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## ORIGINAL ARTICLE

# A feminist psychotherapeutic approach to working with women who eat compulsively<sup>1</sup>

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*Psychology Department, The University of Bolton, Deane Road, Bolton BL3 5AB, UK***Abstract**

Feminist psychoanalytic theorists argue that eating problems demonstrate ways in which conscious and unconscious gendered feelings about women are split off and projected onto their bodies. As such, they are complex ways in which women attempt to negotiate and express their identities within their paradoxical social position in contemporary western society. They are not just consumers but also objects of consumption. This paper explores material from a feminist psychodynamic therapy group for women with a variety of eating problems, focusing on how interweaving both discursive and unconscious approaches to understanding the gendered function of weight can facilitate change. Feminist psychodynamic therapists work with the concept that the body is an interface between conscious and unconscious mind within both an internal and a social world. This framework enables the client to understand the connections between socially constructed frameworks of femininity, emotions and bodily sensations, rather than to act on them through some form of bodily abuse. This approach is based on my adaptation of Susie Orbach's (1978) 'Fat is a Feminist Issue' therapeutic model for working with compulsive eaters. While arguing that a feminist psychoanalytic framework is crucial in this type of work, I suggest that it is essential to combine this with cognitive and behavioural therapeutic interventions in order to provide a pedagogic structure in which food, eating and body size come to be seen as meaningful.

**Keywords:** *Compulsive eating, feminist psychodynamic therapy, gender, women, object relations theory*

**Introduction**

Although it is predominantly women rather than men, who are preoccupied with and seek help for their difficulties about eating and body weight, it is rare to find any critical analysis of the social context of aetiology or treatment in the mainstream literature (Dolan & Gitzinger, 1991; MacSween, 1994; Fallon, Katzman & Wooley, 1994). Feminist psychoanalytic psychotherapists such as Orbach (1978, 1982, 1985, 1986), Lawrence (1984, 1987), Farrell (1995), Lawrence and Maguire (1997) plus Bloom et al. (1994) argue that eating problems demonstrate ways in which conscious and unconscious gendered feelings about women are split off and projected onto their bodies and food. As such, they are complex ways in

which women attempt to negotiate and express their identities within their paradoxical social position in contemporary western society. They are not just consumers but also objects of consumption.

In this paper I present material from a feminist psychodynamic therapy group for women with a variety of eating problems. I focus on how interweaving both discursive and unconscious approaches to understanding the gendered function of weight can facilitate change. As a feminist psychodynamic therapist I work with the concept that the body is an interface between conscious and unconscious mind within both an internal and a social world. I use this framework to enable the client to understand the connections between socially constructed frameworks of

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**What does this study explore?**

- Material from a feminist psychodynamic therapy group for women with a variety of eating problems, focusing on how understanding the gendered function of weight can facilitate change

femininity, emotions and bodily sensations, rather than to act on them through some form of bodily abuse. This approach is based on my adaptation of Susie Orbach's (1978) 'Fat is a Feminist Issue' therapeutic model for working with compulsive eaters. While arguing that a feminist psychoanalytic framework is crucial in this type of work, I suggest that it is essential to combine this with cognitive and behavioural therapeutic interventions in order to provide a pedagogic structure in which food, eating and body size come to be seen as meaningful.

The group of women I want to focus on are 'compulsive eaters' (Orbach, 1978). These women feel 'out of control around food' but unless they have put on enough weight to cause themselves or others concerned, to suggest a weight-reducing diet, they have no visibly identifiable bodily "problem". This is because eating more than is physically necessary, or eating "unhealthy" or unnecessary food is "normal" in the relative affluence of British society today. (The current "moral panic" over obesity and "excessive" eating is relatively new.) Indeed, what defines obesity or "normal weight" has changed over the years and no doubt, will change again. Moreover, the link between the amount of food consumed plus body size and shape is itself contentious which in turn makes terminology and "diagnosis" difficult; e.g. some compulsive eaters are not obese and some obese people do not eat compulsively.

