



## ***Beyond A Lifetime of Comparison*** **A Sociological Self-Exploration of Body Image Obsession**

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**Abstract:** “People who benefit most from writing about their traumas change the ways in which they focus on the trauma from day to day” (Pennebaker 2004:101). This essay is a project towards acceptance and change. I look at my seemingly life-long struggle with my body image from different angles. I explore how societal demand and familial modeling play a role in body image dissatisfaction and eating disorders. Using micro- and macro-sociological concepts and theories, insightful journal articles, books and movies, I dissect my obsession and investigate its origin.

### **I. INTRODUCTION**

I am the youngest of five beautiful women. We are extremely close to one another and are indeed each others’ best friends. Unbeknownst to most, we share a common obsession with our weight and size. Unbelievably, almost every one of us has battled with an eating disorder at some point in our lives. While watching my sisters focus on the societal and familial demands to be thin, some of my earliest memories include a recollection of feeling too big.

We lived in a home that was, while full of love, also full of turmoil. With a father with anger management problems and a mother with control issues, food was what I had power over. By fifth grade I felt guilty when eating and restrained from eating for the first time. By freshman year in high school I was unable to keep down water, let

alone food, and was hospitalized for an extended period of time. After my discharge from the hospital and the beginning of my regulated consumption of food, I gained a lot of weight quickly due to my body’s state of starvation and my lack of metabolism.

Over the years, I have worked hard to find a healthy place in body. While my “recovery” was extensive and life-saving, my mindset from the disorder seems permanent. I have an internal fight all day, every day. When walking around in public, there is an incessant need in my head to gauge my size compared to every other person around me. This comparison and self-judgment has become an every moment part of my life. Its permanence is terrifying.

While explaining the process of writing about traumas, James Pennebaker, author of *Writing to Heal*, writes, “People who benefit most from writing about their trau-

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mas change the ways in which they focus on the trauma from day to day” (Pennebaker 2004:101). This essay is a project toward acceptance and change. I will look at this seemingly life-long struggle with body image from different angles. I will explore how societal demand and familial modeling play a role in body image dissatisfaction and eating disorders. Using micro- and macro-sociological theories and concepts, insightful journal articles, books and movies, I will dissect my obsession and investigate its origin.

## II. FIGHTING FOR CONTROL

C. G., a former student at UMass Boston, began her article, “Why do I Not Like Me? Sociological Self-Reflections on Weight Issues and the American Culture,” with a perfect opening statement that fits well also with this sociologically self-reflective essay. “Phenomenologists believe that we take things for granted in our everyday lives and that we are not aware that these things were socially constructed and thus can be changed” (2007:02). I must also begin by problematizing what I have been taking for granted in order to discover how my life also has been socially constructed and how I can change it.

Since I was very young, my parents have both worked and my sisters played integral parts as role models and supporters. My parents were supportive yet held high standards for achievement. We were blessed to be given lasting guidance when it came to our manners and moral code but lived in a very controlled environment. There were measures of control and restriction throughout our everyday lives. The most prominent control in our home was food. My father, who married my mother as a Green Beret and was an athletic man, became overweight as he owned his own business and grew older. In congruence with the PBS documentary, *Running out of*

*Time*, conveying the societal demands of working longer hours and gaining more money, his lifestyle became that of an office person. His weight was often a stressor in our home as my mother constantly ridiculed him for his food choices and weight. That war of food was propelled onto us and **internalized** (Berger and Luckmann 2008). We took in what we saw and made it part of ourselves. We adapted a habit of asking permission to eat something. I remember, at a young age, my mother telling me to drink water after one glass of juice due to the juice’s caloric content. She often hid anything sweet, as it was frowned upon to eat these types of food if it wasn’t a special occasion. Thus, sneaking food became an act of rebellion.

