EATING OUR WORDS:
HOW MUSEUM VISITORS AND A
SAMPLE OF WOMEN
NARRATIVELY REACT TO AND INTERPRET
LAUREN GREENFIELD’S *THIN*

A Dissertation

Presented in Partial Fulfillment of the Requirements for
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By

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ABSTRACT

The fulcrum of this dissertation is the exhibition, *THIN* - a collection of photography from the renowned chronicler of girl culture, Lauren Greenfield. *THIN* is a powerful assemblage of Greenfield's work, compiled while she documented the lives of inpatients at an eating disorder recovery facility. Greenfield spent over six months at the Renfrew Center, earning the trust of the hospitalized women, so that she could tell their stories through photography and shed light on the deadly mental diseases that are eating disorders. *THIN* is a testimony to the struggles of these women as the exhibition details their experiences. Greenfield includes the women’s narratives as didactic labels for *THIN* and, in this way, this dissertation mirrors the exhibition by using narrative and auto-ethnography as research methods.

In the first part of this dissertation, I examine how visitors experience *THIN* at the University of Notre Dame and at Smith College, two locations where the exhibit was displayed. At each site, the public was encouraged to write comments about *THIN* in a logbook. I analyzed each logbook, looking specifically at visitors’ remarks on the socially educative nature of *THIN* and in how community learning was a part of the exhibition. I also write, auto-ethnographically, about my experience as a witness and participant in the two different stagings of *THIN* at Notre Dame and Smith. In my narrative writing, I continue to ask how these
university art museums have encouraged or discouraged social education and community learning.

Part Two of this dissertation is a more personal examination of THIN’s impact. With the help of nine other women and myself, we write our narrative interpretations of three works of art from THIN. Using the semiotic tools of denotation and connotation, we express what we see versus what we know by looking at the photos, which have been stripped of their explanatory labeling. The result is a blank photo that is ripe for our own decoding. Through these narratives, I was able to explore how THIN was or was not an idiomatic exhibition and could generalize about how women empathize with the images.

Throughout the dissertation, I suggest ways that museums and art educators might make use of this study of THIN and eating disorder photography. My emphasis on socially just education and on community learning is food for thought when considering how we can educate our students and the public about the danger of eating disorders and how to encourage positive body image.
DEDICATION

To Lavaughn

Gram, I know you really want a child named after you but I think this is the closest I am going to get for quite some time. The process of writing this dissertation has felt like a protracted birthing cycle, or what I imagine it to be. Therefore, I christen this academic child, Lavaughn, your namesake. It’s what I can do, for now.

And

To You.
Yes, You.
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To my committee:

Thank you, Dr. Stuhr, for taking on this orphaned academic who needed an advisor. You were not an accident, this is certain. I feel lucky to be one of yours.

Thank you, Dr. Ballengee-Morris, you are a gift. You are a role model and friend and one of the strongest women I know.

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To other academic inspirations:

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To outside inspirations:

Thank you, family. You always believed in me, even when I was in the throes of this disease that has become the inspiration for this dissertation. I love you beyond what I can write in this limited vocabulary of words.

Thank you, Sean. I’m ready now. Double entendre.

And, finally, thank you to the women of this dissertation. I struggled when I had to put only one author on the title page because this belongs to you as much as it does to me.
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**FIELDS OF STUDY**

Major Field: Art Education

Museum Studies

Art History
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Prologue and Past: Why I Am Writing and Why You Are Reading

An insightful corpse.

It was a phrase that captured my state of being, and one that shocked me into recognition.

“You are an insightful corpse,” a therapist in Chicago once said to me as we sat in his office for our weekly session. “And you know exactly how to kill yourself.”

It was an image that scared me in its truth; I was an 18 year old young woman who weighed less than she had as an elementary school child, but who still thought she could be thinner. I did not choose to see the bones protruding from my flesh, the transparency of my skin, or the hollowness of my face. I had noticed, but ignored, the loss of my hair, which came out in great clumps when I showered. It clogged the drain so that showers became baths as the water backed up around my ankles. The hair that did grow was a fuzzy fur on my jowls. It was soft and fine, downy and pure white. The unwanted hair was my body’s primal response to a lack of heat: I was growing a coat to keep myself warm and insulated. My body had run out of fuel to keep itself warm and was trying to protect itself, to keep me safe in the most basic way it knew.

Animal intuition took over. It governed my body because instinct had taught it that I was starving and, as I was rapidly proving, desperate times called for desperate measures. My body gave up its will to reproduce, and my menstrual cycle mysteriously vanished. The monthly ritual took too many calories and too much energy for my body
to expend. And so, my body unconsciously reverted to prepubescence to save itself. Outwardly, I consciously chose to retain the semiotic appeal of an immature child. Inside and out, I had reverted to a state of unrealistic youth.

I knew why all of this was happening, and could have given a scientific explanation for each of my eating disorder symptoms. I had read every book on anorexia nervosa and might have written one myself had I been willing to admit to my problem. I could relate to Si Transken, who wrote auto-ethnographically in *Reclaiming Body Territory* (1995), “My intellect has now absorbed as much data on the topic [her disease]... as most full-time late-career researchers/therapists.” Likewise, I was an anorectic who fed herself on research on her potential demise.

The drive to be thinner kept me from embodying any of the knowledge I had ingested on the subject of anorexia, and the disease encouraged me to forget it all (Kerka, 2002). I became the textbook definition of an “insightful corpse.” With my plethora of knowledge on anorexia, I thought that I was in control of the situation. Ironically, during this period, I was the most out of control I have ever been in my life. I thought that I knew what I wanted and who I was. But, I now realize that I had no concept of myself and no relationship to my mind, body, or spirit. My “insightfulness” was only skin deep.

As you read this auto-ethnographical description of my once-skeletal self, look around you. Chances are that someone you know— a friend, a sister, a grandchild, or an acquaintance— suffers from similar devastations of an eating disorder. 2007 statistics
dictate as much, with studies showing that approximately 50% of U.S. residents are familiar with an eating disorder sufferer (Reflections, 2008). One in four Americans are afflicted with these diseases, and over 90% of sufferers are women (Something Fishy, 2009). If they knew that their unborn fetus would be obese, 11% of Americans unanimously stated that they would abort their child rather than have it live with the destiny of being fat (Goldman, 2006). These facts are overwhelmingly powerful, incredibly frustrating, and deeply disturbing.

Look around you again with this factual awareness. According to a 2007 study, when given the choice over two-thirds of young American women (ages 18-25) would rather be mean or stupid than be overweight (Martin, 2007). 54% of those same women would prefer to be run over by a truck than be fat (Reflections, 2008). Statistics such as these hit with as much impact as an eighteen-wheeler but, metaphor aside, these facts prove that young American women are willing to sacrifice personality and health in order to attain body perfection. Though “only” 25% of university-aged women will be officially diagnosed as having a medical eating disorder, the above figures show that many more women are affected by negative and unhealthy thoughts about their bodies and selves (Reflections, 2008).

Eating disorders are the ultimate public/private disease, with 24 million people suffering but only 10% receiving treatment (Renfrew Center, 2007). Therefore, the vast majority of the population knows someone with an eating disorder, yet no one wants to
talk about it out loud. Eating disorders, particularly anorexia nervosa, have the highest fatality rate among all psychiatric illnesses. They are also considered to be the third most frequent chronic illness for young adult females (Goldman, 2006). It may seem glaringly obvious that eating disorders are not something to be taken lightly, as much as their victims would like to become lighter versions of themselves.

What Comes Next? – What I Will Accomplish

Given the weighty statistics above, it is obvious that eating disorders are an epidemic and, from the auto-ethnographic beginning of this dissertation, it is also obvious that I have a personal stake in creating more awareness around these issues. This dissertation, though, is not a story of the darkest years of my life, the ones where I was in the throes of the eating disorder known as anorexia nervosa. Within these pages, I do not address how and why I became sick, or even begin to delve deeply into the societal or biological issues that lead to eating disorders. I am not offering a solution, but instead am making observations and suggestions based on my experiences, and the experiences of others, of Lauren Greenfield’s art exhibition *THIN*, a photographic exploration of eating disorders. In the following pages, I defend my choices to write from and about my experiences, I discuss how and why I will encourage others to do the same, and I explain how I see these research methods (auto-ethnography, narrative, and feminism) as essential to the reclamation of voice, body, and experience.
Furthermore, I introduce my co-participants in this dissertation: fellow women who have made the auto-ethnographic leap to interpret three specific works of art from *THIN*. Similarly, I filter through the comments of the anonymous visitors who left their impressions, questions, hopes, and fears in logbooks at the sites where the exhibition visited. What can we learn from all of these people and their experiences in interacting with *THIN*? Together our words, theirs and mine, create the bulk of this dissertation, and though they often times seem to speak for themselves I have also added my own analysis and layers of theory to the subsequent discussion about women and body image. Before discussing the methods I have used to come to a greater understanding of the educational and personal effects of *THIN*, I find it helpful to place *THIN* into its social and historical context.

**Contextualizing Inspiration: The Background to *THIN***

The exhibition *THIN*, curated by Trudy Wilner Stack and the world-renowned photographer Lauren Greenfield, exposes the ugly underbelly of eating disorders to the public by way of large-scale portraits, documentary photographs, art, journals, interviews, video, and narratives from the show's subjects: in-patient eating disorder victims at the Renfrew Center, a Florida hospital dedicated solely to eating disorders. The exhibition is unique because it is one of the first of its kind, and though it has been reviewed it has not been studied within academia.
Greenfield and Trudy Wilner Stack began touring *THIN* in February of 2007 at The Women’s Museum, an affiliate of the Smithsonian Institution, in Dallas, Texas. The exhibition traveled to university art museums until 2010, hitting the Smith College Museum of Art, the Snite Museum of Art at the University of Notre Dame, the University of Missouri, and the University of Utah. *THIN* follows in the wake and popularity of *Girl Culture*, Greenfield’s first touring exhibition of photographs which helped to raise awareness of body image issues. *Girl Culture* has been seen by over 600,000 people since 2002 (THIN, 2008).

*THIN* is based upon an accompanying documentary film that chronicles the lives of in-patient eating disorder sufferers at Renfrew Hospital. Greenfield’s documentary has won a number of prestigious accolades from film festivals all over the world, and from such respected programs as the International Health and Medical Media Awards, the Women’s Image Network, and the PDN of Photojournalism. Greenfield herself was also nominated for a 2007 Emmy for outstanding directing in non-fiction programming (THIN, 2008). I saw the movie at the Toronto International Film Festival in 2006, in the company of a close girlfriend who held my hand as I watched and remembered. I absorbed the film from the vantage point of a recovered anorectic so, in some ways, the behavior of the women on screen seemed incredibly foreign. Yet on other occasions, they seemed like long lost sisters of shame. I surprised myself by not crying until the
very end of the film. But when I did, it was with quiet tears that rolled straight and fresh
out of the years of pain that I thought I had put behind me.

I did not realize that Greenfield’s film had been expanded and organized into an
art exhibition until I started researching possible connections between museums and
eating disorders in late 2007. Greenfield’s exhibit is a landmark in this small field
because it is one of a paltry handful that has ever placed eating disorders in a museum. It
was only during the revelatory end of the second year of my PhD that I dug deeply into
this show. I wrote to the exhibitions manager at the Women’s Museum, who, like some
sort of fairy godfather, further illuminated the way. I asked him for the schedule of the
exhibit’s tour and he quickly responded. I also mentioned my interest in the educational
aspects of the show, and asked if anyone was going to be studying these contributions to
the world of museum education. “Unfortunately, no,” he said, but mentioned that they
had been waiting for someone to do such work. In my heart, I said, “I will.” He heard
my silent promise, and offered to send a press package and educational packet. Along
with all of this, he even sent a hardcover copy of the exhibition catalog. The book and
his kindness made me gasp in gratitude and humility. I see it as another omen, one that
sits on my coffee table to serve as a constant reminder why I am writing such a thing as
this.

THIN, the exhibit, is gritty and emotional, stark and naked. It does not shy away
from the disturbing and disconcerting world of eating disorders. Greenfield became
interested in photographing eating disorders both as an exercise in photojournalism with a social purpose and because of the semiotic appeal of eating disorders. She is an artist who comes from a legacy of social documentarians who have chosen to make their photographs visual “wake-up” calls. Lauren Greenfield has been compared to the likes of other female photographic luminaries and “rebels” such as Nan Goldin and Tina Barney who documented life as it was, regardless of the literal and figurative “dirt” of their subjects (Kroner, 2004). Greenfield’s work has the horrific, yet entrancing, appeal of an artist like Diane Arbus who worked, as Greenfield does in THIN, with mental and bodily illness (Marien, 2002). Similarly, her photographs have the menace and melancholy of someone like Lisette Model, who never shied away from the seedy underbelly of humanity (Marien, 2002). Greenfield and her camera have been similarly brave and unforgiving in THIN.

Raised in Southern California, Greenfield has walked in the footsteps of other West Coast women photographers, from the early Annie Brigman to the contemporary Judy Dater (Marien, 2002). American Photo Magazine named Greenfield as one of the twenty-five most influential working photographers of 2005. Along with this distinction, in 2005 Greenfield and other members of her photographic collective, VII Photo Agency, were heralded as the third most important photographic collective, on a list of the top one hundred (American Photo Staff, 2005).

These are high honors for a 43-year-old woman who has been lauded as the
chronicler of “girl culture” for her breakout book of the same name (2002). She is praised for her unbiased viewpoints and for allowing her subjects to present themselves as they want to be seen, rather than as she wants them to appear (Kroner, 2004). Her star is rising, and so she exerts a certain amount of influence within the art world. Her choice to make eating disorders a focus of her work has brought these diseases into realms where they have never been before.

Besides raising awareness about such deadly diseases, Greenfield’s photos are as much an exercise in capturing the aesthetics of the body, albeit an ill one, as they are a form of social documentation. Greenfield notes this dual purpose of her photographs as being chronicles of the disease as well of as the shape and form of the figure:

As a photographer, one of the reasons I was interested… is it's a kind of unique situation where the mental illness has a physical manifestation, and recovery has a physical manifestation, because as they recover, they gain weight if their illness is anorexia. If it's bulimia, maybe it expresses itself in different ways. But you do see the body shape change as recovery happens. And so for me, that was a really unique opportunity, and one of the things that intrigued me[.]

(HBO Interview, 2009)

Lauren Greenfield’s work is challenging in many respects. As a viewer of THIN, you are forced to confront the abject behaviors and bodies of women with grave eating disorders. Similarly, as a viewer you might be challenged to wonder how difficult it must have been for Greenfield to gain the trust of her subjects, who are struggling with larger issues of control and privacy through their eating disorders. In order for Greenfield to get
close enough to capture them on film, she had to build mutual respect with the women of the Renfrew Center, the eating disorder hospital where Greenfield spent many weeks and countless hours documenting the minutiae of life as a patient. This trust is no small task for a trained therapist, let alone a photographer who would ultimately be highlighting and exposing the bodies of her subjects whose reasons for being in treatment center around their struggles with body image.

Greenfield set out to gain respect from the women of Renfrew with an all-female staff of photographers. Historically, there has been debate as to whether women have an innate ability to capture more emotional portraits than a man would be capable of, based on biological determinism and the belief that women are more in tune with emotions and character. This can be seen as far back as the turn of the 20th century, with Gertrude Kaseber with her emotive portraits of women (Marien, 2002). Could a man have taken the photographs that Lauren Greenfield achieved in THIN? It is an interesting question to ponder, particularly as we see that the women in THIN have verbally opened up to male therapists as they have to Greenfield and her all-female staff of helpers. But, as Greenfield says, regardless of sex, “Being accepted by these women at Renfrew was a continual process, and something that we were constantly working on the whole time we were there… I had a very small crew - all female. And we all had to get to know these women, and gain their trust. And it was a constant process” (HBO Interview, 2009).
In order to earn the trust of her subjects, Greenfield had protect their privacy, even when it meant being complicit in their disordered behaviors. Throughout photography’s history, photographers have been accused of being neutral and, in a sense, neutered in that their interest in capturing the image often comes at the expense of offering needed assistance to their subjects. The lens of the camera can be seen as blockade, portraying the photographer as ignorant and uncaring (Marien, 2002). Historical political cartoons as far back as the 19th century show the photographer in the middle of a chaotic war scene, happily snapping his photos while those around him writhe in ruin (Marien, 2002). Lauren Greenfield could be accused of much of the same in *THIN*, but in her interviews about the project, she acknowledges her own awareness of “forcing” herself into the position of voyeur rather than activist or therapist. As Greenfield tells it, this disinterestedness was a challenge for her:

When I was at Renfrew, there were a lot of times where you see women maybe doing something they're not supposed to do… And as a person, you do want to stop that, or you don't want them to do it. And yet, I had to respect where I was, and the professionals that were there; that they are in a place where there is a whole team of professionals who are working on helping them stop these behaviors… My job was really to show what this illness is all about. And so, … I don't feel torn between intervening and saying, you know, "Stop that right now," or calling a member of the staff and "telling on them." I feel like they are in the support structure that is made for helping them. And that what I really need to do is show something that hasn't been seen a lot before, because it is something that's very hard [to photograph].

(HBO Interview, 2009)
Greenfield’s documentation of the women at Renfrew can be read as both disinterested and distant or as incredibly invested. As someone who has talked with Greenfield and studied her work, I believe that she is the latter: incredibly invested. After spending five years studying women and body image (Greenfield, 2002) and over six months at Renfrew to create the documentary, she then invested over a year’s worth of time to make an exhibition (Greenfield, 2007). All of this points to Greenfield’s dedication and her allegiance to eating disorder awareness. To add further support to Greenfield’s intentions, she also revealed, both to myself in a personal interview and in the introduction to the catalog for THIN, that she too has struggled with negative body image:

I have been a chronic dieter myself, especially during my teenage years, and can relate to obsession over calories and nutritional content. I can identify with Alisa, one of the women featured in the film and book, when she changes her clothes 10 times before going out the door and explains that her wardrobe choices are based on what is slenderizing rather than color or season. This is the kind of “insanity,” “obsession,” and “compulsion” that otherwise rational women experience every day. I have strictly dieted, religiously exercised, emotionally overeaten, and even tried purging a couple times with little success (the work of an amateur, as my Renfrew subjects would call it).

(Greenfield, 2007)

Here we see that, like myself and many of the women in this dissertation, Greenfield has a personal investment in her work with eating disorders because of her own experiences with body image terrorism.
Greenfield did not want to stop with just the documentary. She felt the artistic, personal, and societal need to do something more, which resulted in the exhibition and its companion book. For this I am grateful, because the book and exhibition have become the central fulcrum of this dissertation, where interpretations and experiences emerge and can be further interpreted and experienced. The focus on narrative in this dissertation is also echoed in Greenfield’s purposes for *THIN*. Or, perhaps, her emphasis on narratives in the exhibit influenced me to make them the heart of my dissertation. In this way, the exhibition, with its narratives, and this dissertation, with its narratives, mirror one another. As Greenfield explains:

I decided to make this companion book because of the stories and information that could not be communicated in the film, and because photography with words is my first and most natural voice. For the book […] there was an opportunity for me to conduct first-person interviews to flesh out the backstories that help to understand the origins of each woman’s illness. The journals give expression to the powerful internal voices of an eating disorder and the fierce struggle between that voice and the one of recovery.

(Greenfield, 2007)

In the same way, Greenfield’s work offers the opportunity for “backstories” and “expression” and “voice” (Greenfield, 2007) as we listen to how visitors and my co-participants interpret and experience *THIN* in their own words.
INTRODUCTION

What Do I Want to Do?: Research Objectives

My interests in Lauren Greenfield’s THIN come from being both a victim of and an advocate against eating disorders. Current criticism and interpretation of THIN comes from art critics, eating disorder specialists, museum curators, and medical professionals (Anderson, 2006; Calhoun, 2006; Lewis, 2006). The voices of women, those who have had eating disorders and even those who have not, are absent from the critical conversation, which is open only to experts. This is an absence that I hope to rectify in my dissertation.

In this way, I am using my dissertation as a way to speak my own truth and to make space for other truths. I am using my own first-hand, personal knowledge of eating disorders to interpret Greenfield’s work auto-ethnographically from my recovered vantage point. I feel compelled to write about this topic because I want to use my voice, the voice of someone who has been both entrapped in and free of an eating disorder, as a way to advance the discussion about eating disorders and to provoke action within the art and museum education community. Additionally, I believe that my words, along with the words of visitors to THIN and those of my other co-participants, will reflect our surrounding culture and climate. Comparing the comments of THIN’s visitors and analyzing how different groups of women interpret THIN will make a statement on how prevalent or misunderstood eating disorders are in our American society.
What Do I Want to Know? - Research Questions

The larger issues for my dissertation intersect social justice, communities, voice (generally women’s voices), representation, and interpretation. Specifically, I believe that women have been spoken for and about in terms of eating disorders, rather than encouraged to speak for themselves (Hackett & Haslenger, 2005; Kemo & Squires, 1998). My research can be divided into two complementary parts. Both halves are symbiotic in many ways, and I think the bipartite structure strengthens the dissertation and allows the “crystallization” of data and of methods that result from working with two sections (Richardson, 2000).

Part One

In the first section, I look at how visitors to THIN experienced the exhibit, and how they commented on their encounter with the art, the museum, and with others. The hundreds of visitors who chose to leave a comment have left their imprints in logbooks located at the exit of the various exhibition spaces. I have chosen two sites to analyze (the Smith College Museum of Art and the Snite Museum of Art at the University of Notre Dame) and, thanks to accommodating staff at both locales, have copies of each logbook. In Part One, then, I analyze and categorize the visitors’ comments at Smith and Notre Dame in order to answer my research questions regarding knowledge and community.
My research questions for this section are born out of museum and educational theory regarding the importance of museums in advancing social justice education and in supporting the growth of communities (learning and social groups of individuals and groups). Specifically, I ask: Does *THIN* encourage visitors to think of eating disorders as a social problem? How do visitors express their understanding of the exhibition and its impact on their awareness? Is there community learning and sharing at work in *THIN*? Does the exhibit encourage visitors to make connections between themselves and others, themselves and the women in the exhibit, and to their own self?

**Part Two**

In the second section of this dissertation, my research questions narrow. Instead of dealing with a large, anonymous sample, I have a small, specific group of ten female co-participants. These women were willing to explore their own interactions with the images of *THIN* and, consequently, through narrative interpretations, their own relationships to body image. Through this group, I ask: How do women interpret Greenfield’s exhibition? What do their stories and experiences tell us about themselves, about these works of art, and about our culture as a whole?

Art has the potential to be idiomatic. Idioms are often used to describe expressions (verbal or written) that can only be understood by audiences from the culture where the phrase originated. After viewing *THIN*, I wondered if idioms could also be used as a metaphor to describe when works of art are confusing to the viewer because
they are not “from” the culture where the work was created. Therefore, the viewer feels as if he or she has missed the “point” of the artwork. The photographs of THIN are so heavily entrenched in a culture of eating disorders that someone not of this “world” could easily feel confused, frustrated, or ambivalent towards works of art that might seem irrelevant or impenetrable. Therefore, the exhibition would be idiomatic: not understandable to a certain audience or “culture” because they do not relate to the culture where the photographs were created.

This seed of inquiry has fueled the essence of the second half of my dissertation, and has become my central questions in this section: how do the interpretations of those women who are of the eating disorder culture compare to those who are not of the eating disorder culture? Are the photographs of THIN like an idiom that is inaccessible to viewers who do not have any experience with eating disorders? Can one still interpret, understand, and empathize with the signs and signifiers of eating disorder culture, as shown in THIN, and not be of that “society” (Eco, 1982, 1992; Barrett, 2003, 2004; Barthes, 1964, 1977, 1982; Danesi, 2007; Hall, 1997; Smith-Shank, 2004)? Does THIN reach out to all women, or does it privilege certain females and distance others because of their respective relationships to eating disorders? How can we better understand its impact on women, and what do these interpretations tell us about women in the 21st century?
How Will I Do This? – Research Methods

This is a dissertation of interdisciplinary and mixed methods, chosen for their ability to achieve the goals that I hoped for in this project. Each part uses different techniques, but through the entire project feminist research methods have played an increasingly large role as the project has developed. Thanks to a well-pointed Candidacy Exam question, I began delving into feminism(s) and realized that I had found many “sisters” in the respect that their foundational work greatly complemented what I hoped to accomplish. Feminist methods are at the center of this dissertation, which is why I hope to explain how they apply to my project. Thus, before I explain my specific methods, I want to give an auto-ethnographic homage to the feminist methods that will plait through this project, and show how I came to realize that they were essential to an understanding of my own work.

Feminism – A Thread Throughout

My mother and I were standing in the kitchen sharing a tranquil mid-morning moment, cups of tea in our hands, staring out on the snowy landscape of the backyard. I was explaining to her that I had recently been “tipped off” by my doctoral committee that feminism would be an important place to look for assistance in my work. My mother remarked that feminism seemed to have nothing to do with my project and nothing to do with eating disorders. “What does feminism have to do with any of this?” she asked, sweeping her hand over the piles of research that were stacked in the hallway, awaiting
transportation to my office. I smiled wanly. To my mother, the “f” word still connotes bra-burning and growing hair in unsavory places, so I gently tried to explain to her my understandings of how feminism would play an integral role in my dissertation.

First of all, I explained, if you use feminist methods in your research, it means that you abide by a number of qualities that a larger body of scholars has identified as key aspects of feminist theory. Though finding a unanimously supported exact definition of what constitutes feminist theory would be impossible and unrealistic, there are a number of points that have become socially accepted as characteristics of feminist research. As Shulamit Reinharz (1992) explains, “Since feminism is a large movement without official leaders, it is not surprising that we lack a single definition for how to do feminist research.”

Similarly, I tried to explain as my mother continued to sip on her chamomile, feminists can be women of all shapes, colors, backgrounds, and sexualities. Feminists, I added, looking at her side-ways out of the corner of my eye, can even be men. It does not matter so much what you look like, how old you are, what you wear or don’t wear, or who you are attracted to-- feminist theory is about the principles of your work. Because of this, I cite scholars in this section who aren’t necessarily female but who use feminist methods. Therefore, I like to think of feminism like a number of others do, as feminisms, in the plural. There are a plethora of different types of people and a myriad of ways to approach research with a feminist lens.
Just as we cannot reduce all women to one group with a uniform experience, race, class, or culture, there is no single method, methodology, or epistemology that informs feminist research. Feminist researchers hold different perspectives, ask different questions, draw from a wide array of methods and methodologies, and apply multiple lenses that heighten our awareness of sexist, racist, homophobic, and colonialist ideologies and practices.

Hesse-Biber & Leavy, 2007

It’s like a kaleidoscope, I suggested to my mother, who continued to look skeptical.

There are any number of ways to combine feminist methods with your own unique perspective and experiences.

I particularly like the suggestions that Shulamit Reinharz uses to describe ten themes of feminist research methods (1992):

1. Feminism is a perspective, not a research method.
2. Feminists use a multiplicity of research methods.
3. Feminist research involves an ongoing criticism of nonfeminist scholarship.
4. Feminist research is guided by feminist theory.
5. Feminist research may be transdisciplinary.
6. Feminist research aims to create social change.
7. Feminist research strives to represent human diversity.
8. Feminist research frequently includes the researcher as a person.
9. Feminist research frequently attempts to develop special relations with the people studied (in interactive research).
10. Feminist research frequently defines a special relation with the reader.

I showed my mother this list of one woman’s perspective on what constitutes feminist research. Within this list, I see much of my own work reflected, particularly in how feminist research strives to create social change, represent a number of voices (including the writer’s), and create a community among the researcher, the researched, and the reader.
In addition to these three particular areas that I feel are most applicable to my work, I appreciate when feminists acknowledge the importance of embodied and subjective learning (Maher, 1987; Belenky, 1986; Chodorow 1978; Gilligan, 1982; Miller, 1976). Many feminists believe that research can be intertwined with the emotions and feelings that the writer and her co-participants know from their own lived experiences and their own connection to the material at hand (Maher 1987; Belenkey, Clinchy, Goldberger, & Tarule 1986). My mother jumped in: “So feminist theory says that you, with your past, and your subjects with their pasts… you can all use all of that to explain how you come to know what you know about the THIN photographs?” I beamed. “Exactly. Certain feminists see embodied experience and feeling as legitimate sources of knowledge. I am definitely one of them and want to honor all of our experiences and embodied knowledge in my dissertation.” I know this concept resonates with me, and I could see that it made sense to my mother as well.

“And, the part about feminist research involving the voice of the author. Does that have to do with that auto-ethnography and narrative business you were telling your father and me about the other day?” my mother asked, looking more excited as she swirled a spoon dipped in honey in her mug of tea. The week before, I had given my parents a mini-lecture on auto-ethnography when they read a piece that I had co-written with Terry Barrett, Shari Savage, Ivy Chevers, Rita Kundu, and Kendra Giradot (2009). It was my first published art education piece, and in it I had written about the importance
of auto-ethnography to my work and to my growth as a researcher. My parents had called when I had sent them a copy, and after reading it they wanted to know what all of that auto-ethnography “mumbo jumbo” meant. When I told them, my father responded shortly thereafter with a CD.

My father calls himself the “Rock and Roll Doctor,” and he hands out “prescriptions” to his daughters by way of cleverly themed musical collections. After helping me to celebrate my first published piece and figuring out what was involved in auto-ethnography, my father created a CD titled “First Person” in which all of his favorite rockers sing narrative songs, just like a musical auto-ethnography. I was touched by my father’s gesture of understanding then, and touched again that my mother had connected our past conversation about auto-ethnography and narrative with our current topic: feminism.

My mother reined me back in from my reveries; “So, you see feminism applying to your work in three particular ways: through embodied experience, through voice, and through the ultimate creation of a community between the reader, yourself, and your co-participants?” “And,” I added, thrilled at my mother’s quick and pithy synthesis of how feminism will inform my dissertation, “I hope that the end result will help people in some positive way, shape, or form.”

I think my mother is a feminist now. My mother put it as well, as did Sharlene Negy Hesse-Biber, the editor of Feminist Research Practice: A Primer, when she wrote,
that feminist research “gets at an understanding of women’s lives…, research that promotes social justice and social change, and research that is mindful of the researcher-researched relationship” (2007). Bingo. I could not have said this better myself in terms of what I am trying to accomplish in this dissertation, and with what methods. In the remainder of this section, I will explain how these feminist approaches, which my mother so aptly highlighted, fit into each section of my research project.

Methodology: Part One

Who? – Decisions of Sampling

The players in Part One are myself (using auto-ethnography as a feminist research method) and a host of anonymous visitors to THIN. Logbooks were left at the exits to the exhibition at the University of Notre Dame and Smith College. Curators and educators at both locations made copies of the logbooks for my dissertation, which allowed me to become intimately acquainted with nameless visitors whose comments I read repeatedly. Though Part Two deals specifically with how certain women interpret THIN, the logbooks represent a spectrum of gender, age, race, socioeconomic background, ethnicity, religion, and sexuality, among other factors. Unfortunately, there is no record of who is behind the comments of the logbooks. There is no way of knowing if someone is a male or a female, black or white, rich or poor. In this sense, Part One is less specific and more general in regards to the range of backgrounds of the respondents.
How? – Decisions About Analyzing and Writing

As posited by Reinharz (1992) above, one aspect of feminist research is in using a variety of research methods. In Part One, I employed auto-ethnography, I quantitatively looked at the number of visitors who fit under certain coded categories of study, and I performed a qualitative analysis of visitor’s comments in the logbooks at the exhibition sites.