To contextualise further, the label "eating disorder" is also contentious as it suggests there is something called "normal eating" which we all know is socially, culturally, class and gender specific. However, as a psychotherapist, when a woman tells me she feels out of control around food, my concern is to understand her distress, albeit within a psycho-social context. As such, the term

"eating disorder" is useful for compulsive eaters and obese women as it offers a means for these women to access psychological help. In addition, it offers a framework for comprehending what women often experience as individual madness, greed or failure.

When Susie Orbach's *Fat is a Feminist Issue* was published in 1978, the book cover promised women they could "lose weight permanently". Inside it was the exciting and challenging hypothesis that women might want to be fat. It was exciting because it offered a psychoanalytic account of what Orbach defined as "compulsive eating" and it was challenging because it offered a feminist critique of why thinness might not be very inviting. Like many feminist authors since, Orbach proposed that eating disorders are a physical expression of the contradictions women experience in attempting to meet their emotional needs, symbolised through food and body image.

Broadly speaking, Orbach's thesis was that understanding women's relationships with their bodies and with food requires a twofold perspective. First, it must be feminist, incorporating an awareness of the social conditions for current forms of femininity; second, the perspective must be psychodynamic, comprehending how social processes influence women's mental and emotional processes. This framework explores the way women engage in an internal as well as external negotiation of very contradictory social statuses. Discourses of femininity require women to place their own needs second or to deny them altogether; at the same time, women's social status depends on their ability to nurture others, including others' sexual fantasies, through having specific body sizes and shapes. Women may come to feel they are "starved for affection" through emotional overspending and under-nourishment. However, when the dominant gendered identity is constructed around this notion of vicarious care giving, dissatisfaction can feel unwarranted and confusing.

### **Feeding and child development: A psychoanalytic perspective**

Like Orbach (1982, 1985), feminist psychoanalysts Bloom and her co-authors from the Women's Therapy Institute in New York (1994) draw on British object relations theory (Greenberg & Mitchell,

1983) in order to demonstrate how food's material and symbolic connection with the infant's primary caretaker makes it a key "transitional object" in development and one that continues to play a significant role throughout life. From a psychoanalytic perspective, the feeding process involves not just physical consumption but the unconscious "introjection" of the relationship between infant and caretaker. Infants incorporate into their subjective, interior world, specific emotional qualities of the interpersonal feeding relationship. As such, the infant's psychic life is "peopled" with unconscious representations of aspects of others, or "objects", which are then further acted upon internally.

Winnicott (see Greenberg & Mitchell, 1983) suggests that a key element of the psychological developmental process of separation and individuation involves the infant projecting feelings about itself and others on to "transitional objects" (teddy bears, blankets and food, for instance). The infant's capacity creatively to imbue these objects with emotional and symbolic meaning enables them to be used to manage feelings, impulses and desires. In addition, with the development of a sense of its own separateness, the infant begins to experience the emotional pleasure of sensing that a separate other takes part in assuaging needs. Autonomy can be further effected through the infant's expression of a wish for, or a rejection of a specific food; these actions represent attempts to establish a sense of self distinct from others, as well as a more finely-tuned expression of desire. We can see here how easily food can become a transitional object that not only resonates with early feeding and relational experiences but is available for other projections.

### **Consumer culture and object relations**

Bloom et al. suggest that consumer culture can be considered as a form of "'maternal' matrix to which individuals consciously and unconsciously attach" (1994, p. xiii). Active participation in, and attachment to consumer culture resonates with individuals developing psychological structures, such that public culture functions as "another facilitating environment for intra-psychic life and for people to feel interpersonally connected"

(Gutwill 1994a, p. 18). Consumerism is able to bridge the gap between the public and the private through the ways in which dominant cultural symbols are embodied in consumer objects that actively encourage attachment through possession (Cushman, 1995). As such, the role of the primary caretaker is that of the "female culture mother" (Bloom & Kogel, 1994, p. 49) who directly and indirectly imparts the knowledge required to enact subjectivity—directly in the feeding process through the use of manufactured baby foods and indirectly through the use of television as "baby-sitters" (Gutwill, 1994a, p. 22). While immediate caretakers are busy elsewhere, consumer culture actively steps in to function as a cultural parent.

