorders, and how does this story relate to the lived experience of eating disorder illness, treatment, and recovery?* I first explore pertinent communication research, including that on media portrayals of the idealized female body and eating disorders themselves. Then, in order to situate my study of *People* magazine, I examine research on magazines, celebrity culture, and public health disclosures. Next I review feminist perspectives on women’s bodies and eating disorders, and finally I establish the study’s theoretical framework, feminist standpoint theory.

The Media’s Thin Ideal

The majority of communication research on eating disorders examines the relationship between media exposure and women’s body dissatisfaction, a significant factor in the development of anorexia and bulimia [National Eating Disorders Association (NEDA), 2014; National Eating Disorders Collaboration (NEDC), 2014]. Many scholars have argued that the media’s idealized portrayal of thin women may engender body image concerns among female viewers and readers (Bissell & Zhou, 2004; Cameron & Ferraro, 2004; Cusumano & Thompson, 1997; Grogan, Williams, & Conner, 1996; Harrison, 2000; Hawkins, Richards, Granley, & Stein, 2004; Irving, 1990; Myers & Biocca, 1992; Park, 2005; Pinhas, Toner, Ali, Garfinkel, & Stuckless, 1999;

Posavac, Posavac, & Posavac, 1998; Stice, Schupak-Neuberg, Shaw, & Stein, 1994; Stice & Shaw, 1994). This extensive body of research suggests that women may feel dissatisfied with their own bodies given repeated exposure to images of thin female ones. Indeed, a meta-analysis by Groesz, Levine, and Murnen (2002) showed that women experienced greater body dissatisfaction after viewing images of thin models than after viewing images of average-size models, plus-size models, or inanimate objects.

In an oft-cited study about the media's role in the development of eating disorders, Becker, Burwell, Gilman, Herzog, and Hamburg (2002) measured the impact of Western television on eating attitudes and behaviors in a developing country. The researchers twice investigated patterns of disordered eating in ethnic Fijian girls: once in 1995, shortly after the introduction of Western television to Fiji, and once in 1998, after three years of exposure to television shows such as *Beverly Hills 90210*, *Melrose Place*, and *Xena: Warrior Princess*. In 1995 the Fijian girls appeared to be entirely free of disordered behaviors and attitudes, valuing the voluptuous female figure instead, but by 1998 they expressed significant interest and participation in weight loss activities. After just a few years of exposure to Western media imagery, 15% of the girls revealed they purged to control their weight, 40% believed they could improve their lives by losing weight, and 83% reported that TV had influenced them or their friends to care more about weight. While Western media are likely not the only reason for these profound changes in behaviors and beliefs, Becker et al. (2002) concluded that idealized media imagery may adversely influence female body image and eating attitudes, even in traditional cultures.

Among the most pervasive and persuasive of idealized media imagery is advertising, a realm explored extensively by pioneering theorist Jean Kilbourne.

According to Kilbourne, ads sell not only products, but also images of thin, idealized female beauty. She explained that advertising leads the drive for thinness: “The current emphasis on excessive thinness for women is one of the clearest examples of advertising’s power to influence cultural standards and consequent individual behavior” (1994, p. 395). Images of ideal bodies barrage women, impacting their body image and the measures they take to improve it. Extending Kilbourne’s argument, Shields and Heinecken (2002) contended that advertising perpetuates the thin female ideal by turning women into objects of the male gaze. Citing media theorist Laura Mulvey (1975), the authors explained that idealized advertising imagery encourages women to put themselves under constant body surveillance, as they see themselves through the eyes of men.

Other literature on idealized media imagery has charted the changing body shapes of actresses, models, *Playboy* centerfolds, Miss America contestants, and Olympic gymnasts over time (Garner, Garfinkel, Schwartz, & Thompson, 1980; Mooney, 2012; Morris, Cooper, & Cooper, 1989; Spitzer, Henderson, & Zivian, 1999; Wiseman, Gray, Mosimann, & Ahrens, 1992). Taken together, this research shows that women in the media weigh substantially less than they once did. Indeed, fashion models who were 8% thinner than the average woman in 1970 were 23% thinner than that woman in 2006 (Derenne & Beresin, 2006). Meanwhile, many of today’s advertising and television models are about 20% below healthy body weight (Dittmar, Halliwell, & Stirling, 2009). Some recent media arguably celebrate the “curvy” bodies of celebrities such as Jennifer Lawrence and Kim Kardashian, but these celebrities still have fewer “curves” than the average woman, who is 5’4” tall and weighs 165 pounds (Martin, 2010).

Media Coverage of Eating Disorders

While many researchers have explored media depictions of the thin body ideal, few have explored depictions of eating disorders themselves. Media are considered the public's main source of eating disorder information (Murray, Touyz, & Beumont, 1990) and of mental illness more generally (Anderson, 2003; Hannigan, 1999; Philo, 1996), but little scholarly attention has been devoted to this information. I found only five studies that examined coverage of anorexia and bulimia (Bishop, 2001; Mondini, Favaro, & Santonastaso, 1996; O'Hara & Clegg-Smith, 2007; Saukko, 2006; Shepherd & Seale, 2010), and virtually none that examined coverage of celebrity eating disorders. Specifically, I found no studies that analyzed portrayals of celebrity eating disorders in entertainment news outlets such as *People* magazine.

Bishop (2001) did, however, examine coverage of eating disorders in women's magazines. In his analysis of feature articles about anorexia and bulimia, he discovered that the articles marginalized and trivialized those affected by eating disorders. Together they created a narrative that isolated the sufferers from a broader cultural context and oversimplified their conditions. Bishop (2001) concluded, "Treating eating disorders as an aberration allows the editor to deal with a serious problem, while at the same time sustaining a discourse that contributes to the problem" (p. 236). The narrative of eating disorders in women's magazines paid lip service to the problem of eating disorders without challenging the cultural conditions that contribute to and exacerbate the problem.

As Bishop (2001) did with women's magazines, other scholars have explored newspaper accounts of anorexia and bulimia. O'Hara and Clegg-Smith (2007), for example, discovered that these illnesses were rarely depicted in newspapers as serious,

widespread medical conditions. They were instead simplified and sensationalized as problems exclusive to young white women and celebrities. The researchers' analysis showed that the majority of newspaper articles about eating disorders appeared in arts and entertainment sections. Shepherd and Seale (2010) corroborated O'Hara and Clegg-Smith's (2007) findings in their own examination of US and UK newspaper reports, concluding that journalists tend to pursue entertainment agendas when reporting on eating disorders. Though both studies identified the newspaper stories as largely celebrity driven, scholars tend to overlook the meaning of these celebrity stories.

One exception is Saukko (2006), who analyzed newspaper coverage of Karen Carpenter's anorexia and Princess Diana's bulimia. She reasoned that celebrities were "an important conduit through which stories on eating disorders were conveyed, because they offer points of emotional identification" and raise public awareness of the illnesses (2006, p. 156). According to Saukko, news stories about the famous women's eating disorders relied on notions of masculine autonomy and feminine flexibility; reporters lamented Carpenter's lack of autonomy and celebrated Princess Diana's flexibility. The current study extends Saukko's research not only by exploring coverage of celebrities in a different news outlet, but also by examining firsthand the way a reader who has experienced an eating disorder relates to that coverage.

Some research suggests that media reports of eating disorders may be harmful for readers, as they may be interpreted as instructional manuals for disordered behaviors. Indeed, two early studies found that women engaged in self-induced vomiting after learning of the behavior in magazine accounts of bulimia (Chiodo & Latimer, 1983; Fairburn & Cooper, 1982). Later studies supported the peer influence of disordered

behaviors (Field et al., 1999; Paxton, Schutz, Wertheim, & Muir, 1999). While social factors alone cannot cause eating disorders (NEDA, 2014), media portrayals may inadvertently glamorize the conditions by emphasizing weight loss and minimizing other health consequences. Magazines like *People* may unwittingly provide an idealistic view of eating disorders for their readers.

Women's Magazines

Though scholars have yet to explore how readers relate to magazine portrayals of the eating disorder experience, they have examined women's magazines more generally (Ballaster, Beetham, Frazer, & Hebron, 1991; Garner, Sterk, & Adams, 1998; McCracken, 1993; Wolf, 1991; Ytre-Arne, 2011; Zuckerman, 1998). *People* is not a women's magazine by definition, but it does draw mainly female readers (*People*, 2014), and publish content similar to that of women's magazines; according to its digital media kit, it features "inside celebrity access, along with the latest beauty and fashion trends" (*People*, 2014). In providing this traditionally feminine content, *People* may play a socializing role similar to that of well-researched women's magazines. These magazines function as "friend, advisor, and instructor on the difficult task of being a woman" (Ballaster et al., 1991, pp. 124-125). They are a means of female socialization—vehicles that transmit social norms, behavior, and skills of womanhood (Garner, Sterk, & Adams, 1998; McCracken, 1993; Wolf, 1991; Ytre-Arne, 2011; Zuckerman, 1998).

Magazine content analyses have revealed that women's magazines contain more articles and advertisements about dieting and physical appearance than their male counterparts. For example, Silverstein, Perdue, Peterson, and Kelly (1986) found that women's magazines contained 63 times as many advertisements for diet food than men's

magazines did. Similarly, Andersen and DiDomenico (1991) found more than ten times as many articles about dieting and weight loss in women's magazines than in men's magazines; interestingly, this ratio matched the ratio of female to male eating disorder sufferers at the time of the study. In another study, Malkin, Wornian, and Chrisler (1999) discovered that the covers of women's and men's magazines differed in terms of appearance and dieting messages. While 78% of the women's covers contained such messages, the men's covers instead contained messages about hobbies and lifestyle activities. Malkin et al. (1999) also found that women's magazine covers contained conflicting messages about weight loss and dietary habits. The contradictory discourse highlights the conflicting ideologies of feminism and consumerism within the magazines.

Several other scholars have noted the contradictory nature of women's magazines (Ballaster, Beetham, Frazer, & Hebron, 1991; Gauntlett, 2009; Kilbourne, 1995; Nettleton, 2011; Winship, 1987). While these magazines may raise awareness and drive conversation about important women's issues, they also publish advertising and editorials that disempower women (Zuckerman, 1998). As Nettleton (2011) explained, women's magazines "move fluidly and contradictorily between supporting feminist ideas and arguing for the importance of feminine beauty" (p. 143). The magazines send conflicting messages about the attitudes and expectations surrounding female gender roles and behaviors. Kilbourne (1995) noticed that articles about dieting dangers, for example, often contradict diet advertisements within the same magazine. Considering these mixed messages, it is useful to study eating disorders in the realm of celebrity magazines, which cover the diseases while simultaneously promoting an idealized body image (Hawkins, Richards, Granley, & Stein, 2004).

According to Nelson (2012), female readers are especially drawn to magazines that feature celebrities, such as *People*. She explained:

The hook that reels us in is the expectation of the ‘revelation,’ the small inside disclosure or buzz you hope to glean reading the celeb interview...it fosters kinship for the reader, and that translates to associated loyalty to the magazine. (Nelson, 2012, p. 227)

Women are captivated by exclusive celebrity content, as it fosters a psychological connection between them and celebrities. Boom and Lomore (2001) argued that this perceived sense of closeness is the reason media consumers take an intense interest in the lives of the famous.

Celebrity Culture

Celebrity culture is a pervasive phenomenon of society that impacts not only media production and consumption, but also social norms, beliefs, and values (Evans, 2005; Nayar, 2009). As Cashmore (2006) observed, the modern interest in and influence of celebrities is ubiquitous:

Like it or loathe it, celebrity culture is with us: it surrounds us and even invades us. It shapes our thought and conduct, style, and manner. It affects and is affected by not just hardcore fans but by entire populations. (p. 6)

Celebrities play a powerful role in public culture, driving both behavior and beliefs. These high-profile individuals become “heroes or heroines, villains, youth icons, and role models and therefore have a cultural function for society to look up to, emulate, be inspired by, despise, or criticize” (Nayar, 2006, p. 12). In mediating the social world, celebrities influence consumers via entertainment media such as *People*.

Gamson (2011) argued that the biggest development of modern celebrity culture is the “turn toward the ordinary” (pp. 1061-1062)—the focus on the everyday lives of the famous. He explained that audiences have become increasingly suspicious of

manufactured celebrity images, craving instead raw and honest ordinariness: “As celebrity has become suspect as fabricated and false, the ordinary life has been made to stand for the real and true” (p. 1063). Stories about normal human experiences, such as the eating disorder illness and recovery experience, may appeal to media consumers interested in the everyday lives of celebrities.

Horton and Wohl (1956) coined the term “parasocial interaction” to describe the seemingly interpersonal relationships media consumers create with celebrities. In this type of interaction, consumers feel closeness and loyalty to celebrities they “know” through media; they experience “intimacy at a distance” (Horton & Wohl, 1956, p. 215). Alperstein (1991) explained that consumers integrate celebrities into their daily lives, including them as part of their “imaginary social worlds” (p. 43). As part of these worlds, celebrities influence perceptions of human experiences, including illness.

Celebrities are increasingly used as spokespeople for disease awareness, prevention, and treatment. Beck, Aubuchon, McKenna, Ruhl, and Simmons (2014) examined the functions of celebrity health narratives in a meta-analysis of anecdotal case studies. The researchers determined that these narratives are simultaneously educational, inspirational, and activist in nature. They educate others about symptoms, methods of detection, and outcomes; inspire others through storytelling techniques; and promote public policy through activist efforts.

Health narratives have also been studied from outside the celebrity realm. Many scholars, for example, have examined the importance of metaphor in expressions of illness. Gibbs and Franks (2002) explored women’s narratives about their cancer experiences, while Martin (1994) explored AIDS narratives, and Haggstrom, Axelsson,

and Norberg (1994) explored stroke narratives. Together these studies attest to the benefits of metaphor in emotional and psychological coping. However, in *Illness as Metaphor* Sontag (1991) argued that certain metaphorical constructions of illness might worsen a patient's suffering. "We might well try to abstain from or retire some metaphors" (p. 91), she wrote, warning specifically against military metaphors. Scholars have yet to explore the role of metaphors in descriptions of the eating disorder illness experience.