Auto-ethnography, the first research method used in Part One, abides by the feminist emphasis on the voice of the researcher. It is described in greater detail in the sections following. I used auto-ethnography in Part One to examine the different incarnations of THIN at the Snite Museum of Art at the University of Notre-Dame and at the Smith College of Art at Smith College.

The visitor logbooks at Smith and Notre Dame are full of short and long narrative comments that share information about visitors’ experiences of THIN. In order to understand the impact that THIN had on visitors, I used an interpretive method from Norm Denzin (2002), a pillar in the qualitative research field.

The ways that Norm Denzin has written about his approach to analysis reverberate most strongly within me and I feel most attracted to this approach because I feel that it best answers the “how” questions that I ask in my leading research questions.
Denzin’s method of analysis uses Husserl’s (1913/1962) term, “bracketing” to refer to how the researcher beings to examine her data in the first stage. By taking the “phenomenon” under inspection (in the case of this dissertation, the phenomenon is how visitors experienced THIN), the researcher dissects it to its bare bones, using the following steps:

1) Locating within the personal experience story or self-story key phrases and statements that speak directly to the phenomenon in question.
2) Interpreting the meanings of these phrases, as an informed reader.
3) Inspecting these meanings for what they reveal about the essential, recurring features of the phenomenon being studied.
4) Offering a tentative statement about or definition of the phenomenon in terms of essential recurring feature identified in Step 4. (Denzin, 2002)

After bracketing, comes construction, which builds on the foundation of the first step of analysis. If bracketing is the deconstruction of the comments that the researcher has in front of her, than construction is the restoration of these comments, with the addition of her new theoretical insights. If this form of analysis were the Humpty Dumpty rhyme, it still would not be possible to put everything back together again in the same way that it was taken apart. But, it could be reconstructed in a new way, with added insights about how the comments relate and interact with one another.

Finally, contextualizing resituates the study in its field and explains why the findings are significant (Denzin, 2002). By, “comparing and synthesizing the main themes of these stories,” “tentative statements” can be made about one’s research and its importance to the world.
Using this framework, I examined the different comments from *THIN* and discerned what was important to my study of the exhibition and to the visitors’ experiences.

**Methodology: Part Two**

In Part Two, I enlist the aid of five women who self-identify as having had/have an eating disorder to write their interpretations of three selected works from *THIN* (Maslon, 1998). I include myself in this group, making this a work of self-reflexive auto-ethnography as well as narrative interpretation for my co-contributors and for myself (Davies, 2006; Ellis & Bochner, 2000, 2002; Goodall, 2000; Joseelson, 2006; Gubrium & Holstein, 2000, 2000; Richardson, 2005). Joining those of us with eating disorder “baggage” are five other women who do not self-identify as having/had an eating disorder. They too recorded their interpretations of the same three selected works from *THIN*, making this dissertation a collection of ten women’s auto-ethnographic interpretations.

**Who? – Sampling Decisions**

As Marshall and Rossman warn, “One cannot study the universe – everything, every place, all the time. Instead, the researcher makes selections of sites and samples of times, places, people, and things to study” (2006). I have a history of trying to be overly ambitious and attempting to “study the universe,” but I have received and read much
advice on the necessity of keeping one’s research maintainable. Equally important, and just as influential, are the stories of scholars who have drowned in their overambitious projects. Those researchers who have lived to tell the tale have greatly informed my decisions regarding the scope of my research.

Deciding who specifically to involve in my dissertation was not at all a random process, but at the same time it was open to equal doses of accident and fortune. I feel that it is important to reveal the reasons for my decisions because I will maintain transparency and translucency (Tedlock, 2008) throughout my dissertation in regards to all aspects of my writing and research. Though this decision might seem insubstantial if it were a much larger study, I feel that it is extremely important in this dissertation because my co-participants are essential authors within my dissertation. As Curtis, Gesler, Smith, and Washburn (2000) write, the “revealedness” (Marshall & Rossman, 2008) of one’s sampling decisions should be without question: “It seems essential to be explicit about these [decisions], rather than leaving them hidden, and to consider the implications of the choice for the way that the … study can be interpreted.” These authors also go on to argue that divulging the “mystery” behind the researcher’s sample schema can also add to the richness of the story-telling, or narrative (2000).

My own story of sampling begins with a purpose: to find women with and without eating disorders who would be willing to write, narratively and openly, about their embodied experiences interacting with the photographs of \textit{THIN}. These co-participants
would need to be invested in such an endeavor and to have the time and energy, in the
summer of 2010, to grapple with their feelings and interpretations of THIN. With this
clear objective, I gravitated towards purposive sampling, an increasingly popular
qualitative research method (Creswell, 1998; 2002; Fick, 1998; Jones, 2002). The
researcher starts her selection with an intention and this informs her decision of who suits
her needs and who does not. “In purposive sampling, we sample with a purpose in mind.
We usually would have one or more specific predefined groups we are seeking” (Patton,
1990).

In the case of my dissertation, I wanted five women who would self-identify as
never having had an eating disorder and four other women who have had eating disorders
(Malson, 1998). According to Sandelowski (1995), sample sizes in qualitative research
“should not be too small that it is difficult to achieve data saturation, theoretical
saturation, or informational redundancy. At the same time, the sample should not be too
large that it is difficult to undertake a deep, case-oriented analysis.” The “Goldilocks
Approach,” as I like to call it, is one that requires a certain amount of quantitative
diplomacy in regards to qualitative research. In terms of my study, ten women is a small
enough group that I do not feel overwhelmed, but large enough that I believe I can make
greater assumptions about the “whole” (American society and its women) in relation to
its parts (the ten women of my dissertation). My pool of participants in Part Two was
specifically kept to no more than 10 so that each woman has a significant amount of space, and so that I can give enough of my energy and time to their interpretations.

Purposive sampling is non-probability and, as I will openly agree, is most definitely subject to bias (Patton, 1990). The women of my dissertation were chosen for a purpose, as explained earlier, and because they serve the needs of this project. Some of the women, six to be precise, approached me about participating in this dissertation. Four have had eating disorders, and the other two have never had eating disorders but do feel strongly about helping to staunch the epidemic of these diseases. So, in the case of over half of my purposive sample, my co-participants solicited me to be involved in this project. All ten women, though, are engaged with the material and excited to have the opportunity to write about their narrative, embodied interpretations and to share with one another in a community of women.

Before launching into their interpretations, Part Two begins with biographies of each woman so that the reader may become familiar with the authors, their backgrounds, self-identification, and pseudonyms.

**How? – Decisions About Analyzing and Writing**

To structure our interpretations, we used a form of semiotic analysis to scaffold our meaning-making. I asked each woman to analyze her reactions to three different Greenfield photographs semiotically (Eco, 1982, 1992; Barrett, 2003, 2004; Barthes,
semiotic analysis because I feel that the process of denotation/connotation (as originated by semiotician Roland Barthes, and taught to me by my once-adviser Terry Barrett, and by my former professor, Debbie Smith-Shank (Barrett, 2003, 2004; Barthes, 1964, 1977, 1982; Smith-Shank, 2004)), is an easy introduction to the world of separating what one sees from what one “knows.” When focusing on the connotations of the work, my co-participants’ own voices and experiences emerge, narratively. This semiotic method allowed my co-participants to structure their interpretations but did not inhibit their creativity. I encouraged them to express themselves freely in whatever written format seemed appropriate (Bochner, 2000, 2001; Brady, 2005; Bridwell-Bowles, 1992; Denzin, 2004; Ellis, 2000; Fraser, 2004; Goodall, 2000; Richardson, 2000, 2005).

In their introductory packet of information, I emphasized that “connotation” involves personal connection and lived experiences (see Appendices for the letters, forms, and informational materials that each participant received). In addition to this information, I provided each co-participant with a copy of the THIN photographs. After I’d collected and edited each woman’s interpretation, they were then returned to the owner and member-checked, so that every woman had ultimate editorial jurisdiction over her words.

As the collector of these interpretations, I have layered my own theoretical thoughts on illness, voice, and interpretation as a background to their words. Using the

In analyzing these interpretations, I have compared and contrasted the different interpretations as a means of uncovering overlaps and divergences among my participants. As a museum educator, I have found the simple method of compare/contrast an effective tool for learning more about different groups of people and their respective meaning-making processes. Thanks to a fellowship at the National Gallery of Art in 2006-2007, I learned how to implement this in the museum setting in my work with Dr. Shari Tishman of Harvard Project Zero (Tishman, S., Perkins, D. N., & Jay, E., 1995; Tishman, 2006). Comparing and contrasting opinions and interpretations was a valuable technique that often led to interesting connections and overlaps, and likewise pointed out disagreements. Using my personal experience with this learning and assessment tool, I
have used it to compare and contrast the semiotic denotations and connotations of my co-participants and myself. I hope that such an approach to the interpretations of Greenfield’s work will shed light on certain aspects of our culture, and on what we do or do not value as societal currency for women with and without eating disorders.

What I Will Not Undertake - Limitations of the Study

I am not a scientist or a medical doctor. Therefore, there is very little about the psychosis of eating disorders in this document. Eating disorders are a serious illness and require medical and psychological help. Doctors have written far more in-depth studies about eating disorders, from a scientific perspective, than I can include in this dissertation. If the reader has questions about definitions of anorexia, bulimia, or any other eating disorder, I suggest that he or she look to another source of reputable information. This dissertation should not be used to define eating disorders.

Eating disorders are not limited to women and they continue to spread across gender lines (Hesse-Biber, 2006; Renfrew Center Study, 2007; Something Fishy, 2008; Taylor, 2008), but I will limit my study to the female sex. I have a variety of participants from a range of ages. My study was not limited to any certain race or ethnicity, though all of my participants are white. This study is not about ethnic, racial, religious, sexual, or other diversity: it is about women and it has a rather white, Western scope though I do
talk about issues of diversity and eating disorders in Part Two. Someday I would like
develop and perform a study that examines more diversity, but cannot do so here.

Though THIN began as a highly successful documentary film (Greenfield, 2006),
I will only be using the photographs from the exhibition as my focus in this study. I am
not an expert in film theory and feel that the photographs and our resulting interpretations
of them have much to offer in the way of a contemporary critique of our culture at large.
In addition, my specific interest in museums complements a focus on the exhibition of
THIN rather than on the film.

I specifically chose not to interview women who were still in a treatment setting
for an eating disorder, for a number of reasons. First, I do not feel that I am equipped to
deal with crisis situations as I am not a therapist. Second, I agree with Paula Saukko in
The Anorexic Self (2008) that studying women in recovery might result in a focus on
“how to achieve recovery.” As stated earlier, I am not a psychologist; I am an art
museum educator and a scholar in art education, one who prefers to use art to uncover the
obvious and the hidden feelings that women have about their bodies and, in turn, what
this says about our society as a whole. Saukko (2008) writes that her research “aims to
conduct research on women with eating disorders in a less diagnostic and more
egalitarian or mutually critically reflective manner,” and along the same lines I seek to
stay away from an emphasis on the scientific and psychiatric.
Why This Matters - Significance of the Study

When 64% of women between the ages of 15 and 64 feel so badly about their body image that they choose to opt out of everyday activities, we as a society have to recognize that we have a serious crisis on our hands (Reflections, 2008). When almost 66% of the American female population will choose not to engage with the world in ways such as going grocery shopping, to the doctor’s office, or to school, we have not just a crisis, but an epidemic (Reflections, 2008). As I write and research about women and eating disorders, I find that I have almost become desensitized to statistics like these. But, as art and museum educators, I feel that we have some role to play.  *THIN* provides us with a unique opportunity listen to how visitors and my co-participants speak in voices which have traditionally been ignored or spoken for (Bruch, 2001; Brumberg, 1997, 2000; Chernin, 1994; Martin, 2007; Pipher, 1994). In Part One, the analysis of visitors’ comments shows how *THIN* functions on an educational and social level, and whether it has affected viewers in a “positive” way. In Part Two, the comparison between two “cultures” of women begs us to speculate as to how their interpretations reflect/refract the contemporary dissatisfaction (and resulting normalcy) that women seem to accept as necessary feelings to have towards their bodies and selves.

Greenfield’s exhibit presents a unique opportunity in the history of art exhibitions: never before has an artist of such prestige and renown tackled the subject of eating disorders. Therefore, her show offers the opportunity for large-scale outreach and
examination. The critics who have spoken or written about *THIN* have approached the show in much the same way as medical literature on women with eating disorders: from the vantage point of the outside, mostly male, expert, speaking about works of art that they have had no experience with other than through viewing (Anderson, 2006; Calhoun, 2006; Lewis, 2006). Therefore, we have an unprecedented moment in art and museum education history, in which we can harness Lauren Greenfield’s *THIN* to listen to the voices of the people it has touched as it tours about the country.

Furthermore, this research may act as a means of creating a greater community among exhibit viewers, participants, and other readers. It is my hope that telling our stories through our interpretations will also help women and men come together and to educate others (Bochner, 2000, 2001; Brady, 2005; Bridwell-Bowles, 1992; Denzin, 2004; Ellis, 2000; Fraser, 2004; Goodall, 2000; Richardson, 2000, 2005). Such a study also gives legitimacy to further work by artists such as Lauren Greenfield who seek to tackle such thorny and important subjects as eating disorders. If more artists had the courage to delve into issues of such relevance and social import, we could create deeper conversations and dialogue around these topics.

Lastly, a study like this is important because, in Part Two, it gives the power of voice back to those who have been silenced or spoken for (Foucault, 1995; Frank, 1995; Freire, 2000): women, especially women with eating disorders. Eating disorders are known as “silent killers,” and by creating “noise” around these stealthy and quiet diseases
we are destabilizing them and reframing our own conceptions of ourselves, others, and the world in which we live. It may very well be that the voices of the women with eating disorders are not the only ones we need to listen to in order to understand our culture’s deep dissatisfaction with our personal appearances. How many other women might feel this same way?

In conclusion, Part One of this dissertation offers us a glimpse into the effects of THIN on viewers and a focus on aspects of social education and community. In Part Two, asking why it is important for women with and without eating disorders to share their interpretations of Lauren Greenfield’s THIN is important and unique, in that it has never been asked before. The space has never been made for women to stand up and speak about what they see and feel and know when they look at Greenfield’s photographs. As current feminist discourse encourages, their voices can provide us with a myriad of new lenses to look at such socially significant works of art (Chernin, 1994; Fallon, Katzman, & Wooley, 1994; Hackett & Haslenger, 2005; Heilbrun, 1998; Hein & Korsmeyer, 1993; Hesse-Biber, 2006; Kemp & Squires, 1998; Malson, 1998; Penelope, 1997; Reinharz, 1992; Young, 1997). By comparing and contrasting these voices of woman with and without eating disorders, we can learn about our culture, our selves, and others.
What I Have Absorbed - Review(s) of Literature

I have been inspired by the work of professors (Ballengee-Morris, 2009; Barrett, 2004; Barrett, Smith-Shank, & Stuhr, 2008; Eisenhauer, 2009a; Eisenhauer, 2009b; Hutzel, 2010; Smith-Shank, 2003; 2004;) and colleagues (Savage, 2009) to think of the literature review as something fluid and malleable and not as a staid chapter all unto itself. Therefore, my interdisciplinary literature review will weave throughout this text and will cover a broad span of subjects. Elsewhere in Part One is information on museums and auto-ethnography, museums and social justice education, and museums and community. I have included in this introduction, a review of literature on methods and ideas that are rooted in feminism and art education. Specific: auto-ethnography and narrative, eating disorders and voice, and embodiment. I include these reviews here because I believe it is important to understand why it is unique for people to be writing with their own voices about their experiences with eating disorders and body image.

What immediately follows this section is a brief review of literature on eating disorders and body image, to make the point that this body of work is incomplete. It is a collection of important information, but it has been written mostly by people who have not had an eating disorder and who have a clinical interest in these diseases. This is interesting for me and applicable to this project because in it, there are many voices of people who have intimately known eating disorders. I believe it is important to make the space for these voices to be valued as much as those who know eating disorders from
their professional expertise. In the second part of this initial literature review on eating disorders, I will discuss why I believe that eating disorders are an issue for feminist research, which, as stated earlier, is an important part of my research methods and motivations. I have been particularly inspired by the work of these researchers and authors, who have raised eating disorders into the realm of social research.

Review of Literature on Eating Disorders (Without Feminist Emphasis)

A plethora of literature exists about eating disorders and body image, though eating disorders are still confusing and mysterious diseases in many ways because doctors cannot “solve” them. Still, many researchers--mostly scientists, clinicians, psychologists, psychiatrists, sociologists, and historians--have written volumes about these topics. Founded in 1989, the Eating Disorder Review is a journal devoted to clinical perspectives on the treatment of eating disorders, though not to the patients themselves. The 2009 International Association for Eating Disorders Symposium focused on what goes on “behind the closed doors” of the clinic. The call for proposals for the conference was for medical professionals only (IAEDP, 2009).

Joan Jacobs Brumberg is one of the most respected authors on eating disorders in the social science field, and is known as a historian and chronicler of girl culture, body image, and eating disorders (1997, 2000). She was one of the first historians to examine
seriously young women’s strange behaviors around body modification and eating disorders. However, many other scholars exist, including those who are considered in the “canon” of eating disorder and body image researchers who have been writing for much of their careers on these issues, such as Hilde Bruch (2001), Mary Pipher (1994), Jean Kilbourne (2000, 2001), and Kim Chernin (1994). Brumberg was also a consultant in the catalog for Greenfield’s *THIN*. Her voice can be found in the introductory text (Greenfield, 2007). Newer voices on the body image bandwagon are such “youngsters” as Caroline Knapp (2003), Courtney Martin (2007), and Leslie Goldman (2006) who are not PhDs like the other women in the field, but who write and research from the experience of women who have had eating disorders or known those who have. These authors differ from their better-respected and tenured colleagues in that they have a more informal approach to their research, and in that they have lived through, or been very close to, an eating disorder.

Though I have found the former set of scholars immensely helpful in grounding myself in the history and science of eating disorders, I gravitate more towards the latter set because they speak to my own experience-- and to me-- with greater intensity. Martin (2007), Goldman (2006), and Knapp (2003) use vignettes, anecdotes, personal experience, and narratives from others to enhance their work and add multiple layers. I hope to take my research on eating disorders, art interpretation, and narrative in a similar direction. Current research into feminist discourse promotes and encourages the use of
multiple voices and personal narratives in order to explain one’s own process of meaning-making and epistemology (Chernin, 1994; Fallon, Katzman, & Wooley, 1994; Gauthier, 1981; Hackett & Haslenger, 2005; Heilbrun, 1998; Hein & Korsmeyer, 1993; Hesse-Biber, 2006; Irigaray, 1985; Kemp & Squires, 1998; Lacan, 1999; Malson, 1998; Penelope, 1997; Reinharz, 1992; Young, 1997). I see this “newer” group of authors as aligning themselves with feminist principles and, as explained below, feminist authors have much to say on the topic of eating disorders.

Review of Literature on Feminism and Eating Disorders

We dedicate our time, energy, and obsessive attention – in short, our lives – to trying to “fix” our bodies and make them “right.” We do everything but live in them.

Hutchinson, M (1994)

Though once thought to be strictly a female affliction, eating disorders can be experienced by all sexes, and indeed are increasingly crossing gender boundaries. Still, an overwhelming 90% of eating disorder victims are women (Renfrew Center Study, 2007). So, for the purposes of this dissertation, I ask, “What does feminism have to do with eating disorders?”

The other day, while standing in line at the grocery store, I was struck with what felt like a full blow to the head, though really it was an emotional realization that affected me as if it were a physical thing. I almost began to cry as the bustle of shoppers and carts paraded about me and I felt as if I might fall, like a soufflé taken out the oven before its
time. I was standing behind a woman who looked to be a few years older than I. She was dressed professionally and appeared to be a young woman of some importance. I imagined her with a high-powered, influential job; as someone that could influence policy and make the world a better place.

In her productive-looking pantsuit, she was poised with a shopping basket gripped in the crook of her elbow. Its plastic cage contained a bag of Baked Lay’s potato chips and two boxes of stimulant laxatives. The young woman placed her three items on the moving conveyor belt, and as they shifted towards the cashier, I inwardly cringed. “I expected better from you!” I wanted to yell at her in her perky, professional suit. As I stood there, mechanically putting my own groceries on the shifting belt, I wondered: for how many other women has disordered eating become normalized and natural? For how many other women has a bag of potato chips, washed away by a box of laxatives, become an acceptable dinner? How many other women internalize the pressures to be thin and perfect and beautiful? And, more importantly, why isn’t more being done about the massive number of women who have succumbed to the overwhelming pressures to conform to unattainable standards?

I am a woman. I am a woman who has had an eating disorder. I am a writer. I am a researcher. I am a woman who is writing and researching about eating disorders. As I have found out recently and through a lot of research, I am a feminist, and I find that within this theoretical world I have found my kin. It is here that I can write and research
about my past, my present, and my future relationships with eating disorders, and about how they affect other women through art and interpretation. It is within this feminist fold that I feel justified for the divergent techniques and theories that I will choose to embrace in order to answer my research questions in the best way that I possibly can. It is here that I can embrace my feelings, my voice, my experiences, and my body. And, it is through these theories that I can encourage other women to join me and to feel liberated in the same ways.

I see that not all other women are not ready to join me, as the grocery store narrative illustrates, and this saddens and pains me. For all of the forward movement that we as women have made, we are still constrained by our distaste for our bodies. There are a variety of theories for why women in particular feel so constrained by our body image, but this is not the appropriate place in which to discuss these theories. Instead, I merely note that eating disorders are, indeed, a feminist issue. What then, is a feminist approach to eating disorders?

Feminist approaches to eating disorders recognize that a multitude of factors contribute to the propagation of eating disorders in society. The feminist model is considered to be a more holistic approach, as opposed to biomedical and psychological approaches, the other two prominent models in eating disorder research (Thompson, 1991). These theories treat the causes of eating disorders as being either dependent on
the individual or on science. There are major gaps within these theories, and as Roberta Seid (1994) writes:

The eating disorders literature, often focused on individual psychopathology, has found neither a consistent etiological profile nor a universally accepted explanation for why eating disorders have swelled into a social disease. Nor does it explain why millions of women without clinical eating disorders mimic the behavior and mindset of affected women.

Naomi Wolf (1991) echoes Seid’s concerns that a focus on the individual does little to explain the greater forces at work: “For theorists of anorexia to focus on the individual woman… misses the tactical heart of this struggle.” A majority of feminist theorists believe that treatment of eating disorders should be individualized, but that the broader analysis of how and why eating disorders have become mainstream requires a much larger lens. A feminist approach to the explanation of eating disorders tries to account for “why the vast majority of people with eating problems are women; how male-controlled institutions support dieting and discrimination against fat people; and how dieting causes physiological stress, which makes women susceptible to anorexia and bulimia” (Thompson, 1991). Some of the perspectives which I will discuss within my dissertation, and that feminists consider as inextricably bound catalysts to eating disorders and those “male-controlled institutions” (Thompson, 1991), are those of power and obedience, sexuality, sexism, and the cultural ideal, as well as the economy (with players such as the media, the fashion industry, and the beauty campaign). These issues
that will be raised again in the visitors’ comments in Part One and by the co-participants’ writing in Part Two.

One important part of almost every feminist’s perspective about eating disorders is the shared agreement that disorders are political. This furthers a driving point in this dissertation: eating disorders are a topic that needs to be addressed as part of social justice education. Women’s fastidious obsession with their appearance is often cited as a form of social control. As Wooley (1994) writes:

I have found strong support for the conclusion that women’s body hatred is “structural” (i.e., not accidental, but built into the system); that it is political; and that nothing short of a radical change – a revolution – will restore women a sense of body ownership and safety. The feminist movement is and must be first and foremost a bodily movement.

Like Wooley, Naomi Wolf (1991), a powerful feminist voice who writes about women and body image, also vehemently connects eating disorders with the body politic and larger social factors:

… Female fat is the subject of public passion, and women feel guilty about female fat, because we implicitly recognize that under the myth our bodies are not our own but society’s, and that thinness is not a private aesthetic, but hunger a social concession exacted by the community. A cultural fixation on female thinness is not an obsession about female beauty but about female obedience…. But under the beauty myth, now that all women’s eating is a public issue, women’s portions testify to and reinforce their sense of social inferiority… As long as women are asked to bring a self-denying mentality to the communal table, it will never be round… it will remain the same traditional hierarchical dais, with a folding table for women at the foot.
Like many other feminist scholars, Wolf, also a victim of an eating disorder, has linked our fixation on thinness to submission and control by powerful, patriarchal, and economic factors, issues that are connected to such theories as Marxism (McLellan, 2007; Volisnov, 1973) and to scholars like Michel Foucault (Foucault, 1972; Foucault, 1995). As many feminists would agree, in today’s society “to be anorexic or bulimic is to be a political prisoner” (Wolf, 1991). To put it another way, Abra Fortune Chernik once said "Gaining weight and pulling my head out of the toilet was the most political act I ever committed." (Hornbacher 5). I think of my experience at the grocery store, shared earlier: Baked Lay’s and two boxes of stimulant laxatives. Please and thank you.

How do we allow our voices on these issues to be heard? I have found solace in other feminist techniques, such as embodied theory, narrative, auto-ethnography, and in creating a community for research and analysis. These are tools that are frequently used by art educators and so, I have included literature reviews of each, grounded as they are in my own personal experiences with these ways of writing and knowing.
Review of Literature on Feminist Approaches to Interpretation: Embodied Theory

The relationship to our bodies is the first relationship we have and the foundation of our selves. Yet it is an uneasy relationship for most people in Western society, especially women. As women, we battle with our bodies, attributing them the power to define our lives, blaming them for everything that goes wrong. We split our bodies off from our selves and turn them into objects that we disown, deny, haul around as burdens, and find wanting. We live in a culture where it is normal for us to feel that we should be thinner, prettier, firmer, younger, and in all ways better. We deprive our bodies of food and drag them to the gym to whip into shape…. We must take back our bodies as homes, not as enemies, or as commodities.

(Hutchinson, 1994)

Embodied theory, also known as somatic learning, is an educational ontology that “integrates, as an existential whole, the experiential history of individuals with their current experience” (Sellers-Young, 1998 as cited in Kerka, 2002). Embodied learning, a theory rooted in the feminist expectation that research “should have an emotional component, a feeling component, that comes from the knower’s sense of purpose, sense of connection to the material, and the particular context” (Maher, 1987), is experiential because it involves the senses, perception, feelings, emotions, and the actions/reactions of the mind and body (Kerka, 2002). Embodiment acknowledges that the body, the mind, and the emotions are legitimate sources of knowledge, and it seeks to empower learners with their own ability to deconstruct how they come to know what they know through the lens of their lives (Matthews, 1998). Usually, this involves some aspect of questioning the stranglehold of dominant culture by urging learners to “wake up” and disengage from
the “apprenticeship of observation” (Fortin, 1998 as cited in Kerka, 2002). This is another tenet of feminist theory, as seen in the strong focus in many feminists’ work on unbalanced and oppressive power relationships (Fallon, Katzman, & Wooley, 1994; Hesse-Biber & Leavy, 2007; Hicks, 1990).

Another goal of embodied learning, and therefore, of certain tenets of feminism, is to encourage the learner to think of alternate viewpoints (Fallon, Katzman, & Wooley, 1994; Hesse-Biber & Leavy, 2007; Hicks, 1990). By thinking, writing, and researching with the awareness that there are a multitude of different perspectives and attitudes that one may encounter in her research, feminist theory and embodied learning encourage the celebration of multiplicities (Kerka, 2002). Embodied theory has particular applications to research on women with eating disorders. According to Gustafson:

Embodied learning is a novel approach, which challenges Western ways of constructing knowledge of the body. Women are invited to critically analyze their knowledge of the body and their ways of constructing that knowledge. Equally important, embodied learning engages women in a political activity of resisting the traditional Western discourse … Embodied learning generates personal insights about self, the body, health and wellness, and how we come to understand these things. The feminist classroom can be the place for women to share those insights. This may lead to explicit consideration of how unreflective acceptance of the dominant discourse impacts on our ways of experiencing our bodies and our lives. Embodied learning as a feminist strategy may help women embrace other ways of knowing and other systems of knowledge. Embodied learning is a structured and facilitated process of exploring knowledge and knowledge production. The experience of living is discoverable through our bodies. How we make meaning of that experience is mediated by systems of knowledge.

(Gustafson, 1998)
As a yoga teacher and bodily/kinesthetic learner (Gardner, 1983), I remember feeling immensely relieved when I learned of these theories. My yoga teachers had been proclaiming as much for thousands of years but their words of wisdom came from a source outside of the university. When I was exposed to somatic theories, I suddenly felt free to see the body and my past as legitimate sources for inquiry within academia. I saw embodied learning as a permission to “know” what I have “known” for some time, unacknowledged as it was in the university.

It is no wonder, though, that embodied learning remained so hidden to me for a significant period of time. Our Western, patriarchal educational system is based upon a separation of the mind from the body. With ontological roots in the philosophical debates of the 17th century, the mind was judged to be superior to the vessel which held it. According to the likes of Rene Descartes and his posse of fellow Enlightenment philosophers, rationality was king (Kerka, 2002). Logic and reason were seen as the only paths to irrefutable knowledge and to capital-T Truth. Descartes was intensely skeptical of the emotional qualities of the body and the spirit, sniffing at them with disdain and cynicism:

Can I affirm that I possess any of all those attributes…. Belonging to the nature of the body? After attentively considering them in my own mind, I find none of them that can properly be said to belong to myself… I am therefore, precisely speaking, only a thinking thing, that is, a mind, understanding, or reason.

(Descartes, 1901/1641, as cited in Hubard, 2007)
According to Descartes, the body and the emotions were suspect. Therefore, like an insect, they needed to be exterminated. This aspect of Cartesian philosophy has strongly dominated the Western world and our education system since the 18th century. Cognitive knowing was forcefully cleaved from embodied knowledge. The body and spirit (when I refer to “spirit,” I am referencing the realm of emotional knowledge) were spit upon and left in the gutter while the mind took center stage.

Only recently, with the advent of feminist and postmodernist theories and with revelations in the sciences regarding mind/body research, have the body and emotions reemerged from their exile. The lingering expectations that the body and emotions must be manipulated or controlled in order to be “academic” are being challenged from within the very walls of academia itself (Merleau-Ponty, 1964; Arnheim, 1969; Hanna, 1985; Lakoff and Johnson, 1980, 1999; Varela, Thompson, and Rosch, 1991; Damasia, 1994, 1999; Freedberg, 2002; Thomas, 2003; Dall’Alba and Barnacle, 2005 as cited in Hubard, 2007). Instead of the “part” (the mind) speaking for the “whole,” researchers, academics, and educators are suggesting that the “whole” can speak for its “parts:”

Adding elements of embodiment moves us towards a holistic approach; our idea of consciousness moves us from something exclusively rational and in the mind, and broadens it to include feelings, emotions, desires and our bodies. Transformation begins with our embodied interactions with the world.

(Hocking, 2001)
Museums are undeniably “unembodied” places. The history of the museum has followed closely on the heels of the history of academia, with rationality and reason leading the way. The body and emotions, as sources of knowledge, are kindly requested to be checked at the museum’s door along with coats, beverages, and unwieldy baggage. We see and hear evidence of this as we walk through the quiet, ivory halls of the art museum with its library-like silence. People walk soundlessly, almost as if with a sense of fear or awe— or some cordial of both. Bodies are patrolled by museum guards or by security systems that bark out warnings if one gets too close to the work of art.