This "subject seeking" nature of consumerism is such that its cultural symbols seem to "know" not just what the consumer wants, but what she or he needs. Mass culture is actively introjected and generates attachments through the culturally symbolic and gender-specific meanings attached to these transitional objects; for instance, food and clothes. Adolescent attachment to culture comes through the personal reproduction of culturally determined "ways of being". This functions as an adolescent "rite of passage" through which "looking good" is equated with "being right". Looking "good" means having clothes with the "right" label. For girls, looking good and being right are equated with having the right body size and shape (Bloom et al., 1994). However, the further paradox of consumerism is that, while encouraging consumption, it also promotes regulation, particularly in relation to the body. This constructs a perpetual dilemma: how does one take up a place in this culture whilst simultaneously exercising moral and physical constraint?

### **Dieting, thinness and gendered embodiment in consumer culture**

Bloom et al. (1994) maintain that the diet industry represents one of the most gendered and tenacious ways in which consumerism "seeks out" women. It is tenacious because it both tantalizes and seduces through the symbolic happiness that the diet represents. At the same time, should the consumer not respond, there is the threat of isolation, rejection and punishment. Of course, dieting is "a

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business that thrives on failure" (Gutwill, 1994b, p. 32), despite failure being deemed to be the fault of the woman rather than the diet. This dynamic pathologises individual women while simultaneously providing a means to redemption—through another diet.

Eichenbaum and Orbach (1982) have proposed that the ongoing social construction and reconstruction of "choices" about body size and shape feed into and exacerbate women's underlying sense of body insecurity that derives from the gendered mandate to "transform the self". From a psychoanalytic perspective, part of consolidating gender identity involves an early stage in which children seem to want to display and use their bodies, as if to have their sense of bodily self not just confirmed but admired. However, rather than this being a specific developmental phase for females, "a little girl's mandate to appear (rather than to act or be) and to focus on her appearance is confirmed as intrinsic to her being and equal to being an adequate female" (Bloom & Kogel, 1994b, p. 49). Moreover, "to some degree, for all women, the critical work of separation, differentiation and integrating sexuality are displaced on to a struggle to manage one's appetite for food and to transform one's body" (Bloom & Kogel, 1994b, p. 53). (Bloom and Kogel's reference to "all women" belies the tendency of many feminists and psychotherapists to make universalistic claims about women, a tendency which has been challenged by authors such as Thompson (1994), Trepagnier (1994), Nasser, Katzman and Gordon (2001).) Thus, the psychodynamics of gendered subjectivity for contemporary western women fits in with the consuming and regulatory dynamics of consumerism; both publicly and privately. Women "work on themselves", fantasizing about how they would look *if* they lost weight, or exercised more. The conflicts that arise through participating in rather than resisting the "disciplines of femininity" can be managed by employing the psychological defense mechanism of "identifying with the aggressor".

The insidious and tenacious nature of dieting mirrors Fairbairn's (1952) psychoanalytic object relations' view of individual's internal worlds, in which blaming the self functions as a way of managing disappointment with the environment. Fairbairn believed that

people only internalise "bad" objects; that is, those linked with unhappy feelings. This results in an internal sense of persecution, experienced as an "internal saboteur". He suggests that this occurs as a result of the infant's attempts to retain a sense of omnipotent control of the mother because of its dependency on her. Internalising only the "bad" and experiencing this as part of the self, enables the infant to retain some kind of attachment to the real mother in the face of this environmental disappointment. By blaming the self and not the other (Fairbairn's "moral defence") the attempt to turn the self into whatever the internalised bad object the persecutory superego suggests (symbolically) is required. This defence mechanism thus allows for hope of future assuagement through transforming the self, while preserving the other (and self) from the disturbing feelings which have arisen (see Greenberg & Mitchell, 1983 for a fuller account of this).