Feminist Perspectives on Women's Bodies

In the case of eating disorders—conditions in which 90% of the sufferers are female (NEDA, 2014)—feminist perspectives provide a means to contextualize the social meaning of women's bodies and appearances. Feminist scholars have contributed significant insight about women's relationships with their bodies, relationships made especially complex by the social messages women receive. In one of the earliest works of feminist thought, *A Vindication of the Rights of Woman* (1792), Mary Wollstonecraft defined female appearance norms as rigid, all consuming, and disempowering. She described a woman's physical body as a prison subject to strict beauty regimes: "Taught from infancy that beauty is woman's scepter, the mind shapes itself to the body, and roaming round its gilt cage, only seeks to adorn its prison" (Wollstonecraft, 1792, p. 39). Many generations of women have been socialized to adorn their bodily prisons—to care deeply about their physical appearance and emphasize presentation as the central facet of their existence. More than a century after Wollstonecraft's comment, Bierce (1911) observed the gender difference in appearance expectations, remarking, "A man is but a

mind. Who cares what face he carries or what he wears? But woman's body is the woman" (p. 4). Unlike that of a man, a woman's social value lies in her body.

More contemporary scholars have continued to critique cultural norms about women's appearances. According to Wooley (2004), "Women's bodies are the battleground on which gender wars are waged" (p. 24). Patriarchal society imposes standards of beauty on the female body, and its "message is loud and clear—the woman's body is not her own" (Orbach, 1978, p. 17). As Rothblum (2004) elaborated, throughout history "women have been expected to look and dress in ways that immobilize them" (Rothblum, 2004, p. 58). Citing as examples the Chinese practice of feet binding and the Kayan custom of wearing neck rings, McGilley (2004) similarly described the female body as an indicator of the power of patriarchy: "Across cultures and through time women's bodies have borne the emblem of patriarchal power constraints" (p. 84). Because it is primarily an object of the male gaze (Berger, 1972; Mulvey, 1975; Shields & Heineken, 2002), the female body has become "a casing for fantasy, rather than a place from which to live" (Orbach, 2009, p. 106). Women's bodies are coverings from which social meaning is derived—and in our culture "thin" means "in."

The Social Meaning of Thinness

Female thinness became a widespread cultural preoccupation around 1920, when Western women won the right to vote (Hesse-Biber, 2006; Wolf, 1991). When women gained political and social power, feminists have argued, institutions of social control retaliated by making "women's bodies into the prisons their homes no longer were" (Wolf, 1991, p. 184). In other words, emphasizing dieting became a means to control the female population. Wolf explained that "dieting is the most potent political sedative in

history” and that a “quietly mad population is a tractable one” (1991, p. 187). As women sought equality in political and social realms, patriarchal culture demanded they shrink in physical size (Hesse-Biber, 2006).

American standards of thinness intensified during the second half of the 20th century, when *fatphobia*—the idea that fat was unhealthy, dangerous, and most importantly, under an individual’s control (Grogan, 2007; Seid, 2003)—began to emerge. Fat represents “moral failure, the inability to delay gratification, poor impulse control, greed, and self-indulgence,” while slenderness represents “restraint, moderation, and self-control” (Hesse-Biber, 2006, p. 2). According to Seid (2003), Americans believe “slenderness is as attainable as cleanliness and as crucial to respectable grooming” (p. 7). These ideals comply with modern cultural values of individualism and personal responsibility.

As body ideals have shifted, so too have women’s relationships with their bodies. In *The Body Project* (1997) Brumberg traced the internalization of appearance norms in young American women. Instead of developing their character, Brumberg observed, these women turn their bodies into lifelong projects, convinced their outward appearance matters most. She noted, “American girls are on guard constantly against gaining weight, and, as a result, appetite control is a major feature of their adolescent experience” (p. 120). Acknowledging that visual imagery alone does not cause eating disorders, Brumberg recognized that eating disorders thrive in a culture of people obsessed with obtaining the perfect body.

In the 1980s psychologists coined the term “normative discontent” to explain the normalcy of body image dissatisfaction among women (Rodin, Silberstein, & Striegel-

Moore, 1984). Those who experience normative discontent are more likely to diet, the biggest risk factor for developing an eating disorder (NEDA, 2014). According to Smolak (2011), young girls begin to express concerns about their weight by age six, and 40-60% of elementary school girls are concerned about their weight. Collins (1991) found that over 30% of 1st-3rd grade girls want to be thinner, and Mellin et al. (1997) found that over 80% of 10-year-olds are afraid of being fat. The concern continues through life, as Gaesser (2002) discovered that more than half of women aged 18-25 would rather be hit by a truck than be fat, and two-thirds would rather be unintelligent or unkind than fat. Normative discontent is reflected not only in statistics, but also in negative discourse about weight, termed “fat talk” (Nichter and Vuckovic, 1994). According to researchers (Britton et al., 2006; Smith & Ogle, 2006), the practice of degrading one’s body in conversation is now normative among women. Feminist research provides insight into one extreme manifestation of self-degradation: eating disorders.

Feminist Perspectives on Eating Disorders

Extending literature about the female body, feminist writers have also informed cultural understandings of eating disorders. Citing the prevalence of the diseases among women, Johnston (2013) argued that it is impossible to understand anorexia and bulimia without “questioning the experience of being female in our society today” (p. 3). Likewise, Hornbacher (1998) described an eating disorder as a “rather logical elaboration on a cultural idea” (p. 6) and supported Pipher’s (1995) suggestion that “to treat eating disorders in America is to treat our culture” (p. 5). As these feminist writers note, eating disorders may constitute extreme manifestations of a culture that places supreme importance on women’s bodies (Hesse-Biber, 2006; Martin, 2005; Seid, 2003).

Chernin (1985), Orbach (1978, 1986), Wolf (1991), and Bordo (1993) are among the most notable feminist scholars who have researched the link between eating disorders and the surrounding social and political environment. Their writings reflect theoretical development by demonstrating the evolution of feminist perspectives on eating disorders, but they are alike in their endorsement of the cultural model of these disorders. Each considers the social milieu in which anorexia and bulimia thrive.

In *The Hungry Self* (1985), Chernin reasoned that eating disorders indicated a female identity in peril. Anorexia and bulimia, she wrote, were evidence of a developmental crisis in which women felt confused about their social role. According to this view, women use disordered eating behaviors to cope with their place in modern society. Chernin elaborated, “Women suffering from eating disorders are telling us, in the only way they know how, that something is going seriously wrong with their lives as they take on the rights and prerogatives of male society” (p. 19). Chernin considered thinness a rejection of female self-development. In this view women use eating disorders to rid themselves of feminine curves and appear more masculine.

In *Fat is a Feminist Issue* (1978) and *Hunger Strike* (1986) Orbach described anorexia as a metaphor of women’s struggle for autonomy; she portrayed the body as a battleground for female independence. To her anorexia was a protest against the contradictory cultural demands placed on women. According to Orbach (1986), “all women live with a tension about their place in the world” (p. 29); they experience frequent dilemmas about their identity. Orbach’s indictment of the wider culture segued to Wolf’s (1991) description of anorexia and bulimia as a “sane and mentally healthy response to an insane social reality” (p. 198).

Bordo (1993) also considered anorexia and bulimia social diseases—products of a patriarchal society that undermines women’s power and dignity. For Bordo culture is “not simply contributory but *productive* of eating disorders” (1993, p. 50; emphasis in original), and eating-disordered behaviors are not simply individual problems but collective ones. In this view anorexia and bulimia are “characteristic expressions” of a culture rather than anomalies or deviations (1993, p. 141).

Some feminist writers have published autoethnographic accounts of their eating disorder experiences. Tillmann-Healy (1996), for example, reflected on her ten-year experience with bulimia. She described how she used disordered behaviors to purge emotional pain, which she later learned to purge symbolically through writing. While Tillmann considered the communicative functions of her bulimia, Chernik (2001) analyzed the sexist culture in which her eating disorder developed; she “digested the connection between a nation of starving, self-obsessed women and the continued success of the patriarchy” (p. 80). Saukko (2008) wrote autobiographically about her anorexia to analyze the disease’s reductionist diagnostic discourse. Following the autoethnographic examples of these three women, in this study I use autoethnography to analyze portrayals of anorexia and bulimia in *People* magazine. The method of autoethnography honors feminist standpoint theory, the theoretical framework on which this thesis is built.

Feminist Standpoint Theory

Feminist standpoint theory honors women’s experiences by calling attention to the knowledge that arises from these experiences. While patriarchal discourses often attempt to describe women’s lives (Harding, 1991), feminist standpoint theory claims that women have “constrained agency” that allows them to critique these discourses (O’Brien

Hallstein, 1999, p. 35). In doing so the theory “gives authority to women’s own voices” (West & Turner, 2010, p. 528) and exposes what Haraway (2013) described as a “god-trick,” or the illusion of the omniscient observer. Instead it grants epistemic privilege to the situated knowers, those who recognize their social situations and position as the basis of their knowledge.

Like all standpoint theories, feminist standpoint theory relies on the concept of a standpoint, which is achieved when an individual raises his or her consciousness of the power relations that oppress certain groups. A standpoint is not automatic, in other words, but realized instead through intellectual struggle (West & Turner, 2010). Ultimately it is an achievement that provides a heightened understanding of the contradictions between an individual’s experiences and the dominant group’s representations of them.

In the field of communication, scholars have used feminist standpoint theory to examine communication styles of women of particular cultural positions. Ruddick (1989), for example, examined maternal communication among women with children, and Houston (1992) examined communication among women of different racial and class groups. Though not always labeled explicitly as such, feminist standpoint theory also informs the stance of many autoethnographic works, including those aforementioned about eating disorders (Saukko, 2008; Tillmann-Healy, 1996). By speaking from a specific social location, autoethnographers see beneath dominant ideologies to offer a critical perspective of their experiences. As will be discussed further in Chapter 3, feminist standpoint theory informs the autoethnography of this thesis. As a woman recovering from bulimia, my standpoint offers multiple layers of consciousness from which to view *People*’s coverage of celebrity eating disorders.

Summary

As this literature review demonstrates, existing communication research about eating disorders is limited in several ways. Most of it has explored the role of the media in the development of eating disorders and suggests that idealized imagery promotes body dissatisfaction among women. Few qualitative scholars have analyzed media portrayals of anorexia and bulimia, and none has reflexively connected these portrayals to her or his lived experience of illness, recovery, and treatment. This topic merits closer investigation, as research indicates that the media are not only the public's primary source of information about eating disorders, but also a contributing source of support for stigma beliefs. As such the media shape perceptions of eating disorders among sufferers and non-sufferers alike. In Chapter 3 I will describe the methods of analysis used to examine portrayals of celebrity eating disorders in *People* magazine.

CHAPTER 3 // METHODS

“Neither the life of an individual nor the history of a society can be understood without understanding both” (Mills, 1959, p. 3)

Introduction

The goal of this thesis is twofold: it aims first to reveal the story of celebrity eating disorders in *People* magazine and second, to relate this story to my lived experience. As will be discussed in this chapter, I accomplished these goals in two stages. First I used the method of textual analysis to identify, analyze, and interpret the narrative told about anorexia and bulimia in *People*. Then, using autoethnography, I exposed and enhanced a broader social understanding of this narrative by reflexively connecting it to my experience. By pairing textual analysis with autoethnography, I read the *People* narrative against my own, interrogating the topic of eating disorders from the inside out. I begin this chapter by exploring each research method in general and then discuss the specific processes I used to collect and analyze this study’s materials.

Textual Analysis

A textual analysis carefully examines the various meanings of a particular text, defined by qualitative researchers as a cultural artifact such as a magazine, newspaper, television program, or film (Bonner, 2005; Brennen, 2013; McKee, 2003). The method evaluates the “social practices, representations, assumptions, and stories about our lives that are revealed in texts” (Brennen, 2013, p. 19). In other words, it explores “sense-making practices”—how people use texts to make sense of their personal and social worlds (McKee, 2003, p. 1). A textual analysis considers how texts like *People* magazine represent and interpret reality.

The method of textual analysis—like autoethnography, discussed below—rests on Stuart Hall’s (1980) model of encoding and decoding, which explains how media messages are created, distributed, and interpreted. According to Hall, media producers encode meaning in a text, while consumers decode meaning from it. Thus, there is no fixed meaning, because meaning only exists between media producers and consumers. A media message finds multiple meanings in people whose social backgrounds differ. Hall described three social positions from which media consumers interpret texts: dominant, negotiated, and oppositional. Consumers who occupy the dominant position accept the preferred, or intended, meaning of the text; those in the negotiated position accept some parts of the text while rejecting others; and those in the oppositional position reject the text entirely (Hall, 1980).

By revealing the intended meaning encoded into a text, a textual analysis also reveals the values, assumptions, and beliefs of the culture to which the text belongs. An analysis of *People* magazine, for example, provides insight into the culture surrounding it, because the entertainment magazine shares meaning with that culture. Thus, an examination of the meanings encoded in *People* is by extension an examination of wider values and cultural beliefs.

Autoethnography

In addition to a textual analysis of meanings encoded into magazine articles, this thesis relies on autoethnography, a narrative method that reveals meanings decoded from the articles. According to Ellis & Bochner (2000), autoethnography is an “autobiographical genre of writing and research that displays multiple layers of consciousness, connecting the personal to the cultural” (p. 739). Situating the researcher

as the object of inquiry, it uses “aesthetic and evocative thick descriptions” (Ellis, Adams, & Bochner, 2011) of the researcher’s lived experience to examine social and political practices (Goodall, 2004). In other words, it uses personal experiences, such as illness and recovery ones, to purposefully reflect on cultural phenomena, such as media coverage of eating disorders.

Unlike traditional social science researchers who emphasize objectivity and impartiality (Bochner, 2012; Brennen, 2013; Lindlof & Taylor, 2011), autoethnographers appreciate subjectivity. Indeed, the autoethnographer’s expertise “comes from subjective experience and implicit knowledge” (Crawford, 1996, p. 158), so “the more subjective and personal it gets, the *truer* it is” (Goodall 2004, p. 188; emphasis in original).

Autoethnographers embrace vulnerability and honesty as they attempt to create a relationship between themselves and their readers. Bochner (2012) described the uniquely engaging nature of autoethnographic research and writing:

Autoethnographies are not intended to be received, but rather to be encountered, conversed with, and appreciated. My concern is not with better science but with better living and thus I am not so much aiming for some goal called ‘Truth’ as for an enlarged capacity to deal with life’s challenges and contingencies. (p. 161)

In addressing the challenge of living with and recovering from an eating disorder and later reflecting on media portrayals of this experience, the autoethnographic component of this thesis honors feminist standpoint theory, which is grounded in women’s everyday experiences (Letherby, 2003).

Like feminist standpoint theory, autoethnographic work seeks to “give notice to those who may otherwise not be allowed to tell their story or who are denied a voice to speak” (Denzin, 2014, p. 6). By resisting and relating to *People*’s portrayals of eating disorders, sufferers may use their voices to talk back to the entertainment magazine. As

Neumann (1996) pointed out, “forms of cultural representation...matter deeply in the lives of others who find themselves portrayed in texts not of their own making” (p. 191), and autoethnography reveals *how*. The method, while also illustrating Hall’s (1980) process of message decoding, can be used to evoke better understanding of *People*’s portrayal of the eating disorder experience and a deeper connection to those represented in that portrayal.