Similarly, eating disorders are exceptionally unembodied experiences. My own proved to me that I had completely cleaved my body from my mind and spirit. Eating disorders and issues of body image are textbook examples of disembodiment. As Marya Hornbacher writes in her memoir on her struggles with eating disorders, one’s body and mind are at war:

I stared at myself in the mirror for a long time. I suddenly felt a split in my brain: I didn’t recognize her. I divided into two: the self in my head and the girl in the mirror. It was a strange, not unpleasant feeling of disorientation, dissociation… I would eventually have that feeling all the time. Ego and image. Body and brain. (Hornbacher, 1998)

I first encountered the term embodiment in Dr. Roxanna Ng’s University of Toronto class, entitled “Feminism, Embodied Learning, and Qi Gong.” Through a series of course readings that ranged in topic from non-traditional healing methods to feminist methodology to cyborg culture, we explored how we can embody our educations in our
bodies, minds, and spirits, and learned how embodied learning can occur everywhere.

Dr. Ng taught our class the ancient Chinese breathing and moving exercise of Qi Gong as a practical application of embodiment. Throughout the term we learned how Qi Gong can be used to enhance and infuse our lives, and to meld together body, mind, and spirit.

As I sat, moved, talked, and breathed my way through my first class on the relationships between feminism and embodied learning, I realized that I could describe my own recovery process from anorexia nervosa exactly as “embodiment.” It has been over ten years since I have stabilized my weight, and more importantly, steadied my conceptions of myself. Still, this introduction to embodiment was the first time that I felt supported to contemplate and theorize about how my healing occurred in a way that felt holistic and nurturing. I could remain within academia, but I did not have to feel ashamed about uniting body and mind, experience and emotion, to arrive at my conclusions.

After such a positive experience, I realized that embodied learning was a viable and legitimate way to approach teaching, learning, and research-- not to mention life in general. As I write my dissertation, I find this method of writing and researching coming back into my mind, my heart, and my body. It resonates and glows within me as an authentic epistemology, one that I will use to justify my feminist beliefs that our emotions and bodies can be as legitimate sources of knowledge and inquiry as our minds, and that, in the end, these senses are all intertwined. When I asked myself and my fellow
participants to write about our experiences as women and how they relate to or refract the
experiences of the women in *THIN* in Part Two, I rely strongly on the support of
embodied theory.

As Brent Hocking (2001), an embodied educator, writes:

One of my goals as an educator [or researcher] is for learners [and co-
participants] to experience transformation as a nurturing, generative process – a
journey of risks and explorations, but one that ultimately strengthens pedagogic
senses of wonder and relationship. Many people experience change as unsettling,
but if we are not changing, we are not learning.

I too share this desire to be a holistic educator and researcher who can create an
environment that is fertile for “aha!” moments of insight, whether or not it’s “typical” for
a museum or a research institution. Embodied theory has played a central role in the way
that I prepared myself and my co-participants to approach our writing and research.
Thanks to the groundbreaking work of feminists and embodied theory advocates, these
approaches are becoming more accepted and celebrated within ivory towers everywhere.

Review of Literature on Feminist Writing Techniques: Narrative
and Auto-Ethnography

The narrative ways that my co-participants and I write about our embodied
experiences of interpreting *THIN* are distinctly feminist. Voice and how voice is
represented are essential qualities of feminist research (Reinharz, 1992). Special
emphasis has been given to scholarship and research that gives voice to women who have previously been ignored or silenced, such as women with eating disorders (Brooks, 2007). Similarly, Antoinette Errante (2000) writes that feminist researchers have “demonstrated a growing interest in the personal narrative as a valid articulation of individual and collective experience with the social, political, and cultural worlds.” Not just feminists, but also other qualitative researchers have echoed this interest in narrative and auto-ethnography. Therefore, what follows is a review of how these methods have been embraced by academia, in various disciplines, and not necessarily by those that identify themselves as feminists. Finally, I will explain how these techniques are used in my dissertation.

There are a number of reasons why I am especially insistent that narrative research and auto-ethnography be used with women who have or have had eating disorders, and how they compare to women who have not. Feminist authors and researchers like Bridwell-Bowles (1992), Irigaray (1985), Gauthier (1980), and Heilbrun (1985) suggest that narrative and auto-ethnography are more closely aligned to a woman’s tongue. They are clear in their insinuations that “traditional,” “omniscient,” and “objective” research methods are more masculine while those methods that value experience, feeling, and subjectivity are better able to express the feminine. As Bridwell-Bowles surmises, “It may not be possible to create a feminist discourse with the ‘father’s tongue’ (Penelope, 1990) or the ‘master’s tools’ (Lorde, 1980). As Gauthier put it,
“Perhaps if we had left these pages blank, we should have a better understanding of what feminine writing is all about (1980).” Indeed, silence is a major topic in nearly all feminist theories. But, narrative inquiry and auto-ethnography allow these silences to be broached and encourage women to speak for themselves, to share the countless stories “about the ways we have been embarrassed to write truthfully” (Bridwell-Bowles, 1992).

Narrative discourse and auto-ethnography are increasingly popular and validated research methods in sociology and anthropology (Bochner, 2000, 2001; Brady, 2005; Bridwell-Bowles, 1992; Denzin, 2004; Ellis, 2000; Fraser, 2004; Goodall, 2000; Richardson, 2000, 2005), but they are still being accepted in the field of art education. Ironically, in a discipline that values authentic feelings and emotions as legitimate forms of inquiry-- and as ways to teach others about how to look at and appreciate art-- as researchers we still shy away from expressing our own. In this dissertation, I use both narrative discourse and auto-ethnography to help the participants, the reader, and myself make meaning from the works of art in *THIN*. Storytelling, in this case semiotic storytelling through art interpretation, helps people make sense of their experiences and to organize them into important episodes (Berger, 1997).

There are a growing number of scholars who advocate for the importance of narrative research for research participants, and for auto-ethnography for the researcher (Bochner, 2000, 2001; Brady, 2005; Bridwell-Bowles, 1992; Denzin, 2004; Ellis, 2000; Fraser, 2004; Goodall, 2000; Richardson, 2000, 2005). Though these methods may seem
innovative and new, Immanuel Kant proclaimed the importance of valuing experience when he wrote in the 1700’s, “there can be no doubt that all our knowledge begins with experience” (Brady, 2005). Norman Denzin, a pillar in the field of qualitative research, has long heralded the “seventh moment” of narrative research and auto-ethnography (2004). He believes that ethnographic texts should speak for a variety of voices in the most authentic way possible, in ways that should make the reader feel powerful and reflective of how the text has moved them morally towards social action. Narratives (of others and of the self) have the ability to permeate the reader’s awareness and a greater critical consciousness (Freire, 2000) through depth, breadth, reflexivity, and emotionality (Denzin, 2004).

Other scholars, like Laurel Richardson, have subtly different criteria for the researchers who use narrative elements in their work. She begs the writers to ask of themselves whether their work is reflexive, has aesthetic merit, expresses a reality, is impactful, and makes a substantial contribution to their field (Richardson, 2000, 2005). Similarly, Ellis (2000) encourages those of us intending to write and capture narratives to ask if our work is useful, and to whom. Does it help people better understand themselves and their world? Does it have the power to instigate empathy for the subjects? What about the ability of the work to provoke discussion and change? Her writing partner, Bochner (2001), wants narratives that show a person transformed by crisis. He craves seeing the “before” and “after,” or how the person has been changed through his or her
experience. In this telling, Bochner hopes for narratives and research that “moves me, my heart and belly as well as my head” (271). Furthermore, these narratives should not merely pull on the heartstrings, but they should also challenge the “canonical discourse” and provoke the reader to question the dominant paradigm (Bochner, 2000).

By entering into dialogue with others, narrative interviewers may unearth hidden or subordinated ideas (Anderson and Jack, 1991; Borland, 1991; Harrison, 1996). These ideas are important because they may cast doubt on official accounts and established theories (Brown, 1990; Olson and Shopes, 1991; Reinharz, 1992; Stanley and Wise, 1991). In turn, the ‘findings’ produced may lead to the development of new theories that resonate more with people’s lives (Hyden, 1994; Stanley and Wise, 1991; Worthington, 1996) (Fraser, 2004)

I hope to echo these thoughts of Fraser by being able to shed light on practices and experiences through art interpretation that might not be understood by “outsiders,” or those who have not known an eating disorder (Young, 1997).

Review of Literature on Art Education and Auto-Ethnography

Auto-ethnography was a completely new area of research for me until I began my doctorate in the Art Education Department of the Ohio State University. Never before had I been encouraged to write from my own experience, and I credit the wonderful and inspiring scholars there for exposing me to such ideas. One of my first sessions with my then-adviser, Dr. Terry Barrett, set the tone for narrative disclosure. I remember being
amazed at his openness as we sat across from one another in his office, his desk stacked high with books and papers, many that he’d written himself. I had read them all and I was humbled to be sitting across from such a deity in the field of art education. I was in awe of Dr. Barrett as a scholar, and as I came to know him as a human being I was even more astounded. He was still recovering from the ravages of chemotherapy and he openly and honestly shared details of his frustrations, worries, and musings from this process. The god was a mortal after all. I marveled at his transparency. Likewise, when I took a class with Dr. Debbie Smith-Shank in the autumn of 2007, I was again confronted with a scholar who very publicly invited us, her students, to interact with her private life.

This was completely new territory to me and I recall feeling exhilarated by the openness of my new department-- and completely bewildered. Never before had I experienced such translucency in academia (Tedlock 2008,153). In fact, the Personal was irrelevant in my previous studies, where the voice of the author was considered to be a distraction if it echoed too loudly in one’s research. I recall one instance of trying to write auto-ethnographically in my Master’s thesis (though I did not know the term at the time). The result was that I was reduced to tears in a critique with my professor. I vowed then to harden and never again to try something as silly and as selfish as writing from my own experience.
I had been shut down, clammed up, and taught “wrong” and “right.” Or, so I thought, until arriving at Ohio State with its cast of colorful characters who spoke their truths as known through their experiences. I challenged myself to reveal a piece of my skin, to remove a layer of clothing, and to expose some of those ideas combining body image and museums that were a part of my past. But, as easy as this vulnerability seemed to be for my professors, I was very, very afraid. I was frightened for so many reasons; feelings of past shames, of branding myself, of being too self-involved and motivated, of being judged, of old habits that might gurgle up and be regurgitated when uncovered and looked at from where I am now. But, as I sat across from Dr. Barrett and he talked about how his research was moving in a different direction, one influenced by his cancer and the lessons it had taught him, I wanted that for myself too. And, so it began. I told one person. I “confessed” everything to Dr. Barrett and expressed how I had been marinating in the idea of using my research to explore how art museums can promote a healthier body image, all because of my own struggles with anorexia.

I waited for his reaction.

He did not react like my previous training suggested he should. He nodded. He smiled. He encouraged me and said he was thankful that I had shared. He shared an article that he had auto-ethnographically written with Dr. Patricia Stuhr, now my adviser, and Dr. Debbie Smith-Shank. It was a piece that detailed their three separate experiences in dealing with cancer (Barrett, Smith-Shank, & Stuhr, 2008). It was a terrifying and
truthful read. It was also my first exposure to art educators writing auto-
ethnographically, and I was fascinated.

Dr. Barrett prodded me to do further research into what (or if) museums are doing
about eating disorders. In a Laurel Richardson-like way, he told me he had gotten to a
point in his life where he was not interested in reading anything from anyone unless it
was from the heart (Richardson, 2005). I left feeling buoyant rather than destroyed. That
little area around my heart, newly uncovered and exposed inside the ivory tower of
academia, shone brightly and begged me to excavate further.

And so I did. I looked into what museums are doing about body image education
and realized that I had discovered a “niche.” Though there were a few examples of
museum exhibitions and programs centered on eating disorders, there was no sort of
academic assessment. I started hoarding information, reading every book that I hadn’t
read in my previous incarnation as an anorectic, and birthed a literature review that began
and ended with my own embodied experience as an eating disorder victim. “Things”
began to emerge.

I dusted myself off a little more. I did a presentation in Dr. Smith-Shank’s class
about a museum educator/psychologist who has combined body image education with a
tour of the Baltimore Museum of Art (BMA). As I spoke, I did so auto-ethnographically
and I told my small class of six fellow students about why I was so invested in this topic.
They had much the same reaction as Dr. Barrett, except that a few of them raised their
hands and expressed similar struggles. Like Dr. Barrett, Dr. Smith-Shank made a point of encouraging me in my nakedness while she warmly welcomed me into the world of the “personal as political.” She shared articles and books (Goodall, 2000; Smith-Shank, 2003) and was a role model of openness.

This idea, which had seemed so taboo before, now suddenly seemed realistic and, in fact, necessary. I wrote a paper for Dr. Ballengee-Morris that used auto-ethnography at the beginning and end. She responded in kind by assuring me that it was very powerful to speak from my own lived experience, and encouraged me to read examples of her own narrative articles (Ballengee-Morris, 2009; Ballengee-Morris & Taylor, 2009). Dr. Ballengee-Morris was also my supervisor for the course I was teaching as a graduate associate: Ethnic Arts, a second-level writing class. She championed auto-ethnography in the classroom and spearheaded the campaign to introduce undergraduates to the idea of writing with “I.” Soon, I found myself in the front of a class, expounding upon the importance of this type of writing and research. Vocalizing this and teaching about auto-ethnography really helped me to embody these ideas. As I gave undergraduates the permission to write from the “I” perspective, I realized that I was giving myself that same permission.

I started taking a course with Dr. Stout, who everyone had told me was a nurturer, and who was also a champion of experimental writing. She loaded me up with literature on the process of writing auto-ethnographically and introduced me to new ways of
researching courageously. In her class, I listened, with rapt attention, when Shari Savage presented her dissertation research (Savage, 2009). Her work on the visual culture of Lolita images was intimately connected to her past, and when she fearlessly spoke to us about how these interests and experiences combined, I was riveted. Through all of these art educators, I realized the power of writing from the “I”.

I began “shopping” for members of my dissertation committee and read up on their own work. I found myself attracted only to their articles that were auto-ethnographic, and I swallowed Dr. Jennifer Eisenhauer’s stark and brilliant pieces like the pills she describes in them (Eisenhauer, 2009a; Eisenhauer, 2009b). I was inspired by Dr. Karen Hutzel’s articles on her work with community art education, written from a personal perspective (Hutzel, 2010). With their own experiences as women in art education, writing auto-ethnographically, they each offered unique ways to look at my work: Jennifer with her knowledge of girl culture and illness and Karen with her community work. I was honored when they accepted and offered their insights into the dissertation challenge.

As I started this process of writing my own proposal, I was challenged by Dr. Pat Stuhr, my adviser, to be open. I had read her some of her own auto-ethnographic writings and recognized her interest in reading and writing from this perspective (Barrett, Smith-Shank, & Stuhr, 2008). My original proposal was boringly devoid of much personal information until Pat gently suggested that I consider writing it from a personal
perspective. The result was a proposal full of auto-ethnography and now, thanks to encouraging role models in art education, a dissertation that cannot escape its fate as being of the same ilk.

Unfortunately, I have only come across one auto-ethnographical piece in the field of museum education. I happened across a fellow doctoral student who was writing her dissertation on museums and was doing so in an auto-ethnographic fashion. Sunghee Choi’s presentation at the 2009 National Art Education Association’s annual conference in Minneapolis was titled, “An Examination on Research Methodologies in Museum Education: Revealing Myself through Autoethnography.” In her session she examined the potential of auto-ethnography as an alternative methodology in museum education, looking at its benefits and challenges. As I listened to Choi talk about her research, she helped me to realize that there is no real body of academic literature on auto-ethnographic experiences in art museums. I began to wonder: should we, as museum educators, be recording the responses of our visitors and not of ourselves? Do we feel like time and energy is wasted if it is not on audiences’ input rather than our own? Certainly, this sort of research would not receive funding, which is often a main goal of museum education work. I am glad to have the opportunity to do such research without worrying about the outcome of funding and in being able to contribute to this field, currently rather devoid of such auto-ethnographic research.
Conclusions to Review of Auto-Ethnography and Narrative

I had a revelation about the importance of narrative and personal experience while I was conducting a tutoring session on American Studies. It hardly seems like the forum for a meditation on feminist writing methods, but I will take moments of insight when I can get them. My student, a high school sophomore at Upper Arlington High School, was finishing the book *Night* by Elie Wiesel (1961), a powerful, true story about the author’s narrative experiences during the Holocaust. John, my tutee, read aloud from the book while I sat back and listened. In the last few pages, Weisel has been hospitalized after being freed from a concentration camp. He has gone weeks, maybe months, without seeing himself in a mirror until, one day, he has the strength to pull himself up and look, “From the depths of the mirror, a corpse looked back at me. The look in his eyes, as they stared into mine, has never left me” (Wiesel, 1961).

“Well, that’s a stupid way to end the story,” my student said as he closed the book with a smack. “What is that supposed to mean anyways?” And, I, stunned by the synapses that were firing off in my brain, tried to relate my own inner connections to my student and to myself. “Have you ever had an experience shape who you were to such an extreme that, even though it may have been a long time since that event happened, you can still ‘see‘ it in you?” There was a glimmer of understanding in John’s eye and he nodded his head.
I didn’t ask what the event or experience might have been for John and I was not brave enough to share my own inner thoughts with him. I was connecting Wiesel’s finale to my own identity as a woman who has been through an eating disorder. Though it is not every time I look in the mirror, I do not think there will ever be a time in my life when I can forget that “corpse” that was once me. Just like Wiesel’s biggest struggle from the Holocaust might not have been surviving day to day while in the camps, but rather recovering from the experience and learning to live with it for the rest of his life, I feel that an eating disorder is something that you can never truly shed and forget. An eating disorder will always be a part of you, no matter how small or how silent, because it has been one of many embodied experiences that have built you up to the point that you are at in the “now.”

My friend Molly likes to say, “Eating disorders are like alcoholism. Even though I don’t abuse myself in the way I used to, I will always be ‘off the wagon.’” I have to agree, even though the larger majority of my self would like to believe staunchly that I am completely recovered. I write this with a small note of sadness, knowing that I have not, will not, fully purge myself of this part of my identity. But, I also write it with no small amount of understanding, compassion, and forgiveness. Even though I would never wish an eating disorder upon someone, I feel I am at a point in my life where I can look back and recognize that I am who I am now, in part, because of my eating disorder. Certain aspects of my personality, certain choices I have made in my life (this
dissertation being one of them), and certain paths that I have taken, have been influenced by this past. My present state is tied to this, as much as I might like to resist and refuse. I am who I am because of who I was; as ugly and as shameful and as scary as it might be to admit that, I want it to be known. I see this as the gift of narrative and auto-ethnography.

Only I can tell my story and only I will interpret the works of art in THIN in the way that I can. In the same way, each of my co-participants can use her unique voice to create her own, individual, and unrepeatable narrative, embodied interpretations. How can we ever know what another person is experiencing, interpreting, or knowing, if we do not share this through conversation or, in the case of this dissertation, through written narrative interpretations?

During the same tutoring session I mentioned earlier, John and I were looking up information about Elie Wiesel on the internet. We came across a quote that, again, resonated with me: “Silence helps the killer, never his victims” (Wiesel, 2009). Though Wiesel was speaking on behalf of the genocide in Darfur, I could not help but think about my own hesitation to write about the topic of eating disorders for this dissertation and of my own past as an anorectic. Though it may seem blasphemous to compare eating disorders to the ethnic genocide of Darfur or the Holocaust, it is actually not too far off according to Naomi Wolf (1991):
Anorexia is a prison camp. One-fifth of well-educated American young women are inmates. … In India, one of the poorest countries in the world, the very poorest women eat 1400 calories a day, or 600 more than a Western woman on a Hilton Head Diet… In the Lodz ghetto in 1941, besieged Jews were allotted starvation rations of 500-1200 calories a day. At Treblinka, 900 calories was scientifically determined to be the minimum necessary to sustain human functioning. At “the nation’s top weight-loss clinics,” where “patients” are treated for up to a year, the rations are the same.

Wiesel’s and Wolf’s quotes really made me think about how if I chose not to write about eating disorders, I would only be encouraging them in a sense. My silence could be construed as my compliance, and I have decided to be anything but complicit in this battle. I will write. It will be painful but it will be purposeful. I believe that auto-ethnography and narrative are the only way for me to tell this story in the way that I want it to be told and in order to answer my research question. I hope that my co-participants will understand this conviction and choose to be as reflexive and open in their own interpretive answers.

As the above collection has shown, narrative writing is a distinctly feminist tool (though not exclusive to women) and I feel that it is the most appropriate approach to writing about our interpretations of THIN. Without being able to honor our embodied experiences and emotions through narrative accounts, I feel that much would be sacrificed in the effort to speak in the “father’s tongue” (Penelope, 1990). I believe that embodiment and the honoring of this feminist theory through the “mother’s tongue” is essential to this dissertation.
Review of Literature on the Feminist Technique of Creating and Analyzing: Community

I always hated group work when I was growing up and felt forced to partake in the inevitable, uncomfortable, and forced projects with other schoolmates. The well-intentioned group work always seemed uneven and a struggle. Even well into my Master’s degree, I still abhorred the idea of group work until I was introduced to embodied learning and feminism through the course I have previously mentioned, “Feminism, Embodied Learning and Qi Gong,” taught by Dr. Roxanna Ng of the University of Toronto. Here, in the fold of other women-- some of them older, some of them younger, most of them from drastically different cultures than my own-- I discovered how to learn in a community, in a group. Among these women, I felt safe and supported. We read articles from a vast array of feminist topics and could talk about anything from breast cancer to sexuality to religion, both from an academic and a personal perspective. We were able to embody our knowledge through class discussions and writing assignments that we shared with one another, not to mention through our daily, in-class Qi Gong practice.

To this day, I still keep in touch with these women. When I am in Canada I stay at their homes, we pen old-fashioned letters throughout the year, and we continue to be invested in one another’s well-being. Is this is because we are women? Perhaps. But, I
believe more that our strong friendship and the incredible learning experience that brought us together exist because of the alchemy of community learning and shared, embodied experiences. I have already written about the importance of the feminist tools of embodied learning and narrative to my dissertation project. The last component that I will tie to feminist theory is that of community, an aspect that will come into play in both Part One and Part Two of this dissertation.

Community is an important though often-overlooked aspect of scholarship, and feminist scholars recognize and celebrate its indispensability (Denzin & Lincoln, 2005; Ellingson, 2008; Falk & Dierking, 2000). Metaphors such as quilting are applied by feminist scholars to the idea of creating and maintaining a community of learners and producers. This is in opposition to the long-held, patriarchal views that research is an independent journey into the unknown. As Laura Ellingson (2008) writes:

Traditional masculine metaphors characterize scientific research, framing inquiry as voyage, exploration, conquering, and wresting truth from nature or subjects (Flannery, 2001)… Feminists (and others)… have invoked quilting as a metaphor for women’s and other social movements, for life (as an alternative to journey metaphors)…

As Ellingson goes on to write, “Both research and quilting involve drawing on the work of a larger community that passes down styles, norms, terminology, and tradition.” Her emphasis is on the researcher’s individual quilt, their research “journey” as conceived of through another, more feminine lens. This is vastly different than the “research as
individualized endeavor” metaphor. Like Ellingson, other feminist scholars have reinterpreted the quilting metaphor so that individual researchers become communities through scholarship:

Conceiving of feminist theory and feminist theory-building on the metaphor of quilting: individual persons located in different… circumstances who quilt quilts (or patches for quilts). The quilts (or patches) tell unique, individualized stories about the quilters and the circumstances of their lives… that collectively represents and records the stories of people of different ages, ethnicities, affectional orientations, race and gender identities, and class backgrounds committed to [feminist principles].

(Warren, 1994)

Warren suggests that the different “patches,” or individual stories of research, can be sewn together to create a quilting community of individuals and their stories. To relate this concept back to those of narrative and auto-ethnography as feminist methods of writing and listening, the quilt can become a collection of personal auto-ethnographies and individual stories, or narratives. Like a quilting bee, where women have traditionally gathered to tackle quilting projects but also to fill the need of establishing and maintaining a community (Gibbons, 2004), a research project can weave together the disparate and similar threads of women’s narratives and, therefore, women’s research. In this section, then, I “quilt” together different feminist perspectives on the importance of community in research and will explain why this is important for my dissertation.

As will be discussed in Part One, museums are increasingly listening to its communities in order to provide exhibitions and programming that fits their needs. This
impetus to mine the communities which frequent the museum may or may not be directly traceable to feminism (Villeneuve, 2008). Either way, the feminist model of community is built upon listening to the voices of women (or of other research participants), learning from their experiences and narratives, and developing research or creating a plan of action from this synthesis, or “quilting,” of their needs and embodied experiences (Weiss, 1995; Abu-Lughod, 1998). In her book *Feminism and Community*, Penny Weiss defines a feminist community as those that are women-organized and “dedicated to overcoming specifically gender-based obstacles to women’s survival and flourishing… [these communities] respect and honor individual difference” (1995). Many feminist scholars recognize and honor the need for the open dialogue between women of different perspectives and backgrounds (Brooks, 2007; Hesse-Biber & Leavy, 2007; Longino, 1999), which is in keeping with the feminist belief in celebrating difference and allowing it to unite women, rather than divide them (Reinharz, 1992; Hesse-Biber & Leavy, 2007; Hicks, 1990). As Brooks (2007) writes:

> [C]ommunal dialogue that fosters interaction between women while also maintaining respect for the diversity of women’s perspectives sets the stage for intergroup connections and enables the growth of alliances that are needed to wield power and forge social change[.]

With a respect for difference and a belief that dissimilarities can actually be a unifying force, the stories of individual women can “be enlarged, enriched, or broadened such that a fusion, or synthesis, between standpoints may occur” (Nielsen, 1990). In this way, I
will be able to “fuse” the interpretations of THIN in such a manner that I hope will respect difference but also use these unique perspectives to unite the women of this dissertation, rather than to separate us.

I am particularly adamant about collecting a group of women’s narrative interpretations of THIN rather than just writing about the exhibition from my own, auto-ethnographic perspective. This is partly because of the above reasons, culled from my research into feminist perspectives on community, but also because of feminist research on eating disorders. Though not all of my fellow co-participants have had eating disorders, I would venture that we have all had issues grappling with negative body image. As Hutchinson (1991) writes in “Imagining Ourselves Whole:”

Working in a group format is essential to most women… [especially those] with body struggles. In spite of the pervasiveness of negative body image in this country, it is remarkable that most women feel that they are the only ones who truly hate their bodies or have body defects (real or perceived). It is common for women to complain about their weight and discuss diets, but rare for them to speak authentically about the painful events in their body histories.

I see many circles of community taking shape in this dissertation. There is the community between me and my co-participants, between me and other scholars, and between me and the reader. But most important to me is the community that I hope will be created between the participants in this project, with myself included.

My insistence on creating a variety of communities of women through my research (though not forcing any of these relationships, because I feel this would be
unfortunate and fake) has its roots in a number of embodied experiences that reinforced the importance of groups of women in my life and work. As I debated my dissertation topic, there were a number of spells when I became frightened of carrying out such a task. I often wrestled with the implications of writing and researching about eating disorders. As a woman who has had an eating disorder and as a woman who had become intoxicated with auto-ethnography, I saw this combination of past and present as potentially terrifying. To be so exposed was daunting but also deeply enthralling, and I knew, in the deepest sources of embodiment, that this was my path. It would probably be much easier to simply write an auto-ethnographic account of *THIN* and to disregard the complications of adding other voices. But ultimately, I recognize that this would be denying myself and others the ability to speak. I see this cocktail of voices, this creation of a community, as the essence of this dissertation and as an essential part of who I am as a researcher and a writer.

Conclusions

In conclusion, eating disorder research, embodied learning, narrative/auto-ethnography, and community engagement are all methods that I see as particularly aligned with feminism. They honor the feminist call to respect experience, to write from a place of knowing, and to develop relationships (Reinharz, 1992). This dissertation weaves, or sews, all of these components together in a unique quilt of words and
experiences. In the next section, Part One, I will use elements of all of these techniques to analyze the comments of visitors to THIN at the University of Notre Dame and Smith College.
PART ONE

Museums and Myself

After nearly an hour of hysterical searching, my frantic second grade teacher and a small flotilla of security guards discovered my whereabouts: I was sitting quietly and contemplatively in front of Marc Chagall’s America Windows, completely unaware of the chaos I had inspired. My class was on a field trip to the Art Institute of Chicago, and it was my first experience with such a place. I was overcome with the awe and splendor of the AIC’s hallowed halls, and I fell under the spell of its masterpieces as the docents shuttled us about en masse. I craved a greater intimacy with the place, and the license to roam freely. So, when the rest of the class trooped down to the cafeteria to munch brown-bagged PB&Js, I decided to escape and explore on my own.

Once alone, I feasted on art from the islands of Southeast Asia and the interior of Africa; I filled myself with Modern masterworks and Impressionist delicacies. Finally, I settled down in front of Chagall’s brilliant stained glass where I was found, scolded, and returned to my class. These early beginnings introduced me to the art museum where I experienced those feelings of love and inspiration that still surge within me when I enter such institutions. Looking back, I am not so very different from the young girl who was transfixed by the aura of art and the museum, and to this day I can be found sitting in front of Chagall’s windows whenever I am back in Chicago.
After a period of Rip van Winkle-like forgetfulness, my appreciation for art and museums was reawakened during my first art history class at university. Then a serious student of English literature, I was taking an art survey course merely to fulfill my general education requirements. I was obsessed with literary theory and with the culture of stories, weaving histories and dramas with words. I never guessed that in art, I would find myself enthralled by the visual tales told within and around painting and sculptures, or that they even existed. Works of art became like books, and museums were like libraries or, better yet, like giant stories inviting me to walk about within. Here, I also see how my love of narratives began, connecting to my current choices of methodologies.

As my appreciation of art and museums became an obsession and as my love of learning culminated in a doctoral program, I knew that museums, their potential in society, and their place as agents of awareness would be central in my dissertation. What I did not know was that my choice of dissertation topics would be drastically shaped by my past as a woman with an eating disorder. I never thought that the worlds of education, museology, and anorexia would mix in the form of Lauren Greenfield’s *THIN*, but the combination has inspired me to the point of making it the topic of my doctorate. In its way, I see my dissertation as the textual equivalent of a museum: a museum of the narratives and interpretations of people and their relationships to *THIN*. For this reason, and for others that I will explain in later sections, I see the museum as an institution that enhances the messages of *THIN* and makes it an essential space for community inquiry.
Within such a project, I see how my own passions as a girl-- for stories, art, and museums-- converge with my similar, current pursuits as a woman, an educator, and a researcher.

In the following sections, I will historically and socially situate the art museum as a site of social education and as an arena for community empowerment. These are the two most important areas where I will be analyzing the impact of *THIN* on its audiences. Were visitors moved to action, to question, to challenge, to reflect on eating disorders? Did they feel like they were part of a community of learners? I will be examining the answers to these questions through a series of auto-ethnographic observations of two university art museums: the Smith College Museum of Art and the Snite Museum of Art (University of Notre Dame). To add to these narrative experiences, I will analyze visitors’ comments from logbooks located within *THIN*. First, though, I will position the museum as a site of social inquiry and of community involvement.