For many women it is common to seek out the symbolic happiness that the diet represents. At the same time, there is an underlying threat of punishment should one fail to diet. Gutwill (1994a, p. 31) describes the resulting internal conversation as: "Go on—try the diet. If . . . if only . . . I were good enough, giving enough, sexy, pleasing, or thin enough . . . If only I could stay on this diet, I could be acceptable and lovable . . . But the truth is that I am *not* good enough; I am selfish, fat, stupid for wanting and needing, ugly and weak. I deserve all I get. It's my own fault".

Mothers are increasingly subject to intense pressures to curb daughters' physical and psychological appetites (Eichenbaum & Orbach, 1982). The continual curbing of women's needs and body size, alongside the encouragement to attend to others, can lead women to construct numerous internal "false" boundaries, which keep shameful, uncomfortable, forbidden aspects of self separate from each other. This psychological splitting can extend to constructing a false boundary between emotions and bodily experiences, such as hunger, or even between different parts of the body (see Dana, 1987; Orbach, 1995). Orbach (1978) suggested that women may feel anxious and frightened when their emotional needs are stirred up, unsure not only what the feelings are but

additionally anxious because they are not supposed to have either an emotional or physical appetite.

The rapid and simultaneous translation of need into "hunger" and "greed" can be understood when it is located within the gendered prescriptions of a "subject seeking" culture that is built on the paradox of gratification rather than satisfaction. This "false feed" (Bloom & Kogel, 1994, p. 42) alienates the consumer from his or her need; for instance, the video "Looking in the Fridge for Feelings" illustrates how, unsure of what she feels or wants, a woman opens the refrigerator door and looks inside, hoping that an item of food might offer her a hint as to what her mood means so that she can connect to it. Eating may gratify the need for some sense of soothing through taking in particular foods that symbolize comfort, or through further disassociation from feelings. Indeed, food is also a "subject seeking" consumer object and the food industry is able to negotiate a variety of moral positions for itself by promoting "healthy" food as the "best option", whilst "recognizing" that it is not possible to maintain constant constraint.

The following statements from an eating disorder therapy group demonstrate the multiplicity of meanings that women project onto food and eating. Lindsay (names have been changed to protect confidentiality) says, "It's as if the biscuit tin's shouting, 'What about me?'" For Pam, "It's like a statement, isn't it?". Maureen feels, "It's a defiance, again isn't it?" While Pam next suggests, "But it's also a comfort though, isn't it?". She adds, "It's kind of lots of things. I think that's what food is really. You know, it takes the place of whatever". Lila says, "I think it's something you're trying to achieve. I'm just, I'm saying I can do this". But then she adds, "I don't think I see it as a treat. I see it as like a punishment". While these statements arise within a particular therapeutic context, they mirror some of the tensions implicit in a culture which markets food while simultaneously disparaging consumption.

### **Feminist eating disorders therapy**

I have been working with compulsive eaters since the 1980s in a variety of therapeutic capacities, from facilitating self help groups to individual

psychodynamic psychotherapy. I have adapted practical fantasy work and other exercises from Orbach's (1985, 1986) self-help approach, trying them out within a variety of group models. These ranged from 12 week groups both for women with a range of eating problems, with a fairly psycho-educational rather than psychodynamic aim, to one-year groups specifically for compulsive eaters. Orbach's "FIFI" (or "Fat is a Feminist Issue" model) includes tasks such as the following:

- 1) Getting women to fantasise about becoming fatter and thinner in social situations and exploring how they felt in these differently-sized bodies—particularly noting issues around their sexuality, own and others' authority and the quality and tone of interactions. This exercise aims to help explore the hopeful, frightening and often contradictory fantasies women may have about the power of their bodies now and in the future.
- 2) Asking women to spend time in front of full-length mirrors, preferably in the nude. What parts of their bodies do or don't they notice? What thoughts or feelings do they have about these? What sorts of bodies do they feel they need as women? This exercise aims to help women "own" their bodies as they are now rather than in fantasy, to locate the gendered projections made about parts of bodies e.g. "fat" bums as unacceptable parts of selves. This exercise usually highlights the way in which women's bodies are so central to identity and so easily used to condemn.
- 3) Following a guided fantasy in which women are taken back to childhood eating situations such as family meals. The focus is on the dynamics of the situation: who gets fed first, who gets the largest portion, where is mother. In addition, old "messages" about eating and body size/shape are articulated and explored for their contemporary salience.

Although I started off facilitating self-help groups with a fairly structured format e.g. working in pairs, carrying out fantasy exercises, setting homework, I moved to a

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more psychodynamic framework which was much more unstructured and much more interpretive, with the group leader taking more of a back seat. Group tasks were reduced and the focus was much more on unconscious individual and group processes. The last model I implemented was a one-year feminist psychodynamic therapy group for women with a range of eating problems (six "compulsive eaters", one "bulimic", one "anorexic"). Although members were set "homework" in between sessions and this was taken up in the group, this was not a central focus. I did not intervene in clients' patterns of eating or their body size; instead I encouraged them to explore their feelings and fantasies about bodily, emotional and relational change. I offered psychodynamic interventions (individual and group interpretations) to explore feelings and behaviour around food in order to reveal unconscious contradictions central to the women's physical and emotional needs.

One of the main functions of the feminist psychoanalytic psychotherapist is to articulate these psycho-social discourses. Working with the concept that the body is an interface between conscious and unconscious mind within both an inner and an outer world, the therapist interprets the connections between feelings and bodily sensations. By distinguishing the client's "own" self from her "represented" self, she represents this "self" to the client, in order to enable her to re-negotiate this socially constructed framework. For instance, in the group Maureen describes how she is struggling to reframe her perception of herself, constituted by a discourse of acceptable body size: "... when people say to me, 'You do, you do look nice. You've lost weight', *it was like food to me* and I decided this week that I'm not going to, not, not enjoy it but it's not going to be the be-all and end-all. You know if somebody says to me that I, I look slim which somebody did yesterday and I thought, 'Yes that's very nice', but it, it sort of used to go *to the core of me*" [my emphasis].

This text contains a wealth of relevant information not just about the multiplicity of metaphors about food and feeding, but also how they are embedded in gendered experiences of the body. Maureen is complimented about the acceptability of her female body. The phrases "you do

look nice, You've lost weight", focus attention on her body being smaller, more pleasing to the eye. They indicate the public nature of women's bodies, both demanding and eliciting a self-consciousness constructed around body-consciousness. They are "like food"; that is, they feed her gendered appetite for approval for this body/self. She is unused to separating self from body, used to experiencing compliments as going "to the core of me", although they relate to her outer appearance. While she distinguishes different selves, an outer layer and an inner core, she also sees the "core" as more representative of her "real" self.

While the topic of eating disorders is located within and between mind and body, at the same time it clearly arises out of gendered discourses of normality and abnormality. Prior to defining herself as having an eating disorder, Helen experienced herself in this way: "*I was quite a health freak*, healthy, slim, no problems at all. I mean a nice size 10. Um, conscious, *always conscious about how I looked* but I ate sensibly as I remember it but it now it's like there's no control whatsoever" [my emphasis]. For Helen, being a "health freak" was normal for her as a woman, just as it was normal for her to be "always conscious about how I looked".