Methods of Materials Collection

To achieve this study’s research goals I relied on two sets of materials: for the textual analysis, 88 *People* articles, and for the autoethnography, four personal journals. In this section I will describe the process of collecting the materials, and in the next section, I will describe the process of analyzing them.

People. I selected Time Inc.’s entertainment news magazine for several reasons. First, *People* is regarded as America’s primary celebrity magazine (Powers, 2001)—according to its media kit, it is “defining celebrity, driving conversation, and inspiring action” (*People*, 2014). Since its debut in 1974, *People* has led a genre of entertainment magazines for those interested in the lives of the famous. According to Nelson (2012), the magazine launched the era of ubiquitous celebrity coverage:

[*People*] inspired a new niche of magazines that focused on celebrities, from best-selling authors and top models, actors, and actresses, to sports figures who had risen to fame. It was the birth of a reporting phenomenon: personality journalism. Readers wanted to see, learn, and know about famous people—and they still do today. (p. 221)

People is the most popular of America’s weekly celebrity magazines, its audience surpassing those of *US Weekly*, *In Touch*, *Life and Style*, and *Star* [Alliance for Audited Media (AAM), 2013]. In 2013 *People*’s circulation exceeded 3.5 million copies per week

(AAM, 2013), and its readership neared 46.6 million people, the highest of all American magazines (Said, 2013). In 2005 it was named “Magazine of the Year” by *Advertising Age* (People, 2014), and in 2011 it earned more advertising revenue than any other American magazine (Flamm, 2012).

More than simply popular and successful, *People* was selected because the magazine’s readers may be particularly interested in the topic of eating disorders. Seventy percent of individuals who read *People* are female (People, 2014), and the largest age segment of these readers is 18 to 34 years old (People, 2014). According to Brumberg (1988), *People* is one of three magazines with the most national coverage on anorexia, a disorder that, like bulimia, “has always had particular salience for women and girls” (p. 9). Considering that more than 90% of eating disorder sufferers are women (NEDA, 2014), the particular topic may be especially relevant to the magazine’s largely female, Millennial demographic.

To obtain *People* articles about celebrity eating disorders, I accessed the magazine’s electronic archive (at www.people.com/people/archive), which stores every *People* article published in print and online since the magazine’s inception. My search targeted all articles written between the magazine’s debut issue date, March 4, 1974, and the study’s date of collection, September 1, 2014. In *People*’s archive I entered variants of the search terms “eating disorder,” “anorexia,” and “bulimia” to locate magazine stories about the disorders and their sufferers.

I focused on articles about anorexia and bulimia for practical, theoretical, and personal reasons. First, even though other eating disorders, such as Binge Eating Disorder (BED) and Other Specified Feeding and Eating Disorders (OSFED) are statistically more

prevalent (NEDA, 2015), *People* did not include them in its coverage; there were virtually no articles on these disorders to analyze. Second, including both anorexia and bulimia allowed me to destabilize the binary that situates the disorders in a hierarchical fashion. According to Burns (2004), contemporary discourses about the disorders often position bulimia as the eating disorder “other” by portraying it more negatively than its sister illness anorexia. Therefore, I included both anorexia and bulimia to blur the boundaries between the disorders and disrupt the ideas of weakness, greed, and impulsivity commonly associated with bulimia. Finally, while I speak primarily from the perspective of a recovering bulimic, I suffered from anorexia shortly before developing bulimia. As the National Association of Anorexia Nervosa and Associated Disorders (ANAD) reports, half of all people who have had anorexia develop bulimia (2014). Thus, while I acknowledge the differing criteria for these disorders in the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), in this study I approached media coverage of eating disorders in both of these forms.

A search using the aforementioned criteria located about 475 unique articles. Approximately 20% (88) of these articles focused on a celebrity’s eating disorder, while most of the others mentioned an eating disorder in passing (35%), discussed eating disorder rumors and denials (22%), reported non-celebrity eating disorders (10%), or reviewed books and films involving eating disorders (6%). For my in-depth textual analysis I printed the complete text of the 88 articles that focused specifically on a celebrity eating disorder and catalogued them chronologically.

Personal journals. To complete the second, autoethnographic portion of this study I collected four journals: a *thinspirational* one I kept in the midst of my eating

disorder, a treatment one I kept during my time at the psychiatric hospital, a recovery one I kept after my discharge from treatment, and a research one I used while conducting my textual analysis. The four journals totaled over 200 notebook pages that contained a combination of everyday reflections, quotes, poems, song lyrics, cards, letters, and pictures. Taken together, these autobiographical pieces reflected my encounters with illness, with recovery, and with celebrity media coverage of both.

Methods of Materials Analysis

As previously discussed, I conducted my analysis in two distinct stages: the textual analysis first, the autoethnography second.

Stage one: Textual analysis. I conducted a textual analysis of the study's magazine articles using McKee's (2003) and Brennen's (2013) advice for qualitative media researchers—by making an “educated guess at some of the most likely interpretations” of the text (McKee, 2003, p. 1) and searching for meaning given its cultural context (Brennen, 2013). Specifically, I carefully read and reread each eating disorder article on a line-by-line basis, searching for key words, phrases, and sentences about the celebrity eating disorder experience. As I read each line, I asked myself, “What is this about?” and “How does it compare to the rest of the article and to the other articles?” I placed reoccurring words and phrases into groups and further sorted them into rhetorical strategies and primary themes. In the final stage of my textual analysis, I analyzed the *People* coverage as a whole.

Stage two: Autoethnography. To conduct the autoethnographic critique of my textual analysis, I followed the critical, autobiographical approach described by Jones, Adams, and Ellis (2013) and Denzin (2014). I brought meaning to the *People* narrative by

describing my lived experience, allowing the reader to vicariously participate in that experience via a discussion of my multiple layers of consciousness. I interwove personal journal entries with mental health, media studies, and feminist research to reflect on the *People* articles, honoring my standpoint as a communication scholar who is also recovering from an eating disorder. While I do not intend to speak for anyone in a similar or different position, my account contains authority, authenticity, and verisimilitude, as it is my experience (Ellis & Bochner, 2000).

In light of guidance from Chatham-Carpenter (2010), I took careful measures to protect myself during the autoethnographic stage of research. Chatham-Carpenter discussed how the pressure to publish triggered disordered thoughts while she wrote an autoethnography about her anorexia. She explained that autoethnographic writing requires a certain degree of mental health, clarity, and flexibility:

Writing about your experiences is so tied to your life course that you have to be in a certain space to feel comfortable to write. Autoethnographers have to be willing to do the hard work of feeling the pain and learning through the process of writing, approaching autoethnography not as a project to be completed, but as a continuous learning experience. (2010, p. 9)

Though I conducted the textual analysis stage of my research with little disturbance from my eating disorder, I was interrupted more by disordered thoughts and behaviors during the autoethnographic stage. At these moments I put the writing aside for days, sometimes weeks, and returned to it when I was again in a recovery mindset. Doing so allowed me to disclose my story as I felt comfortable and ensured that I was in a physically and mentally healthy position to reflect on eating disorder discourse.

Summary

In summary, I used the qualitative methods of textual analysis and autoethnography to better understand the narrative told by *People* about celebrity eating disorders. These methods provided a reflexive way to explore, identify, and organize themes in *People*'s discourse about anorexia and bulimia and an introspective way to reflect and report on it. Together, my textual analysis and autoethnography articulate a nuanced understanding of the narrative of celebrity eating disorders in America's most popular magazine (Powers, 2001). I present this analysis and interpretation in the following chapter.

CHAPTER 4 // ANALYSIS AND INTERPRETATION

*The People articles before me
I wonder,
Are the stars “just like me”?
I worry,
Can the magazine do us justice?
Fit our story in 88 articles
234 pages,
8 ½ by 11 sheets
With one-inch margins
I tally, I count, I measure—
I haven’t broken this habit.
Then I start at the beginning:
Does People even know what an eating disorder is?*

In this chapter I explore the narrative told by *People* magazine about celebrity eating disorders. As previously discussed, I used the methods of textual analysis and autoethnography to identify, describe, and piece together emergent themes and reflexively connect my lived experience to the narrative they created. Though I conducted the textual analysis and autoethnography separately, I layered the findings of each method to highlight the interplay between analysis, interpretation, and experience, presenting a stream-of-consciousness style that depicts the world as people experience it. This “layered account” structure (Ronai, 1995) honors feminist standpoint theory and its emphasis on positionality, or the awareness of my own experience as it relates to my study (Deutsch, 2004). For identification purposes I present my textual analysis in regular type text, my autoethnographic reflections in *italicized* text, and my personal journal entries in “*quoted italicized*” text. Before exploring the larger *People* narrative, I first offer a brief introduction of the articles that created it.

The selected 88 articles spanned 32 years, but I found no significant historical difference across the articles aside from an increase in coverage after the turn of the 21st century. The first eating disorder article appeared in 1982, eight years after the launch of *People*, and the last in 2014, at the time of the study collection. Peak years of celebrity eating disorder coverage included the early 1980s, when singer Karen Carpenter died from her eating disorder; the early 1990s, when actress Tracey Gold famously suffered from hers; and throughout the 2000s when other celebrities publicly disclosed their own illness experiences. In total about 50 unique celebrities were featured in the 88 *People* articles. They were primarily actresses, musicians, and athletes, though models, royal women, and celebrity relatives were also included. The majority of the sufferers received one article of *People* coverage, but some including singer Demi Lovato and actress Tracey Gold received as many as five and six, respectively.

The *People* articles typically followed an exposé-style format that focused on the celebrity eating disorder experiences. While most of the stories were told as past-tense representations of these experiences, some followed the celebrities over the course of their illness, treatment, and recovery. Both types of stories were written primarily in *People*'s third-person voice, though the magazine also incorporated first-person celebrity quotes to reinforce its larger narrative of eating disorders as behavioral and physical conditions. In the autoethnographic results that follow I use feminist standpoint theory to expose the magazine's omniscient voice as a "god-trick" that suggests "vision from everywhere and nowhere equally and fully" (Haraway, 2013, p. 416). I challenge this voice by embracing my own—that of a critical, reflexive situated knower.

Like the entertainment industry itself (Hunt, Ramon, & Price, 2014), America's leading entertainment magazine lacked diversity in its coverage of celebrity eating disorders. *People* almost exclusively featured White, upper class, heterosexual women in its articles; just one mixed-race woman, one lesbian woman, and three men were portrayed. Other than one gender difference in descriptions of the celebrity bodies (discussed in a forthcoming section, *Rhetorical Context*), I found no notable difference in the way these social groups were portrayed. Thus, while I acknowledge that eating disorders affect all race, class, and gender groups (NEDA, 2014), this celebrity study was primarily one of White, upper class, heterosexual women.

People's narrative reflected and reinforced a stereotypical and simplistic understanding of anorexic and bulimic experiences. The magazine's 88 articles, taken together, portrayed celebrity eating disorders not as complex psychological illnesses, but rather as behavioral and physical health "battles." The illness experience was reportedly triggered by celebrity activities and was depicted as a double life, an extreme diet, a means of life control, or an addiction. Meanwhile the recovery experience was depicted as a never-ending process. These depictions were overly simplistic and reductive, as they limited eating disorders to self-inflicted behavioral and physical symptoms—habit-forming lifestyle choices brought on by the sufferers themselves. Laced with myths about eating disorders as diets and sufferers as controlling individuals, for example, *People's* coverage contained only grains of truth. As will be discussed autoethnographically in the sections that follow, the magazine's shallow treatment of eating disorder illness and recovery created a composite narrative that lacked the complexity, diversity, and emotion of the lived eating disorder experience.

Preview of Rhetorical Context and Primary Themes

In the textual analysis of the 88 *People* articles, I discovered two rhetorical strategies and three primary themes. The rhetorical strategies, discussed below in *Rhetorical Context* captured the language used in the primary themes. In other words, they provided the context for *Eating Disorder Risk Factors*, *The Eating Disorder Illness Experience*, and *The Eating Disorder Recovery Experience*. Included in *Rhetorical Context* were two strategies, identified as *Military metaphors* and *Weight indicators*.

The first primary theme, *Eating Disorder Risk Factors*, captured the role of celebrity activities in the development of eating disorders, while the second primary theme, *The Eating Disorder Illness Experience*, captured how the celebrities experienced anorexia and bulimia. This theme included four subthemes: *Double lives*, *Extreme diets*, *Means of life control*, and *Addictions*. Finally, the third primary theme, *The Eating Disorder Recovery Experience* portrayed recovery as a never-ending process. After setting the rhetorical context for these themes, I will explore each theme and its respective subthemes in turn.

Rhetorical Context

Two strategies set the rhetorical context for *People*'s eating disorder coverage, *Military metaphors* and *Weight indicators*, which captured the martial terms and body weight descriptors used in the magazine's coverage. The metaphorical and descriptive language appeared in *Eating Disorder Risk Factors*, *The Eating Disorder Illness Experience*, and *The Eating Disorder Recovery Experience*. In this section I present and analyze the language of this rhetorical context through a discussion of the two strategies, integrating italicized autoethnographic reflections throughout.

Military metaphors

First, *Military metaphors* described the martial language of *People's* eating disorder coverage. Nearly every magazine article portrayed anorexia and bulimia as a “battle” or “struggle” that celebrity sufferers had to “fight.” Some articles used nouns like “weapon” (Pena, 1995), “adversary” (Shaw, 1982), and “prisoner” (Sporkin, 1992), while others used verbs like “beat” (*People*, 2004), “siege” (Rosen, 1992), “enlist” (Chiu, 2011), and “wrestle” (Triggs, 2012). Taken together, this language of warfare built a metaphorical construct that pitted the eating disorders against the affected celebrities; anorexia and bulimia were portrayed as opponents to be defeated. In a description typical of the articles, *People* noted that supermodel Christine Alt “battled the self-imposed starvation of anorexia and then for another year fought the equally destructive binge-purge syndrome of bulimia” (Rosen, 1992). In *People's* narrative Alt and other celebrities occupied a symbolic battlefield where they “fought” their eating disorders twice: once during illness and once during recovery.