My sisters were beautiful, dynamic and achieved both academic and athletic acknowledgements. As they too lived in a food-driven home, their **primary socialization**, the first and most important socialization in our lives that takes place in the immediate family context and is emotionally charged (Berger and Luckmann 2011), was similar to mine in that we learned, in the youngest years of our lives, that food was not just a way of survival or something to enjoy. But, it carried with it a power struggle and the shapes of our bodies were internalized as a family value. While describing primary socialization, Berger and Luckmann explain, “In primary socialization...the individual’s first world is constructed. Its peculiar quality of firmness is to be accounted for by the inevitability of the individual’s relationship to his (or her) first significant others” (2008:10). Here, the ingrained value of body image originated from the earliest forms of social demand that we were subjected to; the power struggle pertaining to food was constant between our parents, and became a concrete concept in our own lives.

My sisters were my heroes and my role models. Their athletic abilities were known in our community and by fourth grade I

realized that I did not have the naturally fit adolescent build that my sisters attained. I played sports with love and vigor, yet always seemed larger than my sisters had been at the same age. In "Becoming a Gendered Body," author Karin Martin details the socialization process that creates concrete concepts of gender in a child's adolescence. Part of her description is the focus on a sense of self, being created through the attitudes of others toward ourselves. She writes, "Social expectations, social interactions, and socially constructed personal appearances [are important] to the process of 'becoming gendered.' We acquire a sense of self by taking the attitudes of others" (2011:109). I became mentally more aware of my body and my concept of self started to take form. My food intake was even more closely monitored by my parents and I was often asked, "Do you really need that?" Simon Gottschalk, in his essay "Speed Culture," explains the power of language. "[There is a difference] between language (what is being said) and paralanguage (how something is said)" (2011:34). I interpreted my parents' **language and paralanguage** as insinuations that I should be aware of my body's inadequacy. Thus, this became part of my identity.

Our home was full of laughter and music most of the time, but at other times, full of turmoil. My father was a Vietnam veteran; he was a very loving and warm person most of the time, but had issues with anger management and control. I witnessed repeated domestic abuse. My mother, an incredibly driven person, devoted herself to her work in oncology and was usually not home when these moments occurred. As the abuse progressed, and our family almost fell apart, I neared fifth grade and a **partial transformation**, a partial change in my self-identification and social actions (Berger and Luckmann 2011). As our family's focus was, rightly, on my sisters who were

victims of the abuse, I had no control, nor was the focus on me. In a research article about the construction of eating disorders, Haworth-Hoepfner writes, "Food refusal was identified by many women in this study as a strategy to gain control over their environment during childhood" (2000:224). My body began to change from a child's to a young girl's and my internalized focus on it became the biggest part of my **identity**. Berger and Luckmann describe identity as "a key element of subjective reality...formed by social processes" (2011:13). My feeling of inadequacy turned to a permanent state of fear that I would become larger.

E. M. Walsh, another former student at UMass Boston and author of "Understanding Fear Using my Sociological Imagination," expressed the constant state of fear well: "I have become somewhat comfortable with fear, as it has become what is familiar" (2009:03). This state of fear, or constant thought process about gaining weight, drove me to change a part of myself dramatically, but secretly. I started to see how long I could go without eating. When I "failed," I would go through a period of **shame work**, "emotional labor aimed at evoking, removing or managing shame" (Martin 2008:85). But inevitably, I would make myself purge whatever I put into my body. I **classified** or put into mental clusters (Zerubavel 2011), food with guilt and shame and intake refrain with control and success.

### III. ON THE EDGE

From sixth to eighth grade, my obsession quickly progressed to a dangerous disorder. In the beginning of this period of time, my **subjective world** (Berger and Luckmann 2011) was filled with social gain, academic and athletic achievement. Like Will, in *Good Will Hunting*, I was constantly hiding my true emotions to fulfill those that

were required of me in my **social world**, i.e., the connection to others through “social patterns, connections conditions and processes” (Schwalbe 2011). At home, I tried to be content and healthy. At school, I was vibrant and engaging. Inside, I felt defeated, exhausted and broken. This was a form of what Erving Goffman calls **social acting**. Goffman writes, “We present a self to one another through how we look and act” (2011:191).