Feminist therapy encourages women to understand their hidden needs and wishes, to connect up but differentiate between, emotional and physical needs and consequently to articulate and act on them. At times, bodies feel uncontrollable or uncontainable, seemingly having a life of their own. As Helen expressed it, "now it's like there's no control whatsoever". Physical hunger can also arouse strong emotion. Maureen describes her experience of this clearly, "sometimes I'm actually frightened of being hungry and I don't know why. If I'm out somewhere and I'm getting hungry, quite hungry and I'm a long way from home, it, I actually feel fear and I have no idea why. I'm frightened of being hungry and I, I don't know what that relates to at all". As Maureen's therapist, I interpret her fear of hunger as a reflection of her fear of her emotional needs. Reminding her of her needs contradicts the self-denial she associates with being a wife and mother. She enacts this in relation to eating: "say at a mealtime and there's been sort of,

**What does this study tell us?**

- Feminist psychodynamic therapy enables the client to understand the connections between socially constructed frameworks of femininity, emotions and bodily sensations, rather than to act on them through some form of bodily abuse
- It is essential to combine this with cognitive and behavioural therapeutic interventions in order to provide a structure in which food, eating and body size come to be seen as meaningful

perhaps some leftovers and a fresh lot of food . . . over the years I've found myself, 'Oh, that'll do for me'. You know, I'll have the leftovers . . . it's good enough for me". However, she is also expressing her distress in being reminded she has a body that requires feeding. Her appetite arouses too many contradictory feelings as a woman.

Sometimes bodies and minds feel completely merged. Lila describes this when she says, "I find that I'm stronger when I don't eat at all—when I'm anorexic or whatever and when I'm compulsive eating, that's when I totally give up everything and I don't care about anything because there's no other mix? There's no boundaries—you just eat and eat and eat and eat. There's no stopping you and that's when I become really unsociable and I hate everybody and I hate myself and that's when I shut myself away because I'm so disgusted but there's no boundaries to stop and that's when I become weak, really weak". Some of Lila's discomfort relates again to shame and fear about appetite. Not eating means she is "stronger". Eating compulsively means she is "weak, really weak". She is angry—angry with others, angry with herself, angry with containing her appetite—and then, exhausted with the struggle. This text again highlights the problematic and symbolic nature of women's appetites which when unbounded, feel out of control.

**Conclusion**

Feminist psychoanalytic theorists like Orbach, Lawrence and Bloom et al. have

offered numerous insights into the psychosocial aspects of eating disorders which have been particularly helpful in understanding compulsive eating and obesity—eating problems which have been under-researched from a psychodynamic perspective. However, it remains a considerable and constant challenge to enable women to construct satisfying relationships with their bodies. My experience is that interpreting these gendered issues within a psychodynamic and feminist framework is not enough to enhance self and bodily esteem, nor to render eating less "compulsive". There is a need to integrate this approach with cognitive-behavioural interventions, which some of the above sample "tasks" do achieve. For instance, extending the "social situation" fantasy to everyday experiences such as imagining oneself getting bigger or smaller doing mundane tasks like washing dishes or gardening, encourages women to make ongoing connection between cognition, behaviour and emotion. This can be incorporated into imagining what would happen if one didn't binge, eat excessively, or eat when not hungry. While one might well ask, "What is feminist about this?", I suggest that what underpins these tasks is the need to facilitate women's right and capacity to "have a voice"; that is, a voice that uses words, not eating and body size, to know about and express feelings through the accepted currency of language. In addition, experimenting with behavioural changes in fantasy may help some women to think about how to manage potentially dangerous situations, like the husband who may well be violent if his wife doesn't prepare the evening meal.

I am aware that I have only briefly introduced a number of ideas generated from my own and other feminist therapists' work; ideas that I believe are central to the onset and maintenance of women's distress about their bodies and eating. I have tried to demonstrate, through extracts from clinical material, how this distress may be articulated in ways that are clearly gendered and culturally specific. In addition, I have given some examples of the practical application of feminist psychodynamic—and cognitive-behavioural models of eating disorder work. While I see a need to continually revise these models, I conclude that any approach to understanding and

“treating” obesity and compulsive eating needs a gendered framework—indeed, there are specific ways in which these can be understood in terms of masculinity (see Grogan, 1999).