The illness battle. *People* commonly described the eating disorder battle as one fought while engaging in the behavioral symptoms of the psychological illnesses. The fight reportedly began when the celebrity sufferers started to restrict, binge, or purge, and it continued as long as these food-related behaviors did. For example, *People* described model Crystal Renn’s “darkest moments of her battle with anorexia” (*People*, 2009) as those when she restricted food, imagining it instead of eating it. Her struggle was characterized by disordered behaviors, as was Maureen McCormick’s. According to *People*, McCormick “began her 10-year battle with bulimia” (Margaret, 2007) shortly after *The Brady Bunch* ended, when the actress reentered a public high school and

learned of purging. Though *People* did not provide an exact date for the end of her battle, it suggested there was one, observing that McCormick's "weight had fluctuated after ending her bulimia" (Margaret, 2007). "Ending her bulimia," presumably, meant ending her purging, which meant ending her battle.

In other words, the length of the celebrities' battles was measured by the years spent in the behavioral throes of their disorders, also shown in *People*'s feature on singer Katharine McPhee. McPhee reportedly "struggled with bulimia for five years, and the self-induced vomiting could have taken away her ability to sing" (Sóuter, 2006). Here the magazine insinuated that the length of McPhee's bulimia struggle and that of her self-induced vomiting were one and the same. Other celebrities' "eight-year" (Fleeman, 2012), "15-year" (Schneider, 1995) and "25-year" (*People*, 2009) struggles also represented the time they spent engaging in eating disorder behaviors.

I can see the headline now: "Young woman fought eight-year bulimia battle." How misleading my People story would be—I didn't "fight" when I was active in my disorder. For eight years the voices in my head told me I was fat, stupid, and ugly, and I agreed. They told me to starve and puke, and I did. I did not argue.

In *People*'s coverage the behavioral components of the celebrities' eating disorders were emphasized at the expense of the psychological ones. The magazine portrayed the illnesses as unhealthy behavioral habits rather than complex mental conditions. The celebrities experienced—or "fought," to borrow *People*'s term—disordered behaviors, not thoughts. Like the portrayals discussed later in *The Eating Disorder Illness Experience*, this conceptualization of anorexia and bulimia is overly simplistic, as eating disorders involve both behaviors and thoughts (APA, 2013).

The recovery battle. In *People* the celebrities' battles were fought not only during eating disorder illness, but during recovery as well. Unlike those of the former category, these battles involved the resistance or avoidance of disordered behaviors. They reportedly began when the celebrities sought professional treatment for their eating disorders. *People* reported that actress Tracey Gold, for example, was "determined to battle her anorexia her way, with a private therapist and nutritionist" (Sporkin, 1992). The magazine explained that Gold's "fight" included therapy and nutrition, and it happened while she was in recovery. *People* portrayed Mary-Kate Olsen's fight against anorexia similarly when it asked, "Is she suffering a relapse of the eating disorder she publicly battled just three months ago?" (Tauber & Gilatto, 2004). The question implied that the actress "fought" her anorexia during her six weeks of treatment, not during the years she lived with an active disorder. Weaving the language of healing with that of warfare, the magazine depicted these celebrities' battles as ones fought during recovery.

I do consider myself a "fighter," though, not for the eight years I spent in my disorder but for the one I have spent recovering from it. On my first day of inpatient treatment I declared "war on my eating disorder" and fought an internal battle for weeks thereafter. As I noted from the psychiatric hospital,

*"My body is a battlefield
Host to an internal war
Today I'm taking sides
With Healthy,
Happy,
Full.
Today I'm choosing life."*

I waged no war against my eating disorder before treatment, because my eating disorder was not an enemy then. It was a survival strategy, a coping mechanism, even a

friend (albeit a cruel one). It was an intimate part of me. “I’m not sure who I’ll be without my eating disorder,” I wrote two weeks before treatment, “and I’m not sure I want to know. God knows what’s lurking beneath it.” My eating disorder masqueraded as me, and I was understandably hesitant to “fight” myself. The idea seemed exhausting, defeatist, downright impossible. “How do you suffocate the monsters swimming in your own brain?” I wondered back then.

In the context of eating disorder recovery, *People’s* military metaphor dichotomizes healing into rival outcomes: victory or defeat. The outcome depends, presumably, on the sufferers’ ability to destroy their eating disorders—on their strength, courage, and endurance. The military metaphor implicates the sufferers as soldiers who must destroy their eating disorder lest the disorders destroy them. In *Illness as Metaphor* Sontag (1991) cautioned against martial expressions of illness, arguing that they might worsen a patient’s suffering. The martial metaphor not only limits conceptions of the eating disorder experience, but it also promotes a win-lose dichotomy that may negatively impact evaluations of illness and recovery.

In People’s war against eating disorders I am a soldier, the magazine my drill sergeant. Yessir, People, Sir. We must rally the troops, soldier on; in the magazine it’s victory or defeat: I am either brave and strong—a winner!—or a weak, lazy loser.

Like many individuals with eating disorders (NEDA, 2014), I tend to think in diametrical terms. If I am not perfect, I am a failure; not smart, I’m stupid; not thin, fat. There is no middle ground. And in the People-declared fight against disorders, I’ll take bold over cowardly. I’ll put on my bravest face and armor up. In our culture where vulnerability is perceived as weakness, I’ll protect myself with self-destructive belief

systems and dysfunctional defense mechanisms. I'll (attempt to) save myself from criticism and shame with perfectionism, denial, and rationalization. But true healing requires me to remove these shields. The false bravado promoted by People hinders the expression of vulnerability that eating disorder recovery requires.

As I moved through treatment, I became more vulnerable, fighting less and accepting more. As I changed, so did my metaphorical expressions of recovery. While the military metaphor invoked determination and courage in the beginning of my treatment, it served me less as I developed a kinder, less punitive relationship with myself. When I thought less about the "failure" I was at recovery and allowed myself the possibility of exploration, struggle, and discovery, I adopted a more forgiving, life-affirming metaphor: A journey. The journey metaphor invoked resilience and appreciated vulnerability in a way the battle one did not. Encompassing the twists and turns of the experience, it better conceptualized recovery as a process, which will be discussed later in The Eating Disorder Recovery Experience.

In summary, *Military metaphors* framed the celebrities warring with their eating disorders during illness and recovery alike. This rhetorical strategy portrayed anorexia and bulimia as "battles" simplistically defined by disordered behaviors—namely, restricting, bingeing, and purging. In the *People* narrative eating disorders were portrayed as behavioral problems surrounding food, a portrayal that oversimplified these complex mental illnesses to mere habits. By neglecting to explore the psychological components of eating disorders, the magazine implied that eating disorders were problems that could be disciplined away.

Weight indicators

Like *Military metaphors*, *Weight indicators* also emerged in nearly every article about celebrity eating disorders. While the first rhetorical strategy portrayed anorexia and bulimia as behavioral battles, this strategy portrayed the disorders as physical ones. It described how *People* relied on body weight measurements to indicate sickness and recovery. The magazine disclosed celebrities' fluctuating body weights to depict the severity of their eating disorders and to evaluate the success of their treatment. In doing so it defined low weight as an indicator of illness and higher weights as an indicator of recovery.

Weight as an indicator of illness. From gymnast Christy Henrich who weighed 47 [sic] pounds at 4'10" (Plummer, 1994) to singer Dawn Langstroth who weighed 120 pounds at 5'10" (Chin, 1999), each woman featured in *People* was significantly underweight for her height. The magazine disclosed low body weight after low body weight in its coverage, reinforcing the widely held myth that every anorexic and bulimic body is emaciated. Indeed, in *People* all eating-disordered bodies were seriously emaciated. The majority of the celebrities weighed less than 100 pounds at their lowest: singer Ashlee Simpson weighed 70 (Silverman, 2005); actress Scarlett Pomers, 73 (*People*, 2005); actress Tracey Gold, 80 (Kerns, 2000); actress Portia DeRossi, 82 (Jordan, 2010); gymnast Cathy Rigby, 89 (McCoy, 1984); actress Elisa Donovan and TV host Stacy London, each 90 (Lang, 1996; Zuckerman, 2012); singer Cherry Boone, 92 (Shaw, 1982); model Crystal Renn, 95 (Williams, 2006), and model Paige Adams-Geller, 96 (Tan, 2005).

My head spins as I jot down the numbers: the celebrities' high weights, their low weights, their "healthy" and "sick" weights. I record and reflect on each number, then drag my finger across them to find my height twin, model Paige Adams-Geller.

96, I whisper. According to People's coverage, Adams-Geller weighed just 96 pounds at 5'8" (Tan, 2005).

My eating disorder spits its old venom at me. See, it scoffs, you were never really that thin. Your triple-digit weight was—still is!—pitiful, greedy, FAT. Too big, too heavy, too loud, too much.

The portrayals of low celebrity weights in *People* reinforced the stereotype that those suffering from eating disorders are extraordinarily thin, an idea further supported by descriptors of the celebrities as "skeletal" (Hammel & Jensen, 2007; Hubbard, 1998; Neill, 1992; Zuckerman, 2012), "gaunt" (*People*, 1992a), and "alarmingly" (Wulff, 2004) and "painfully" (Davis, 2008) thin. By exclusively portraying underweight celebrities, the magazine coverage implied that average weight, overweight, and obese individuals could not suffer from eating disorders themselves.

I still interpret the numbers as dream weights, goals like those in the worn pages of my thinspirational journal. They tell me I was pounds and pounds away from ever being sick. If the 96-pound Adams-Geller was sick, I was, well, healthy.

And my eating disorder hated healthy; it sometimes still does. To it, "healthy" means average. Regular, normal. Not special. At the hospital, any indicator of health would send me spiraling: "Today my systolic blood pressure was above 100 for the first time in years. So, naturally, I threw away my morning snack."

Aside from reinforcing stereotypical images of emaciated eating disorder sufferers, *People's* descriptors of celebrity bodies also reflected gendered notions of femininity and masculinity; this was the only theme where I noted a gender difference. Though the magazine cited specific weights for both female and male celebrities, when it described the women's bodies it did so in terms of physical appearance. *People* described Sweden's Princess Victoria's body, for example, as it looked in a dress: "The 5'6" heir to the throne appeared at a Stockholm gala in a gown that revealed how skeletal—not just slim—she had become" (Hubbard, 1998). Actor Dennis Quaid's body, on the other hand, was described in terms of his (lack of) physical strength: "My arms were so skinny that I couldn't pull myself out of a pool" (Peterson, 2006). By associating his arms with strength, Quaid reinforced cultural ideas about masculine power. Quaid's quote highlights another gender difference of this theme: voice. While *People* allowed a man to describe his own body, the magazine supplied descriptions for women's bodies.

The celebrities' low body weights also conveyed the severity of their illnesses—the lower the weight, it seemed, the sicker they were. For example, *People* implied that Tracey Gold's eating disorder became more serious as she lost more weight: The actress "dropped to 113, then 100, and then, in the life-threatening grip of anorexia, to 88 lbs" (*People*, 1992b). Only at 88 pounds, it seemed, did her disorder truly threaten her life. In another article titled "Ke\$ha: Signs that she was struggling before rehab" (Blumm, 2014), the magazine monitored the pop singer's shrinking size in the months before she entered treatment for her eating disorder. According to the article, Ke\$ha looked "slimmer" in April 2013 and "even skinnier" in November 2013; she entered treatment soon thereafter. It seemed the skinnier Ke\$ha was, the more "she was struggling" (Blumm, 2014). Here

again the magazine reinforced the myth that eating disorders were visible physical illnesses—and the more visible it was, the more serious it was.

People also associated thinness with sickness by portraying the binge-purge disorder of bulimia as “much healthier” than the self-starvation one of anorexia. According to the magazine, “Bulimics usually maintain a more normal weight and are therefore much healthier physically than anorexics. They usually don’t need hospitalization and can be treated with antidepressant medications” (Rosen, 1992). Though individuals suffering from bulimia do, indeed, often weigh more than those suffering from anorexia (NEDA, 2014), *People*’s portrayal of them as being in better physical health is problematic. It ignores the physical damage caused by bingeing, purging, laxative abuse, and other bulimic behaviors.

Deep down, I know weight is not a telltale sign of illness—after all, I weighed my heaviest when I was bingeing and purging most often. I know I risked my life each time I purged; I could have thrown my electrolytes off balance, maybe ruptured my esophagus. I know anorexia and bulimia have similar mortality rates (Crow et al., 2009), and they are the deadliest of all mental illnesses (NEDA, 2014). I know that, on any given day during those eight years, I could have very well written my suicide note on the toilet rim.

Weight as an indicator of recovery. If low weights signified eating disorder illness in the *People* articles, then higher weights signified healing. In a handful of articles, in fact, recovery was measured in explicit terms by the weight the celebrities gained. For instance, *People* wrote that singer Karen Carpenter almost achieved health when she gained 30 pounds:

She seemed to be on the verge of recovery when she died at the age of 32. After spending almost all of 1982 undergoing treatment for the eating disorder, the

5'4½" Carpenter had managed to pump her weight from a frail 80 pounds to a nearly normal 110. (Carpenter, 1983)

According to *People*, Carpenter was “on the verge of recovery” when she reached “a nearly normal 110” pounds. Because the magazine cited no dimensions of eating disorder recovery other than physical weight gain, questions arise: Would Carpenter have reached full recovery had she reached a fully normal weight? Is gaining weight all it takes? Given the way *People* evaluated actress Tracey Gold’s treatment, it seemed that way: “Four months of psychotherapy seemed to get [Gold’s] problem under control—and then some: by the time Tracey turned 19 in 1988, she tipped the scales at 133 pounds” (Levitt, 1994).

The magazine also conflated weight with wellness in an article about singer Cherry Boone’s eating disorder treatment, explaining that Boone’s parents “spent thousands of dollars on doctors and institutions to fatten her up—all to no avail” (Shaw, 1982). The magazine suggested that the job of pricey doctors and institutions was to “fatten” eating disorder sufferers back to health. By emphasizing physical weight gain at the exclusion of other mental health matters, *People* oversimplified eating disorders and their treatment. As with the military metaphors, this rhetorical strategy served to conceptualize eating disorders as mere physical health problems, not complex psychological illnesses unrelated to food consumption.

In summary, *Military metaphors* and *Weight indicators* set the rhetorical context for *People*’s narrative about celebrity eating disorders. Instead of complex mental illnesses with behavioral and physical symptoms, the magazine presented eating disorders *as* behavioral and physical problems—“battles” marked by food-related habits and low body weights. Only once in the 88 articles was the phrase “mental disease” mentioned (Wulff, 2004), then in passing reference to anorexia as the deadliest of all

mental diseases. On three other occasions anorexia and bulimia were described as “emotional” conditions (McCoy, 1984; Schwartz, 2011; Shaw, 1982), but in the remaining 84 articles, “psychological,” “mental,” and similar descriptors were altogether absent from the text, save a few instances where therapy was mentioned as treatment. Instead anorexia and bulimia were defined by overly simplistic descriptions of behavioral and physical symptoms: self-induced starvation, bingeing and purging, and low body weights.