**Museums and Social Education**

Museums have increasingly become places where exhibitions display social issues as much as they do works of art. *THIN* is a case in point, challenging society’s expectations of women and their relationships to their bodies. In the 21st century, education about societal concerns often appears as a central part of the American art
museum’s purpose. But how did museums come to embrace education about art and, more importantly, about social issues?

Amusingly, the rebellious 18th-century Americans, eager to distinguish themselves from their British forefathers, deliberately emphasized the educative aspect of the museum so as to differentiate themselves from the European museum model, which focused on aesthetics (Rawlins, 1978). Today, there is a large amount of disagreement over how to define the educational role of the museum. Throughout their history, museums have fulfilled their educative purpose in a number of different ways. According to Terry Zeller, a museologist and educator, the educational philosophies of American art museums can be classified into four different categories: aesthetic, art historical, social, and interdisciplinary/humanities (Zeller, 1989). Zeller argues that museum educators were influenced by the “political, social, and intellectual history of the United States from the nineteenth century to the present” and that these factors contributed to the mission of each distinct museum.

For the purposes of my dissertation, I will focus on what Zeller refers to as the social education philosophy in museums, and how it has influenced exhibitions like \textit{THIN} which deal with collective issues of concern— in this case, women’s unhealthy relationships to their bodies. The social education philosophy gained popularity in the late 19th and early 20th centuries when social reform hung heavily in the air. Just past midcentury, in 1859, the world’s philosophical foundations were shaken with the
publication of *On the Origin of Species* (Darwin, 1859). It would be an understatement to write that Charles Darwin’s evolutionary theories greatly influenced the world beyond the sciences (Browne, 2002). Darwin’s courageous questioning and pioneering research led others to do the same in their own areas of specialization. For example, Sigmund Freud’s psychoanalytic theories represented a similar paradigmatic upheaval that surged through the disciplines in the late 19\textsuperscript{th} and early 20\textsuperscript{th} centuries (Tauber, 2010). His studies of the “individual” led many great thinkers to think about the effects of their respective work on each individual human being. This trend likewise reached museum-makers and their educators, who were becoming increasingly concerned with educating and touching individuals with socially important messages.

A number of the most influential educators and philosophers of art education grew up in this climate. They were influenced by a growing social consciousness and developed their own theories of progressive education based on what they saw, heard, and felt around them. Scholars such as John Dewey, Francis Parker, Franz Cizek, and Herbert Read, among many others, influenced the state of art education in the 1900’s. They championed art’s ability to teach social responsibility and to create a greater world understanding that would lead to more moral behaviors and democracy.

In America at the turn of the century, Theodore Roosevelt was at the nation’s helm, calling for progressive action. The country’s artists responded with the emergence of the Ash Can School, whose members visually recorded the hardships of the working
class. At the same time, writers like Upton Sinclair (in *The Jungle* [1905]) called for reform through words (Zeller, 1989). Within and because of this climate of change, social education took hold in museums. Proponents explained that the intention of this philosophy was to provide the lower classes with a better quality of life through education, rather than try to impose upper class tastes and sensibilities on the masses as other museum education philosophies tried to do (Zeller’s aesthetic movement would be an example of this type of mentality).

Art historical philosophy, still a dominant force and the primary foil for social education approach, developed its art-centered methods around the same time the famous German citizen Panofsky established the United States’ first department of art history. The legendary Panofsky had been forced into the status of émigré scholar when he was chased out of his anti-Semitic home country in the years leading up to WWII. The discipline of art history was born in the Americas upon his arrival, and spread throughout the Ivy Leagues (Minor, 2000). Melinda Mayer cites Harvard University, with its original department of art history, as the largest producer of the first wave of curators and museum directors, those primarily concerned with iconography, attribution, style, and the artist’s biography (Mayer, 1998). To this day, the art historical model reigns supreme in many famous museums, leaving patrons in the dark about what they should be “getting” out of their art experience.
Yet, despite the popularity of the art historical model in higher education, proponents of the people-centered social education philosophy whole-heartedly disagreed that art should stand alone and without context. Influenced by the proponents of progressive education, particularly John Dewey and Franz Cizek, they advocated for a form of museum education that “[does] not merely…see[k] to increase an individual’s knowledge of art and its context, or one’s aesthetic sensibility, but that it intends to make a direct and practical difference by improving the quality of everyday life” (Zeller, 1998). Zeller cites the Toledo Museum of Art as one of the leaders in social education at that time. George W. Stevens, who was at the museum’s helm in the early 1900’s, preached that art museums were “necessary for the development of good citizens” (Zeller, 1998).

For example, the Toledo Museum of Art’s programs were strongly child-centered, often involving collaborations with local schools. During WWI when U.S. nationalism was at its peak, educators at the museum held story hours for children and art-making classes where students created patriotic posters then mounted them in their own exhibition. These children were even responsible for gathering goods for Belgian Orphan Relief boxes (Zeller, 1998). In this way, the museum became a center of social, cultural, and artistic experiences whose impacts were tangible and relevant. The emphasis on child-friendly programming was directly influenced by the revolutionary work of such art educators as Cizek and G. Stanley Hall, who preached about the importance of child-
initiated learning in the art classroom. Museums like Toledo adopted their child-centered teachings to the gallery setting.

As Zeller states, “reaching out beyond the museum’s walls is an important component of museum programming, particularly for those who subscribe to the social education philosophy” (1998). John Cotton Dana was an outspoken museum revolutionary of the late 19th/early 20th century, and he was also the forefather and champion of the American museum as a place for public education. He recognized that museums were social institutions that can teach about morals and values (Frankel, 1999). Dana once said, “Learn what the community needs… and fit the museum to those needs” (Weil, 2002).

Museum educators of the social education mindset did just as Dana suggested. Two examples of this are Jane Addams and Ellen Gate Starr, founders of the Hull House Labor Museum in Chicago. These pioneering women established an institution where laborers could learn about their contributions, both historically and economically, and about their cultures and backgrounds. Addams and Starr are exemplars of the sorts of museum educators who felt that museums could start and end with a local community. Both of these women were greatly influenced by the progressive education movement and appalled by the insufferable working conditions of laborers and the poor. Combining their convictions about progressive education and desire for better living/working conditions, Addams and Starr championed the cause of the worker through their
community/art establishment, the Hull House Labor Museum. Though they were
influenced by Dewey, they influenced him in turn: he was a trustee of Hull-House for
seven years and "viewed Hull-House as a model for what schools [and museums] should
become" (Bryan and Davis, 1990).

Social educators in art museums have weathered the various revolutions,
revelations, catastrophes, and calms that make up the fabric of our nation. And, through
all of this, social educators feel that art museums can be a powerful source for change,
inspiration, togetherness, and meaning-making. Through “two world wars, the Great
Depression, the Cold War, and the Civil Rights movement” (Zeller, 1998), not to mention
a myriad of other events and issues, social museum educators have held true to what
Almon Whiting wrote in 1914, that museums are “a necessity to the community and a
factor in the daily lives of the people” (Zeller, 1998).

Today, museums continue the legacy of social education that began earlier in the
century but new champions have spearheaded the importance of the art museum as a site
of community reform. The late Stephen Weil, who passed away in 2005, wrote often
and passionately about a museum’s “higher calling” as being more than just a repository
of dead objects, but as a living and breathing space, full of humanity:
Museums can play a powerful role in bringing about social change... Museums quintessentially have the potency to change what people may know or think or feel, to affect what attitudes they may adopt or display, to influence what values they form... unless museums can and do play a role relative to the real problems of real people’s lives, then what is their point?

(Weil, 2002)

Educators in art museums have had a large role to play in giving the museum a more social agenda and, increasingly, have placed themselves under greater scrutiny to understand what messages they want their public to hear and which the public wants to hear. Museum educators increasingly must ask themselves, “What is the impact or effect of an exhibition on visitors’ beliefs, values, and judgments?” For example, will an exhibition like THIN and its associated educational programming have the power to overcome the barrage of influences that keep women handcuffed to negative body image? The average American woman will spend three years of her life watching advertisements on television. These commercials are more than likely to weigh heavily upon a woman’s conceptions of beauty and an ideal body (Knapp, 2003). Will an exhibition like THIN have any effect over the omnipresence of such negative imagery? What will make women sit up and take notice in the face of such disparagement? Will museums? Can museums?

According to Diane Frankel in *Museums and a Learning Community*, museum educators must be able to enunciate their purpose of making people examine and think critically about social issues in art. Frankel believes that the most powerful way to
promote analysis and make an impact on matters of importance is through community learning:

The relationship of the museum as both an educational institution (with its ability to help humans perceive) and as a community resource (with its ability to bring people together) is closer to realization today than ever before… Museums that are committed to improving the quality of life in a community and must be able to articulate their worth in the community. Museums must make the most of their special power to engage people in creative problem-solving, help people connect, create context for complex issues, open dialogue, and encourage critical thinking. Museums have a unique capacity to place today’s issues in context to create a sense of place and a learning community.

(Frankel, 1999)

What is the learning community that Frankel references, and what is the value of creating such a group when interacting with an exhibition like THIN? With a history of social education practices behind us, how might museum educators use the power of a community to promote critical thinking about important issues, like those of eating disorders? In order to work towards answering these questions by analyzing the visitor logbooks from THIN, it will be helpful to understand more about the relationships between museums and community learning.

Museums and Learning Communities

Inspiration can strike in the most dire and unlikely of circumstances. It was the summer of 2008, and I was-- much against my will-- confined to the Infectious Disease
Ward of the Ohio State University’s Hospital. I had arrived home from three weeks in Brazil with a host of strange symptoms, and when they escalated to a dangerous peak my doctor threw up her hands and admitted me to the hospital for severe scrutiny. While I lounged about in an omnipresent IV and a pair of fashionable hospital pajamas, I had a parade of wonderful visitors and callers who buoyed my spirits and kept me from feeling too fearful of the as yet undiagnosed Brazilian mystery illness (which ended up being Dengue Fever). They encouraged me and made their presence felt through conversation, presents, and letters.

One of my visitors was a long-time friend and yoga teacher. As we chatted, I told her how much her company meant to me during this time of struggle. As a breast cancer survivor, she nodded in understanding at the healing power of others. To further prove both of our points she related a story to me of a swami she had once studied under, who had once been asked to give a lecture on illness to medical students at Harvard University. The students were gathered in the auditorium when the swami walked in, swooshing across the floor to the chalkboard in his fiery orange robes. He paused to turn to the audience and gave a short bow and a beatific smile before taking up the chalk and launching into his “lecture.” It consisted of writing two words upon the board: on one side he wrote “Illness,” and on the other he wrote “Wellness.” He turned again to the audience to make sure they had followed this much. Returning to the board, he circled the “I” in “Illness,” and then proceeded to circle the “WE” of “Wellness.” The swami set
the chalk back into its cradle at the board, made one last turn to his audience, bowed, and rustled back out of the room with crimson robes in his wake. The lecture was over.

My yoga teacher’s parable made me smile in my hospital bed and I thanked her for her story, which reinforced how important a community of support is during any kind of healing-- or for that matter, simply in maintaining wellness. The power of my own support network had been resonating with me through the week of my hospital stay and I had been awe-struck at how fierce and strong the love around me had revealed itself to be. These people had, most assuredly, contributed to and invested in my WELLness.

That night, a lightning bolt of insight crackled down from the heavens and broke through my sleep with a slap that literally sat me straight up in bed. My brain was chattering excitedly and in my haze of half-wake, I listened. *Eating disorders are Illnesses,* my brain rattled. They are an act of “I.” The eating disorder victim wants, more than anything else, to be alone with her disease. She wants it to consume her, to own her, to drive her every moment and desire. Some women even name their disease, calling her Ana (short for anorexia), so as to humanize this overwhelming personality of self-destruction. It is a lonely affair, but they know that it is better that way because they can get away with more, things that others might see and question. When you let someone in on the secret, victims know, they have the potential to remind you how your behavior is unhealthy and deadly.
Treatment for an eating disorder involves a Herculean display of commitment from the eating disorder victim and her support network, her community, her “WE.” Recovering from an eating disorder must be an act of “WEllness.” I have never known anyone who has autonomously talked himself or herself both into and out of an eating disorder. It must always involve other people: counselors, parents, friends, group therapy members, psychologists, nutritionists, random strangers, yoga teachers, therapists, and, as I hope to show, artists and art educators. When a community becomes involved and invested in a victim’s WEllbeing, that person is held accountable to her Illness and, more importantly, to her WEllness. I will be forever grateful to the rhizomatic network of support that lifted me out of my anorexia. Without them, I think I would have been quite content to let myself waste away in my eating disordered delusion.

Exhausted with this revelation, I lay back down to sleep, but the connection was not done being forged and my brain sat me back up in bed. Museums, it continued, can be like an Illness. They are often chided for being very private and elite institutions (think of Zeller’s (1998) art historical model). You can choose to spend your entire visit alone, never talking with anyone, never engaging in any interactive activities, and can leave as anonymously as you entered. No one has cared that you arrived (save for those who are counting visitors per day and dollars) and no one has cared that you have left (save for the custodial and security staff who would not have you lurking after hours). Therefore, a museum experience can be like an Illness in that it can be as isolating as the
visitor and the staff members allow it to be. But, what I am most interested in for the purpose of my dissertation is how museums can be institutions of WELLness, and can lead to wellness for women who struggle with bad body images. My own positive experiences in museums, as explained earlier, have taught me that art museums can be places where the “WE” is abundant and contagious. Learning, true deep learning, is incredibly powerful when it is undertaken by a group where a “culture of thinking” (Ritchart, 2007) can be sown and grown.

Community learning is a relatively new area of study for museums, with a comparatively short history in the field of museum education. Outside luminaries like Cooley (1902), Mead (1934; 1970), Dewey (1938; 1970), and Vygotsky (1962) have influenced how museum educators view group learning and integrate social dynamics into the museum experience (Longhenry, 2007). Dewey, besides advocating for education with a social purpose, also wrote eloquently about how collective issues required an engaged community of minds and bodies. Within the field of museum education, John Falk and Laura Dierking have created a three-part Contextual Model of Learning where sociocultural context plays a leading role in how visitors make meaning at museums (2002). According to Dierking, sociocultural learning occurs on individual and group levels so that many different, yet connected, communities are joined in a community learning experience.
Joan Jacobs Brumberg, one of the most prominent scholars of the day on girl culture and eating disorders (she also wrote the Introduction to the THIN catalog), has noted the decline in the number of women’s community support networks and the increase in eating disorders. During their period of great popularity between 1880 and 1920, single-sex organizations acted as “protective umbrellas” where young women could learn from other, older women in a safe, inter-generational environment that emphasized keeping girls “wholesome and chaste” (Brumberg, 1997). Thousands of young ladies between the ages of 10 and 18 spent time each week learning from and interacting with other girls and female leaders in such groups as the Girl Scouts of America, the Young Woman’s Christian Association, and the Camp Fire Girls. These organizations are still woven into the fabric of American society, but to a much lesser degree than they once were. Equally and fascinatingly, eating disorders were practically non-existent at this time. Is there a correlation between strong female role models and protective, safe, community organizations for girls to learn about what it means to become capable and complete women? As Brumberg writes, “most of all, this ‘protective umbrella’ meant that girls had many projects – other than their own bodies – to keep them busy and engaged” (1997).

Brumberg asserts that these protective organizations were successful because they all involved intergenerational mentoring (a form of facilitated mediation [Dierking,
and community learning (intercultural exchange, sociocultural learning, or within group learning [Dierking, 2002]):

Adult women were the most important part of the protective umbrella that spread over school as well as extracurricular activities. Whether Christian or Jew, black or white, volunteer or professional, most women in this era shared the ethic that older women had a special responsibility to the young of their sex. This kind of mentoring was based on the need to protect all girls, not just one’s own daughters… (1997)

Brumberg’s words ring strongly in my ears, and I think back to my own childhood and the influence that older, wiser women have had in my life. As a young girl, I was a member of the Girl Scouts and I fondly remember the impact that this experience had on my girlhood. But, when I entered pubescence, I was set adrift with no “protective umbrella,” so to speak.

If I had been educated about the dangers of eating disorders from a role model, one that I looked up to and admired as an older, wiser person, would I have entered into the dangerous territory of an eating disorder? It is impossible to answer that question from my current vantage point, but I am still eager to ask it of today’s generation and particularly in respect to museums and art education. Can museum educators and carefully designed exhibits, like THIN, act as “protective umbrellas” for today’s young women who do not have the support networks that their great-grandmothers relied upon to keep them buoyed against negative body image? In this way, will THIN encourage
inter-group dialogue about eating disorders, build strong communities of support, and help to move visitors towards positive change? Is such Wellness possible in the face of such an Illness? Will my dissertation be able to encourage the formation of such a learning community among its participants, and then beyond, among its readers?

I have hope that museums, art, compassionate qualitative research, and powerful, sociocultural educative experiences can provide the sort of alchemy that will force women and men to question their negative body images. I hold onto the quote by Elizabeth Cady Stanton, a contemporary of Susan B. Anthony, who wrote in the 1800’s: “I would have girls regard themselves not as adjectives but as nouns” (Brumberg, 1997). Similarly, I would have the readers and participants of this dissertation think of themselves in the same way, as powerful beings that should not be defined by the way they look. Is THIN an exhibit that encourages such community and sociocultural experiences? By looking at visitors’ comments from Smith and Notre Dame, we can have a better idea if it positively impacted people in this way.

Museums and Eating Disorders - What Does THIN Have to Gain in a Museum Setting?

One of the more unique aspects of THIN’s tour across the country is that it will only be exhibited at university art museums. Considering that one out of four college-aged women will be clinically diagnosed with an eating disorder, and that one out of
three of this same population has “disordered eating” (Renfrew Study, 2007), the choice for THIN to be shown to the population who seems to need it most could hardly be considered an accident. When 91% of women surveyed on a college campus are dieting (Hoek & van Hoeken, 2003), it seems that any attempt at reaching out to a small segment of these women would be beneficial and socially educative.

University art museums are unique spaces because they are balanced between the public and the private. With commitments to art, education, the university, and the community where it is situated, and likewise with the concomitant variety of obligations and types of patrons, the university art museum fills a challenging role. Yet little research has been done in the field of museum studies about university art museums, which makes them a rich area for more investigation (Villeneuve, 2008). Each university museum has its own tale of creation, its own storied collection, and its own delicate balancing act between its many purposes: a study center, a community gathering place, a research institution, a social space, and more. The university art museum, at its best, can be a “nexus for collegial interactions and interdepartmental inquiry” (Tishman, McKinney, Straughn, 2007) as well as a vortex for the public community, those not associated with academia. At its worst, it is a vacant, underused, and understaffed institution of little function and of little care, a problem that any art museum might grapple with if in dire circumstances.
I do not discuss each university museum that *THIN* has visited, but I auto-
ethnographically examined two of them: the Smith College Museum of Art and the Snite
Museum of Art at the University of Notre Dame. I made my own observations at these
institutions and complement those observations by qualitatively and quantitatively
analyzing the museums’ visitor logbooks, where guests wrote comments about their
experience at *THIN*. I looked specifically at the two elements highlighted above: whether
the museum and exhibit have encouraged social education and whether or not
communities were at work in the show. Because *THIN* is only visiting university
museums and because there is very little research on university art museums in general, I
feel that an in-depth account of how *THIN* is exhibited in these two museums will be an
asset to the field. Hopefully, it will benefit future university art museum educators who
hope to have socially impactful exhibitions that reach out to their student populations,
and to those beyond.

The question of why only university art museums have come forward as hosts for
*THIN* may seem to have an obvious answer when we look at the statistics about young
women and eating disorders. But, looking at how these university art museums handle
such a socially important topic and how their communities respond is a far more
intriguing and important question. As Denzin (2002) writes, “The question that the
researcher frames must be a `how’ and not a `why’ question. Interpretive studies
examine how problematic, turning-point experiences are organized, perceived,
constructed, and given meaning by interacting individuals.” Therefore, asking how *THIN* is or is not reaching its audience in the university art museum setting was an essential part of my own auto-ethnographic writing, and of the analysis of the visitor logbooks.

**Conclusions**

In conclusion, museums are, undeniably, sites of tremendous power and prestige. They have the ability to influence decisions and attitudes, to build learning communities, and to tackle socially important issues. Thankfully, four university art museums have chosen to exhibit *THIN*. This exhibition has the potential to be socially educative, to influence viewers, to create communities of change, and to encourage these groups and individuals to take action against eating disorders. These are challenging tasks for any university art museum. But, museums have the possibility to be sources of inquiry, places that have the power to challenge long-held beliefs, and spaces that have the ability to create learning communities, which are essential in both eating disorder recovery (Brumberg, 1997) and in museum learning (Falk & Dierking, 2000). They are also spaces that have a history of being influential sites of social justice education (Zeller, 1989). All of these aspects (learning communities (Illness vs. WEllness), social awareness education, and the museum as a site of inquiry) were continually revisited in the auto-ethnographies and analysis in the following pages.
THIN’s Impact on the Researcher

Auto-Ethnographic Experiences of THIN: Smith College Museum of Art

It was hard for me not to be biased. It was the brink of winter, just when the cusp of spring seems impossibly far away and when the sky’s gray tinge seems acceptable and expected. Therefore, when the sun broke through the haze of low-hanging and menacing-looking clouds, I saw it as an auspicious occasion, one that I should associate with my arrival in Northampton, Massachusetts. The home of Smith College remained sunny in spite of the snow that lay rotting in the weak spring sunlight. Snow still capped much of Northampton, but the air was warm enough that most people I passed had gratefully shed their winter mittens and caps, even though another snowstorm was a definite possibility.

I was grateful for the warm respite and excited to be in Northampton for the opening of THIN, to meet Lauren Greenfield and the education team at the Smith College Museum of Art, and, quite frankly, to be away from Columbus for a while. The thrill of traveling somewhere new, and of visiting a part of the state of Massachusetts where guidebooks, friends, and colleagues had assured me were a number of treasured gems of art museums, made me smile as I climbed the hill towards Smith. The entire town of Northampton seemed the very essence of New England charm, with its bustling town
square and homes of shingled wood. I was tickled by the thick accents I encountered and by the accusations from townies that I was the one with the impenetrable inflection.

As I already admitted, I was bewitched by Northampton and the sprawling Smith campus, which seemed the epitome of academia with its imposing stone towers and groups of young women huddled together as they moved from class to class. I had big expectations for THIN and the thought did occur to me, as I continued my climb up the Smith hill, that those expectations might not be met. What if, in fact, THIN failed miserably? What if it fell flat on its face, with all the grace of a dancer with two left feet? What if I left the exhibit feeling defeated rather than elated? Hopeless rather than hopeful? It occurred to me that I had put a lot of proverbial eggs in THIN’s basket and had structured my dissertation hopes and dreams around its being a worthwhile exhibition. Would it actually be a show that would deserve all the time and attention that not just I but many other people would be investing in it? A striking banner advertising the exhibition informed me that I was closing in on the museum, and that it would not be long before I would have to confront these restless dreams and fears.

The Smith College Museum of Art was not what I expected, and completely severed itself from the formal restraints of its architectural counterparts. Instead of steely gray stone, the museum was built of wood and glass, and the echoes of the same rocks that built the rest of Smith. It smacked of post-modernism and innovation, of rule-breaking but also of a strong amount of respect for the academics that encircled it. I later
learned that the museum was built as part of a 2003 overhaul that affected the museum, the art department, and the art library. Distinct though it was, its entrance doors opened right out upon the town of Northampton below, creating a welcoming front that would hopefully bring tourists and townies to its interior. I wondered how this architectural opening worked as an invitation to the community of Northampton. Did they feel welcomed or threatened by the museum? Did it encourage a “WE” atmosphere or was it isolating?

I was inspired to see that this same welcoming feeling was conveyed inside, through the architecture, interior design, and warmth of the staff who greeted me. It appeared that the community had been thought of in the design of the space and the training of the Smith team. A troop of elementary school students were lining up outside of the coat room, being prepared for a tour by a museum staff member who was going through the familiar rules of art museum etiquette. I took it all in and, as I always do when I am in any art museum, felt like I was at home. It never matters whether I have been to a particular museum before or not: there is a scent, a pheromone, a message that I breathe in and feel deeply in my core. It is a sense of adventure, of comfort, of knowledge, of exploration, of respect, of humility, and of a certain amount of power.

I wandered through the halls, slightly heady with the feeling of being in a new museum and a little jittery over what I would find in THIN’s display spaces. The museum itself holds over 25,000 objects, with a wide range of significant pieces by
Whistler, Eakins, Sheeler, Mapplethorpe, Munch, Motherwell, Muybridge, Calder, Rembrandt, Picasso, Rothko, Cindy Sherman, and Smith alumnae Joan Mitchell, among many others. Ironically, this college dedicated to the education of women does not focus on collecting the works of women. What would the Guerrilla Girls (2005) say?

As I walked about, taking in the contents of this repository, I looked down from my second floor height to a gallery below. Though a panoramic window, huge, gaunt faces stared back up at me, and I shuddered. I had found Lauren Greenfield’s women, and they were as large and powerful as an Easter Island statue. As I made my way down the wooden stairs to the ground floor, the women of the Renfrew Center, the site of Lauren’s photography, watched me with haunted eyes. The photographs dwarfed me. They were gargantuan portraits; each held a single woman, with a placard of text next to her with her narrative written for all to read. Her eyes and body, though, told the story far more convincingly than the didactic label. What I first encountered was a wall of women, not all rail-thin as one might expect from an exhibition with such a name. There were “normal”-looking women, fat women, skinny women, black women, white women, women without teeth, women with no smiles, women with deep-set eyes and severe mouths, pretty women with tentative grins for the camera, women who looked like they had no problems, and women who looked they had more than their fair share of worries. I was gripped by this wall of faces and found it hard to pull my eyes away until I heard
the soft edge of a Californian accent and the authoritative voice of a creator, the creator of *THIN*.

Lauren Greenfield stood a few feet away from me, leading a tour for (as I later found out) a class of physical education students from Smith. I was happy to see a community of learners at work. Knowing much about the Dustball Effect that occurs on museum tours (when more and more people “collect” onto the original tour group, like pieces of dust forming a larger ball), I attached myself to the class and followed them as they moved from the wall of portraits, into the second room of the exhibit. Lauren talked about the flow of the exhibit and her vision, while explaining how the images had come to be and the stories behind their becoming. Here already I was feeling a community, a group of learners brought together over this exhibit.

As we wandered about the four gallery rooms, we ended up back where we started, near the staircase and being watched by the gallery of women’s portraits. Here, a museum educator took over for Lauren and explained that she hoped we would feel free to leave our comments, impressions, questions, and concerns in the visitor logbook which stood on a pedestal near the entrance. A cluster formed around Lauren after the tour ended and I hung back, waiting my turn. Museum guards are always a wealth of information, so I turned to an older woman, dressed in blue and black and stamped with the official emblem of the museum. She seemed to know what I would ask even before I did, and she described the sites she had seen and the tales she had heard from her
experience in watching over *THIN*. Lots of women and girls coming in groups, many alone. Plenty of crying, holding of hands, hugging, patting of backs. “It really struck a nerve here,” she confided, as she kept her eyes on the works of art while leaning in closer to me. “There are stories in those logbooks to make you sob,” she said, gesturing toward the visitor’s journals. Again, I thought of the importance of creating a community of learners in a museum space and was thrilled to hear, from an invested observer, that *THIN* and Smith had encouraged such a learning experience.

Lauren Greenfield’s train of admirers was dispersing, and I thanked the security guard for her insights before heading over to introduce myself to Lauren. Within the first minute of meeting her, I felt instantly at ease with her laid-back, Californian attitude and welcoming embrace. She knew of me and of the work I wanted to do with *THIN*, and it was my turn to be flattered. She invited me to come to coffee with her and with a student who was writing an article for the Smith newspaper. She introduced me to a member of the Education team for the museum, and warmly asked if I would be attending the lecture and opening reception later that evening.

Lauren was being shuttled off to a luncheon by her publicist-- also her husband-- and in her laid-back way we sauntered to the door together. On the walk, I asked her about her roles as a social justice advocate, as an artist, and as a psychologist of popular culture. “You must be inundated by young women who want to write about your work because they are drawn to you because of a personal experience with an eating disorder,”
I thought out loud. Lauren stopped and looked at me queerly. “Is that why you’re here? Did you have an eating disorder?” She asked with surprise. “Well, yes,” I stumbled, “Of course....” I wanted to add, “I thought you knew...can’t you just smell us coming from a mile away by now?” “Humph,” she said, screwing her face up into a half smile and half frown. “I never would have guessed.”

We parted shortly thereafter, and when I ran into Greenfield later at the reception we just had time for a quick exchange involving congratulations for a show well exhibited. Thinking back to our earlier conversation, I wondered: can I write that I was proud to be “passing” as a woman who has never had an eating disorder and that Greenfield, an “expert,” hadn’t been able to read my past? Can I admit that I was relieved that my status was not tattooed across my face? Was Greenfield disappointed that I was just “another woman with an eating disorder” who had found her photographs because of the topic and not because of her artistry? Could I really ignore that a small part of me was perturbed that I must be so “normal” (i.e. “fat”) that Lauren Greenfield would not believe that I had once had an eating disorder? For a brief moment after our conversation, I had a reflexive reaction. Greenfield’s surprise over my eating disorder dredged up the muck of competitiveness and perfection that had fueled my fires of anorexia a decade ago. As I have learned through these many years of recovery, I acknowledged this jack-in-the-box reaction, let it speak its mind and then, very firmly,
closed the lid. I should be overjoyed that I did not look like I had an eating disorder any longer, but so are the ways of a disease that, at its roots, is a mental illness.

Later that evening, at the reception for THIN, I found myself smiling, wanly, at the irony of the dietetic nibblings of the buffet: carrot sticks, celery, fruit, bottled water. The tables were spread with a meal fit for an anorexic, and I wondered if the caterers and planners had purposefully decided on a minimal menu so as not to scare off anyone with food phobias. While we picked at our food in the most Victorian of manners, I chatted with the Education Team from Smith about their initiatives with THIN and the results of their endeavors. In rather horrified whispers, one of the Smith educators relayed to me that THIN had caused somewhat of an upheaval on campus.

When the exhibit featuring eating disorders had debuted, it seemed that the young women of Smith who struggled with the same afflictions came out of the woodwork. Smith was vastly unprepared for the deluge and had no psychologists on staff who were trained to help women with eating disorders. I was shocked and appalled. I wanted to openly balk at this messenger of such unbelievable news, and had to bite back my indignant “What were they thinking?!? At an all girls’ school, they didn’t ever think that there might be some women who would have issues with their body image and that a trained psychologist should be on staff to assist?!” Instead, I continued to listen, and heard that before THIN, Smith women who struggled with eating disorders were referred to other counselors at schools in the area, such as Amherst and Williams, forcing the girls
to travel many miles in order to seek help. I could not help but think how much easier it would have been for a Smith student to just hide in the secret of her eating disorder than to risk the exposure of trying to find help at a faraway place. The hassles of getting off campus, navigating a new school, and explaining to teachers and friends why you would be gone for long stretches of time would have been overwhelming to the strongest of women, let alone those sorely in need of help.

Thankfully, THIN had changed all of that. The uprising of women who cried out for help when THIN opened its doors in the museum had made administrators realize the urgent need for a psychologist trained in eating disorders. When I left Smith the search was in progress, and they hoped to have a new therapist on staff before the next school year. Would any of this have happened if it had not have been for THIN? Was THIN the social justice catalyst that launched the search for an eating disorder counselor? I was warmed by the thought that the relationship between THIN and Smith had been one of great importance, and had educated the administration to take action against this social issue.