While I worked to express healthiness and happiness, food was a consistent theme of battle in my home. It was now a battle to get me to eat. Though I took satisfaction in this, things I loved became more difficult. My state of exhaustion due to lack of sleep and malnutrition left me exhausted and weak. In his book, *Writing to Heal: A Guided Journal for Recovering from Trauma and Emotional Upheaval*, James Pennebaker states, “After emotional upheavals, people are likely to become depressed or ill, experience changes in body weight and sleeping habits” (2004:04). My parents eventually forced me to be seen by my physician and I was put on anti-depressants. When this did not affect my behavior, I was put into outpatient therapy for anorexia. I had reached a state of wanting to be nothing. Suicide was in my life as a form of starvation until death.

Throughout those two years, my **emotion work**, “the act of trying to change...an emotion or feeling” (Hochschild 2011:53), became more and more difficult. My everyday suppression of my actual feelings became exhausting and made me even more ill. In *Opening Up: The Healing Power of Expressing Emotions* James Pennebaker states, “Active inhibition means that people must consciously restrain, hold back, or in some way exert effort to *not* think, feel, or behave” (1997:09). My peers started to see that something was wrong and made comments about how scarily thin I had become. My social world was changing due

to my mental and physical state and my erratic absences from school. In turn, my peers inevitably retreated.

As freshman year approached, I began feeling like I was not in control of my eating disorder but my disorder was in control of me. I had reached a point where I wanted to stop restricting my food intake. My life had gone from something light and full to an empty void. Yet, my body would not let me make the change.

#### IV. SINK OR SWIM

There is nothing like realizing you want to live. It sounds coy or sarcastic, but when you once see death as the only option, this realization is a moment you will never forget. While my body was physiologically changed, my mental process did nothing to better my state.

Pennebaker, in *Opening up*, describes the physical toll mental inhibition can have on the body. He writes, “Over time, the work of inhibition gradually undermines the body’s defenses” (1997:02). At this point, for years that I had been holding in so much emotion, I had also been keeping my body in a malnourished state. In the middle of my freshman year in high school, my body gave up on me. Though I was ready to start loving myself by nourishing my body, I had reached a state of complete malnutrition and even water felt foreign enough in my stomach that I could not keep it down. I was hospitalized, and after many failed attempts to have my body hold food, whether it was through a food tube or a liquid diet, I was put on a K bag; this is a last effort at keeping the body nourished through an IV of potassium. I do not know, nor do I think I will ever understand, how I came to eat again. Part of me believes it was an inner will to survive. Part of me thinks it was an answer to my parents’ prayers.

Either way, eventually I was able to keep down water which led to food.



## V. THE ENDLESS ROAD OF RECOVERY

There is a saying that once you are an addict, you will always be an addict. This is true to anorexia, as well. I was told by many therapists, that I would have to battle this illness for the rest of my life; food would always be a control issue. But, what was not said was that the struggle to accept and love my appearance would be the longest and hardest struggle of all.

There is a constant battle, in my head, about how I feel about my body. I have denied how this dissatisfaction has been such a huge part of my life. In "Protecting the Routine from Chaos," Daniel Chambliss (2011) examines the relationship between trauma and coping. In my case, I have ignored this issue in my life. While noting various ways of coping, Chambliss writes, "Perseverance is a habit; it's also a moral imperative, a way of managing disaster as if it were routine" (292). I let these thought processes become a daily part of my life, to the point where it became natural. Pennebaker notes, in *Writing to Heal*, the on-going nature of an emotional upheaval. He writes, "Some traumas and emotional upheavals have a life of their own: they are always around in one form or another" (2004:20). This obsession with my weight takes many forms, but seems to always be present.