Theme One: Eating Disorder Risk Factors

Using the aforementioned rhetorical strategies, *People*'s coverage created a narrative consisting of three primary themes about eating disorder development, illness, and recovery. In the first primary theme, *Eating Disorder Risk Factors*, participation in certain sports, activities, and the public limelight made individuals prone to anorexia and bulimia. These pursuits reportedly pressured celebrities to maintain a certain body size in order to stay athletically competitive or professionally desirable, and they developed problems in response.

Not a celebrity, not an athlete, sure as hell not a model, I have trouble justifying my eating disorder at this moment. No one has pressured me to lose weight, ever. I was never “Fatso” to the kids at school, never the “big girl” of the friend group. To Grandpa I was “Stretch,” to my childhood babysitter, “Angie, Thin and Tall,” and to Mom I was always perfect just the way I was. In light of the intense pressures facing celebrities, I was lucky. I was immune, it seems, safe from eating disorders altogether.

First, the magazine established a link between eating disorders and visually artistic women's sports. It described gymnastics, for example, as “fertile ground for

anorexia” and eating disorders as “afflictions that seem as much a part of competitive gymnastics as leotards and back flips” (Plummer, 1994a). According to *People*, participation in the sport affected the development of several celebrity eating disorders, including that of Cathy Rigby: “The sport in which she thrived since the age of 10 had a dire lingering effect on her. Desperate to maintain an ‘ideal’ weight of 89 pounds, Rigby developed bulimia” (McCoy, 1984). *People* likewise connected anorexia to gymnastics in an article about Elisa Donovan. As a gymnast, the magazine reported, Donovan believed “she had long been predisposed to anorexia” (Lang, 1996). The sport of thin, girlish body figures reportedly made its participants prone to eating disorders.

Like gymnastics, dance was a breeding ground for anorexia and bulimia in *People*’s narrative. According to the magazine, ballet marked the beginning of former Miss America Kirsten Haglund’s (Williams, 2008) and singer Ashlee Simpson’s anorexia (Silverman, 2005), as well as singer-dancer Paula Abdul’s bulimia (Schneider, 1995). The magazine revealed that Abdul learned eating disorder behaviors from her dance instructors:

When she was 15 she received a scholarship to a dance camp near Palm Springs. There, in addition to training in ballet and modern dance, she learned how many of her long-legged teachers stayed so lithe. ‘They were all throwing up their food,’ [said] Abdul. (Schneider, 1995)

In the *People* articles, eating disorders not only ran rampant within women’s sports communities, they also could be spread from athlete to athlete.

Now I’m looking for someone to blame, or at least a breeding ground to quarantine for the sake of others. The magazine’s coverage suggests I “caught” my eating disorder somewhere, somehow—but where, how, when? No one taught me how to starve or how to dig my finger down my throat. And even if someone had—no one could

ever teach me to hate myself the way I did. You can't teach a girl to hear a voice screaming, Fat, fat, stupid, worthless, failure, FAT, every waking second. You can't teach her to feel panic when she eats ten calories too many or terror when her scale spikes a half-pound. You can't teach her to see fat on a body of bones, or to turn compliments into lies and exercise into punishment.

While disordered behaviors may be learned from peers (Field et al., 1999; Paxton, Schutz, Wertheim, & Muir, 1999), an eating disorder is not something you "catch" from an anorexic girl at dance camp or a bulimic girl across the bathroom stall. Eating disorders themselves, in all their psychological complexity, are neither taught nor caught.

The magazine articles also implicated the modeling and fashion industry as a contributing factor in the development of eating disorders. Reality star Joanna Krupa, for example, reportedly told *People* she began engaging in disordered behaviors “to pursue [her] dreams of being a model” (Strohm, 2013), and designer Bradley Bayou reasoned that the industry influenced the development of his daughter’s bulimia as well. “I think the fact that Alexis was around [fashion] all the time because of my work had to affect her” (Sheff-Cahan, 2007), he told *People*. Lead singer of girl band The Pussycat Dolls, Nicole Scherzinger, was also portrayed as victim to fashion. According her *People* feature, Scherzinger’s obsession with weight started “when she was first given the skimpy lingerie that The Pussycat Dolls wore” (Fleeman, 2012).

Finally, *People* associated eating disorders with celebrities’ spot in the public eye. In the case of Princess Diana of Wales, for example, the magazine explained that “becoming a high-profile royal [seemed] to have set off the bulimia” (*People*, 1992).

Fame was portrayed as a catalyst for her disease, as it was again in a *People* profile about Sweden's Crown Princess Victoria: "'If you're in the public eye, it is more likely you can develop a problem. Women in the public eye feel they have to be successful, the best, in everything'" (Hubbard, 1998). The magazine's coverage suggested that pressures to be the "best" and most "successful" woman may increase the likelihood of eating disorders, and it associated this ideal woman with thinness. Rather than challenge the thin ideal, *People* reinforced ideology that female celebrities should be perfect—and that perfect, successful women are thin.

I'm thinking back: How would my 17-year-old, eating-disordered self have received People's coverage? Had I paged through the magazine when I wrote "success [was] my number one goal in life," I would have seen a story about model Paige Adams-Geller. I would have seen a woman who not only scored an elite modeling contract while she was sick, but also studied broadcast journalism at USC and acted on soap operas. I would have seen a celebrity who was professionally successful while in the throes of her eating disorder. Perhaps, without my newfound critical eye, I would have engaged in disordered behaviors "as a means of improving career prospects" (Becker et al., 2002, p. 511), like the adolescent girls of Becker et al.'s (2002) Fijian study.

In *People*'s explanation of illness risk factors, a celebrity career was almost a death sentence, a sure path to developing an eating disorder. This expectation was especially clear in a feature about Cathy Rigby, wherein the magazine considered the gymnast's bulimia mere part of "a checklist of road-to-stardom perils" (Goodman, 1991), seemingly a rite of passage for an aspiring star. *People* suggested that eating disorders were typical among celebrities, as it did again in a story about actress Lucy Hale's

anorexia: “Like many stars, *Pretty Little Liars* star Lucy Hale has struggled with an eating disorder” (Lambert, 2012). Interestingly, the magazine did not question its own role in supporting an image-driven culture of thin celebrities. In *People*’s narrative the media focus on weight at the expense of health (Wolf, 1991) went largely unchallenged.

I breathe an exasperated sigh. People seemingly expects eating disorders in celebrity cultures, and I expect more of People. Where is the magazine’s stance on the prevalence of eating disorders in gymnastics, ballet, modeling, and other celebrity cultures? It seems the magazine has turned a blind eye to the ever-shrinking size of champion gymnasts, actresses, models, and Miss America pageant winners (Garner, Garfinkel, Schwartz, & Thompson, 1980; Mooney, 2012; Morris, Cooper, & Cooper, 1989; Spitzer, Henderson, & Zivian, 1999; Wiseman, Gray, Mosimann, & Ahrens, 1992).

People’s treatment of illness risk factors was simplistic and problematic for two reasons: one, because it only cited celebrity activities as risk factors, and two, because it failed to question the normalcy of eating disorders in celebrity cultures. When *People* discussed celebrity activities as risk factors, it overlooked the complex web of biology, genetics, environment, trauma, and family dynamics that contributes to these disorders. The overly simplistic account of the risks implied that those who are not involved in celebrity activities are protected from the illness threat. Second, *People* implicitly accepted the eating disorders in celebrity cultures. The magazine was seemingly not surprised by the celebrities’ illnesses.

Theme Two: The Eating Disorder Illness Experience

While the previous primary theme described risk factors for developing an eating disorder, this theme described the experience of actually living with one. *The Eating*

Disorder Illness Experience contained four subthemes: *Double lives*, *Extreme diets*, *Means of life control*, and *Addictions*. As will be discussed within these subthemes, this theme provided simplistic half-truths about the lived eating disorder experience. It reduced eating disorders to conscious lifestyle choices, ignoring the complex bio-psycho-social nature of the illnesses. *People's* convenient, reductive analysis removed the pathology, individuality, and nuance of the lived eating disorder experience and implied that sufferers brought on their illnesses themselves.

Double lives

Like the *Eating Disorder Risk Factors* primary theme, the *Double lives* subtheme involved the celebrities' public careers. Here, however, the careers were not implicated as risks for developing anorexia or bulimia but were instead portrayed as part of the illness experience. *Double lives* was made manifest in *People* articles that praised the public personas of actresses, musicians, and athletes before revealing their secret eating disorders. By juxtaposing a successful, glamorous celebrity life with a painfully dark secret, the magazine portrayed those suffering from anorexia and bulimia as leading double lives; they were publicly successful, gregarious, and confident, and privately hopeless, withdrawn, and insecure. They seemed to "have it all" externally but were falling apart internally.

As People unravels the threads of the celebrities' double lives, I unravel myself, my feelings mixed, tangled, and torn. A part of me applauds the magazine for exposing the private, secretive nature of anorexia and bulimia. I am one of many sufferers who has described the illness experience as a double life (Pettersen, Rosenvinge, & Ytterhus,

2008), and I appreciate the magazine recognizing it as such in its coverage. Still something doesn't sit right.

To draw a distinction between the celebrities' public and private lives, *People* first applauded the celebrity's public persona. The magazine introduced several actresses, for example, by way of their better-known onscreen characters. Interestingly, these characters were kind, unassuming, picture-perfect types. They were either smart and morally uptight—"good girls" like Carol Seaver, Marcia Brady, and Lisa Simpson—or attractive and popular like Amber Van Tussle of *Hairspray* and Meg Pryor of *American Dreams*. *People* accentuated these particular qualities in its portraits of the actresses. As the magazine put it, Tracey Gold played "wholesome Carol Seaver" on *Growing Pains* (Sanz, 1999), Maureen McCormick played the "impossibly perfect oldest Brady girl" on *The Brady Bunch* (Margaret, 2007), and Yeardley Smith still provides the voice for "sensible brainiac Lisa" on *The Simpsons* (*People*, 2004). Actress Brittany Snow was similarly characterized by the pretty characters she played onscreen: the "perfectly coiffed vixen...in *Hairspray*, the conniving cheerleader in *John Tucker Must Die* and the girl next door on the former NBC series *American Dreams*" (Sóuter, 2007).

In People's coverage the actresses ARE their fictional characters. Tracey Gold is Carol Seaver; Maureen McCormick, Marcia Brady; Yeardley Smith, Lisa Simpson. Never mind the actresses' human personalities; in the magazine these women are wholesome, brainy, perfectionistic older sisters.

Like I am.

Two things occur to me: One, how strange of a phenomenon to substitute the actresses for their characters; and two, how strange that their characteristics match those of the textbook eating disordered patient.

As with the actresses, *People* described eating-disordered musicians in terms of their performance in the public eye. According to the magazine, Karen Carpenter “brought soothing middle-of-the-road appeal” to high-selling, Grammy-winning Carpenters records (Levin, 1983). She was portrayed as the sweet, soft face of the Carpenters’ music. Paula Abdul and Katharine McPhee were similarly introduced in a shining light. Abdul “burst onto the music scene with *Forever Your Girl*, a debut album that sold 12 million copies, produced four chart-topping singles and turned her into a star overnight” (Schneider, 1995), and McPhee burst onto the reality television stage with a superior voice; according to *American Idol* judge Simon Cowell, it was “the best of the competition” (Sóuter & Rizzo, 2006). Other singers featured in *People* included Cheryl “Salt” James of rap duo Salt-N-Pepa, described as a “fierce female presence in the male world of rap” (Sóuter, 2007), and Nicole Scherzinger, whom *People* portrayed as “practically purr-fect onstage with The Pussycat Dolls” (Dowd, 2014).

Like the women recognized by their onscreen and onstage characters, female athletes were also identified by their public accomplishments. Professional tennis player Carling Bassett-Seguso, for example, was described as “destined to claim Chris Evert’s title as America’s tennis sweetheart” (Neill, 1992), and gymnast Cathy Rigby as destined to claim similar accolades in her own sport. *People* called her the “first of the gymnast media darlings,” an athlete who placed in the 1968 Olympic Games and the 1970 and 1972 World Gymnastics Championships (McCoy, 1984). According to *People*, swimmer

Amanda Beard dominated her sport as well—she won four Olympic medals by her eighteenth birthday (Chiu, 2010a). As *People* did with the actresses and musicians, it painted a perfect public image of these successful female athletes.

Like many individuals with eating disorders (NEDA, 2014), I am an approval-seeking, perfectionistic overachiever. No problem, says People, if only I had been able to keep it up. Been more, done more, bought more, primped more, worked more. People tells me the cultural messages weren't the problem. I am the one who failed at being perfect.

By not challenging the cultural and emotional factors behind it, *People* implied that the celebrities' pursuit of perfection was a worthwhile one. Indeed, the pursuit was unquestioned until the perfect images of the actresses, singers, and athletes shattered upon the disclosure of their eating disorders. Long-concealed blemishes on otherwise flawless celebrities, anorexia and bulimia existed in stark contrast to the celebrities' public accomplishments. *People* sensationalized this contrast when revealing many eating disorders, including that of actress Sandra Dee. The magazine affirmed Dee's seemingly idyllic life before disclosing her not-at-all-idyllic illness: "Her storybook life seemed complete. The reality was nothing that America of that time could imagine, or that Hollywood would have wanted to know...[Dee's] decades-long plunge into anorexia" (Dee, 1991). *People's* narrative suggested that while Dee's life seemed perfect, her eating disorder was a dirty secret hidden under an otherwise ideal appearance.

The magazine also exaggerated the contrast between public appearances and private secrets in its feature about Tracey Gold's anorexia. *People* explained the difference between the actress's external appearance and internal character:

On the outside Tracey seemed ‘pleasant and cheerful—a rock,’ recalls her TV dad, Alan Thicke. But in private the young actress’s real-life growing pains were killing her—and those who loved her felt helpless to stop her slide toward physical illness and self-destruction. (Sporkin, 1992)

With a cheeky reference to Gold’s *Growing Pains* role, *People* again emphasized the striking disparity between her onscreen and offscreen life. It did the same for actress Candace Cameron Bure, who “may have scored both laughs and fame playing D.J. Tanner on *Full House*, but...faced a far darker reality years later, long after the cameras stopped rolling on the show” (Loinaz, 2013). Again and again the magazine praised its featured celebrity’s public character before laying her private one bare and exposed.