Our conversation left me with my own college memories tumbling about, as I trailed down the hill of the Smith Museum and back into the town of Northampton for ice cream at the local shop I had spotted earlier in the day. (Carrot sticks and grapes no longer filled my stomach or my soul, as they may have many years ago.) As I walked, I remembered myself as an undergrad, one who needed help and who could not find it at
my own alma mater, just as the situation had been for women at Smith. I arrived for my first year at Denison University as a bright-eyed co-ed, ready to take on the freedom-fueled world of academia. I was a meticulous student, but I excelled even more at my anorexia which had started about a year and half before, while I was still in high school. Like at Smith, there was no counselor at Denison who specialized in eating disorders. But, I assured my parents, I didn’t need that, reminding them that I hadn’t lost any more weight over the summer. Besides, I chided, there would be the Freshman Fifteen! Away from the watchful and caring eyes of my family and friends, who knew the difference between the healthy and the sick Laura, I ran with my newfound freedom. I exercised for hours every day, waking early in the morning to run or to go to the gym, and doing it all over again later at night, hoping that the staff at the gym had changed over and that I wouldn’t be recognized for my “doubles.” I ran through lightning storms, coming home soaked and shaken but happy that I had at least had my workout. I trained more than most of the athletes at Denison, and could run as far and as fast as a cross-country athlete. I flew like a bird with brittle and hollow bones, not afraid of breaking or tiring but only of not getting enough. With the come and go system of the cafeterias, I soon realized that no one noticed if you didn’t even come. And, so, I just stopped going to meals altogether. My parents were certainly not getting their money’s worth on my unlimited meal plan.
At Thanksgiving, I went home for the first time, having spent August to November reassuring my parents (who were over 500 miles away) that I was doing “great!” and that everything was “fine!” Being trusting and loving parents, they believed me because I believed it myself. My parents didn’t recognize me when they picked me up at the airport. When they did, my mother’s eyes welled up with tears, and my father’s lips set themselves into a firm line of horror and, from what I could tell, anger. Thanksgiving was, to say the least, a rather strained affair. I had lost even more weight, ringing in at a lowly 79 pounds, a good 20 pounds lighter than when my parents had last seen me. They had dropped me off at Denison with my smiles and promises that I was going to get better and do well in school. I had broken their trust, and I realized, with horror, that they would not let me return to school. They were done trying to help me, they said, during an emotional and heated conversation in the family room. We each sat in different places: my father in his chair, my mother on the sofa, and me on the loveseat. No one looked at one another, and when they did look at me, it was with revulsion, as if they could not stand the sight of my angles and protrusions, my sunken cheeks and my hollows, the gaps between all of the spaces that had once been full. They loved me, and they always would, they assured me, but they could not, would not, help me anymore. “If you want to get better, you have to be the one to ask for help.” They looked straight forward as they spoke, all of us afraid to look at each other. “We are not letting you go back to school unless you get help.” The ultimatum had been thrown down.
In hindsight, I recognize and acknowledge that this must have been one of the most difficult conversations and decisions for my parents ever to have made. They relinquished their control over their daughter and placed all of it in her hands. Hands that were bony and blue from always being cold, hands that had proved they could not be trusted before, and hands that had pledged over her heart that she would get better, but had not. Now, as I can look back on this moment with the wisdom of many years, tears still well up in my eyes and threaten to spill over. I admire my parents very much for knowing--or maybe not knowing, at the time--how to handle such a head-strong, independent, and driving daughter. Instead of continuing to do things for me and being a driving part of the recovery process, they stepped firmly to the side and left me at the helm, a rumbling and tumultuous grey sea dead ahead.

School meant everything to me. I loved the thrill of learning, and the thought of giving that up to seek full-time treatment was appalling to me. My mother, as steely as she had been in our conversation, had already done some research about eating disorder facilities. There was one in Worthington, Ohio, just a 40 minute drive from Denison. They had out-patient programs, and I could see a counselor and a nutritionist while remaining a student. She handed me the pamphlets and left the rest to me. But getting to Harding (now called The Center For Balanced Living), a treatment center for persons with eating disorders required transport, and I had none since taking a car to school was strictly forbidden for first-year students. Opening myself to exposure and taking a leap, I
explained my situation to a sympathetic administrator at Denison, who suggested I borrow one of the Denison vehicles to drive to Harding for my thrice-weekly appointments. They would work on getting me a parking pass to be used for the second semester, an exception to the rules for freshman. The Denison trucks were mighty, fourteen-passenger behemoths with more wheels than I had ever attempted to drive. Before they let me take charge, I had to take a driving class, wheeling in and out between bright orange cones in the parking lot, going forward and backward until I earned my certificate of approval.

From then on, I was a comic picture: a tiny girl behind the wheel of an enormous vehicle, shuttling herself to and from appointments at Harding. By second semester, I was allowed to bring my car back to campus and could say good-bye to the monstrous vans that were just one hurdle to finding help outside of Denison. After my parents’ “tough love,” I found in myself that I was finally ready to get better. I clicked with Lisa, my therapist at Harding, who had a touch of the “tough love” personality as well. She had been around the block, so to speak, and was well aware of the tricks of the anorexic trade. Lisa was not afraid to call my bluff, to ask questions that shot straight to my heart like powerful arrows, or to challenge me. My nutritionist, Sonja, was another piece of the puzzle. She understood my need to know and gave me all of the information I sought. Nothing was hidden to me, and she held my hand, often pushing me to walk a little faster than I thought I was ready for, as she counseled me about learning how to eat
again. I had forgotten what a normal portion size was or what tasted good to me. I discovered the joys of eating again, with much hesitation and fear. The team members at Harding were angels, and even today I return there to sit on panels to help parents who have children who struggle with eating disorders. I tell my story; I answer their questions; I feel their fear and pain and worry. I was asked to be the new spokesperson for Harding’s television campaign. All of these things make me feel very full inside, like I can finally give back to the people and place that helped drag me from the depths of anorexia and into a world of light and love and epicurean delights again.

Yet, every time that I drive to Harding’s campus, I remember the first time I humped over its cautionary speed bumps in Denison’s fourteen passenger van, seeking help and ready for recovery. As I write this, I wonder if any young women from Smith had to go to similar lengths to find counsel for their eating disorders, when they realized that no one at Smith could provide it. Did they give up when they hit a dead end? How many women struggled silently? How long will it take Smith to find a counselor that can meet the needs of these women? Will one counselor be enough? How many other schools are unaware of the need to have therapists trained in eating disorders? When one in four university students will be diagnosed as having an eating disorder (Something Fishy, 2009), it seems obvious that there should be many outlets for help at universities. But this seems like just another case of eating disorders sliding stealthily under the radar. Would universities be embarrassed if they had to account for just how many women fear
their food? Would anyone think it more proactive to provide education about eating disorders rather than to just ignore what they don’t understand?

I am thrilled that THIN has caused such a commotion for the Smith counseling community. Given that over 90% of eating disorder victims are female (Something Fishy, 2009), I was appalled that an all-woman’s college could remain so aloof about women’s issues with body image. I am proud that the Education staff at the Smith College Museum of Art had the courage to ignite such a fire by bringing THIN to the attention of its visitors and the Smith administration. It is a heartening story that proves the social and political power of museums. Without the Smith College Museum of Art sponsoring THIN, would there still be an incomplete counseling staff? Would students continue to be shipped off to other schools to see a therapist who specializes in eating disorders? I would like to think that the museum, THIN, and the visitors who were touched by the marriage of the exhibit and the gallery were given the courage and the opportunity to speak out because of this partnership. This example showcases how museums can and should be sites of social awareness and how they can (and should continue to) promote issues that affect our communities, for better or for worse.
Auto-Ethnographic Experiences of *THIN*: Snite Museum of Art, University of Notre Dame

I am not an especially religious person. I cannot be found in church every Sunday, I don’t own a Bible, and I struggle with what to call, or name, where I feel like I can place my faith. My offerings of service and prayer and dedication are sporadic at best, usually seeming to fall in times when I am afraid or need help. But I prayed the day that I arrived at Notre Dame. I lit a candle in a grotto filled with other lights of hope, and I prayed. I prayed for all of the women who inhabit this dissertation, whether they are named or not, whether their words are used or not, whether I know them or not. I prayed for an end to this epidemic of dissatisfaction over our bodies, I prayed for healing, I prayed for healthy body image, and I prayed for happiness and hope.

I found the grotto while wandering about Notre Dame’s campus in the hazy autumn sunlight. The marching band was practicing in the background, and their sound reverberated across the honey-colored buildings that glowed in the afternoon light. The golden dome did not fail to impress me as it reflected and refracted that light, attracting the eye from every corner of the campus. Trails of sidewalks crisscrossed one another at every angle and degree. It seemed like you could find a path to anywhere on the impeccably maintained campus, which was perfectly flat like much of the Northern Indiana terrain that surrounded it. One of these paths led me down towards a pond where eager runners bounced about on trails, iPod headphones stuffed into their ears. The wide,
open-mouthed cave was, not surprisingly, at the end of a path, this one decorated with flowers and benches. Its stacked rocks glimmered with the teeth of hundreds of candles.

Various religious icons dotted the cave alongside a podium, a platform where I could imagine a priest standing to give a service in such a holy space. The grotto was quiet, save for the whispered flickering of candlelight. Each light represented someone’s prayer and I hoped that each one was answered. I had been to many churches, both here and abroad, where visitors could light a candle and say a prayer. Inevitably, in these moments of extreme devotion, I would be tickled by a memory. At the young age of three, my little sister was nestled in my mother’s arms at our church’s Christmas Eve service. It is a tradition for us to all light candles and sing “Silent Night,” while the lights are turned low and the sanctuary burns but with the glow of the candles. At this quiet moment, my little sister Megan chose to burst in to a rendition of “Happy Birthday,” no doubt inspired by so many “birthday” candles in the church.

Whenever I am confronted with such a collection of candles, I cannot help but think of Megan. When blowing out a birthday candle, you make a wish. And, when lighting a religious candle, you make a wish of sorts as well. I did not have to think very long or very hard about who or what I would wish for. I set this prayer free with the spark of the candle and then I cried. And cried. And cried. And cried. It felt cleansing, healing, soothing to cry. It felt like a release. I was aware that my tear ducts would soon
be working again when I walked from the grotto to the art museum to see *THIN* exhibited for the second time.

The Snite Museum of Art at Notre Dame was instantly recognizable because it was the ugliest building around. According to my informal study, university art museums are invariably blights on the campus. Snite stands out from its commonly cloaked brethren, with harsh angles and color-clashing materials: a dark and misshapen stack of bricks that was meant to look contemporary but, which had faded in the ensuing years and shed its 1980 avant-garde appeal. Based on its outward experience I was expecting to be disappointed inside, but was pleasantly rewarded upon entering and reminded myself never to judge a book by its cover. The Snite is a jewel of an art museum with a wide range of collections (over 26,000 pieces) but with great strength in its Italian Renaissance and Mesoamerican collections. It also has an admirable connection to the university, with outreach programs and a strong emphasis on bringing students in to the galleries.

The Snite’s staff reinforces its institutional belief in student involvement. Many museums, even university ones, are carved up like Thanksgiving turkeys as staffs are compartmentalized: educators dealing strictly with education, curators with research, and so on. It was refreshing to see the blurring of boundaries at the Snite, where I was greeted by curator of photography Stephen Moriarty, one of the important players in bringing *THIN* to Notre Dame. I spotted him, or rather he spotted me, as I was
wandering about the gallery where *THIN* was exhibited. The photographs were placed in one, long, thin (of course) room with a corner niche for a video loop of the documentary, along with a few movable walls that held additional photos that did not fit on the existing walls. The effect was not as dramatic as at Smith, but having everything all in one place seemed to magnify the weightiness of *THIN*’s issues. Having all of the women in the same room gave the feeling of oppressiveness, of a shared sensation of anxiety that seeps from the faces of the women on the walls.

It was a few minutes away from closing time at the Snite and I was taking until the last second to observe. So was Moriarty, which is how we met. Father as he was to the exhibit, he said that he liked to spend a lot of time in it, just watching people look at the art, reading their comments, asking if anyone had any questions. “And you’re sure you’re a curator?” I wanted to quip, but I held my tongue. I was genuinely pleased to see how he mothered (though did not smother) the exhibit, and was also thrilled at the wealth of information he could offer on his observations.

"When deciding what we will bring to the Snite, we ask the question 'Is it relevant and will it speak to the audience here?'" Moriarty explained. "This exhibit enables dialogue and gets people talking about [eating disorders]." Upon hearing this, I wanted to hug him with appreciation: I was thrilled to hear the words “dialogue” and “gets people talking” come out of a curator’s mouth. His awareness of the important role
museums can play in creating social awareness was one of his main reasons for wanting *THIN* to be exhibited at the Snite.

“There was enormous response to that exhibit,” Moriarty said, rattling off the number of campus groups that had visited: dorm floors, university classes ranging from women’s studies to exercise science, and therapy groups from Notre Dame and beyond (Woods, 2009). Moriarty reminisced about when Greenfield came to campus when the Snite was showing one of her earlier shows, *Girl Culture*. She gave a large lecture about her work and the critical issues it addressed, and a smaller lecture to a group of only women. "When she visited here, we had an evening at Saint Mary's where she came to talk to the girls," Moriarty said. "When we got there, there were over 200 women, a huge group. She went on stage, pulled up a chair, sat down and said 'Girls, let's talk” (Woods, 2009). Again I felt like wrapping Moriarty in a bear hug. He was championing the creation of community within the museum. I snatched a surreptitious look at his name badge, which firmly stated he was the curator of photography and not a museum educator. “We were hoping [*THIN*] would elicit discussion, conversation and argument, which it has," Moriarty continued (Woods, 2009). To Moriarty and to Greenfield, this is the essence of an exhibit of this kind: to get people talking about social issues and to

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1 Greenfield was supposed to be at Notre Dame the weekend I visited, to introduce a screening of the film of *THIN* and to give a lecture. But, she canceled her visit at the last minute, leaving me in the dark until I arrived to handmade signs on the museum’s doors that read, “Lauren Greenfield will not be appearing at tonight’s screening of *THIN*.” As one viewer wrote in the exhibit logbook, “Lame sauce that Lauren no-showed without rescheduling” (Notre Dame, 2009). I would have to agree with that sentiment.
increase understanding of the density of the problems such a show addresses. In the case of *THIN*, this means getting people to talk openly about a hidden topic: eating disorders.

With such a thorny topic, Moriarty enlisted the help of professionals such as Valerie Staples, an eating disorder specialist who came to Notre Dame in 2001. "I think it's really powerful, as people walk through [the exhibit] and they're quiet and that's a positive thing right there," Staples said. "It helps people on our campus ask what are some things we can do to help[.]. . .To me the value is it [*THIN*] brings eating disorders to people's awareness on a different level with more of an emotional connection that draws you in. It helps people become aware of eating disorders as more than just a superficial thing" (Woods, 2009). Before Staples, eating disorders were fobbed off on departments like Athletics or Health, but there are now dedicated professionals in eating disorder counseling at Notre Dame (Metz, 2009). Staples cites that 10.3% of all students who sought out counseling services in 2009 listed that they were there for eating disorders. This is consistent with statistics from other years, where the numbers were as low as 9% and as high as 12%. Staples echoed Moriarty’s feelings about the importance of a show like *THIN* at a place like Notre Dame. "Notre Dame students have a lot of passion and energy they can generate for change when standing behind a social movement," she pointed out. "We want to ignite that passion behind this issue…Notre Dame is an environment of high achievers. It may be difficult for them [students with eating
disorders at Notre Dame] to reach out and ask for help and acknowledge that it's a problem," Staples said (Metz, 2009).

As Stephen and I lingered in THIN, he was proud to report that THIN had been very well-attended in the weeks leading up to my visit. Even he was surprised at the outpouring of visitors and was thrilled by the amount of critical conversation that was inspired by the show. He showed me a train of letters to the editor that had been written to the Notre Dame Observer, the school newspaper. Student after student chimed in to voice their opinion over whether Greenfield’s work should be considered art, if the exhibit was too “triggering” for students, and if Notre Dame was hypocritical for their support of eating disorders through the exhibition of THIN but not through students’ attitudes about body image. The editorial debates were impressive to read, and students wrote passionately and critically. It seemed that Greenfield, Moriarty, and Staples had achieved much of what they set out to do. Moriarty helpfully made me a copy of the logbook, and I was eager to see if visitors felt the same way.

That evening, THIN was screened in the museum’s auditorium to a packed audience. People of all backgrounds—women and men, old and young—watched, riveted to their chairs. Though I have seen THIN many times before, I had to leave on a few occasions because it felt far too intense for me to bear witness to on that evening. It is funny how one viewing can be so different than the next, much like how the reading of a childhood favorite book can have a completely different meaning when I read it as an
adult. I feel as if I have already grown so much through the process of writing and researching this dissertation, such that my feelings over my staggered viewings of *THIN* can change in the matter of a few months. At Notre Dame, it was hard to watch. It seemed unreal and very far away from my life. I would like to think that this is a good sign, one that I am moving on from my close associations with the film’s characters. When I watched it for the first time, many years ago, I remember it touching me so deeply that I left feeling as if someone had just stuck a finger deep through my heart. On that night at Notre Dame, it felt as if someone was scratching the surface to my heart and I, for fear of letting that finger get any deeper, had to leave the auditorium periodically to keep my distance.

Before the show, I spoke with a Resident Advisor, a graduate student who had brought her whole all-girls floor to see the film. Afterwards, they were going to discuss the film as a group. I wanted to be a silent observer to this discussion, but I also wanted to respect the privacy of their small band. I hoped that their conversation would be heartfelt and honest and I did not want to influence it in any way. But, I appreciated their unity in coming to the showing as a group, and in leaving together afterwards to broach these thorny issues through conversation. The community emphasis was something that Moriarty and Staples had mentioned, but I also think I would have noticed it on my own as I spent the next couple days observing the movements in and out of *THIN*. People
came in groups and, rarely, alone. They did not seem to talk much while in the exhibit, but they seemed to walk about in a stunned silence, hovering near to one another.

**Conclusions and Beginnings**

Museums matter, according to the renowned museologist Stephen Weil (2002), and we need to ask ourselves why and more importantly, how they matter. I can think of dozens of reasons for why museums matter, and my auto-ethnographical introduction to this section explains what a few of those reasons mean for me. Specific to this section of the project though, I am interested in how museums matter in two ways: by serving as forums to relay information of a societally important nature, and by engaging visitors by encouraging communities. As seen in the above narrative synopses, at the Smith College Museum of Art and at the Snite Museum of Art I witnessed and participated in both socially just educative experiences and ones that promoted community learning and interaction. A number of things, both seen and unseen, bias my observations. Therefore, I find it important to compare my testimony to that of others. Just as in Part Two my own experiences will be joined by those of my co-participants, here I will compare my observations to those of the visitors to *THIN*. Through a thorough examination of the exhibition logbooks at Smith and Notre Dame, I will question whether other people noticed and reflected upon the socially educative nature of *THIN* and/or on the feeling of community fostered by the show and/or the museum. Accordingly, for the remainder of
Part One my research takes on a slight quantitative tenor, to supplement the qualitative nature of reading and analyzing hundreds of visitors’ heartfelt remarks.
THIN’s Impact on the Visitor

Explanation of Analysis

The visitor logbooks from the Smith College Museum of Art and the Snite Museum of Art are invaluable documents. They chronicle the voices of visitors to THIN, and through them we have a glimpse into their experiences. In the previous section, I shared my own testimonies of my encounters with THIN at these two institutions. In the following segment, I will reflect upon the musings of other visitors, whom I know only through their stark black words on clean white paper. I will connect the visitors’ comments to the larger issues I discussed in the introductory section to this chapter, those of the importance of the museum in encouraging social education and in promoting communities of learning and support.

My process for sorting, coding, and analyzing this data was one of repetition. I have lost track of how many times I read and reread each logbook. I rolled the comments about in my head, like a lemon drop on the tongue. I started to notice patterns and began with a wide sweep of discourse analysis areas. Each time I reread the books, I would narrow these categories down. When I got within a reasonable number of areas, I started to tally the number of comments that addressed each issue. I began to see that some of these areas overlapped, and so I condensed. I also noticed that some issues were not as applicable as I once had thought, and so I deleted. I counted and found percentages. I used a calculator that I have had since my sophomore year of high school (though I did
have to add new batteries). I wanted to try my hand at a more quantitative approach by coding data into discourse analysis areas and counting how many instances something appeared, what percentage of visitors felt this, etc. I never figured that I would enjoy this experience, but I did. There was something soothing and comforting about counting and reading, sorting and numbering. I fell into its rhythm and was rocked into quantitative submission.

Granted, this quantitative work was of the utmost of qualitative sorts. But, it was as quantitative as I have ever been and I am glad for the experience, if only to shun it later in this dissertation, in Part Two. My parents always told me that I could not “knock it unless I tried it.” Usually they were referring to a new vegetable, but I applied this to research methods as well. Now that I have tried coding and quantitative methods, I have found them helpful, enlightening, and somewhat comforting. They were the right methods to use in this experience of analyzing the visitor logbooks-- the proper tools for the task at hand. But, I also find myself drawn to the abyss of living without these categories and to deconstructing what qualitative research means today and to me. This requires making my own tools to fit the job at hand. You will find my experimentations with the deconstruction of analysis in qualitative research in Part Two of this dissertation.

In what follows, though, you will find the discourse analysis areas that I found to be the most relevant: social education and community experiences. Certainly, if you were to read each logbook other areas would stand out to you, which is why even
quantitative work has to be acknowledged as qualitative (Denzin & Lincoln, 2005). I will compare Smith with Notre Dame in each area, showing similarities and difference and, asking questions, and finally provide suggestions for how art educators and museums might tackle these issues in similarly socially relevant exhibits.

Analysis

Over 200 visitors (203, to be precise) felt moved to write a comment in the Smith College Museum of Art logbook, and almost 190 (188 by my count) did so at the Snite Museum of Art. No doubt, many hundred more visited but chose not to leave a remark. From those that did, we have a wealth of rich, thick, and heartfelt words that share a piece of each visitor’s experience. Of those that left comments, 45% at Smith and 30% at Notre Dame felt compelled to write a form of “thank you”: to the museum, to Greenfield, to their school, to the women in the exhibit, or to any number of things. I think the amount of gratitude in the logbook speaks volumes about the nature of THIN to educate, move, and expand its visitors. Maybe there are an abundance of polite people at Smith and Notre Dame, but I would also assume there are a number of discerning people at these institutions who are not cavalier about saying thanks. A visitor from Notre Dame summed up the extensive list of thank you notes by simply stating, “Thank you for using art to talk about this prevalent problem in society” (Notre Dame, 2009). Personally, I am
thankful that so many people saw fit to give thanks for an exhibit that moved them to acknowledge their gratitude.

Also of personal interest to me was the number of visitors who made a comment that self-identified them as having an eating disorder or connected them to a friend, loved one, acquaintance, or family member who was suffering. I was curious to know how many people would point to this as a reason for coming to the exhibit. Granted, not all people with an association to an eating disorder chose to share this relationship in the books, but 13% at Notre Dame and 30% at Smith revealed their status. I am sure the numbers were much higher at both schools, but some commenters did not see it fit to mention their connection.

Social Art Education and Eating Disorders

As stated earlier, the social education movement began in museums many years ago, near the turn of the 19th century (Zeller, 1998). Is the social education philosophy still in use in museums today and, for the purposes of this dissertation, does THIN embody this philosophy? Other questions relevant to THIN’s social influence have been asked in other times and other contexts: is the exhibit people-centered (Zeller, 1998)? Does the art have context and not just “stand alone?” Does the exhibit intend to make a “direct” difference in people’s lives (Zeller, 1998)? Does THIN challenge visitors to question their morals and behaviors? Does THIN seem to “know what the community
needs… and fit the [exhibit] to its needs” (Weil, 2002)? In analyzing the logbooks for evidence of social education, I kept a quote by Stephen Weil (2002) close to my heart:

Museums can play a powerful role in bringing about social change… Museums quintessentially have the potency to change what people may know or think or feel, to affect what attitudes they may adopt or display, to influence what values they form… unless museums can and do play a role relative to the real problems of real people’s lives, then what is their point?

Bringing about change is often the goal of another form of social education, that of social justice education. I see these two forms as impossibly intertwined, and want now to discuss the term “social justice education” in relation to art education, museums, and THIN.

At the 2010 National Association of Art Educators conference in Baltimore, Maryland, the theme was “Art Education and Social Justice” (NAEA, 2010). Emblazoned on conference pins, handbooks, and t-shirts was this year’s motto and a raised fist, indicating action, holding onto a couple of paintbrushes. “Social justice” has been one of the buzzwords during my time at the Ohio State University, and I admit to being rather clueless as to what qualified as being “socially just” when I first began here. I’m still rather confused at times, as it is a term that can be used offhandedly and without much caution.

I have been taught, both by my professors at Ohio State and by reading work by such authors are Paulo Friere (2000) and Michel Foucault (1975; 1995), that education is
inextricably intertwined with politics. A recent article in the Wall Street Journal, for instance, scathingly critiqued the “dangerous” union between art education and social justice. Both my father and my grandfather, staunch readers of the WSJ, sent me copies of this article. My grandfather had highlighted the last paragraph and written at the top, “Laura, A provocative piece regarding your profession. What say you???” (Personal communication, 2010). The author, Michelle Kamhi, referred to social justice art activity as “radical,” “leftist,” “distorting,” “Neo-Marxist,” “moral[ly] superior,” and “devoid of competing viewpoints” (Kamhi, 2010). She called for readers to write to Congress to let them know that they “support genuine art education- but reject the ‘social justice’ and ‘visual culture’ models of spurious art and misguided politicization” (Kamhi, 2010). I could practically feel the spittle of her inflamed, excited speech hit my cheek as she worked herself up into a fury of anti-social justice angst.

Naturally, such a contemptuous article makes me wonder why Kamhi feels so threatened. What is at stake when social justice and art education are combined? Reading the online comments on Kamhi’s article made my stomach hurt. They threaten that we are being indoctrinated, that the end of the world is at hand, that if we don’t do something about teaching fifth graders how to look at art from a social justice lens then we are all going to end up with graffiti on our houses and our sneakers stolen (Comments, 2010). I would like to ask Kamhi what she thinks of our long history of combining art and social justice, as can be seen in the work of Goya or Picasso or Diego Rivera. Conveniently,
these artists are contained in the authoritarian space that is the art museum and buffered from the criticism and blows of Kamhi and the like.

How then does Lauren Greenfield reflect social justice? As stated earlier in the literature review on feminism and eating disorders, these diseases are bound to society. I have already mentioned that feminists, and others, consider eating disorders to be aggravated by “male-controlled institutions” (Thompson, 1991) such as power and obedience, sexuality, sexism, and the cultural ideal, as well as by the economy (with players such as the media, the fashion industry, and the beauty campaign). Again I quote Wooley and Wolf, who wrote that women’s fastidious obsession with their appearance is often cited as a form of social control. As Wooley (1994) writes:

I have found strong support for the conclusion that women’s body hatred is “structural” (i.e., not accidental, but built into the system); that it is political; and that nothing short of a radical change – a revolution – will restore women a sense of body ownership and safety. The feminist movement is and must be first and foremost a bodily movement.

And, Wolf (1991) who passionately recognizes that:

[W]omen’s portions testify to and reinforce their sense of social inferiority… As long as women are asked to bring a self-denying mentality to the communal table, it will never be round… it will remain the same traditional hierarchical dais, with a folding table for women at the foot.

Greenfield’s *THIN* puts these issues firmly in our faces. This is oppression on a large scale. When most of the women we see in advertising and in the media are 28%
smaller than the average American woman (McKenna, 2008), and when only 2% of women are the size of an average model, that leaves an estimated 80% of women who report feeling bad about their bodies (Katz, 2004). 80%! This dissatisfaction is an epidemic, and such a large amount of discontent can be used to manipulate women’s feelings, actions, and thoughts. Therefore, Greenfield’s work, which seeks to educate the public about the dangers of eating disorders, is, in its essence, a socially just act because it is striving for a more equal society. When “the fear of being fat is so overwhelming that young girls have indicated in surveys that they are more afraid of becoming fat than they are of cancer, nuclear war or losing their parents” (Berzins, 1997), I would say that our culture needs to be reeducated.

I see THIN as an attempt to do just this in the exhibition and through its outreach within museums. According to Greenfield’s website (THIN, 2009):

**THIN** is the centerpiece of a multi-faceted campaign designed to explore issues surrounding body image and eating disorders, including a companion book, a documentary, and a website. An educational resource guide for … THIN has also been developed … for use by individuals, educators and community groups nationwide. It will reach approximately two million high school students and 15,000 college professors directly with a downloadable guide available online.

Obviously, those on the THIN campaign see their work as being socially educative as well. So does Greenfield:
Every girl is affected by the desire to be thin. In the United States, we grow up feeling like our bodies are an expression of our inner selves. To be thin is to be beautiful, disciplined, and even moral. Fat is equated with laziness, slovenliness, a lack of regard for oneself, and a deficiency of self-control. Perhaps it is due to the power of these ideas in our culture that the pathology of eating disorders has become so common and severe. Eating disorders now affect one in seven American women and have become a mental health epidemic. Though often glamorized or trivialized in popular culture, they are actually the deadliest of all psychiatric disorders… The way girls present, decorate, reveal, and manipulate their bodies is a reflection of society's conflicting messages and expectations of women. The female body has become a tabula rasa on which one can view the interplay between society's imprint and the individual's voice and psychology.

Obviously, Greenfield recognizes the social agendas behind eating disorders. What about the visitors to THIN? What do they have to say about their experience? Do they recognize it as having a social impact? We can look at visitors’ comments to make assumptions about their experiences in this arena.

Visitors’ Comments Regarding Social Education

Examining and coding comments for a relationship to social education was not as easy as simply scanning each entry for these two words. Instead, I created a few categories under the heading of “social education,” to cast a wide net when gathering information. These categories all reflected social education tenets. The first category concerns the power of the exhibit for provoking new ways of thinking and challenging ways of knowing. The second category relates to visitors who commented on the role of culture or society in perpetuating eating disorders. This grouping had many questions
and comments about the role of the media, of businesses, of men, and of many other institutions in enabling and encouraging the propagation of eating disorders. The third category relates to action. I put comments where visitors mentioned how they would like to have change their behavior or thinking into this category, to reflect the social education belief that the visitor should be inspired to change their actions if they are found lacking after their learning experience. These three categories all fall under the umbrella of social education and the effects of what such an experience could mean to the visitors of *THIN*. Was the exhibit effective in these areas?

To begin, almost 30% of visitors at Smith and 25% of those at Notre Dame remarked upon the power of the exhibit in exposing them to new ideas or reframing old ideas, and in packing a strong emotional and intellectual punch. The Smith (2009) logbook reveals comments such as “This is the most powerful and important work I have seen” and “Excellent work – you’ve touched my soul, you helped me to feel deeply. Thank you.” Another viewer went into more depth: “Very difficult to see the pain in these images. Having teen daughters, it is scary, but also something to be aware of. [The exhibit is] more enlightening than reading about the issues in a paper. Instead you read their stories. Thank you.” In this last response, the viewer points out how the exhibit provides context and is understandable. The images don’t speak for themselves, as in an art historical educative model (Zeller, 1998), but rather through context. The viewer is,
presumably, referring to the didactic labels with narrative stories of the women in the exhibit.