These feelings will, sometimes, leak into my relations with others. To my colleagues, friends and acquaintances, I am perceived as a confident person with a high self-esteem. Goffman, in "The Presentation of Self" describes, "Our knowledge of each other is limited to what we can observe. Our definition of one another's self is necessarily based on appearance, conduct, and the settings in which we interact" (2011a:191). Once in a while, I lose **face** which, as Goffman describes in "Face Work and Interaction Rituals," is "the positive

social value a person effectively claims for himself" (2011b:236). This comes in many forms. For instance, I think of my body as a handicap. "Wheelchair Users' Interpersonal Management of Emotions," by Cahill and Eggleston (2011), described the everyday management and coping of wheelchair users. Though, I am not handicapped in the traditional sense, my body dissatisfaction has been a handicap. When reading it, a key feature of coping stuck out to me: using humor in embarrassing situations. One example is, when shopping with friends, I constantly make jokes about myself to ease my anxiety about my body. Cahill and Eggleston explain, "Laughing at or joking about embarrassing events reduces their seriousness...[and] are also means of allaying anxiety" (258). In this process, I am losing face because I am showing what I feel to be my true self-worth, instead of what I usually project to outsiders. My emotional upheaval is particularly hard for me in instances like this because I cannot hide my true emotions. Due to this, I withdraw from places that force recognition of my bodily dissatisfaction, such as clothing stores and the doctors' office. Goffman refers to this as the **avoidance process**.

It is natural for me to make a judgment on my own appearance, based on what I feel others see when they look at me. This is an illustration of what sociologist Charles Horton Cooley called "**the looking-glass self**" (2011:151). While explaining the process of how we see ourselves, Cooley notes, "A self-idea of this sort seems to have three principle elements: the imagination of our appearance to the other person; the imagination of his judgment of that appearance; and some sort of self-feeling such as pride or mortification" (2010:153). As much as I hate to say it, I am constantly thinking horrible thoughts about my body. The frequency of this process is important. In *Opening Up*, Pennebaker states, "we remember, think about, and dream of unresolved issues" (1997:90). Unfortunately, all

of my sisters share a constant state of body dissatisfaction.

One of the key elements of this exploration is the linkage of my sisters' body dissatisfaction with my own. This has been such a self-involved process that I am just now realizing how it is thoroughly imbedded in all of us, though we handle it differently. In *Opening Up* Pennebaker writes, "Every person is unique. All human beings have had different experiences that have shaped the ways they think, feel and perceive" (1997:138). Though we all have battled with different forms of eating disorders, we all share a common low self-esteem when it comes to our physical appearance. The question is, why?

As my sisters and I encountered almost identical primary socializations, it is not surprising that we share a common belief in importance of the body. In the film, *Billy Elliot*, the importance of primary socialization is conveyed: throughout our adolescence and adulthood, our values and choices are representative of what we learned from our earliest forms of socialization. Billy is being constantly bombarded with pressures regarding how he should behave and what he should like or dislike; he is initially forced to give up ballet and engage in "manly" sports such as boxing or wrestling. As I look deeper into the major familial patterns regarding our relationship with food, there are also numerous characteristics of action that reinforced the value of appearance, especially pertaining to weight. As I stated earlier, my mother had high standards when it came to our level of achievement and my father was distant and on many occasions, forcefully authoritative. It was jaw-dropping to read research reporting common characteristics of parents of women with eating disorders. "Mothers are described as demanding and perfectionist or passive and dependent. Mothers might also demonstrate preoccupations with weight and appearance. Fathers, on the other hand, are reported to

be either authoritative and strict or distant and un-involved. Fathers in families in which eating disorders emerge have also been linked to incidents of child abuse and battering" (Haworth-Hoepfner 2000:214).