In applauding and then exposing the celebrities with eating disorders, *People* reinforced popular ideas about celebrities and eating disorders alike. First, the magazine’s coverage reflected the halo effect—the tendency to form an overall favorable impression of someone based on a perceived personality trait. Like a halo over their heads, the celebrities’ manufactured images reflected the illusion of grandeur over their entire lives. The images shined like beacons, bright and clear, offering a perfect image of the human actresses, singers, and athletes themselves. Then, by portraying eating disorders as flaws that tarnish these perfect images, *People* perpetuated the stigma that surrounds anorexia and bulimia. It implied that eating disorders were character flaws—“shocking” (Zuckerman, 2012), image-destroying conditions. Rather than legitimate medical illnesses, anorexia and bulimia were sensationalized as signs of disgrace and imperfection.

I feel like a leper. From People I have learned that my disorder is not only contagious (See Eating Disorder Risk Factors theme), but incredibly shameful as well. The magazine’s voice sounds like the one in my head—the one that calls me a

disappointment, an embarrassment, a failure. This voice, though quieter than it once was, terrorizes my memory. It once told me, “I think I’d rather be dead than have anyone find out about my disorder.”

By portraying an eating disorder as a devastating blow to a person’s otherwise perfect image, People joins other media in supporting stigma beliefs (Scheff, 1999; Smith, 2007). This realization horrifies me, as I know stigma is the major obstacle to treatment and recovery (Hepworth & Paxton, 2007).

Though it recognized the secretive nature of eating disorders, the *Double lives* subtheme was simplistic and stigmatizing, as it removed the celebrity sufferers from a cultural context. It portrayed the sufferers as failed perfectionists, women who could not live up to the standards created by their fictional personas. The magazine failed to challenge cultural ideals of perfection—indeed, it celebrated and promoted the fictional characters as ideal types—and then placed blame on the individuals who could not maintain their respective perfect façades.

Extreme diets

As in the subtheme of *Double lives*, eating disorders were simplified and stigmatized in the next subtheme about the illness experience, *Extreme diets*. In this subtheme anorexia and bulimia were portrayed as drastic diet plans—conscious choices to slim down. Instead of a risk factor for a psychological eating disorder, dieting was portrayed in the magazine coverage as an eating disorder; the two phenomena were one and the same. *People’s* feature on model Crystal Renn provided a typical characterization of eating disorders as extreme diets:

Initially, Renn embarked on a sensible diet plan. “It started slowly—it was like, ‘I’m not going to eat Oreos anymore. I’m going to have whole-wheat bread,’” she

says. But after dropping 30 pounds, Renn hit a plateau and decided to take more drastic measures to get model-skinny. (Williams, 2006)

As portrayed in *People*, the model turned to anorexia because her more “sensible diet” stopped working, and she needed a “more drastic” one to see weight loss results. In order to shed more pounds, in other words, she “decided” to become anorexic. She chose her eating disorder, much like she chose her initially sensible plan. Renn’s eating disorder, presented as such, was simply an extreme point on the normal dieting trajectory.

People similarly characterized anorexia as a type of diet in its articles about actress Portia DeRossi and Miss America 2008, Kirsten Haglund. According to the magazine, DeRossi and Haglund both viewed their disorders as diets, and *People* did not challenge their point of view. When DeRossi told the magazine, “The diet I went on was the same one I had gone on six to eight times a year...300 calories a day for seven days” (Jordan, 2010), the magazine did not consider whether 300 calories a day was a reasonable regimen or an eating disorder. What’s more, when DeRossi said her disorder disguised itself “as a healthy diet, a professional attitude” (Jordan, 2010), *People* failed to question DeRossi’s ideas about health and professionalism or the cultural forces behind them.

To People, DeRossi’s 300-calories-a-day diet was healthy and professional?

It left similar questions unanswered in its portrayal of Kristen Haglund, who “thought she was dieting” when she was on a “starvation diet” (Williams, 2008) that eliminated carbohydrates, sugar, and fat. Rather than discuss how eating disorders can masquerade as diets, *People* upheld the myth that eating disorders are, in fact, just diets.

In annoyed silence, I blink, frustrated by the portrayal of eating disorders as diets. I look to my journal for the differences:

A dieter may want to lose weight.

I wanted to disappear completely: "I had the craziest weigh-in this morning. Somehow, magically, like out of a dream, the scale read 00.0. Obviously an error or a battery failure or something boring like that, but whatever, who cares! What a rush to think I could lose everything overnight."

A dieter may exercise to feel good.

I exercised to punish myself: "From now on, one sit-up for every calorie I eat. Maybe that'll teach me to stay within the day's limit."

A dieter may love to hear they look "healthier."

I thought "healthier" meant "fatter": "Today the doctor said I look 'healthy.' Ouch, right? I wish she'd call a spade a spade and say what she meant: I got fat."

A dieter may take a "cheat" day.

I never caught a break from my eating disorder: I purged on happy days, sad days, boring and eventful days. I purged just hours before my high school graduation, hours after my college one. I purged during vacations, on family trips, during outings with friends. No matter where I was or what I did, "I took bulimia with me."

Now, to be clear, dieting may put one at greater risk for developing anorexia or bulimia, but the two phenomena differ in that an eating disorder is, well, a disorder. A mental disorder. Dieting is simply a risk factor, which, combined with other biological, psychological, and social factors, may heighten obsessions about food, weight, and appearance and gradually escalate into a full-blown eating disorder. Dieting is merely one piece of this complex etiological puzzle.

People included no critique of dieting in its coverage, however, except for the implicit one that extreme diets (again, portrayed as eating disorders) can be unhealthy. In the magazine, it seemed, the problem was not with dieting itself, but rather with the individuals who were dieting, such as actress Brittany Snow:

I started with the Eat Right for Your Type diet. A friend who was a little older was doing it. I have a perfectionist personality, so I wanted to do the best job I could. I was not eating anything it said not to. It was almost fun for me, like a little experiment. Then I moved on to other diets. The cabbage diet, the salmon diet—I don't even like salmon!—the Zone, Atkins, Slim Fast. When I started losing weight I got compliments from people I looked up to on [*American Dreams*]. Soon I was addicted to getting results. (Ingrassia, 2007)

In this quote *People* effectively suggested it was the person, Brittany Snow, a self-described perfectionist, who was the problem. The dieting itself, as well as the culture that normalizes such dieting, went unquestioned.

Not only did *People* fail to critique dieting as a risk factor for eating disorders in its coverage of Snow, it also legitimized dieting in articles about singer Karen Carpenter and actress Tracey Gold. According to the magazine, Carpenter and Gold both went on doctor-supervised diets: Carpenter went on the Stillman Diet (Carpenter, 1983), Gold on an endocrinologist-prescribed one (Levitt, 1994). The magazine did not explore the dangers of dieting after quoting Carpenter's brother, who said Karen "wasn't that fat" (Carpenter, 1983) before she started dieting, or after disclosing the fact that Gold started her doctor-supervised plan after being diagnosed with anorexia just seven years before. Instead, *People* lent credibility to the women's weight loss plans by mentioning guidance from their doctors. In doing so it implicitly supported these already-thin celebrities' desire to lose weight.

Indeed, normative dieting was applauded as a healthy practice even for celebrities recovering from anorexia and bulimia. In an article about reality star Michelle Duggar, for example, dieting was presented as a means to keep her bulimia at bay. According to the magazine, Duggar “[pointed] to Weight Watchers, and their [sic] methods of accountability, to maintaining weight in a healthy way” (Dennis, 2014). By failing to question the practice of dieting as a risk factor for eating disorder illness and relapse, *People* conformed to dieting culture. It did the same in an article about actress Brittany Snow, who said “I’m an actress, and because of the way Hollywood is, I do have to watch what I eat” (Ingrassia, 2007). Rather than question the presence of disordered eating habits in the recovering anorectic, *People* validated her acceptance of thinness as a prerequisite for fame.

Elsewhere in the magazine I see People reinforcing diet culture. The entertainment magazine is full of thin Hollywood stars and just-as-thin advertising models, its stories full of their diet tips and beauty secrets. In its issues featuring celebrities with anorexia and bulimia, then, the magazine sends me a mixed message: Diet, but not too much. Not too drastic, not too perfect. Like women’s magazines that send contradictory messages to their female readers (Gauntlett, 2009; Kilbourne, 1995; Nettleton, 2011; Winshop, 1987), People leaves me feeling confused.

Extreme diets, like Double lives, simplified and stigmatized eating disorders by isolating sufferers from a cultural context, laying responsibility instead on the celebrities who “chose” their conditions. Whereas the previous subtheme described anorexia and bulimia as failed attempts at perfection, this one described them as diets gone wrong. The

problem was not the culture that fuels perfectionism and dieting culture, but instead the individuals living in it.

Means of life control

The next subtheme of *The Eating Disorder Illness Experience* depicted anorexia and bulimia as a means of life control. This subtheme portrayed eating disorders as a way for the affected celebrities to bring order to seemingly chaotic life situations. In most cases *People* provided little explanation about the sense of control supposedly provided by the disorders. It simply cited a perceived lack of control in the given celebrity's life, affirmed the idea that eating disorders provide control, and then moved on. In doing so the magazine supported the reductive banality that anorexia and bulimia are “about” control without exploring the nuances of the description or exposing the sense of control as an illusory one. The *Means of life control* subtheme reinforced another simplistic half-truth about the illness experience, as an eating disorder is more than a control issue.

My eating disorder was “about” control, yes, but it was “about” perfectionism, too, and comparison, and low self-esteem, and people-pleasing, and glorified busyness, and unhealthy relationships, and depression, and anxiety, and social phobia, and Crohn’s disease (or was it colitis?). It was “about” feelings I couldn’t verbalize, and my fear of growing up, and my fear of staying young, and my “being good” at something, and “owning” something, and myriad other mysterious things I have yet to discover in therapy. But People’s readers wouldn’t know any of that.

To the magazine, it seems, I was simply some Stalinesque control freak—someone so stubborn, so defiant, so incredibly desperate to micromanage everything, down to every teeny-tiny morsel I ingested.

Actress Sandra Dee was among the celebrities of the *People* articles who reportedly used eating disorders to exert control. According to the magazine, Dee's disorder was "a desperate attempt to control what she perceived as an unmanageable body and an even more unmanageable life" (Rosen, 1992). Hoping to gain a "measure of control over her life, Dee became defiantly anorexic" (Dee, 1991). As portrayed by the magazine, Dee used anorexia to calm her personal chaos, as did actress Scarlett Pomers. The magazine explained that Pomers also "felt everything in her life was out of control" (*People*, 2005) before she started engaging in eating disorder behaviors. In short, *People* suggested that eating disorders provided celebrities with a feeling of control that was missing from other areas of their lives.

In the *People* coverage, eating disorders gave celebrities power over food intake and body size, which compensated for feelings of powerlessness experienced elsewhere. One article explained, "The anorectic feels that while she may not be able to control anything else, she will, by God, control every morsel that goes in her mouth" (Levin, 1983). To support this assertion *People* quoted the coach of former gymnast Christy Henrich, who described the food-related sense of control Henrich discovered following the 1988 Olympic trials: "She saw herself as a failure at the trials, then she had a stress fracture and couldn't control her workouts. But she could control her diet" (Plummer, 1994a). Distressed by a lackluster athletic performance and debilitating injury, Henrich reportedly found comfort in a rigid diet. Like Henrich, singer Cherry O'Neill was supposedly "exhilarated by the control [she] had over [her] body" (Rosen, 1992). For her and Henrich eating disorders were seemingly thrilling, empowering pursuits that mitigated other life stressors.

From the outside, I'm sure it's confusing, the way those of us with eating disorders talk about control. A little perspective: It's easier to control food and weight than it is to explore what eating disorders are really "about." It's easier to control the minutiae of calories in and calories out than it is to control the co-morbid diseases that affect so many of us sufferers. I am part of a group that experiences obsessive-compulsive disorder, depression, and other mood disorders at much higher rates than the general population (Altman & Shankman, 2009; Mangweth et al., 2003; McElroy, Kotwal, & Keck, 2006). One-half of us suffer from alcoholism and other substance abuse disorders, and one-quarter of us participate in self-harm behaviors like cutting and burning (NEDA, 2014).

For years, obsessing over the quarter-pound changes on the scale distracted me from these issues. Saying "I feel fat" protected me from saying "I feel sad," or irritated, embarrassed, lonely, bored, frustrated, anxious, or any other actual feeling.

People also portrayed celebrities using eating disorders to reclaim a sense of control lost to others. The magazine quoted several celebrities who attested to the control gained in these disorders. Singer Cherry O'Neill, for example, told the magazine that through her anorexia she was "controlling a part of [her] life...which was controlled for the most part by other people" (Shaw, 1982). In another article O'Neill reasoned that singer Karen Carpenter engaged in disordered behaviors for the same reason—to take charge of her life. She explained, "When you start denying yourself food and begin feeling you have control over a life that has been pretty much controlled for you, it's exhilarating" (Levin, 1983). People reported that model Paige Adams-Geller also felt most of her personal and professional life was controlled by others: "Everyone's

controlling you—agents, manager and parents...I couldn't control what everyone else was telling me, but I could control how much I weighed” (Tan, 2005). Again eating disorders were portrayed as a way to exert individual control in a life controlled by others.

In the *People* narrative, the explanation of eating disorders as means of life control is reductive and incomplete. It does not explore the other forces at work, nor does it expose how eating disorders provide only the illusion of control. Without this information *People* again isolated eating disorders from their cultural context, placing blame on the individuals desperate for control.

Addictions

The last of the four subthemes of *The Eating Disorder Illness Experience*, *Addictions* captured the way anorexia and bulimia were portrayed as addictive, self-destructive conditions. *People* related eating disorders to alcoholism and substance abuse in two ways: first, by invoking imagery of addiction, and second, by failing to expand or challenge celebrity quotes about addiction. First, *People* used descriptors of alcohol and drug abuse to figuratively describe eating disorders. A story about Karen Carpenter's anorexia, for example, opened with words like “drink,” “needles,” and “stash,” and then referenced well-known addicts Elvis Presley and John Belushi. The article suggestively likened the singer's eating disorder to an addiction:

Iced tea was the hardest drink she consumed, and the only needles she used were for needlepoint. Her weirdest stash was a collection of Mickey Mouse memorabilia. The flagrant comet tail of self-indulgence so familiar in plummeting stars like Elvis Presley and John Belushi did not mark Karen Carpenter's life—or her death of heart failure on Feb. 4 at the age of 32...She had led a long, lonely struggle against another form of self-destruction, anorexia nervosa. (Levin, 1983)

In this passage, the magazine implied that Carpenter's eating disorder was her self-

destructive “drug” of choice, not unlike Presley’s prescription drugs or Belushi’s cocaine and heroin. To *People* Carpenter’s drug seemed more innocent, as highlighted by the attention given to her wholesome beverage and hobbies, and later supported by a description of anorexia as the “good girl’s disease” (Levin, 1983). It was no less addictive, however.