Visitors felt similarly at Notre Dame with comments such as “This may be painful but it’s real and true. Thank goodness someone is speaking out,” by someone who is thankful for the honesty despite the heaviness of the topic. Another visitor writes, “Extremely powerful and very, very upsetting but enlightening,” which, again, points to the disturbing nature of the exhibit but also to its necessity. It is the sort of show that I like to refer to as a “slap in the face.” It wakes you up, your ears ring, it stings, but it makes you feel more aware of what is going on around you.

As a second signifier of social education at work, I found many comments by people who wanted to unleash some of their fury on the greater establishments that have helped to bring about eating disorders. Earlier, I discussed feminist approaches to eating disorders and their insistence that such diseases are directly tied to such institutions as the media, the economy, and patriarchy. When Americans spend over $40 billion dollars a year on diet products, you have to wonder what kind of messages our culture is receiving and how these behaviors are encouraged because of the amount of money being spent in this arena. To sour the statistics even more, this $40 billion dollars is roughly the amount of money the United States government spends on education (Gustafson-Larson & Terry, 1992). And those statistics are from 1992!
Though eating disorders are attributed to a number of factors (physical, psychological, and interpersonal, not to mention social), it is no coincidence that such institutions as the media teach us what to “value” as “beautiful” and “good” and contribute to how we define ourselves. Statistics reflect the possibility of the media being a huge player in eating disorder culture, especially when a survey revealed that an estimated 60% of Caucasian middle school girls read at least one fashion magazine regularly (Levine, 1997). Another study of mass media magazines discovered that women’s magazines had 10.5 times more advertisements and articles promoting weight loss than did men’s magazines (Guillen & Barr, 1994). How can there not be a connection? Visitors commonly remarked on this correlation: 20% at Notre Dame and 30% at Smith had something to say about the pressures of society. The women of Smith College (an all-women’s school though, certainly the art museum was open to all) were furious and unleashed their anger on paper:

What is our culture doing to our women? I think of the young ladies I teach and I hope that I, in no way, contribute to their negative self-images. I see bright-eyed young ladies in the classroom but I fear that when they go home and are alone with what they see on TV, on billboards, in newspapers…. That they are affected by fantasies of men.

As painful as it can be to look at these images, I’m glad that I had the chance to and that you put this exhibit together. Young girls need to see the REALITY that the media isn’t covering and what it’s doing to them. I’m sure this will “open” many eyes and hearts!
Next time someone tells you that feminism is no longer relevant, suggest that he or she spend some time with these photos. Thanks to the artist and her subjects for revealing the dark side of what our culture does to girls and women.

Visitors were even so spurned as to engage in debate in the logbooks over this topic. In a scrawl of words on one page, viewers debated about the instigators of eating disorders:

End patriarchy. This is a male problem.

Say it, sister! Let’s look at this issue from every perspective! We live in a patriarchy – let’s not lose sight of the root to these struggles.

This is NOT a male problem. This IS mental illness. To call this patriarchy is to continue to perpetuate displaced rage.

At Notre Dame, there was much of the same, though not as vehemently as at Smith. I have to wonder if this is not due to the all-female environment at Smith and, perhaps, a greater focus on women’s studies, feminism, and analyzing power relationships (Foucault, 1975). I noticed that there were far more questions posed in regards to society’s role at Notre Dame, whereas at Smith it appeared that there were more answers, or theories. The questions at Notre Dame made me sad and wistful, whereas I found myself pumping my fist at some of the angrier messages left at Smith. At Notre Dame, they asked:
What have we done to our daughters, wives, and mothers? What have we done to our women?

It’s sad because looking at some of these photos, I thought, I wish I could lose weight like that. Then I say, no, these people are ill, they need to get better, and they’re going through treatment to do it. But some of them look like the people we see on TV everyday. Isn’t that wrong?

The society says, “Girls need to be thin.” Society then says, “Appearance isn’t everything.” What are we supposed to do?

Can anyone really answer these questions? I wish that I had a worksheet where I could provide visitors with succinct, easy-to-follow directions about how to address their concerns. But I don’t. I am glad, though, that THIN encouraged this sort of active thinking and critical questioning. Even if we don’t have all the answers at this point, or ever, the true courage comes in asking such thorny questions such as reflected in this young woman’s heartfelt and helpless questions:

This is an amazing exhibit. Today at lunch my guy friends complained about how many “fat chicks” there are at Notre Dame. I wanted to scream at them. All of my close friends are underweight. It’s messed up. I try not to get caught up, but it’s hard when everyone around you is obsessed. It’s fucked up in the U.S.A. I thought this wasn’t my problem, but I never would’ve guessed that some of these girls had a disorder. That shows how messed up the standards are here. And what can we do? What can I do?

What can we do? Or, as a visitor at Smith put it, “Wonderful exhibit! But, now what do we change? How do we change the way we think, we’re raised, and what society thinks?
What can we do? These photos help start a good dialogue but it’s only the tip of the iceberg.”

In this vein, we turn to the final category in regards to social education: what visitors felt compelled to do after visiting *THIN*. These are the comments about action and answers to the “what can we do?” questions. I see this as a very important step in a socially educative experience. Planting the seeds of questions is essential, but moving forward with action is also pivotal. To define the action category, I included those comments that offered suggestions to other visitors, to museum staff, to Greenfield, and to society as a whole. Reading the comments of people who felt moved to change their behaviors, deeds, or thoughts made me feel inspired and pleased at how an art exhibit could influence these things in people. 10% of commenters at Notre Dame and 20% at Smith were action-oriented. Many of these comments had to do with parenting, such as these at Smith:

Very well done and thank you. This should be a show that is a requirement for all young women and their mothers to see. We need to teach more love for ourselves and this must start at home. Thanks again.

Utterly amazing! Thank you for doing this. All young girls, boys, women, men, moms, dads, need to see this work. This is an epidemic and it is spreading. We need to change our values in society and we must do it through the education of women and men.

Visitors at Notre Dame also made comments about the importance of parents as strong role models:
You do an amazing job of capturing raw pain and torture of both the eating disorder and treatment… I like that it encourages discussion and awareness (because this unspoken elephant project is reaching epidemic proportions in our society)... Perhaps this well help some parents recognize warning signs in their children.

However, more Notre Dame comments had to do with relationships between peers and how one’s actions or words could be a positive influence:

This helped me realize that people I complimented on their weight loss most likely have an eating disorder. Here I am, perpetuating the problem.

I just found out that my friend has bulimia. It’s recent... She still seems fine… Now, I know I have to do everything in my power to keep her image from these walls. Pray for me and her.

This is a powerful exhibit… This is unfortunately an all too common thing in our culture. I will certainly keep my eyes open for this sort of thing in the lives of the women I work with and commit myself to being a friend and reaching out to get them help if necessary.

I deeply and truly hope that all of the visitors who were moved to write such comments were similarly motivated to abide by their intentions while in the exhibit. I would like the opportunity, someday, to be able to do a longitudinal study of such an exhibit, to see if such visitors really made changes. But, this will have to wait for “someday.” Today and right now though, I can revel in the glow of comments like this one: “This exhibit was great and sends a great message to people. I am a boy so I wasn’t looking forward to going to an art exhibit but this was AWESOME.” Equally poignant was the reality of
others: “I recognized some of the things the caption described. I didn’t know it was a problem. Thanks” (Smith, 2009).

All of the comments above point in one way, shape, or form to the concept of social education, whether was through reflecting on how THIN dared them to think differently, to act with conviction, or to challenge an aspect of society that participates in eating disorder culture. In the conclusion to Part One, I will suggest ways that art museums can be even more socially educative, based on these comments. First, though, I’d like to discuss the second aspect of my analysis: community learning.

Visitors Comments on Community

John Dewey believed community learning occurred when an engaged group of minds and bodies came together over a collective issue (1938, 1970). His work, along with those of other educational theorists (Cooley, 1902; Mead, 1934, 1970; Vygotsky, 1962), greatly influenced museum educators and their views on social dynamics and group learning (Longhenry, 2007). With the advent of museum studies, other museum and educational theorists have looked specifically at how group learning occurs in these spaces (Falk & Dierking, 2002), but there is still relatively little research about how such a rhizomatic process occurs. In my own reflections, I have already relayed my revelations regarding the importance of creating a community in an exhibit such as THIN. With the Illness vs. WEllness metaphor, I explained how a community is essential to
advancing our understanding of eating disorders and making museums accountable to the needs of their communities. In this way, WElness is a symbiotic relationship of needs and fulfillment. The visitor is given what he or she needs (more information about eating disorders) from the museum and, in turn, the museum has served its purpose (in the social education philosophy (Zeller, 1998)) and is in its way fulfilled as well.

As mentioned earlier, Joan Jacobs Brumberg (2000) cites that eating disorders have become so prevalent, so quickly, because young women have lacked the support of protective organizations (like the Girl Scouts of America). Without them, young women have desperately lacked opportunities for intergenerational mentoring (a form of facilitated mediation [Dierking, 2002]) and community learning (intercultural exchange, sociocultural learning, or within group learning [Dierking, 2002]). According to Falk and Dierking, museums can provide such things through carefully planned exhibits, outreach, and education. In this section, I will ask, “Did THIN encourage inter-group dialogue about the subject of eating disorders, promote communities of support, and help move visitors move towards positive change through sociocultural learning? Did THIN create WElness in the face of the Illness of eating disorders?”

After mining the visitor comments for hints of how people learned about the exhibit, I can see why community learning is still a relatively new field in museology. It is difficult to find traces of how learning occurred in an anonymous person’s writing. Unless responding to a questionnaire, I do not think the average person would write a
comment about their process of making-meaning at an exhibition. So, instead of searching for direct and obvious hints, I looked instead for evidence of interactions. How were visitors relating to the works of art? Did they connect to the “people-centered” (Zeller, 1998) nature of the exhibit? Did they seem to be connecting the women in the works of art to larger communities, outside of the museum? Were they at the show with other people or did they notice the actions of others? Did they show a respect for how the exhibit affected people beside themselves? These questions helped me code the comments. I decided to filter the comments into two categories in regards to community learning. The first are comments that mention the show in regards to other people, showing that the visitor was taking into account others, a sign of sociocultural learning (Falk & Dierking, 2002). The second category is devoted to comments regarding the narrative aspects of the exhibit. Narrative is a strategy that brings the reader closer to the author. Therefore, Greenfield’s use of narrative didactic labels created a bond between visitor and exhibit. Many people commented on this, and I felt it was worthy of including in a section devoted to community because it suggests an empathetic relationship between guest and artwork.

Firstly, I begin with the amorphous category where visitors made references to a community of some sort. 15% of visitors at both Notre Dame and Smith connected to communities with their words and observations. This is messier than any of the other categories I had encountered, and as I wrote earlier, it was far more challenging to try to
tidy up. Therefore, I have not tried that hard to clean it up. Learning is oftentimes a muddled and chaotic affair. It is not linear or pretty but has offshoots, twists and turns, and dead ends. The comments that I filtered into this category reflected a relationship and a connection to learning in some way, shape, or form. For example, some of the remarks were very obvious and one can easily see how visiting THIN was a community learning experience:

My women’s studies class came to this exhibit after seeing “THIN…” My class really liked [it] (Smith).

Thank you for making this exhibit. I struggle with an E.D. and this was a group field trip. This was a way for me to reflect back on what I’ve been doing and realize I don’t want this for the rest of my life. I don’t want to be in and out of treatment. I have better things to do so thank you very very much! (Smith)

Thanks for this exhibit! I have a friend who I came with today who is struggling through this and I am trying to be healthy everyday for her sake (Notre Dame).

Obviously, all of these visitors were part of a group. In the first, the community is a classroom of students from Smith College. In the second, it appears that a group from an eating disorder treatment facility has come as an outing. The third comment sheds light on a relationship between two friends at Notre Dame. In the second and third comments, we see that THIN has had a positive effect on its writers who are trying to be healthier, whether it is for themselves or for others.

For other comments, it was harder to determine who the community was but was clear to me that there was a learning relationship formed. For example, one person at
Smith wrote, “Thank you. I’m 78 years old and I meet myself in the eyes of every one of these women. May they/we all heal and come to love ourselves,” and a visitor at Notre Dame penned, “Eye-opening and heart-breaking, yet, in a way, I feel a connection to every woman in these photos.” These viewers are writing about connection and about community. They have not come as part of a class or a group, but they have noted a strong bond between themselves and the women of THIN. Though it may seem to be a stretch, I believe that this is community learning at work. Further evidence of this link between visitor and exhibit are elucidated by others such as this visitor at Notre Dame:

I related so much to the girls in this exhibit. I struggled with my weight my entire life. It’s hard to like yourself when you’re sized 11 and according to our society, that’s fucking plus-sized. This exhibit showed me that this disorder affects everyone from all walks of life. Beautiful, yet sad.

This visitor has written about her own struggles, related it to the women in the exhibit, and examined cultural expectations of beauty. This is critical thinking and reflection (hallmarks of community learning (Frankel, 1999)), though it did not necessarily occur with another person. The same can be said of a visitor at Smith who wrote:

It was very powerful to read the stories of these women and see the pictures but it was equally powerful to see a room full of people, mostly women, of every shape, size, and are respectfully silent, going from story to story, deep in thought and probably relating on some level or another to those sharing and discussing “the elephant in the middle of the room.” My thoughts and prayers are with all of us fighting whatever demon we have to fight.
Here, the writer notes the community around them. They feel connected though they are not necessarily there with any of the women they notice in their writing. Another visitor to Smith reflects on her own community and how she will share her knowledge of \textit{THIN} with them:

The exhibit was completely terrifying – especially because I can see some of these obsessive tendencies in myself. It makes me want to reach out to all the women in my life, all the little girls I know, my younger sister and make sure they feel beautiful, smart, and strong – because I know they are. It makes me want to have daughters and raise them to know that they are beautiful and are loved.

This exercise in coding comments regarding to community learning in museums has made me rethink the definition I held for community learning. I imagined that community learning had to be done within the walls of the museum, but these comments made me realize that community learning extends outside of the space of the exhibition. Community learning is even more powerful when the visitor transports their knowledge, experience, and meaning-making beyond the museum and into their own communities. I understand now why community learning must be so difficult to chart or study, because there are so many communities at work in our lives. But, the effects of community learning are in this way exponential, and museums become powerful vehicles for change. The above comments show me much potential for WEllness if those visitors do as they wrote and go forward with their convictions to create a difference.
Though it may seem to be stretching the definition of “community learning,” I have chosen to add a second element to the analysis of visitors’ comments on this subject. As stated earlier, Greenfield creates an empathetic environment in *THIN* by using narrative voice. The woman or women in the accompanying photographs write all of the didactic labels in the first person. Therefore, it feels like viewers are having a conversation with the women of *THIN* and, in a non-physical way, a relationship. Greenfield’s choice of narrative makes me want to expand the definition of community learning to include visitors’ comments on the very personal nature of the labels. For example, a visitor at Smith wrote, “The exhibit brought tears to my eyes, not necessarily from the pictures but from the words of those photographed” and another writes:

> Dear Lauren, Thank you for the transparency - you provided an unflinching view into a little understood world through your images and by allowing women’s own words to speak. I am grateful for your passion to reveal individual girls’ and women’s realities to us. So much healing needs to be done. You have made a pathway – a bridge perhaps – to the other side. Well done and blessed be!

Yet another Smith visitor writes, “Thank you so much! This problem is so pervasive in our society, yet remains so silent. I applaud you for giving these women a voice and for giving countless others something to listen to.” Within these comments, I see relationships, meaning-making, and critical thinking. These are the same definitions that scholars use to determine community learning in museums (Falk & Dierking, 2002; Frankel, 1999) and I feel that they are also applicable between a viewer and a work of art.
If numbers are being considered, it is worth noting that over 20% of visitors at Smith commented on the importance of narratives to their understanding of the exhibit. A much smaller 5% at Notre Dame made the same connections. As a writer of auto-ethnography and narrative, I wondered if the disparity of numbers between Smith and Notre Dame might have anything to do with how students are taught to write at these various institutions. As a writing teacher at Ohio State University, I know that my students from other disciplines are shocked when I tell them we will be writing from the first-person during our quarter together. They have always been taught that research should be conducted from a disinterested, third person standpoint. Therefore, I am curious if students at Smith are encouraged to use more narrative in their writing, while it is still seen as a faux pas at Notre Dame. Another possibility for the great disparity of 15% between schools might have to do with the gender of the schools; Smith is an all-female institution while Notre Dame is co-ed. If Smith students are taught the tenets of feminism as explained in the introduction to this dissertation, then they would likewise be interested in the feminist focus on voice and first person authority.

Regardless of writing strategies or gender at Notre Dame and Smith, it is clear that visitors noticed and were moved by the first person accounts on the walls of the museum. Through those accounts, I feel that visitors connected to the women of THIN and, in their way, created learning communities through the narratives. I know that when I visited THIN, I felt very connected to the subjects of Greenfield’s work and, as other
visitors have expressed, wanted to reach out to my communities at home and at school after viewing the show. This dissertation is, in large part, an extension of my community learning experience of THIN. As Frankel (1999) suggests:

Museums must make the most of their special power to engage people in creative problem-solving, help people connect, create context for complex issues, open dialogue, and encourage critical thinking. Museums have a unique capacity to place today’s issues in context to create a sense of place and a learning community.

The above comments and categories show that THIN has been a Wellness experience for many visitors in the face of the Illnesses of eating disorders. Visitors reflect that they connected with others and themselves, were engaged in dialogue, and thought critically about the work and our world (Frankel, 1999), proving that community learning was at work in THIN.

Conclusions and Suggestions

Since almost one-third of visitors at Notre Dame and half of those at Smith felt compelled to write “thank you” in the exhibition logbook, I believe THIN has had a strong impact on its viewers. This display of gratitude encompasses the visitors’ thankfulness for the education and the experience of viewing THIN. The exhibit had a powerful impact on me, and I was eager to know if I was the only one. Was I so moved by the exhibit because of my own past? Would others feel that THIN was moving and
necessary, disturbing but needed, even if they had not lived through or with an eating disorder? These questions reflect the essential queries that motivated my research in Part Two. Thus far, the logbooks have shown that with or without eating disorders, visitors were resoundingly affected. Their comments speak for themselves and have left us with a legacy of affirmation for the work of Greenfield and THIN. Both in terms of the effects of social education and of a community experience, visitors were transformed by Greenfield’s powerful images and the feeling of community that emanated from the exhibit, whether between a photograph and a viewer or between groups of visitors.

From the visitors’ comments regarding community and social education, I saw openings for educators to take advantage of the uniqueness of THIN and to create even more powerful learning opportunities. Many of the comments which I filed under “social education” made my brain whir at the thought of potential museum programs that could build off of visitors’ thoughts. For example, one viewer at Smith mentioned, “this should be a show that is a requirement for all young women and their mothers to see.” What if these university museums offered mother/daughter tours during Parents’ Weekend or to local Girl Scout troops? Museum educators could focus their tour to reach out to mothers and their daughters or, to extend this idea, to families or to fathers and daughters. Such specialized tours could include a talk-back session afterwards with a representative from student counseling services or an eating disorder specialist near campus, to field specialized questions spurred by the exhibit.
Similarly, panel presentations, community forums, or an interactive conversational evening would be a wonderful way to include visitors, answer questions, receive feedback, and build a community. As another Smith visitor wrote, “These photos help start a good dialogue but it’s only the tip of the iceberg.” I agree, and the museums that hosted *THIN* could have also offered the opportunity to explore more of that iceberg. At Smith College, *THIN* coincided with the month of February, which is Eating Disorder Awareness Month. Whether this was coincidental or not, Smith made good use of the occasion to advertise for Eating Disorder Awareness Month on its website and to host an informal, open forum at the museum called “The College Body: What’s Perfect? What’s Normal?” This conversation was led by Smith professor of psychology Dr. Patricia Dibartolo, and included other speakers who shared their “insights into the cultural notions of perfection and normalcy” and their effects on self-esteem (*Smith Calendar of Events*). The goal was that faculty, staff, and students would be able to ask questions and to voice concerns about the subject of the “college body.”

Unfortunately, I was not in Northampton when this forum was staged, but I was there later in the month for a lecture by Lauren Greenfield and a screening of *THIN*. This film showing/lecture also occurred at the Snite Museum of Art, though Lauren had to cancel her lecture at the last minute. These artist lectures are important events, but occasions where visitors have the opportunity to interact and be involved are even more critical to creating a learning community and a place where social education can flourish.
For example, I would love for these university museums to offer workshops on media literacy and how to analyze and be critical of the messages that society sends us. As one Smith visitor wrote, “I see bright-eyed young ladies in the classroom but I fear that when they go home and are alone with what they see on TV, on billboards, in newspapers…” Those ellipses capture the visitor’s fear that the media is influencing how these young women think of themselves. There is good reason to worry. When the average US resident sees approximately 5,000 advertising messages a day (Alfreiter, Elzinga & Gordon, 2003) and when the typical American adolescent watches three to four hours of television a day (Levine, 1997), it seems that it would be valuable for citizens to be more aware of the influences of the media. In addition visitors to these workshops could be taught how to “talk back” to the media by calling representatives, joining or launching campaigns, writing letters, or engaging in other ways to make their voices heard. According to the National Eating Disorders Association (2005):

Encouraging the media to present more diverse and real images of people with more positive messages about health and self-esteem may not eliminate eating disorders entirely, but it would help reduce the pressures many people feel to make their bodies conform to one ideal, and in the process, reduce feelings of body dissatisfaction and ultimately decrease the potential for eating disorders.

If teaching media literacy is one step towards “decreasing the potential for eating disorders,” then it is an opportunity that museum and art educators should not miss.
As alluded to in the last example, the next natural step for museum and art educators is to move from social education to social justice education. In workshops similar to those that would teach media literacy, museums could provide outlets for activism and suggestions for how to influence eating disorder legislation. Anyone who has seen *THIN*, the documentary, will notice how many women are denied continued treatment because their insurance is denied. Once a woman reaches a healthy weight, insurance is often pulled out from under them because they have been deemed “well.” The average length of recovery from anorexia is over a decade, and not nearly as short and as simple as the three weeks of rehabilitation that some insurance companies cover (Powers & Bannon, 2002). Yet though recovery from anorexia often stretches out for years, the treatment’s outcome is superior to those for breast cancer or obesity (Strober, Freeman, & Morrell, 1997). Much more noise, therefore, needs to be made around awareness of eating disorders and funding for researching and fighting these diseases.

In such workshops, visitors could be taught how to rally for the eating disorder cause and understand how best to approach their legislators and how to educate others. For example, people could be taught that eating disorders affect over 10 million people while Alzheimer’s affects around 4 million (McDowell, 2001). In 2005, the National Institute of Health gave almost $650,000,000 to Alzheimer’s research but only $12,000,000 to the study of eating disorders (McDowell, 2001). This is approximately 75% less funding than for Alzheimer’s, yet eating disorders affects over twice as many...
people. These statistics are “weighty,” and when put into the hands of people who were strongly affected by *THIN*, they could go a long way towards improving the treatment of eating disorders.

As can be seen from the examples above, and from the analysis of *THIN* at Smith College and at the University of Notre Dame, museums have an important role to play in creating awareness around important social issues, even those that are not the nicest things to talk about. Still, it is our duty as institutions of power to educate the public in ways that will improve our society. Similarly, our role as museum educators is to encourage communities in our spaces so that people can bond, share, learn, and explore themselves, others, and the world through art. *THIN* was an exhibition with a resounding impact in both the social education and community realm. More could have been done to create even more reverberations, but this is the role and challenge for museum educators in continuing to further our field with study, reflection, and action.
PART TWO

The Challenges of Writing Narratively

A vignette on writing and analyzing narratives: I am having a hard time deciding what to write. It is the beginning of Part Two, and I thought this would be the easy section. But here I am, writing auto-ethnographically and staring a hole through my computer screen, waiting for a stroke of brilliance to direct my writing. I am aware that writing auto-ethnographically and analyzing narratives has the reputation of being simple, undemanding, and effortless. On the other hand, being “objective” and writing scientifically is still seen as more of a complex challenge. At this moment, I wish that my “data” would line up in a neat and tidy straight line, one with clear, clean outcomes and a straight arrow pointing me towards what I should analyze. Instead, there is a pile of deep, rich, thick, intricate, knotty, and thorny narratives sitting in my lap. They are beautiful and ugly. They are happy and sad. They are full of questions and short on answers. I read them and reread them. I read them when I wake up in the morning, and I read them before going to bed. I read them many times throughout the day: while waiting in line, while on the elliptical machine at the gym, while on an airplane, while seated at a coffee shop. They run through my head when I am on my yoga mat, when I am in the swimming pool, while I am on a walk with a friend. I cannot escape them and I do not try. I like having them around and thinking about them. I imagine that I am marinating in their words and that soon it will be time to put these words on the grill to
cook. Today is the day. (Though to be fair, I thought yesterday was the day, and the day before that as well. Perhaps it is tomorrow.)

All this is just to say that writing, reading, and analyzing narratives is not easy. It is an involved and dense process, but one that I would not trade for any other because narratives form the heart of Part Two. It is through the voices of my co-participants and I that we come even closer to *THIN*. Though Part One included auto-ethnography and a few short narratives, Part Two becomes more personal and individual: it demonstrates how the works of art from *THIN* relate to specific women and to women in general. Narrative is the tool to give tenor and purpose to the voices of my co-participants. I am confident that there is not another methodology that would allow us, as readers, and us, as writers, to explore such intimacies.

Still, it is difficult. As convinced as I am by their power, narratives are a challenge. This is not just a difficulty for me, as the collector and interpreter of these interpretations. It was a struggle for my co-participants as well. Many of them wrote to me about their frustration in the writing process. A majority of these women, all smart and confident, were worried about “doing it wrong.” I received a number of emails from participants who wanted to apologize for their offerings. They felt frightened by the assignment for a number of reasons, everything from feeling like they weren’t good enough to feeling too close to the subject material. Janet, the eldest participant in the group, wrote in an email to me (Personal Correspondence):
Laura,
I have attached my responses to the photos you sent that you wish to include in your dissertation work. I am somewhat inclined to think that maybe I have not responded at all as you had hoped, or perhaps what I have said sounds stupid, or that I totally misunderstood the kind of material you wanted. However, when time permits, please read my responses, and if you would like to see me change anything or add anything, or just respond differently than I understood, then PLEASE let me know.
I'm afraid I am letting my "lack of college education" interfere with my ability to respond intelligently or perhaps as some of your other people may respond (with much more intelligence than me!). Oops............my lack of self-confidence is showing!
Anyway, I responded as best I understood what you were looking for, so let me know what you think.

Much love,
Janet

As Janet explains, she is afraid that she will not measure up to my expectations or to others’ expectations of the project. Janet did not need to worry. Her work is important, well written, and a vital contribution. Most of all, it is deeply honest, and I value that honesty immensely. In the introductory materials I sent to co-participants before the interpretative process, I assured them that I wanted them to be honest, raw, and as much like themselves as possible in their writing. In this way, I can relate to parents who tell their daughters that they are good enough, smart enough, or beautiful enough—but whose daughters still question whether they are good, smart, or beautiful at all.

Crystal, another participant, shared Janet’s fears about doing things right

(Personal Correspondence):
I am a bit intimidated that I will "do it wrong"... When I look at the pictures, I sometimes have a really difficult time knowing what I actually seeing from what I believe I see. Maybe that is part of having been in treatment and an eating disorder survivor.

Crystal’s fear that she will “do it wrong” makes me wonder if there’s a wrong way to write a narrative. Is there only one way to speak from your personal experience? Is there a right way? I suggested to the participants that they choose a writing style that was most comfortable to them, whether that meant poetry, letter writing, or stream of consciousness prose. I offered to record them, transcribe their words, and send the transcription back to them to edit, if they were more comfortable in speaking or intimidated by writing. Sophia echoes Crystal’s sentiments (Personal Correspondence):

I attached my first description [to this email]. It is very stream of consciousness, and the tenses are wonky and so is the grammar, but I wanted to show you this one to see if it looks like I am on the right track and because I am getting caught up in making it perfect and might never send it if I don't send it now. So, let me know if you want me to clean it up/ change it...I will not be offended.

The two men with handlebar moustaches have been fighting all day in my head.

The two men with handlebar moustaches are an image that Sophia likes to use when trying to describe her analytical mind. These men like to fight, fist to fist, like boxers in a ring in her head. I picture them wearing old-timey unitards like fighters wore in the early 1900’s, a psychological version of Rock ’em Sock ‘em Robots. I see them reeling about,
jabbing and punching, pulling hair and feinting, all within the confines of Sophia’s active imagination. My editor for this dissertation commented that he likes to call them “the phony police.” Apparently, other people are not immune to these fighters. The two men with handlebar mustaches seem to have been fighting about whether or not Sophia’s contribution was worthy. Again, as I read this, I wondered how we as researchers make sure our participants feel valued and supported before, during, and after their writing.

Other participants, like Amy, sent their pieces off without hesitation, but later circled back to question their work (Personal Correspondence):

I hope I answered the questions appropriately about the photos. After I sent my document to you, I started thinking about it more, and I really just kind of blathered on in some of those sections. Hopefully, I didn’t get myself too far off track (assuming I am on track to begin with!).

Here, I also see the need for approval that all of us seem to crave from whoever is reading our work. I tried to ensconce myself firmly as “one of them,” explaining that I too would be writing about the photos. I referred to all of us as “co-participants” and to the dissertation as “ours,” but it is nearly impossible to erase the power structures of academia and research (Foucault, 1997) that continue to create rifts between researcher and “researched.” I think there is a certain fear of writing and of having someone else read your writing, especially when it is so very personal.

Perhaps, as Crystal suggested earlier, part of the fear comes from being asked to separate what is seen from what is known. This is not an easy task, I readily agree.
Whenever I ask my students to do a denotation/connotation exercise in class or I watch an expert like Terry Barrett or Debbie Smith-Shank do one with a group, I/they have to caution people that are moving too fast and jumping too quickly into connotation before fully investigating denotation. Even the words are foreign to us unless we have grown up with the likes of Roland Barthes or if Terry Barrett was our grandfather. Anne Marie, another participant, writes to confirm this suspicion (Personal Correspondence):

So don’t totally laugh at my approach but I’m following your instructions … I think. Denotation followed by connotation. But, then because I’m me, I don’t feel like I am 100% sure that I’m doing it correctly (i.e. I’m not saving very much in the connotation section so maybe I don’t understand that).

Denotation/connotation takes some getting used to and, in hindsight it would have been helpful if I had given some examples from other works of art for my participants, beyond the basic explanation I included in their introductory packets. Some, though, took to the activity intuitively and even found it beneficial outside of the contexts of this project. Molly, another participant who teaches teachers how to teach with historical objects, wrote in an email (Personal Correspondence):
So, I wanted to drop you a note to let you know that I was STUMPED a few weeks ago in trying to come up with an activity for my K-12 teachers in one of my grants having to do with the Cold War. I was already doing this fantastic activity with the Mathew Brady Civil War photographs about how some of those images were staged and this issue of photography as simultaneously a record and a statement - one and then the other, both, neither, etc. But what was I going to do for the Cold War? The theme of the week was the Dominion of War. And then I received the lovely packet for your dissertation, which has been just at the back of my mind for days now, and the denotation / connotation was just perfect. It would extend this theme of photography: photography at it's birth during the Civil War when it was still a novelty and photography during the Cold War when it was just beginning to become ubiquitous and there was such a tremendous variety of images and we saw the movement from black and white to color and on and on. As you can tell I got really excited.