## References

- Bloom, C., & Kogel, L. (1994). Tracing Development: The Feeding Experience and the Body. In C. Bloom, A. Gitter, S. Gutwill, L. Kogel & L. Zaphiropoulos (Eds.), *Eating Problems: A Feminist Psychoanalytic Treatment Model*. New York: Basic Books.
- Bloom, C., Gitter, A., Gutwill, S., Kogel, L., & Zaphiropoulos, L. (1994). *Eating Problems: A Feminist Psychoanalytic Treatment Model*. New York: Basic Books.
- Cushman, P. (1995). Constructing the Self, Constructing America: A Cultural History of Psychotherapy, www.decapopress.com:DeCapo Press.
- Dana, M., & Lawrence, M. (1988). *Women's Secret Disorder: A New Understanding of Bulimia*. London: Grafton Books.
- Dolan, B., & Gitzinger, I. (1991). *Why Women? Gender Issues and Eating Disorders*. London: European Council on Eating Disorders.
- Eichenbaum, L., & Orbach, S. (1982). *Outside In, Inside Out*. Harmondsworth, England: Penguin.
- Fairbairn, W. R. D. (1952). *Psychoanalytic Studies of the Personality*. London: Routledge.
- Fallon, P., Katzman, M., & Wooley, S. (Eds.) (1994). *Feminist Perspectives on Eating Disorders*. London: Guilford Press.
- Farrell, E. (1995). *Lost For Words: The Psychoanalysis of Anorexia and Bulimia*. London: Process Press.
- Greenberg, J. R., & Mitchell, S. A. (1983). *Object Relations in Psychoanalytic Theory*. Cambridge, MA: Harvard University Press.
- Grogan, S. (1999). *Body Image: Understanding body dissatisfaction in men, women and children*. London: Routledge.
- Gutwill, L. (1994a). Women's Eating Problems: Social Context and the Internalization of Culture. In C. Bloom, A. Gitter, S. Gutwill, L. Kogel & L. Zaphiropoulos (Eds.), *Eating Problems: A Feminist Psychoanalytic Treatment Model*. New York: Basic Books.
- Gutwill, L. (1994b). The Diet: Personal Experience, Social Condition, and Industrial Empire. In C. Bloom, A. Gitter, S. Gutwill, L. Kogel & L. Zaphiropoulos (Eds.), *Eating Problems: A Feminist Psychoanalytic Treatment Model*. New York: Basic Books.
- Lawrence, M. (1984). *The Anorexic Experience*. London: Women's Press.
- Lawrence, M. (Ed.) (1987). *Fed Up and Hungry: Women, Oppression and Food*. London: Women's Press.
- Lawrence, M., & Maguire, M. (Eds.) (1997). *Psychotherapy with Women: Feminist Perspectives*. Basingstoke, UK: Macmillan.
- MacSween, M. (1993). *Anorexic Bodies: a Feminist and Sociological Perspective on Anorexia Nervosa*. London: Routledge.
- Nasser, M., Katzman, M., & Gordon, R. (Eds.) (2001). *Eating Disorders and Cultures in Transition*. Hove, UK: Brunner-Routledge.
- Orbach, S. (1978). *Fat is a Feminist Issue*. London: Paddington Press.
- Orbach, S. (1982). *Fat is a Feminist Issue ... II*. London: Hamlyn Paperbacks.
- Orbach, S. (1985). Accepting the Symptom: a Feminist psychoanalytic Treatment of Anorexia Nervosa. In D. M. Garner & P. E. Garfinkel (Eds.), *Handbook of Psychotherapy for Anorexia Nervosa and Bulimia*. New York: Guilford Press.
- Orbach, S. (1986). *Hunger Strike*. London: Faber and Faber.
- Thompson, B. (1994). *A Hunger so Wide and so Deep: American women speak out on eating problems*. Minneapolis: University of Minnesota Press.
- Trepagnier, B. (1994). The Politics of Black and White Bodies. Feminism and Psychology, Special Issue on Shifting Identities. *Shifting Racisms*, 4 (1), 199–205.