I nod my head only halfway, hesitant to completely accept People’s portrayal of eating disorders as addictions. Sure, for eight years I was “addicted” to something, as revealed in my journal:

I speed to the local Pick ‘n Save in a holey shirt and sweatpants, because oh my god, I need my fix NOW... then power-walk through the grocery store, whizzing up this aisle, down that one, filling my basket with chips, candy, cereal, ice cream, pop, and whatever-the-hell-else-I-want, dodging eye contact and praying the stock boys won’t notice I was there yesterday and every day before that, fake smile when the cashier jokes “It must be cheat night” (haha, not funny) as she rings up my items, which I quickly hide in a brown paper bag before darting home to a dark, safe room. I binge, I purge. I breathe.

Restricting, bingeing, purging, over-exercising, body checking, and weighing are all habitual and endorphin-releasing behaviors. They’re “addictive.” But an eating disorder is more than an addiction to behaviors.

While symbolically portraying eating disorders as addictions, *People* also incorporated simplistic celebrity quotes that equated the two conditions. The magazine offered little explanation about their common characteristics, save a couple instances where it attested to the lifelong nature of both eating disorders and addictions (Berestein, 2000; Parsley, 2011). Most often *People* provided no context that explained how, exactly, the conditions were similar. For example, immediately after Nicole Scherzinger admitted, “My bulimia was my addiction. Hurting myself was my addiction” (Fleeman, 2012), *People* promoted the singer’s upcoming VH1 special. It did not address the illness or

explain why “it was [her] drug” (Dowd, 2014), nor did it explore why anorexia was addictive to actress Brittany Snow (Ingrassia, 2007) and Miss America 2008 Kirsten Haglund (Williams, 2008). The magazine did report that Snow and Haglund were fixated on the “results” of their eating disorders—presumably, the decreasing numbers on their bathroom scales, tape measures, and clothing tags—but it did not address how the disorders were themselves addictions. Without this context, it is unclear whether the celebrities in *People* suffered from an actual addiction or merely used the word “addiction” to figuratively describe their habitual disordered behaviors.

The simplistic view of eating disorders as addictions dismisses a major criterion of the eating disorder diagnosis: the influence of body weight and shape on self-evaluation. By focusing on the observable symptoms of the mental illness, the addiction model overlooks those that exist within the mind. It emphasizes behaviors at the expense of thoughts. While disordered thoughts often precipitate disordered behaviors (and disordered behaviors inevitably worsen disordered thoughts), the two are separate beasts.

My journal from the psychiatric hospital reveals how thoughts exist apart from behaviors. The entry provides a glimpse into my eating disordered brain, clearly still sick after I quit engaging in behaviors:

Today I'm 32 days binge/purge-free. Congrats, everyone says, you must be SO proud. I'm not, of course—not even close. What are we celebrating here? Fat? Such an accomplishment, me fattening up. This is just what I need: 20, 30, maybe 40 pounds more of me to hate.

Some celebrity quotes likened eating disorders to addictions by emphasizing the addictive nature of anorexia and bulimia. Model Paige Adams-Geller, for example, defined her anorexia as “a sickness I couldn’t stop” (Tan, 2005), and actress Maureen McCormick explained, “once I started [purging], it was hard to stop” (Margaret, 2007).

Here the eating disorders were portrayed as detrimental habits that eroded behavioral control. Even after the celebrities recognized the signs and symptoms of an “addiction,” their anorexic and bulimic rituals seemed impossible to break. As actress Jamie-Lynn Sigler said, “I knew I had a problem and wanted to get better, but I was not able to let go of my habits” (Chorney & Nudd, 2007). According to this *People* narrative, these “habits” held a tight, constant grip on the celebrities. *People* did not discuss how or whether the grip of the eating disorders differed from that of addictions; it simply included celebrity quotes about the addictive nature of anorexia and bulimia and moved on.

People also established the similarity between addictions and eating disorders by disclosing the drug-like effects of the celebrities’ behaviors. According to the magazine, anorexia and bulimia served to numb psychological pain, dull sharp senses, and mask unpleasant feelings. Singer Katharine McPhee, for example, told the magazine she engaged in bulimic behaviors to escape emotional discomfort. According to her *People* feature, McPhee self-medicated with food when she felt the slightest of uncomfortable feelings:

As soon as I would feel something, I would eat over it so that I didn’t have to feel anything I didn’t want to. It was literally a drug—you know, these sensations would come over my whole body and it would be urgent, like nothing else mattered but getting to the food. (Sóuter, 2006b)

McPhee used bulimia as emotional anesthesia. As portrayed in *People*, eating disorders also worked as a drug for rapper Cheryl “Salt” James, who felt “euphoric, satisfied, and relieved” when she binged and purged (Sóuter, 2007), and singer Anne Murray’s daughter Dawn Langstroth, who felt high when she starved herself. By restricting food, Langstroth told *People*, “you get a buzz because you’re so lightheaded and after a while

your mind doesn't work at all'" (Chin, 1999). For Langstroth the dizzying consequences of undereating were intoxicating, the brain fog exhilarating. In *People* both anorexia and bulimia provided drug-like euphoria and relief, a detail of the eating disorder experience that supported the magazine's larger conceptualization of eating disorders as addictions.

As noted, by comparing anorexia and bulimia to alcohol and drug abuse, *People's* narrative equated two forms of mental illness: eating disorders and substance addictions. In doing so *People* suggested that the causes, effects, and treatments of the conditions are the same. While addictions and eating disorders are both medical conditions illuminated in biological terms by the medical disease model, they are also cultural conditions that the model cannot fully explain. The model's shortcoming is particularly important in the study of eating disorders, which, as feminist scholars note, are best understood within a larger cultural context (Bordo, 1993; Hesse-Biber, 2006; Johnston, 2000; Martin, 2005; Wolf, 1991). By endorsing the addiction model of eating disorders, *People's* narrative neglects larger social factors in the development and healing of eating disorders. It excuses the social environment in which anorexia and bulimia thrive and presumes that healing from anorexia and bulimia is a personal process.

For us women, our personal recovery is political. To recover from my eating disorder I must resist a culture that equates my worth with my appearance (Bordo, 1993; Bartky, 1990). I must gain weight, a terrifying task made taboo in a society that associates fat with weakness, laziness, self-indulgence, and immorality (Hesse-Biber, 2006). I must refrain from participating in "socially mandatory" fat talk (Goudarzi, 2007) and ignore media associating thinness with better, happier, more successful lives

(Kilbourne, 1994). *I must remind myself I was none of these things when I was thinner; I was sick, weak, and miserable.*

In *The Eating Disorder Illness Experience* theme anorexia and bulimia were simplified into conscious life choices—as failed attempts at perfection in *Double lives*, as desperate plans to slim down in *Extreme diets*, as selfish efforts to exert control in a *Means of life control*, and as behavioral addictions in *Addictions*. These subthemes portrayed half-truths about the illness experience, as each contained elements of truth but largely overlooked the complexity of the psychological illnesses. Taken together they reinforced the stigma surrounding eating disorders, as they reinforced the myth that sufferers brought on their eating disorders themselves.

Theme Three: The Eating Disorder Recovery Experience

The final theme of the *People* narrative concerned the period after illness, *The Eating Disorder Recovery Experience*. Recovery was portrayed in the articles as a lifelong practice that required time, patience, and commitment. It was described as a “gradual” (Lamber, 2012) and “ongoing” (Tan, 2007) “process” (Lipton, 2004) that moved at a “painstaking” pace (Levitt, 1994) and was never fully achieved (Ingrassia, 2007; *People*, 1993). This theme was made manifest in magazine coverage that challenged healing as a quick, isolated event, described its unpredictable nature, and predicted lifelong experiences with eating disorders.

First, the magazine illustrated the slow, ongoing nature of eating disorder recovery by debunking ideas of a magical moment of healing. It incorporated celebrity quotes that attested to the slow nature of the recovery process, including one from rapper Cheryl “Salt” James: “I don’t want to give the illusion that one day God came down and

I was healed. It is a process, and something you have to stay on top of” (Sóuter, 2007). While *People* did not reveal what the recovery process entailed, its inclusion of James’s quote suggested that it required personal responsibility. A quote from Olympic swimmer Amanda Beard suggested the same: “It’s not like I went to therapy and—poof!—better” (Chiu, 2010a). In *People* no magical spell could ease or shorten the hard-fought fight to health.

The magazine also depicted the ongoing process of recovery by quoting celebrities who described its capricious, changeable nature. For actress Elisa Donovan there were reportedly “really difficult” days and “days where it’s fine” (Lang, 1996), and for actress Mary-Kate Olsen there were both “good weeks and bad weeks” (Tauber & Gliatto, 2004). These comments supported *People*’s depiction of an erratic recovery, but they offered little insight into the alleged fleeting highs and lows. While a quote from gymnast Cathy Rigby alluded to the nature of the “bad” days—“sometimes you go back to your old habits,” she said (McCoy, 1984)—*People*’s coverage failed to describe the daily basics of the recovery experience.

“It’s a process” does little to explain the lived experience of those recovering from anorexia and bulimia. The explanation is tired and vague, and while it does indicate gradual healing, it does not acknowledge the messy and uncomfortable nature of eating disorder recovery, nor does it specify what the process requires from recovering individuals like myself.

While each person may define recovery differently, to me the “process” meant a medical leave from school and work, followed by months of inpatient and partial treatment, followed by a year (and counting) of outpatient treatment. It meant Cognitive

Behavioral Therapy, Dialectical Behavior Therapy, Eye Movement Desensitization and Reprocessing therapy, art therapy, animal therapy. It meant breakfast at 7, lunch at noon, dinner at 5, three snacks in between, and almost running to the bathroom after each, but stopping instead—breathing in, out, in, it would be okay. It meant antidepressants, anti-anxiety meds, meds to help me digest, to help me sleep. It meant retraining my brain to see food instead of numbers, to hug friends instead of toilets, and to realize that there are coping strategies more effective than bingeing and purging (though taking a bath or painting my nails will never feel the same as ice cream and bathrooms).

Recovery meant entertaining the thought of going back to the disorder, sometimes actually going back, but eventually realizing that it is much harder to crawl out of the deep hole of sickness than it is to avoid it altogether. Recovery is a strange mix of disgust and happiness, freedom and pain. Recovery is a journey.

Finally, *People* characterized recovery as a never-ending process by accepting celebrities' views of eating disorders as lifelong conditions. For example, when Brittany Snow anticipated that her anorexia will "always be a part of [her] life" (Ingrassia, 2007), and supermodel Beverly Johnson predicted she will "always have an eating disorder" (*People*, 1993), *People* did not challenge their assumptions. There was no end point to recovery in the magazine's narrative. As actress Yearley Smith explained, "On Aug. 6, 2003, I had my last binge and purge. I haven't had one since. But one doesn't do a victory dance, because the game isn't over" (*People*, 2004). The implied message was that the "game" of eating disorder illness and recovery did not end with *People's*

coverage; the celebrities were portrayed as always recovering but never fully recovered from their conditions.

I reject that fate. I reject it for myself, and I reject it for others. Research shows that, with treatment, individuals with anorexia have a 40% chance of complete recovery and a 40% chance of partial recovery, and individuals with bulimia have a 50% of full recovery and a 35% chance of partial recovery (Plotnik & Kouyoumdjian, 2010).

Not only is *People's* image of eating disorder recovery overly simplistic, it does not provide hope for those suffering.

Summary

People portrayed the celebrity eating disorder experience as a behavioral and physical “battle” set off by celebrity activities and experienced as a double life, a diet, a means of life control, or an addiction. Recovery from this battle was depicted as a process without end. The *People* narrative emerged from two rhetorical strategies and three primary themes, including one that described risk factors for eating disorders; ones that described the illness experience as a double life, a diet, a means of control, or an addiction; and one that described recovery as a lifelong process. Taken together, these themes reinforced widely held beliefs about eating disorder illness and recovery. Oversimplified and reductive, they failed to challenge common misconceptions about anorexia and bulimia or the stigma surrounding them.

Specifically, the simplistic, stereotypical account of eating disorders in *People* marginalized the experiences of those who differ from the celebrity portrayals. By primarily featuring White, heterosexual, upper-class women, the magazine reinforced the stereotype that anorexia and bulimia are “rich White girls” diseases and rhetorically

dismissed the experiences of members of other race, class, and gender groups. Likewise, by portraying eating disorders as physical illnesses, *People* discounted the severity of eating disorders among sufferers who are not skeletally thin. Together these stereotypical depictions upheld the myth that eating disorders are visible, easily detected illnesses particular to certain population groups. This myth is dangerous, as it may increase the likelihood that the disorders go trivialized, unnoticed, or untreated in other groups.

While reflecting and reinforcing myths about those affected by eating disorders, *People*'s coverage also echoed insidious half-truths about the illness experience itself—namely, that it is an attempt at perfection, a diet, a means of life control, or an addiction. In doing so, the magazine situated anorexia and bulimia as conditions within an individual's control and excused the larger culture in which they thrive. This isolate-the-victim mentality upheld the stigma associated with these disorders, as it portrayed them as lifestyle choices instead of complex mental illnesses. Finally, *People* perpetuated misconceptions about eating disorder treatment by portraying it hopelessly—as a process that never ends.

To promote better understanding of eating disorders and a deeper connection to those affected by them I offered an autoethnographic reflection on *People*'s narrative. Interweaving research and lived experience throughout my interpretation of the study's rhetorical context and primary themes, I attempted to add diversity, complexity, and emotion to the *People* narrative. By raising awareness of the contradictions between the mediated narrative and lived experience, I used feminist standpoint theory to expose the “god-trick” of *People*'s voice. My situated perspective as a White, middle-class woman who identifies as a feminist scholar, a mental health researcher, and a recovering bulimic

offered multiple layers of consciousness and allowed me a view of eating disorders more comprehensive than that presented in *People*. With this epistemic privilege I looked beneath the dominant ideologies regarding weight, illness, and health, and employed autoethnography as “a form of critique and resistance” (Neumann, 1996, p. 191). In the final chapter I provide practical recommendations for media coverage of eating disorders, situate the complete study within a larger body of relevant literature and theory, and offer directions for future research.

CHAPTER 5 // RECOMMENDATIONS AND CONCLUSIONS

“After eight years of silence, I think I’ve found my voice”
(Personal journal, 4/2/2014)

The statistics are staggering: 20 million women and 10 million men will suffer from an eating disorder during their lifetime (NEDA, 2014). About four percent of these individuals will die from complications related to their disorders (Crow et. al, 2009), and a much larger percentage will face other psychological and physical symptoms (NEDA, 2014). Despite figures underscoring the prevalence and severity of this health problem, eating disorders are still widely misunderstood. Research suggests that the public lacks significant knowledge about eating disorders (Holliday, Wall, Treasure, & Weinman, 2004), and it stigmatizes these disorders more than other mental illnesses (Crisp, Gelder, Rix, & Meltzer, 2000).