And then the first day happened with the Civil War activity and it blew those teachers away! Some had never heard of those images [the Matthew Brady photographs] being staged and we began to touch on the subject of symbolism and someone even busted out the Christ pose and I almost piddled. And then, one group answered the question "Is this image 'true'?" with "It may be staged, but the horror of war is still real and these bodies are still dead." And, I was over the moon.

Then we had day two with our semiotics and they got it. They got it right away and were interpreting images and reading deeply and sharing personal experiences and it was so eff-ing rich! And they are telling me they can't wait to use both activities in the classroom. We are having discussions about how some are more prone to connote, while others are more comfortable with denotation. So good right? Great?

It gets better. Those two activities happened on Tuesday and Wednesday, respectively. On Friday they had to give final presentations on a topic they had researched. I would guess that at least half of the groups referenced the activity and those skills AGAIN in their research. Like fish to water.

Thanks so much for that serendipitous situation and being brilliant and wonderful you!
Naturally, I was “over the moon” from Molly’s enthusiastic comments. I was thrilled that her students had taken to the connotation/denotation activities “like fish to water.” This made me think again that a personal tutorial would have been as valuable to my own participants as it was to Molly’s teachers—a good tidbit to hold as I go forth as a researcher.

Understanding denotation and connotation was a challenge for some, feeling inadequate was a difficulty for others, and writing from personal experience was fraught with complications for many as well. As Molly, who has had an eating disorder, writes again (Personal Correspondence):

I have been working on THIN and it has been a somewhat unpleasant experience? I guess that is what I want to say. I thought it would take less time but I find that I can only write about them a little at a time and then I am tapped out! So it has been slow and I know my deadline is looming. I have actually scheduled time for myself tomorrow to finish it and to write a little something about the process. I have to actually put time on my calendar now for my work so I don't get dragged into meetings.

Yes, writing about ugly times in our lives is not pleasant and I guess it should't be. I am just so used to being able to write about things about which I can theorize and wax academic. This topic is so visceral and personal that I do not have the capacity to speak about it in a detached way.

I can only imagine how challenging it is for you to take those steps back and get at it from the perspective of a researcher. I couldn't do it. You are doing such important work, my dear, for all of us who simply cannot get out of our own way on this topic.
I tried to respect this difficulty in the way that I consulted my participants about their writing, making sure that I met with or called each one before, after, and during their submissions. We all need reassurance, especially when we are revealing so much.

Surprisingly, writing my own interpretations of Greenfield’s work wasn’t hard. It felt good and therapeutic. I enjoyed the process, and never thought of it as difficult. What I did find challenging was having people read it—well, certain people at least. I didn’t mind having other women with their own “issues” read it, and I didn’t hesitate in sharing it with my fellow participants. But, where I struggled was in sharing with people close to me—like my relatives or my partner— but who were far away in that they had never gone through an eating disorder. I still feel like I need to apologize to my partner for not letting him read this until it is done. Sean, I’m sorry, and thank you for the flowers.

My issues with having other people read my narrative is certainly about privacy to an extent, but it is more about perfectionism and control, strong elements that led to my eating disorder. Relics of the past? Quirks of the present? A problem? Part of my nature? Writing this, I acknowledge how honored I am that so many women chose to share their own narrative interpretations with me and allowed their words to be a part of this dissertation. I am deeply touched, and hugely grateful.

As for my own editorial and analytical role, interpreting my co-participants’ interpretations was much like the process of denotation and connotation that I asked them
to complete. I tried to separate what I “saw” in their work from what I “felt,” but sometimes the two were too intertwined. Perhaps this is the danger of doing this work, or knowing it too intimately, but I also think it is one of the most unique aspects of the project as well. Molly, in her comment quoted above, mentioned how difficult it was for her to write about having an eating disorder and how she couldn’t get enough distance from it to write as an “academic.” In my email back to Molly about this difficulty, I wrote:

Thank you. I am humbled by what you wrote. It's an interesting paradox. I find myself stepping back sometimes, but more often than not, stepping a lot closer. Whoever said that researchers only had to step back? Why don't we just step into it too? I'm asking myself that right now. I'm not at all speaking about this in a detached way, which could be problematic, I suppose. I'm mad as hell and I want people to be upset too by what our culture is doing to its women. Fierce Laura!

I’m not getting farther away from this issue, and I don’t want to. I am stepping into it! I feel like I am writing an ethnography of our selves, and the closer I get the more I understand. I want to get dirty and messy and to be caught, red-handed, with data all over my fingers and interpretations ringing my mouth like the stain of a hastily devoured chocolate cake. The important thing here is that as a researcher and participant, I must be transparent and reflective throughout the course of this work.
Justifications for What Comes Next: Revealing my Decisions

In order to help myself interpret their work, to draw conclusions, and to ask questions, I had to “curate” it in a myriad of ways, much like I have done when curating an art exhibit-- and much like the process I know the curators of THIN undertook many times. I contemplated many ways to arrange the interpretations that follow, laying them out in different ways and walking around them many times. Just a little to the left. Now, a smidge to the right. That one needs to go over there. A bit lower. Yes. There you go. Just right. The result of these curatorial explorations is what lies in front of you, just beyond where your fingertips now touch.

First off, I had to choose what photographs from THIN to include in this dissertation. One of my main research questions for Part Two deals with whether or not THIN is idiomatic. I was curious to know if, like an idiom, the photographs of THIN can only be understood by the “culture” that these photos represent: women with eating disorders. Asking two groups (women with and women without eating disorders) to analyze the photos narratively allows me to see whether or not THIN is idiomatic in this sense. Do all women understand what is happening in these photos? Because of this research question, I deliberately chose photos that contained some signifier of eating disorder culture, but I stayed away from any obvious semiotic tip-offs, such as a scale. I chose four photographs that, as a woman who has had an eating disorder, I thought signified this “culture.” But, they were also photographs that made me wonder if those
without eating disorders would come to the same conclusions as one of “us.” I tried to choose a range of photos that suggested a variety of eating disorder experiences, from anorexia to bulimia to compulsive over-eating. To me, these photos were rich with information on eating disorders. Would others see the same things that I saw?

I shielded the photos’ captions from all of the participants. Each woman received three photographs with no written descriptors and was asked not to research the exhibit or Greenfield’s work. It was their task to put words to these images based on their own experiences in life. In my letter of introduction, participants read only scant information about THIN, which I explained as an exhibition dealing with eating disorders:

I have deliberately not told you a lot about Greenfield’s THIN because I want the photographs to speak for themselves and for you to speak for yourself as well. Some of you may not be at all acquainted with eating disorders while others of you are very familiar with the semiotic language of these diseases. This is all part of the overarching “experiment” that I am conducting so do not feel like you need to go out and research eating disorders. Write from your own place of experience and knowing. You are more than equipped to interpret these works of art just by the sheer merit of being you.

As you can see, I was stingy about what information I allowed in my letter. Certainly, any of the women could have found information on Greenfield’s THIN. I know that at least one participant, Say, has seen the THIN film before, and therefore was already at an advantage in terms of contextual knowledge. I see this (the possibility of having been exposed to THIN in some other way before) as a confounding and uncontrollable variable.
In my role as curator of these interpretations, I have struggled with how to order things in Part Two. I decided that the interpretations should be kept with their owners as a cohesive whole. I contemplated splitting them from their parents and only arranging the interpretations by photograph. But I want the reader to get a sense of the personality of the writer, and I felt that this would be somewhat lost if they were separated. Besides, each woman had her own order of looking at the photographs, and I wanted this to remain intact. I elected then to arrange my analysis by photograph. So, what you will read is a group of three interpretations by one woman. There are ten women’s interpretations. Preceding their contributions are their biographies, written by me and edited by them. Some women have chosen to have pseudonyms while others have not. None of the women who have had eating disorders decided to use a nom de plume. I am not sure what this says, but it makes me happy for some reason, as if we are not afraid of who we were-- and who we are-- and having those two people meet, in writing.

Following the individual interpretations, I analyze our interpretations after each photograph, making three areas of analysis. I specifically examine the differences and similarities between our connotative and denotative observations. Sifting through our embodied, semiotic interpretations allows me to raise larger questions about women, body image, and experience. Slowly, each analysis section moves into larger social issues, and I contemplate what this might say about how we interpret art, how we
understand eating disorders, and what this might say about women in general, based on these ten specific women.

First though, I would like to introduce the women of this study, my co-authors in this dissertation. Though it may seem cliché to write this, without them none of this would have been possible and, therefore I want the reader to know them more than just their interpretations allow.
Crystal’s Biography

I do not know Crystal except for one encounter over iced tea a few summers past. Her mother is the one I know best; a warm-hearted woman who can give a truly wonderful, all-encompassing hug. Crystal’s mother, Sharon, was one of the facilitators for an eating disorder support group that I attended while at university. Throughout the course of my time there, I came to realize that Sharon’s expertise with eating disorders wasn’t due to any training or schooling but from her own personal experience with a daughter who had an eating disorder. Crystal is that daughter, though not a biological one.

Crystal developed a serious eating disorder in adolescence and through Sharon, she received the treatment she needed. Like most eating disorder recovery stories, Crystal’s transformation did not occur overnight. In the end, she relocated to Montreaux Counseling Center for Eating Disorders in Victoria, British Columbia.

Since then, Crystal has devoted her life to helping those with eating disorders. She went to the Ohio State University, majoring in Social Work with minors in Psychology and Women’s Studies. She received her Master’s in Social Work at the same university. In the way that things come full circle, Crystal is now a counselor specializing in eating disorders at Denison University, my alma mater.

As women with eating disorders, there is always a concern that you may not be able to bear children someday. Thankfully, Crystal was not inhibited from this
experience and today has 2 healthy, happy children, both of them girls. I wonder if she struggles with how to raise her children, knowing of the all-too-real dangers of eating disorders that lay lurking in the shadows of growing up. Asking her this in an email, Crystal wrote back, “I think so much about how they will see and experience their bodies. I have always shown love for my own body when they are around or talk about my tummy or my scars (from feeding tube [used for eating disorders when the patient will not eat] and c-sections). I am matter of fact about it saying if my body were anything different than I wouldn't be their same mommy so I love my body scars and tummy and all the other parts. Privately, though, I am as critical sometimes as ever, though I work hard to catch myself. Abigail will wonder why I've changed my clothes 4 times in the morning. I never say it is because mommy looks fat in those other outfits or that I couldn't bear the way I looked in a certain piece of clothing.... I tell them every day how beautiful they are and how much I love them.... I pray they never experience themselves anything but beautiful and loved.” Honest and scary for a woman, like myself, who weighs these things when considering having children someday.
Crystal’s Interpretations

We are down to the last days of the last week of the deadline for me to write in my comments on this project. I'd like to tell you that I have forgotten or haven't had the time. Time, of course, is one of the issues. But I have not forgotten. I've looked at the pictures over and over again and felt so much. Maybe it has been that I haven't had the time to feel so much. But still, the photos are with me and have been with me as are my perceptions and interpretations and feelings. I write their stories in my head. I feel the stories still echoing deep within my bones. The echo is still too loud and the vibrations of that echo raw and real like it never left. The pain, the anger, the fear - all of it is still very alive within me. I talk now and teach now and I hope, my deepest hope, is that I help to heal these stories. I wish I could look and not feel so much and yet, I wonder if I could help as much if I didn't though. I would not trade these feelings, these vivid memories, this reverberating echo, I guess, if I could. I cannot, after all. I want to be the BEST still. The best in my interpretations, the closest to health, the farthest from the pain and the fear and the memories. Maybe I am. Maybe I am not. I don't really want to know. But I want to help.
I see....

I see the first picture of a young girl in a peach colored shirt with a green emblem of some kind. She is standing outside in both pictures. She has long auburn hair. She is young. She stands alone with her arms hanging loosely beside her. The trees are
different in each picture. There are house-like buildings in the background.

In what I guess is the first picture, the one on the left, the trees are not as full. The grass appears greener. The sky is blue, with white fluffy clouds. In the first picture the young girl's hair is braided tightly back away from her face, her head tilted slightly to the left. She wears a heart necklace, dangly earrings, the peach-colored t-shirt and drawstring pants. There is a thread tied around the right belt loop of her pants. One bracelet is wrapped around her right arm, one around her left. Her clothes hang on her like they might on a hanger. There is no definition from her body. Her arms are very thin. She is pale.

The second picture. The trees are fuller. The grass seems less green. The sky smaller in the background, still blue, still white, white clouds. Same buildings in the background as in the first picture. The girl is still young. Her hair is auburn but down this time, not pulled back tightly away from her face. The angle of her face appears the same as in the first picture. She wears the same heart necklace, but shorter than in the first picture. Dangly earrings, but different than in the first. She wears the same shirt but it is now stretched across her still-small breast and her stomach fills out the shirt more than in the first. She has on different pants. And a belt. She now has fuller arms, but they are still very thin. She is still very thin. She wears two bracelets on her right wrist and two to three on her left. They are made of thread, multi-colored.
The young girl's face is a bit fuller, appears to have more color. She does not smile in either picture.

What I think...

This is a "before and after" photo. It's a picture of a young girl at different stages in her treatment for anorexia nervosa. She is maybe 15 or 16 but maybe older as anorexia often renders a person a younger yet older at the same time. This picture is taken outside the treatment facility but still on the grounds. She can't leave the grounds, except for maybe later as she "earns" it. This is maybe the "backyard" that the girl looked out upon for months, maybe longer. She plotted many an escape while looking out the back windows on this lawn. She takes this first picture, maybe the first day of in-patient treatment. She thinks, "Fuck you, you don't know anything about what I feel, and there's nothing wrong with me that isn't wrong with you!" She stands pissed off and defiant and glad to pose for this picture as proof that there is nothing wrong with her and that everyone has over-reacted. At the same time, though, maybe they are taking pictures of everyone and they, whoever "they" are, will see the pictures and wonder why she is even here. It's embarrassing, even humiliating. She knows that she looks fat but prays to God that she will die and never care and never know what anyone thinks, anyway. She is wearing the heart necklace from her mom or her best friend. Her friends made her the bracelets. One for courage, one for strength. Whatever the fuck that means.
The heart is to remind her that she is in their hearts. Okay. That hasn't helped so far. Whatever. But she wears it still. Hoping.

Fast-forward many months, maybe a year or more. The season is different, maybe twice over. Holidays and at least a birthday and a thousand cards from people who had never spoke her name before have passed. She is grateful and she wants to help, that's why she agreed to take the "after" picture. She's never taken the necklace or the bracelets off though she has often doubted their power many a time. It is terrifying to stand before this man taking the picture. She knows he sees her as fat. She knows he wonders why she is even here. She hates this; standing here like she is naked before a firing squad. Waiting for everyone to see the "evidence." Evidence that she ate, evidence that she "caved," evidence that she was not as strong as she once thought she was. They've tried to teach her to think differently now. And she does. Sometimes. But this is where her thoughts go first, automatically, without a need for direction or any kind of permission. She has her tools now. That's what they say. And so she will stand in front of this man and this camera and let him judge because maybe there is one person, even if it is just one person, that will reap the benefits of her courage.
What I see…

There is a young woman dressed in a black t-shirt and either short black shorts or panties. She wears only white socks on her feet. Her eyes are darkened with make-up, her arms folded, plastic jewelry adorn her finger and wrists. Nails are painted blue. She has no smile on her face, only stares down at the camera. She is standing in front
of a taped up sketch of an outline of a body. Defiant, daring you to judge, as she knows you will. There are two competing images, one block shaped and full, another inside of that one that is smaller and more feminine in appearance. There are horizontal lines drawn within the smaller drawn figure, words written outside that shape. They told her to do this. Whatever. The words written in blue above the shoulders are "weakness" and "strengthless," on the waist is written "yeah right," on either thigh is written "SHOCK" in all caps.

What I think….  
This is a body image assignment. Any of us who've been in treatment for an eating disorder have done them before and hated them. I disliked it so much that I've never used it with any of my own clients. Even in its most successful form, it is humiliating and frightening. The young girl, maybe 17, was told to wear the most form fitting clothes she had. She wasn't allowed to wear her shoes and wasn't happy to do this project. She is a warrior. She always has been. She will never buy that her shoulders are not as broad as they feel or not as broad as all that they've carried. She'll never believe that her waist is as tiny and vulnerable as this trustless facilitator has drawn. Who are they trying to fool? They have no right to try to take this strength from her. She will hold onto it and she will not give it up. This body has served her well yet betrayed her so completely. She is probably bulimic. Her body has taken it all in and
spit it all back out. She knows sex and drugs and alcohol. She is not naive, she'll tell you. She believes that she isn't innocent. She has tried it all and nothing has worked. Nothing makes it go away and nothing fills the emptiness. God knows she has tried. She draws her body as she feels it. She draws her body for how others have treated it. THIS is not a distortion. This is what she knows. Do you want to hear the stories of abuse and use and such utter disregard? Her body is not fragile or feminine or anything like they try to say in their drawing. She is not this person. This weakling. This human. She is strong and she is capable and she needs no one to take care of her. She is a warrior.
Figure 3


What I see....

Three women sit in a restaurant. Booths are empty in the background. It is a round table. From the number of drink glasses and napkins, at least two, probably three, people are absent from the picture. Ketchup, salt and pepper, and sugar/sweeteners are on the table. Each of the three women pictured have a soda in front of them as well as an ice water. From the dirty napkin in the right forefront, it seems that they may have had a meal.
before this picture is taken. In the middle of the table sits one large decadent dessert.

The three women in the picture have different expressions on their faces. The one to the left in the orange shirt sits with her arms closed around her, half smiling. The woman in the middle in the white shirt looks incredulous, arms folded protectively or defensively in front of her. The young woman to the right eyes the dessert cautiously. She has a half smile on her face.

What I think....

This is a "food challenge". Not the kind you see on silly reality shows. This is serious and frightening. The young women are in a treatment program for eating disorders, maybe nearing the end in the step down program. They've come to this challenge to address fears of forbidden foods. For the woman on the left, I think she is in her twenties and recovering from anorexia nervosa. She looks down at the dessert with a look that says, "Of course, I knew this was coming". She'll do the challenge and hate it and love it and hate herself for loving it at all. She'll be terrified that she will go "out of control" having now tasted the forbidden "fruit." The young woman in the middle, maybe seventeen or nineteen, looks outright pissed. She can't believe they would do this to her! She crosses her arms in defense and in defiance but she'll do the challenge because she is so close to being done and out of the program. It will awaken the desire to binge though. This was one of the types of foods she used to binge and
purge all the time. I am not certain of the woman on the right. She is partially blocked from the camera so it is difficult to read her body language. Her face seems equally difficult for me to read. There is the half smile as she is looking at the dessert. Maybe she is just ready for this. She is at the point in her treatment where she can see this without fear. I am guessing that she is in treatment for anorexia nervosa and maybe had not suffered from the disorder long. She got treatment quickly. Even if she wasn't ready, she would still have the same agreeable smile on her face. She isn't a "feeling person" and doesn't usually let others know what she is feeling either in words or gesture. I am guessing two of the two people not shown are facilitators. The one on the bottom right for sure. She is having coffee with cream.

We've done this- all of us who have been in treatment. Whether it was the Oreos or the mound of cream cheese, we've done it some way or other. We hated it and we learned only that we could survive the terror but it never changed the name of terror. My heart aches for these women, at this snapshot of their pain, and the moments that come after....
Abby’s Biography

Abby is a newly-wedded instructor of English at Zane State College. A fellow graduate of Denison University, Abby did her Master’s of Education in English Language Arts at Boston University in MA and taught seventh grade English for four years before hearing a siren-like call to return to her home in Columbus. That appeal was initiated by her now-husband, Brant, who lived in Columbus and who was courting Abby from afar. Columbus also happens to be Abby’s hometown. She is now surrounded by her happy parents, who are thrilled to have her back in the state of Ohio. Now, happily married as of summer of 2010, Abby and Brant are also first time homeowners, exploring the trials, tribulations, and joys of each other and their own space.

Abby is intelligent, funny, caring, and gentle. She is a gifted, a wonderful conversationalist, and a generous friend. As Abby says of our time together and as I appropriate here and in regards to her, “The world always feels like a better place after we are together.” And, it does. Abby is one of the most optimistic, positive, and perky people that I know. It is nearly impossible to feel “down” in Abby’s presence as she is sure to lift you up and put a constructive and encouraging spin on anything that is aggravating. Abby is the stuff of sunshine and spring days and laughter.

Writing all of this makes me acknowledge that these are exactly the sort of pressures (to be perfect and pretty and exemplary without fault) that cause many women to be driven to eating disorders. I have to wonder if Abby’s acceptance with her body
and self isn’t due to a number of things but one of them, a large one, was the death of a
dear high school friend of hers in 2007 due to anorexia. When I asked Abby to be a part
of this project she saw it not only as an opportunity to assist but as a way to give voice to
her fallen friend.
Abby’s Interpretations

Figure 4

I think it is interesting to note that I felt best answering these questions with a stack of pretzels (my brain-food) by my side.
1. Denotation:

I see two photographs of the same auburn-haired girl. It looks like both pictures were taken in the same place - outside of a brown building near an evergreen tree. The sky is a beautiful blue color and there are some fluffy clouds in both images. However, the girl looks quite different in each picture.

In the picture on the left, the girl is extremely thin; her chin is like an arrow pointing to her stomach. Her hair is braided on top, which makes her forehead stand out and shine. Her eyes are sunken, and she is wearing a confused expression that appears to question something. She has earrings on and is wearing a heart shaped necklace that hangs low from her tiny neck. In this first image, the girl’s arms are dangerously thin—her veins are popping out and those arms seem so fragile. On her right arm is a ponytail rubber band, and on her left is a string bracelet (we used to call them friendship bracelets when I was a kid). The girl’s pants look too big, and they are synched with a cloth belt. Something is hanging off the belt loop of the girl’s pants, but its purpose isn’t clear.

In the picture on the right, the girl is wearing the same salmon shirt, but several other parts to her are different. Her hair is straightened and less messy. It shines more than her forehead this time, and her face is rounder. She looks like she has a little color in her cheeks, and her earrings don’t stand out as much since her hair isn’t as pulled back. The heart necklace lays higher on her now, and it’s clear now that she has breasts, which weren’t obvious in the opposite picture. She is wearing a trendy pair of pants with
pockets on the front. Her stomach is evident, but these pants seem to really fit and are held together with a more fashionable belt. She has several more string bracelets on her arm and a ring on her finger. This image stands out more because the girl is positioned more at the front of the page. It looks like she takes up the whole space rather than the space taking up most of her.

The most notable difference between these two pictures, to me, is that her expression in the one on the right seems much more confident. Here, the girl doesn’t look as puzzled and she seems more in control.

2. Connotation:

I would really like to believe that this is a before and after picture. In my dream world, this girl entered a center for eating disorders, and she was photographed at her worst point. Then, the narrative I have constructed is that she takes a new picture when she is healthier and happier. She just looks more alive on the right side. I’m often guilty of creating stories for strangers. It makes not knowing someone a little less scary. So, I like how strong the young lady on the right looks, like she’s been through so much that she can take anything. And, I really want to believe this is her story.

I think my idealistic narrative is exactly what we wish for when a friend has an eating disorder. To me, the picture on the right is what we hope will happen for someone who was as dangerously thin as the girl on the left. We have this ABC after-school
special mentality that gives us the hope that someone will emerge from such an illness with more poise and more self-confidence than ever before. When the movie version of her tale ends, we assume that she’ll spend her life helping other women who have the same problems as she. Kashi Foods will advertise during the commercial breaks and we’ll all feel a little different about preparing food for dinner that night, but everyone will be okay. That’s how I want the story to go.

What terrifies me about these two images is that they might not be a before-and-after. Maybe they are an after-and-before, like my pictures from middle school and high school. My group of friends (we were called the Christian Coalition because we were all such goodie-goodies) used to gather for pictures at the end of every school year. I have so many that include my friend Kristen. Everyone else in the group looks similar year after year—slight changes to suggest the growing up process, but we’re all still the same shape. But Kristen changed the most. Her chin descended into a sharper and sharper point as the years went on. It got creepy to compare our seventh grade photo with the one from sophomore year, her last full year at school. Her hair got really wispy and messy, and the rubber band she always wore around her wrist became too big to sit comfortably. I didn’t see Kristen when she was dying at 58 pounds. But I’m constantly haunted by the story she didn’t get to tell. For a woman who always wanted to be perfect, she never got that perfect ending. She never even got out of Ohio except to go to treatment centers.
So, I like to believe in before and after stories. And I want that to be this photo.

But I’m haunted by the notion that I could be so wrong.
1. Denotation:

Three women are sitting around a table after what appears to be the end of a meal. Dessert has been ordered and a slice of chocolate pie covered in whipped cream sits on a white plate smothered with caramel and chocolate sauce. It looks like a tantalizing dessert, but the three women are eyeing it suspiciously. On the left sits a petite woman
with a pink shirt on. Her eyes seem a bit sunken in, but they are focused on the pie slice. Her blond hair is short and a little wispy, and her arms are crossed on her lap. Next to her is a rounder woman with long, curly blond hair. Across the mid-section of her white t-shirt, she is crossing her arms. A blue rubber band bracelet (of the Livestrong variety) is on her right wrist. She is also reviewing the dessert. To her right is the third woman, who is really only visible by the side of her face and her straight, long, brown hair. This woman might have on a sweatshirt or dark shirt that blends in a bit with the background. She is only looking at chocolate heaven out of the corner of her eyes.

It seems like the women have been sitting for a while because the napkins underneath their drinks look crumpled from the condensation that drips down most beverages. The women have a several glasses of water with lemons around them, and then it appears to be Diet Coke in most of the other glasses (or, at least that is my guess from the lemons on the edge of the drinks). The woman on the right seems to have both regular and diet soda in front of her, at least judging by the lack of lemon in one glass. The abundance of glasses and the round design of the tables lead me to believe that there were other people sitting at this table, so the dessert might be for an entire group to split.

2. Connotation:

“Just eat the dessert!” I want to shout. It looks really delicious, and it is making me question what desserts we have in the fridge. Nothing looks appetizing, so I grab a
handful of miniature marshmallows. I wonder why these women don’t want their dessert the same way I do. At first glance, this photo appears like a reminder of women’s body issues. Maybe the women want to eat the dessert, but are too worried about calories or what such an act will do to their thighs. Perhaps the women are contemplating if a couple bites are worth it later on when they have to put on a swimsuit. Or, maybe they are just not hungry and don’t know why this came to their table. It’s their gazes, though, that make me think otherwise. It would be hard to have that kind of focus on chocolate, whipped cream, and caramel and not pick up a fork. Oddly, though, the women’s silverware is almost covered up by the glasses and the angle of the camera. I feel like the picture is meant to remind the viewer that no matter how appetizing this dessert might be, the women just aren’t going to eat it. They have other things on their mind.

It’s interesting that I would pass over this picture if it wasn’t in an exhibition about eating issues because this is such a familiar scene when a group of women gather. I can’t tell you how many Junior League meetings I go to when there is something that looks fantastic to eat, but the majority of the women there feign disinterest like it’s a badge of honor to not want dessert. When I go out with my mom, she always wants dessert, but we’ll often end a long, drawn-out conversation of the topic with her sighing, “No, I shouldn’t.” Sometimes, I think she wishes we would say “Yes, you should!” instead. But, even when we do, she rarely indulges her temptation.
It sounds so stereotypical, but I don’t think men understand the implications behind a picture like this. Most guys I know, if they want dessert, will just order dessert. Sadly for a chocolate-fiend like me, most guys I know aren’t as easily tantalized by a tower of sugar. One time, I even dated a two-hundred-plus pound football player who didn’t like getting dessert. What a shame! But, if a guy did defy my stereotypical notions, he would just order dessert and enjoy whatever sweet he chose. And that would be the end of his thoughts on the matter. For women, though, I think we tie in assumptions about our morality to how many slices of cheesecake we eat in a given year. One time in college, I stress-ate a sleeve of Oreo cookies while creating a website with my friend, Holly. She looked over at my demolished container of cookies and stated, “Wow. You have a really addictive personality.” Holly would never know it, but her words really terrified me. For years, I heard the Oklahoma song “I’m Just a Girl Who Can’t Say No” every time I grabbed another handful of M & M’s. While at first, I derived a sort of hard-ass arrogance for always being able to consume more chocolate than a two-hundred-plus pound football player, now I worry more about what that says about me. If I really do have this terrible addictive personality that just can’t put down that extra cookie (or the fourth handful of marshmallows that I’m nibbling on now), what does that say about my other impulses? Am I really addicted to everything the way an alcoholic is? Would I have to go to Oreo’s Anonymous and talk about my compulsion
for the sweet cream filling? Now that Brant and I are talking about kids one day, should I be worried about passing on my terrible behaviors to a child?

Deep down, I know these questions are all ridiculous. I know that Holly never even thought twice about her comment to me, and that she would feel terrible if she knew how much I still thought about it. But, logically, those women in the photograph know, too, that eating a bite of chocolate pie isn’t going to ruin their worlds. Still, I doubt that any of them will be picking up a fork any time soon.
1. Denotation:

This is my least favorite picture. There is nothing at all fun about looking at it. In the other two, there was at least a pretty sky, a tasty looking dessert. But this photo is
stripped down to very few elements and none of them make for the sort of image I want
to look at more than for a moment. Even the carpet at the bottom looks rough.

On the left is a large piece of chart paper onto which someone has drawn an
average body in orange marker or crayon. Overlaid on top of that orange figure is one
drawn in red that is blocky and distorted. The red figure looks more like a Frankenstein
creation. The shoulders are like a big square connected to a circular head. And the
thighs are particularly extended out to make it look as though the person was one large
rectangle. On the bodies are some notes in different color markers. The words around
the shoulders of the average body are “weakness” and “strengthless” with arrows
pointing down toward the elbows. At the waist of the orange body, someone has written
“yeah right,” as if to suggest that such a waist wouldn’t look like that. On the legs is the
word “shock” repeated on both sides. The orange body has lines through it that make it
more clear which body is which.

Next to the drawn bodies is a woman who looks to be about 16 years old. She has
blond/ black hair that is tied up in pigtails. She is very pale, which is more evident by the
smudged dark eye shadow and liner that hollows out her eyes. She seems fierce since her
arms are crossed and she’s wearing a black t-shirt and short shorts. Her nails are painted
lime green and she has several bracelets and a necklace on. She’s wearing a ring that
reads, “God Loves Me,” which seems ironic since she has such a tough look on her face.
She has ankle socks on, and she is posed with her back against the wall.
2. Connotation:

I think the “Holy Crap!” written above the red body seems to summarize this pretty well. It seems to me like someone tried to help the girl understand what her body really looked like, but she designed it in red the way she felt like it appeared. My impression is that this woman imagines her body as much bigger than it already is. She has a sort of mean look on her face as if to challenge the camera, and I think it is interesting that her ideally gruff looking exterior also sports an ironic “God Loves Me” ring. She doesn’t look like the typical religious teenager, and she doesn’t look like the sort of woman who believes she is loved in any way. She seems sad, but almost has a look that sort of challenges you to “just try and help her;” she doesn’t look like she wants any help. I imagine this woman as a picture perfect representation of a girl described in *Ophelia Speaks*, a nineties book about helping adolescent young women deal with their troubles and varying emotions.