With five sisters, we were constantly seeing one another express the inadequacy of our bodies, thus reinforcing the belief system. By vocalizing and acting out the importance of the state of our body, we were acting in what Goffman refers to as a **dual process**. We were indicating to one another the correct action while internalizing that same action from each other. This is done presently, as adults, in my family, as well. There are numerous comments in every conversation about how much someone is working out or how much weight they have lost. Haworth-Hoepfner writes, "Part of being in the family means embracing this attitude, and its internalization serves as a way to mark membership in the family group, reinforcing the boundaries between insider and outsider status" (Haworth-Hoepfner 2000:223). However, this value is not only a large part of my family's identification but that of the culture I live in. When thinking about my body dissatisfaction, the most recurrent memories include constantly having my food intake controlled, my mother fighting with my father about his food intake and the incessant and ever-present comments about our overall appearance. "In the context of a critical family environment, talk about weight that occurred routinely and was a central organizing principle in family dynamics—represented by what Goffman terms a dominating encounter—predisposes members to value thinness and consequently framed how actors thought about self-improvement or adaptation" (Haworth-Hoepfner 2000:223). During our childhood, body weight became one of the most important parts of our identities.

Herbert Blumer, in "Society in Action," explains the threads of culture and social structure that intertwine and form a society.

“Whether defined as custom, tradition, norm, value, rules or such like,” Blumer writes, “[culture] is clearly derived from what people do,” and **social structure** as being “represented by such terms as social position, status, role, authority, and prestige, [and] refers to relationships derived from how people act toward each other” (2011:284). These two concepts play a large role in the development of body dissatisfaction in America and other cultures alike.

Blumer explains the formation of norms in culture. He notes, “Human group life is a vast process of such defining to others what to do and of interpreting their definitions; through this process, people come to fit their activities to one another and to form their own individual conduct” (1011:284). A societal norm is created by many people forming actions. The more people conform to an action, the higher the chance others’ will conform as well—thus, creating a social norm. This is called, by Blumer, a **joint or collective action**. A societal demand or cultural norm is made by communication and interactions with others. In our present day world, we have global communication availability, and the cultural importance of body image is shown around the world through the largest form of human communication: the media. “Most adolescents are exposed to mass media; however, not all adolescents who deviate from the cultural appearance ideals develop body-related concerns...It may be that messages communicated by media only become problematic when they are reinforced by more immediate socio-cultural agents such as parents and peers” (Ata, Ludden, & Lally 2007:1026). While media plays a large part of societal demand, our primary socialization, which is from our caregivers and parents, is what creates concrete value systems and beliefs.

What we perceive as a normal value or action is only because we believe in the collective action of our culture. Blumer writes, “In dealing with collectivities and

joint action, one can easily be trapped in an erroneous position by failing to recognize that the joint action of the collectivity is an inter-linkage of the separate acts of the participants” (2011:285). This societal, familial and personal demand to have a skinny and perfect body does not come from a larger power, but from the single acts of each person following this joint action. This is where I need to change my current perspective.

## VI. CONCLUSION

I do not have to be a part of this joint action. My sisters, by acting in accordance with this societal demand, are unifying themselves with the collective action. By trying to not conform to these individual acts, it does not mean that I will abandon the health of my body but, instead, will focus on my body as my own, and not a part of a collective whole. In order to do this, I must use **selective detachment** (Wolkomir and Powers 2011) which is detaching emotionally from interactions and situations to ensure emotional continuity and strength. This is especially important in interactions with my family and friends pertaining to the unhealthy importance of body weight and image.

In *Writing to Heal*, Pennebaker writes, “the ability to adopt alternative perspectives both requires and reflects a certain detachment from the subject” (Pennebaker 2004:101). While I cannot change my family’s belief system, I can act as a force of my own. This will not be easy, as the societal demands are recognizable throughout all aspects of my life. But, one day at a time, I can detach myself from this aspect of the culture around me, recognizing it for what it is, an intricate network of single actions from single individuals, accumulating into one.

Sociologist Morrie Schwartz, in the film *Tuesdays With Morrie*, asked it best: “Are

you at peace with yourself?" Do I have, as Morrie said, a "bird on my shoulder," asking me: If I were to die today, would I approve the way I have lived my life thus far? Am I who I want to be?

Not yet. But, the effort to achieve any of those begins today.

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