Though the public receives most of its eating disorder information from the media (Murray, Touyz, & Beumont, 1990), scholars have overlooked the meaning of eating disorder coverage and its connection to the lived eating disorder experience. In this thesis I spoke to this gap by exploring the story told by *People* magazine about celebrity eating disorders and reflexively relating that story to my own illness, treatment, and recovery. I paired textual analysis with autoethnography to read my experience against that depicted in *People*, a product representative of our media-saturated, celebrity-driven culture.

People’s narrative about celebrity eating disorders emerged from a rhetorical context and three primary themes: *Eating Disorder Risk Factors*, *The Eating Disorder Illness Experience*, and *The Eating Disorder Recovery Experience*. Taken together the rhetorical strategies and primary themes portrayed anorexia and bulimia as behavioral

and physical “battles” defined by low body weights and triggered by celebrity careers. They depicted the illness experience simplistically as a double life, an extreme diet, a means of life control, or an addiction, and the recovery one as a never-ending process. An autoethnographic response to this narrative connected my personal illness and recovery to the social realm, deepening an understanding of media portrayals of the eating disorder experience.

People's coverage relied on stereotypical ideas about eating disorder sufferers and simplistic half-truths about illness and recovery. Specifically, it reinforced several common myths, including ones about the diversity of those affected by eating disorders, ones about the complexity of the disorders, and ones about the treatment for the disorders. This coverage perpetuates misunderstandings about the disorders and contributes to the public misunderstanding and the social and self-stigma surrounding them, both significant barriers to help seeking, support, and treatment.

First, *People's* portrayals reinforce the stereotype that eating disorders are “rich White girls” diseases. By almost exclusively featuring celebrities of these social groups, the magazine neglected the experiences of members of different race, class, and gender groups. Though eating disorders affect people of all social backgrounds (NEDA, 2014), *People's* coverage implies that the stereotypical eating disorder sufferer is the most authentic one, her illness the most legitimate. Men and other readers who differ demographically from this example may feel they are immune to eating disorders—that these disorders afflict only the Mary-Kate Olsens and Demi Lovatos of the world. In a similar way *People* readers are led to believe that those who suffer from eating disorders are always thin. Not only does this marginalize the experiences of average weight,

overweight, and obese individuals, it also raises the risk that eating disorders go unnoticed and then untreated in these individuals.

Second, by presenting half-truths about the eating disorder illness experience, *People's* coverage reduces these complex psychological conditions to lifestyle choices and hazards of certain occupations. The simple portrayal of eating disorders as extreme diets, for example, or as a means to gain life control suggests that sufferers are responsible for their eating disorders. This misconception is particularly damaging, as it implies that these individuals can “stop” or “snap out of” their disorders if they chose to do so. The media portrayal of eating disorders as self-inflicted conditions crystallizes in the language used to talk about eating disorders. “Just eat,” “Get over it,” and similar comments are supported by simplistic portrayals such as those in *People*, and are unhelpful and ignorant suggestions to solve complex illnesses caused by a combination of factors.

Finally, *People's* representation of the eating disorder recovery experience fails to supply the hope desperately needed in the eating disorder community. By portraying anorexia and bulimia as lifelong conditions, the coverage implies that those affected by these conditions are lost causes, which only adds to the hopelessness often felt by sufferers and the health professionals who treat them. Hope is essential to the care of mental illnesses like eating disorders. It does more than boost spirits and provide inspiration; it is the reason medical care exists. The medical community does not “give up” on patients of physical illnesses—even chronic and terminal ones—and the same respect and compassion should be given to those suffering from mental illnesses.

When people stigmatize eating disorders, they also stigmatize efforts to treat and better understand them. This stigma may in part explain why eating disorder treatment is underinsured and research is underfunded. According to the Eating Disorders Coalition (EDC), many insurance policies exclude coverage of eating disorder treatment, which costs anywhere from \$500 to \$2,000 per day (EDC, 2014). Eating disorders also receive significantly less research funding than other illnesses. In 2011 the National Institutes of Health (NIH) allocated \$88 in research dollars per affected individual for Alzheimer's disease, \$81 for schizophrenia, and \$44 for autism. For eating disorders the amount of research dollars per affected individual was only \$0.93 (NIH, 2011). By upholding stereotypes and perpetuating myths about eating disorders, *People's* simplistic coverage does little to garner much-needed support for these illnesses. This raises the question: What needs to change? In the next section I offer recommendations for responsible media coverage of eating disorders.

Recommendations for the Media

Standpoint theorists and autoethnographers alike use their research to instigate social change, offering practical applications to overcome societal problems (Goodall, 2004). In a follow-up to Tillmann-Healy (1996), for example, Tillmann (2009) offered rhetorical strategies for bulimia recovery. In this section I add my voice to this discourse by exploring several recommendations for media coverage on eating disorders. As the public's main source of eating disorder information (Murray, Touyz, & Beumont, 1990), the media have a special responsibility to dispel the myths surrounding these mental illnesses. They can take the following steps to provide a more informed view of eating disorders.

First, media should present eating disorders as complex psychological illnesses with a variety of physical, mental, and emotional symptoms. As revealed in the analysis of *People*, focusing on the sensational physical and behavioral signs of an eating disorder dismisses the invisible components of the mental illnesses. Reporting that Christy Henrich weighed 47 pounds (Plummer, 1994) or that Jane Fonda purged 20 times per day (Rosen, 1992), for example, does not help others identify less visible signs. The media should recognize less sensational symptoms as well, including distorted body image, preoccupation with food and weight, mood swings, and social isolation, for example.

Media should abstain from citing specific weights altogether, as these numbers not only uphold the thin-body stereotype but also fuel competition among those with eating disorders (Thomsen, et al., 2001). Similarly, media should be cautious of defining specific eating disorder behaviors, which may be interpreted as instructional guides for those who wish to lose weight (Chiodo & Latimer, 1983; Fairburn & Cooper, 1982). They should avoid publishing detailed food plans, exercise regimens, or specific ways to purge, as research indicates a strong peer influence of these behaviors (Field, Camargo, Barr Taylor, Roberts, & Colditz, 1999; Paxton, Schutz, Wertheim, & Muir, 1999). While these behaviors may be received as weight loss tricks by those who do not suffer from an eating disorder, they are an especially dangerous risk for those susceptible to developing one.

Media should take similar care to include the diversity of eating disorder sufferers and their illness and recovery experiences. Though it is certainly possible that only three male celebrities suffered from eating disorders throughout *People's* publication history, more than 10 million men suffer from eating disorders (NEDA, 2014), and their

experiences ought to be reflected. Media should also diversify their conceptions of eating disorders, allowing sufferers to define their conditions for themselves. Rather than describe the experience solely as a battle, for instance, media should honor sufferers' unique conceptualizations of their disorders. Doing so would not only provide a more nuanced view of the eating disorder experience, but also give voice to the sufferers themselves.

Next, media should devote greater attention to eating disorder treatment and recovery. Rather than present eating disorder patients as lifelong sufferers, media should attest to the possibility of full recovery. They should provide stories of individuals who recovered fully with support and treatment, perhaps by following up with them many years after their illness and treatment experiences. Media could garner hope by acting as a referral source for individuals who may be suffering from eating disorders. They may provide information such as insurance resources and the National Eating Disorders Association (NEDA) Helpline number.

Finally, entertainment news media should examine the cultural context in which eating disorders thrive and stigma abounds. Though it is certainly not the primary mission of *People*, the magazine could take itself to task for its role not only in fostering these illnesses, but also in perpetuating the shame surrounding them. Rather than discuss eating disorders as isolated, individual occurrences, media should explore the social factors that fuel and exacerbate the illnesses. By covering anorexia, bulimia, and related disorders as widely misunderstood conditions and then working to overcome myths and stereotypes, media can unite with organizations that aim to increase eating disorder awareness, support, and prevention.

Conclusions

As the first study to explore an entertainment news magazine for its coverage of eating disorders, this thesis expands and supports previous studies that have examined coverage of anorexia and bulimia in women's magazines (Bishop, 2001) and newspapers (Mondini, Favaro, & Santonastaso, 1996; O'Hara & Clegg-Smith, 2007; Saukko, 2006; Shepherd & Seale, 2010). Consistent with this media research, I discovered in this study that eating disorders are portrayed in simplistic and stereotypical terms. Specifically, as in Bishop (2001), *People's* coverage simplifies the problem of eating disorders, reducing the complex conditions to personal lifestyle choices devoid of a cultural context.

This thesis contributes not only to existing research on media portrayals of eating disorders, but also to broader research on the media's thin ideal and the socializing functions of magazines. First, the study reveals that *People* promotes the thin ideal by emphasizing the weights of eating disorder sufferers. It shows that the weight of a woman, whether sick or healthy, carries important social meaning. The study also shows how magazines such as *People* can serve as social agents for female readers. By providing insight into larger cultural beliefs and values, the magazine likewise sheds light on cultural meanings of weight and illness. For those with eating disorder experience, the coverage provides a text against which to compare lived experiences.

The autoethnographic part of this thesis contributes to the small body of narrative scholarship on the eating disorder experience. By incorporating autobiographical reflections on my bulimia, my recovery, and my relationship with celebrity media, I extend the autoethnographies of Tillmann-Healy (1996) and Saukko (2008), who primarily critiqued medical and psychological discourses on eating disorders. A specific

engagement with the discourse of entertainment news media, this thesis demonstrates how another body of discourse relates to the lived eating disorder experience.

By combining textual analysis and autoethnography the study contributes methodologically to the field of media studies, a field that often overlooks autobiographical accounts of media consumers interacting with portrayals of their experiences (Boylorn, 2008). This thesis shows how scholars can serve as critics of media depictions of their lived realities. Offering an oppositional reading (Hall, 1980) of *People's* coverage of celebrity eating disorders, this approach allows a decoding of portrayals of celebrity eating disorders from the position of a media consumer with multiple layers of consciousness. It shows how a media consumer can understand the preferred reading of media portrayal yet reject it, offering an alternative frame of reference as a feminist and mental health researcher with lived eating disorder experience. It shows how oppositional readings can bring power to marginalized perspectives, and how autoethnography can be used as an intervention in media representations.

Finally, this study demonstrates how feminist standpoint theory can provide a view of reality that is more comprehensive than that of the dominant group (Harding, 2004). As I offered my critical voice in a response to *People's* portrayals I saw behind the encoded dominant conceptions about eating disorders and those they affect. I used my lived experience as a critical resource to analyze and interpret *People's* coverage of celebrity eating disorders (West & Turner, 2010). Weaving multiple layers of consciousness with research and theory about eating disorders, celebrities, and media coverage of each, I related to and resisted popular conceptions about eating disorders and

their sufferers. Employing writing as a form of political resistance (hooks, 2000), I used textual analysis and autoethnography to offer a critical and self-reflexive interpretation of representations of eating disorders in our culture. No longer is “gaining weight and getting my head out of the toilet bowl...the most political act I’ve ever committed” (Chernik, 2001, p. 108).

Directions for Future Research

As I look toward future research on media portrayals of eating disorders, I first envision studies that examine different media sources. While this study analyzed coverage in *People* magazine, future research might use a similar process to analyze other media portrayals. What is the difference in coverage between a soft-news outlet like *People* and a hard-news one like the *New York Times*? The difference between coverage of celebrities and that of everyday patients? Between a magazine and a film or television portrayal?

Next I encourage other eating disorder sufferers to reflect on these media portrayals through autoethnography. How might a man relate to or resist the coverage? What are the experiences of Black, Hispanic, and Asian Americans? The middle-age and elderly population? The LGBTQIA community? I encourage other individuals affected by eating disorders to reflect on their own reading of texts like *People* wherein they examine and question whether the text resonates with their experiences. As critical consumers of the media, we can use textual analysis and autoethnography to challenge and deepen our understanding of own experiences and heighten our comprehension of media portrayals. I also invite friends and family members affected by eating disorders to

analyze, interpret, and talk back to media representations of themselves and their loved ones. Together our voices will echo.

Another Christmas Story

Mom glowed from a deep place in her heart, the way she always does when surrounded by family. Her eyes bright and her smile wide, she recited Grandma's classic line: "Isn't this nice! It is so special to have everyone together."

On the kitchen table sat a fragrant floral bouquet nestled in a ceramic ornament. Stuck in the arrangement of miniature roses, carnations, and pine branches was a white enclosure card: "Merry Christmas, Angie! This should be the best one in a long time!"

Christmas 2014 was, indeed, the best Christmas in a long time. It was a unique combination of new and old magic, of traditions appreciated more in the present than in holidays past. Six hours from the psychiatric hospital, my family munched on appetizers while Home Alone played on the screen behind us. As Macaulay Culkin made his family disappear, I thought little about the calories in my pizza and meatballs, more about the time I spent with my family in the months since treatment: the Elton John concert with Dad in June, the Milwaukee staycation with Mom and Grandma in August, the Chicago trip with my older brother in September, and the joint birthday party with my younger sister in October. How wonderful, the things my body has allowed me to do since I started treating it right.

As I reflect on the time since treatment, I don't forget the difficult and demanding days, the days I gave it my all only to cry myself to sleep at night. I remember the mornings I spent in a closet full of clothes that no longer fit right, the afternoons I couldn't summon the courage to try a new snack, and the evenings I felt homesick for the

psychiatric hospital. I remember the days I spent exploring the dark corners of my mind, dusting the cobwebs and meeting the ghosts and skeletons that live there. I remember the days I slipped, the days I slipped deeper, and the days I learned to forgive myself for slipping in the first place. Submerged in conflicting, sometimes painful memories, I again recognize the journey that is eating disorder recovery.

Aware of the work left to do, I anticipate more twists and turns on the path ahead, more cliffs and valleys, heavens and hells. I can't help but have hope, though, as I know that whenever I stumble, I will again find foothold. Somehow, as I always do, I will make my way back to solid ground. As I eat my next sandwich (with the cheese, please) and my next salad with the dressing, and this cookie, and that bag of chips, I will remember that food is neither good nor bad. It has no moral value. I will think instead about the things that do have value—the meaningful, worthwhile things I will accomplish as I continue to look after my body. My body is my home, and I'm finally settling in.

Interrupting my personal reflection, the credits of Home Alone rolled and my brother flipped to the holiday Yule Log channel. As we unwrapped gifts, one by one, my eating disorder faded to mere background noise, its voice just a quiet whisper. By the time I tore open my last gift, a framed bell hooks quote that read, "I will not have my life narrowed down..." (2000), it was nearly silent.

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