I’m curious about this woman’s situation because of my own stereotypes about women with body issues. I always imagine women who struggle with an eating issue or body image to look like the women I’ve known who have done so: peppy, preppy overachievers who just can’t see themselves correctly because they are so obsessed with being a certain way. Or, perhaps, I’m just more suspicious of women who have ideals to be picture-perfect go-getters. That isn’t what this girl looks like. And, while I know that
people defy all of our stereotypes every moment, this young lady looks to me like the type of girl who might be overlooked for eating issues. She reminds me of some of my students who were cutters in middle school. Surely, that sort of act of self-mutilation stems from a related compulsion to need control, but I always felt like some of my students who did it felt *above* the stereotypical image of a cheerleader who needed to diet until she was really sick. It always seemed to me that some of these students thought they were so much cooler to have a disorder that wasn’t as well known. That might sound terribly insensitive, but this woman’s image conjures up all of those thoughts.

On second look, perhaps it isn’t that this woman is starving herself as much as it is that she just doesn’t understand what her body really is. Perhaps she’s just showing us what an average girl thinks like. I’ve struggled while looking at these pictures to define whether or not these women are pictured because they have eating disorders or if I’m looking at the pictures differently because I assume that they might have some sort of difficulty with body image/ food. I had a really hard time filling out the IRB form because I think that all women, unfortunately, have some sort of messed up complicated relationship with food. As I stared at the forms you sent, I felt like a traitor checking that “I do not self-identify as having an eating disorder.” Couldn’t all women check that they had/ have some sort of disorder with food? I mean, I remember feeling in seventh grade like I was so fat because I became a size four when my sister was a size zero. Since she was older, I thought something was biologically wrong with me to be so much bigger that
I couldn’t get hand-me-downs from her. I felt so bad about it that I snuck into my parents’ room to find some made-for-tv tummy slimmer contraption that was supposed to help you lose weight if you wore it around for hours or wore it while doing sit-ups or something. I never really understood its point (and I assume that my mom didn’t either because I don’t think she ever used it), but I still snuck it underneath my x-large sweatshirt while I gulped down hidden bites of cherry cordial ice cream before dinner. Isn’t that messed up? And when I was teaching middle school girls and wanting to portray an image to them of a strong, confident young woman, I secretly lived—just to test myself sometimes and sometimes just because of my bank account—on just Diet Coke and nothing else from 5am-5pm on way too many a day. Isn’t that just as messed up as this girl thinking she looked like Frankenstein? Or even now, I look at myself in a swimsuit and WISH I could once again look like that girl who at twelve years old thought she was too fat as a true size four (instead of the fake one I try to be now that I’m really a size six)? Isn’t that an eating disorder of some kind? But I didn’t check the box because there was no scientific diagnosis. And because I’ve never felt like I really lost it—whatever that magical it was that left me on one side of the line and someone like Kristen on the other.

This image represents to me what we all are—on the boundary line between a healthy version of ourselves and a completely neurotic one.
Say’s Biography

SC is a feminist scholar, activist, and teacher. She is currently working toward her Ph.D. in Women’s Studies at The Ohio State University, where she also teaches undergraduate women’s studies courses. Additionally, SC is training to be a clinical social worker, working on her MSW part-time as a dual degree student. She also has an eating disorder. The two (her academic/career choices and her eating disorder) seem to be at odds; she is a woman who can fiercely argue for women’s right and opportunities, yet she also deny herself those same freedoms by constraining herself. She is well aware of this and can talk eloquently of her dilemma and its incongruities. I see a lot of myself in Say as we are both intelligent, thoughtful women who were/are particularly intelligent and thoughtful about our eating disorders. We can act very much like academics and rational beings, all the while recognizing that we are behaving completely irrationally.

Whenever I see SC and ask “How are you?,” it is with the understanding that she knows exactly what that question intones. It is not the same “How are you?” that she receives from other’s on her walk across campus, but with the concern of a fellow sufferer who knows that she is living her life one day at a time; stepping forward, stepping back, and stepping sideways most often. I had specifically not wanted to work with women who were in treatment in this dissertation and I have laid out my rationale for this in my methodology. But, SC is the one exception to my rule; perhaps because I see so much of myself in her and want to know how a fellow woman in academia
rationalizes her continued struggle with an eating disorder, just as she supports her continued growth as a scholar, teacher, and (once solidly recovered) future clinician. I think I am secretly hoping that she can help explain my own dilemma of why I did what I did, or, why we've done what we've done.
Sometimes I wonder if they want too much from us. What, exactly, is realistic? Is that Diet Coke in those cups, or regular? Judging by the amount left, I’m guessing regular. My first time in recovery, I was pushed to do things like this. No diet foods. It didn’t matter that I didn’t always drink Diet Coke as a behavior. It didn’t matter that I had been raised on Diet Coke and I hated the taste of regular Coke. Once marked with an e.d., it
seemed, everything became a behavior. So, no Diet Coke. No artificial sweetener. Very limited gum. No sugar free hard candies. No reduce fat or fat free anything. I even gave up my vegetarianism for a while because people around me managed to convince me that it was simply a way to impose food rules, to control food, to restrict. I never felt so sluggish and unwell – physically and spiritually – in those months that I compromised my ethics because I felt like I had to for “my recovery.”

It’s like they expect you to go from eating disordered to the most functional, most balanced eater in the world. And let’s face it; the odds are stacked against us. Look at the size of that dessert. How does that even exist? When I looked at this picture, my stomach flipped over. And I felt intensely grateful for my current nutritionist who knows there is only so much we can do at a time, whose primary concern is that I get the nutrition I need in ways that I can manage, rather than focusing on getting me to stop restricting via jumping right to THE MOST GIGANTIC DESSERT I’VE EVER SEEN.

We are not separate from our culture. As someone in recovery, I try very hard to separate myself from the societal messages about food and weight. I don’t read mainstream magazines. I block all of the ads on my internet browsers so that I don’t see diet ads. I don’t initiate or participate in conversations about weight and/or dieting. But there is only so much we can do. No matter how much those of us in recovery try to avoid it, there will always be that woman in the next booth contemplating ordering the same super-sized dessert. Maybe she’ll say, “Let’s indulge; we can start dieting
tomorrow!” Or maybe she’ll have just eaten a meal blown out proportion, so she’ll have to reply with, “I just can’t! I’m so stuffed. I couldn’t fit another bite.” Or maybe she’ll order it, splitting it with a friend and exclaiming, “Oh, I know this is so bad, but it tastes so good!” Maybe she’ll eat it and purge. Maybe – if you’re really lucky – you’ll order a dessert and someone, not understanding the weight of their words, will look at you and say, “I just don’t know how you can eat like that and stay so thin! What’s your secret?”

Recovery doesn’t make us immune. It does make us able to cope with more foods. It does help us to approach food in a healthier, more balanced way. But it does not make us super human. It does not make us suddenly able to ignore the multiple times each day that we will hear someone refer to something as “junk food.” It does not make us wholly able to listen to our bodies and eat intuitively while living in a society that rails against that. It does not make us suddenly able to eat a slice of peanut butter pie that would be daunting to the most hedonistic of eaters. It can seem as though there is this expectation that if we are truly in recovery, we can eat like people without eating disorders. Actually, scratch that. The expectation sometimes seems to be that we will have better, healthier, more productive and realistic relationships with food that “normal eaters.” But somehow we’re supposed to simultaneously give up the whole perfection thing. Perhaps it’s just me, but it feels like the expectation – sometimes from treatment providers, sometimes from support people or family – is that we become perfectly balanced and okay with food. I think that tension can break a person. I think that tension can lead to relapse. I
know it did for me. Actually, it led to obesity. Then to relapse. The expectations of recovery were too heavy a weight to bear.
Dear Brittany,

I see so much of myself in you that it scares me. It makes me scared for you. I know what it’s like. I know what it’s like to feel like the “fat anorexic.” I was a chubby kid too. And then some horrible things happen and, knowing that I was sad but not knowing why, my parents comforted me with food. (My parents – at least my mom –
have eating issues too. Except the opposite of your mom. They’re overeaters.) So then I hit my early teens, and I was obese. And like you, I dressed in a lot of dark colors. I died my hair. I wore dark eye shadow. I wore dark lipstick. I guess I was trying to make the outsides look the way the insides felt.

And then I did. I started purging. I started starving. I lost weight so fast. Suddenly people who had always treated me as an outcast – who had treated me like the fat kid that I was – wanted to be my friends. I remember visiting my old school in New York after we had moved away. I was at my low weight by then. Stephanie – who had been the most horrible to me in school – came up to me. She lifted up the sweater that I was wearing over my dress (you know the tricks; layers keep you warm and mask the weight loss), and she exclaimed, “Oh my god! You’re stomach is like, concave!”

But it wasn’t concave. It’s never been concave. There’s always that little – or big, depending on the year - pooch. The one that various treatment team members have assured me over the years is biological; it’s just a fact of being a woman; there’s nothing you can do. But I think I know how you must feel, though I know I shouldn’t impose anything on you. They all get to be thinner. The girls who started out thin already, they get to be thinner. It never felt fair, did it? No one ever fully understood just how much work you put into getting to where you were, because a lot of the time, where you were just looked “thin.” It didn’t necessarily look “sick.” And you (I) so badly wanted to be sick.
I always felt ripped off. And judged. I wonder if you felt judged. I wonder if you
felt the eyes of the other anorexics – the ones who were still sick and therefore judging
and self-righteous – if you felt their eyes sizing you up thinking, “She’s not that sick.”
But how would they know? There were always those girls who started out thin, so they
only had to lose 20lbs or so to hit a low weight like mine (and yours). I had to lose about
70. Even after losing 50, I was just thin. It took 70 to look sick. And yet, I still didn’t look
like one of the sickest. I think I didn’t look like one of the sickest. But, then again, I’ve
lived with this illness for so long. I don’t know what it looks like from the outside. I
know that it started young for you too, so perhaps you don’t know either. I don’t know
what I looked like – what I’ve ever looked like – to people on the outside of this, people
without the illness clouding their view. Maybe I – we – look thin. I fear we look average.
So then what?

I’m so impressed with you for doing the body mapping. I never had the courage.
I was sure that I would be the one eating disordered person to actually draw myself
smaller than I am. I hope you allow yourself to believe in your actual outline.

I know how the movie ends. I know things do not go well for you. I think of you
and my pulse quickens. I hope things have gotten better for you. I am terrified for you. I
am angry for you. I don’t want you to be here. You remind me so much of myself, and I
don’t want you to grow up to be me. I don’t want you to be in your late twenties and still
be fighting this. I don’t want you to have the heart arrhythmia. I don’t want you to have
the bone scans to make sure that your body can still hold itself together. When the scans come back and it’s good news, I don’t want that voice to hiss in your head, “See? You were never that sick. You weren’t even good enough at that. Failure. Fat.” I don’t want you to have to call your nutritionist because she has to talk you down from the anxiety of having eaten an “extra” plum, because the anxiety is so high that you can’t focus on anything else except 40 calories, 40 calories, 40 calories.

This all sounds so cynical, doesn’t it? I’m not usually like this. I do want you to know – it gets better. It does. Once a good portion of you wants to at least try recovery, the process is less excruciating. Even with these lingering marks – the compulsion to climb stairs, the freak out over the plum – this is so much better. There are moments now where I am focused on other things. I had forgotten what that felt like. I had forgotten how it felt to sit down with my schoolwork and be in it. When I teach now, I am engaged with my students; I’m not constantly wondering how my body size looks to them. I can do advocacy work. I can educate. There was a time when I thought I wouldn’t live past 22. I had come to terms with it. I’m 27 now. I’m getting a Ph.D. and an MSW. I’m learning to loosen my grip a little bit. I’m learning to let other people in. There’s recovery for us.
Brittany.

You’re not a lost cause.

All the Best,

Me
The first time I saw this picture, one of my most immediate thoughts was, “How cruel to make her wear the same shirt.” People have no idea about sick clothes – they don’t know how we hang onto them long after we can’t fit into them. Often they stay in the closet. Sometimes, if we are feeling particularly brave, we’ll pack them away in a box in the
basement where they’ll grow musty with our pining and our fear and our disdain.

Sometimes it takes years to get rid of them.

But if we wear them, the eating disorder will use it to as confirmation, it will make us feel like we have failed, like we trusted the wrong people. It will talk behind the backs of our treatment team members, hissing, “See? They made you fat. They said they wouldn’t, but they did. You can’t trust them. You can only trust me. I follow through. Listen to me. Listen to me.”

With any luck, we don’t listen. We recognize that the clothing is from another era. It is past. It is no longer meant for us. And we are better off this way. Trying to fit into that clothing once in recovery is like slipping the eating disorder back on.

In the recovery support group that I go to, we were talking about sick clothes recently. I’ve gotten rid of mine. At least, I’ve gotten rid of the clothing that was too small. I have kept some of the clothing that is now too big, still dubious about my biology and my set point and my capacity to maintain a healthy weight. My therapist was running support group that night. I was glad to have her there. I was sitting in my usual spot, curled up in the corner of one of the couches, arms wrapped around my knees. I can’t seem to break this habit of making my body as small as possible. Compact.

As the others were talking about their sick clothes, they started to pull inward. I don’t know if this is something that anyone could see, or if it was just a feeling palpable to those of us who have experience with it. My therapist saw it and suggested we “take a
field trip to the dining table.” We uncurled, uncovered. (There are always blankets around, even in summer. We are often cold, if we are restricting. We also like to be covered, especially as we’re learning our way through recovery. This place knows its clientele). We went over to the table. My therapist pulled out a couple of chairs and pointed to the rug underneath. “Do any of you know the significance of this rug?” We all just looked at her quietly. Then we looked at the floor. (I’ve noticed that this is a common reaction when a clinician asks a group of people with eating disorders a question – even if that question is something as simple as, “Did any of you do anything fun this weekend?” or “Are any of you too cold or too hot? Do you want me to adjust the temperature?” We’d rather be quiet than wrong. We’d rather be quiet than impose our needs or wishes on someone else.) My therapist explained that the rug was made out of “sick jeans” that former clients had donated. The head of the treatment center was a weaver – she had cut the jeans up and used her loom to make the rug.

_That_ is an appropriate use for sick clothes. Wearing them is not.

I wonder what other people think when they look at the girl in this picture. So often we fawn over before/after pictures that go in the other direction. But she is beautiful after. Her hair is so red, so healthy. Her face is beginning to look like a woman’s face, less like an confused child’s.

I wonder if people understand why the shirt is so tight. I wonder if she herself has been able to internalize it and cut her body some slack. It’s the “refeeding belly” that
sometimes happens during weight gain. The weight will even out over time – her stomach will get smaller as her body learns that it can trust her to nourish it; the weight doesn’t have to immediately go to protect the internal organs. I hope that no one comments. Though I know it’s probably inevitable, I hope that no one mentions the weight, or her stomach, or “Oh, you look so much healthier now!” I hope they let her change her shirt.
Sophia’s Biography

Sophia is sassy, smart, and an old soul. She has been through more in her 28 years than most and she is well traveled, well read, and well versed in everything from Buddhism to card collecting. She is quick with a joke and a smile, has performed on the stage, and has a flair for the dramatic. She knows how to listen. She is a friend that knows no boundaries, is generous with gifts and visits, and always offers a shoulder to cry on. She is the sort of friend who flies all the way to New Zealand to visit you while you are studying abroad. I have the photos to prove it.

Sophia lives in the hustle and bustle of the Upper West Side in Manhattan, only steps away from Central Park and the cupcake shop from Sex in the City. She’s a woman “living the dream” of being young, talented, and beautiful in the Big Apple. It’s a city that is ripe with opportunities but also with incongruities, especially regarding appearances. I love to visit Sophia. Her location across the way from the Metropolitan Museum of Art is tempting, but it is our long, constructive, conversation-filled walks that I most appreciate.

Sophia does not consider herself to have had an eating disorder but I have watched her go from healthy to scarily thin in the years I have known her. But, I never thought that she might have an eating disorder, even though I have worried, at times, about her strange eating habits and her uncanny abilities to eat her weight in bread. As it turns out, she did have a problem, but it was of a different sort of addiction than one with
food. Since having gone to rehab, Sophia is finding out again who she is and what that means. She is a private remediation specialist for learning disabilities in New York City, having received her Masters in the same at Northwestern University.
Sophia’s Interpretations

Figure 10

Denotation:

I see a teenage girl of average weight and height standing next to a life-size tracing of herself. The girl is wearing a black t-shirt, underwear, and socks. She is also wearing
bracelets, a watch, a hair band and a colorful ring that says, “God loves me.” Her nails are painted green.

The life-size tracing of the girl is drawn in orange marker and superimposed on this tracing is a less accurate outline of her body. Words are written next to the more accurate drawing. On her left shoulder: “weakness.” On her right shoulder: “strengthless.” To the right of her waist: “yeah right.” On the outside of both her thighs: “shock.” On the outside of the less accurate drawing, “holy crap!” is written.

Connotation:

I see this picture as the result of an activity, in which the girl drew an outline of herself, and then she laid down and someone traced her body on the same picture. The goal of the activity is to show the girl the discrepancy between her perception of her body’s size and shape and her body’s actual size and shape.

The green writing (i.e. “holy crap!”) seems to be her first reaction to how much smaller the tracing of her body is than the outline she drew. This realization is immediately overtaken, however by her violent, self-hating words written in blue (i.e.“weakness,” ”strengthless”).

Aside from the obvious dysmorphia present in this picture (which seems familiar and not all that shocking to me), the aspect of the picture that seems most symbolic to me is the juxtaposition between the childlike, “God Loves Me” ring and her dark appearance.
Her dark eye shadow, her partially grown-out black hair dye with blond roots peaking out, and her serious facial expression seem to say that she is resigned to the fact that she is the big, shapeless, strengthless outline she drew.

The ring strikes me as her way of saying that there is no one watching out for me, this ridiculous ring is for fairy tales of perfect-bodied cheerleaders running around, shaking their pom-poms, celebrating how great life is. She is saying, “I know that life is not a fairy tale.” Reality is harsh and unkind.

But her bended foot and crossed arms seem to betray the confidence in her negative thoughts, of her swearing off the need for joy, or belief in fairy tales. Her body language reveals her self-consciousness, her nervousness at the idea that she wishes she didn’t feel this way.

I suppose that this is the story I see in the picture because by the time I graduated from high school, I felt the way she looks. While I smiled, dressed more conventionally and generally radiated an, “I’m fine, everything is great,” image, I felt like I was dying a bit inside. That, despite my smile and perky attitude, the realities of my life - my alcoholic mother, my suicidal brother, my rageful and distant father - were simply too much. I felt numb to the world, resigned to the harsh reality, yet, at the same time, scared by my underlying hope to feel differently.

I feel like I have gone far afield with this description – but I think it relates to the picture in that both the girl and I feel trapped, her by her hatred of her body, and me by
my situation. Both of us are scared to look at ourselves in a positive light. We can control a negative outlook, but not a positive one. The possibilities, the world that would open up if we released our grip on our sadness and fear, is much harder and scarier than being miserable, but in control. It’s the hell we know and, while it’s miserable, it is familiar, and in that way it’s comforting.
Denotation:

I see three women, probably late teens, sitting around a table, staring at a big piece of chocolate cake with caramel icing. The table is cluttered with cups of water, soda and coffee.
Connotation:

This picture suggests to me that these girls are staring at the cake debating whether or not they should eat it. They look slightly scared of the cake, the loss of control and gaining of calories it represents. The waters, coffee and Diet Coke (I assume it’s Diet Coke because that is what I drink) represent to me the way girls, or perhaps I, try to stave off hunger. The way we try to fill up on things that are not capable of feeding us.

This picture reminds me of going to group meetings at an inpatient eating disorder rehabilitation center to support my friend who was staying there. There was an eerie feeling that everyone was starving themselves in every possible way: emotionally, physically, spiritually. They were not all there, their bodies and minds were deprived of nutrition, and whatever mental energy they had left was focused on comparing themselves to other people in the room, or planning what/when they would eat. Their obsessions had taken hold of them and felt almost tangible in the room. It was sad and scary to see.

The blue eye shadow on the thinnest girl in the picture upsets me. I think it’s because it stands out as another way of covering up, of trying to hide and conform to conventional beauty. She is trying so hard to feel better by looking better, which makes sense; it’s what media tells us will work. Wear makeup, loose weight, change your hair and you’ll FEEL better. The blue eye shadow symbolizes for me anything that people use to feel better that just masks the problem. For 7 years, I took Adderall so that I didn’t
have to think about how I was feeling, I could get things done, and getting things done
became a goal that I was constantly running towards, regardless of the friendships, joy
and growth that I was sacrificing along the way. To top it off, Adderall made me thin,
very thin, and everyone complimented me, wanted to be as thin as me. Soon I found
myself saying, “Well, I’m miserable, but I don’t have to worry about gaining weight.”
And somehow, this became an acceptable standard of living: thin and miserable.

I’ve spent this last year trying to let go of all the things I use to mask my feelings
and give myself some sort of edge, or push to be perfect. Some days, it feels truly
impossible. I’ve gained weight (I’m 5’7 and 140 pounds – which is still thin), and I’m
learning to eat in moderation and how not to use food to try to feel better, but to feed
myself. Yet, I still find myself abusing food, like I abused Adderall – overeating to feel
better, then eating more because I feel bad about over eating. Some days I think that if I
could just take Adderall to lose some weight, then it would be easier to deal with the
earth shattering loss of confidence in my ability to get anything done without the drug.
But, of course, nothing is going to fix the years of covering up emotions and trying to fit
in – not drugs, not blue eye shadow, not being thin – only painstaking honesty and radical
changes in behavior and thought patterns.

I guess what I see in all these pictures is what I am starting to see in myself,
which is a type of hatred for myself and a fear that if I can’t control the world around me
and my thoughts, I will fall apart. This hatred and fear seems present in these pictures
and corrupts all [all women] our thoughts: Despite the fact that we know that starving ourselves, or taking drugs, or overeating or trying to conform only makes problem worse, we keep doing it in a vain hope that it will change how we feel. I suppose that is why I feel inclined to yell at all the women in the pictures and say, “STOP! This isn’t going to work! This will not make you feel better!” Because, I don’t want them to go through what I am going through now, which is learning to live without hurting yourself, without reaching for something to help you get through, to let go of the illusion of control, to let go of everything you thought you needed to survive and instead, learn to live.
Denotation:

I see two pictures of similar looking pre-teens. Both girls have red hair, are wearing the same shirt and similar pants. While both girls are thin, the girl on the left looks underweight, her veins and collarbone protruding.
Connotation:

The first thing I thought when I saw these two pictures is that if I had only seen the girl on the right I would have said she thin, that I wouldn’t mind being her weight. The moment I saw the underweight girl to the left of her however, I noticed that the other girl’s stomach protrudes and that her cheeks are a bit round. While I would not like to look like the girl on the left (she looks sickly, her hair looks brittle, her veins are gross), I suddenly would want to look skinnier than the girl on the right.

This relativity seems be the crux of the problem with body image: appearance is always judged by comparison to other women. One moment you’re good enough, thin enough. The next, you see a beautiful woman across the street and now you are fat and ugly. It’s insane. Any logical person would point out that you’re body didn’t change in the instant that the beautiful woman walked by. But, your perception of yourself has radically changed; you are no longer pretty or thin or worthwhile.

Sometimes I wonder if any woman has a stable, positive body image. I know that my father’s obsession with weight has helped me intertwine my notion of being a “good” person with being a thin person, as if thinness were a virtue, not solely a physical feature. My affluent upbringing and living in New York City has skewed my perception of what is thin and beautiful. But does upbringing even make a difference anymore? Advertising, TV and movies showing stick thin women reach almost everyone now. Socioeconomic factors don’t seem to matter anymore. Everyone wants to be thinner. Every woman has
felt the male preference for thin women. When I was in high school I was slightly overweight and boys were not interested in me, but when I went to college, I lost weight and men were lining up at my door. When I went to my high school reunion, guys were hitting on me right and left. They didn’t even talk to me in high school, nor did they remember my name. This sort positive (though, ultimately negative, but it’s flattering at the time) reinforcement only adds to the problem. Are there any women who are not influenced by all the messages that tell us that thinness = happiness?

The other aspect of this picture that caught my eye was how strained the underweight girl looks, like she is on a fierce mission to be thinner, that even though she is miserable, at least she is thin. I can feel this desperation/mania in myself when I feel like I am not enough: not thin enough, fast enough, effective enough. I am fiercely trying to control an uncontrollable world. Looking at the girl’s face though reminds me of the price of listening to the incessant voice that keeps me from enjoying my life – the voice that keeps me thinking that I am working towards something – and prevents me from remembering that this, right here, is the “something.” If I don’t turn off the voice, I miss the present moment.
Molly’s Biography

Molly is one of the smartest and wittiest women that I know. She has a sharp tongue, a swift mind, and a wicked sense of humor. It was hard for me to believe that she, a woman who I saw as extremely confident and comfortable in her body, had struggled with a serious eating disorder as a young adult. MUO runs and bikes, though not obsessively like she used to, and she sees her body as something to be thankful for in that it is healthy and functional, rather than as an aesthetic object. But, she also loves her body and has a dedicated boyfriend, soon-to-be-husband who adores her and her womanly form as well.

I have witnessed her unashamedly eat, with no remorse and only happy abandon. With her healthy attitude today, I would honestly not have guessed that MUO was once a sufferer of an eating disorder. MUO is not the sort of person that would seem to be a victim of anything. She stands up for herself and isn’t afraid to dish a bit of sauciness when she’s received a dose herself. She is a formidable and inspiring woman, to be sure.

She is an avid knitter and I am lucky to have one of her wearable, artistic creations. Molly just bought a house, has a spunky puppy, and is getting married within the year. Needless to say, she is a woman who is not held back in life. She holds a Master’s in Arts Policy and Administration from the Ohio State University where she also completed her Bachelor of Fine Arts. Currently, she works for the Ohio Historical Society where she teaches teachers how to interact with collections to build history.
curriculum. She loves her job, swearing that she will never return to academia again…. Save to help me on this project.
Molly’s Interpretations

This was not an easy project. I really thought it would be but then I found myself putting it off. I would pick up the pictures and look at them and think about them and then put them down and put it off again. I found that I would do one image and it would drain me so much that I could not do another one for a few days. Having an eating disorder is not something I discuss regularly; it is not a particularly glamorous time in my life. I was ugly then and I have ugly feelings about it now. I used to tell myself that I should be open about it so I can teach others about what it means to have an eating disorder and how to get help. I have found that I can’t. I cannot be that way - it is just not in me. So I don’t talk about it unless it is necessary. So this was very challenging and unpleasant. But I am glad I did it…so…there.
Denotation:
I see three women sitting around a restaurant table but it seems, from the number of glasses, that there are more than three people at this table. This looks like a diner, probably not a chain restaurant, because of the dark walls, plastic water glasses, style of coffee mug. All of these items are standard, inexpensive restaurant supply items. It
looks like all but two glasses have lemon. There are six sodas and four waters. Someone ordered coffee with cream and the coffee looks like it has a little cream in it. They probably have already eaten a meal as the napkins under the glasses are damp. There is a very large dessert in the center of the table. It looks like a peanut butter, chocolate pie with whipped cream and chocolate and caramel sauce.

The three women are sitting with their shoulders forward. The woman on the left might be the mother of the woman in the center. They seem to have similar features. All three women are looking at the dessert in the center of the table. Their expressions are fairly benign. Maybe pensive? None of the three women have their hands or arms on the table. This, combined with their expressions makes them seem disengaged. The woman on the left is the oldest. She is wearing a hot pink fitted t-shirt. The woman in the center has on a white t-shirt that is too small for her. Her arms are crossed over her chest. The woman on the right is a brunette (the other two are blonde) and is wearing a sweat-shirt. I don’t notice her as much as the other two because her hair blends into the color of her sweatshirt and there is a glare from the camera the travels vertically from the lower right hand corner of the image across her face.

Connotation:
When I look at this image I see lemon wedges. First, they are yellow. Yellow is a cautionary, alerting color. But lemon is also a diuretic. Lemon in water, lemon in soda -
perhaps I would not have noticed the lemon as much in the water but it is also in the soda. I assume the sodas are diet sodas. The coffee is also a diuretic. So I immediately notice that the table has three diuretics and one apparently super fattening dessert. I cannot help but notice that lemon. I used a lot of lemon in everything. Cucumber too. And vinegar.

The entire environment looks unappetizing to me. I feel like the table would be greasy, the air would smell fried. I feel like if I were to have gone to that restaurant during my “thin years” I would have struggled to find something I actually wanted to eat. I would have ordered a wilted salad. It would have been gross. I probably would have had to ask for no ham on it. Places like that are always putting ham cubes in salad. The room is also dark despite the light from the window. The atmosphere seems dark with the wood paneling. In my mind, the table is filthy. The more I look at it the more I realize that I would never put my elbows on it, even today, for fear of grease and crumbs.

The dessert is positioned in the center of the table amid the detritus of the meal. It is next to the ketchup, sugar packets, and salt and pepper shakers. The only fork I can see is a cheap restaurant supply fork on a used napkin. I do not want to eat anything with this fork. Even though I am no longer in my “thin years” I still would not eat this dessert. It looks like entirely too much sugar and I am not a huge fan of peanut butter in dessert form. It is an obscene specimen of food. It is like one of those giant ice cream brownie monstrosities you order at Applebee’s or a similar establishment. I imagine if I were out with my dad and sister, she would order this dessert for us to “share”. I would eat a bite
of the whipped cream to be polite. She and my dad can be sloppy eaters so as soon as they start in on it (and they will finish it on top of their already eaten meal) I won’t be able to eat any more because watching them eat, even today, is unpleasant for me. They are both overweight. I am AWARE of that in a visceral way.

These women…who are these women? The one on the left, who I feel is the mother of the center one, is thin and, it might be her makeup, but she looks tired and sunken. Her face is too angular and her skin looks sallow. She reminds me of the mother of a friend I had in high school. She was an obsessive dieter and a manic depressive. She had that same look of equal parts ravenous, tired, angry, and passive aggressive. It wasn’t her expression so much as it was her actual face that looked this way. I was terrified of her. Not because she might yell at me but because she was terrifying. All three of her daughters were bulimic or anorexic. Her husband (father of the three girls) was an alcoholic. It was a deeply fucked up family. The friend and I drank a lot of water with lemon. I drank black coffee three times a day. The girl in the center reminds me of that friend. She often wore white t-shirts that were just this side of too small for her. Her arms were similar in shape. Her face looked a little puffy like this girl’s does. I think it was a combination of her eating disorder and her youth, “baby fat” and all that jazz.

I feel like if I let this analogy play out than I would be the girl on the right. But I can’t see much of her and perhaps that is appropriate. I don’t know 16, 17, 18, 19, 20 year old me as well as I know 6, 7, 8, 9, 10 year old me or 26, 27, 28 year old me. That
teenage girl is a stranger. When I look in the mirror I cannot remember her face. When I cycle back and try to put myself into her mindset I hit an opaque curtain. I cannot remember thoughts that she had like I can remember thoughts I had as a little girl. I was not thinking as a teenager. I was there but only so much as I had to be. I don’t know why this is exactly. I think it maybe two things. First, it is a defense mechanism I built so I wouldn’t have to go back there. So I could remember those things as if they happened to someone else. I also think that my brain was starved, literally, and didn’t have the energy it needed to formulate memories. It is a blur. There are snippets and I am not proud of them. So in my mind my hair, my clothes, my face are all a fade behind the glare from a camera flash.

If it is me sitting there looking at that food, I am thinking that I will not eat it. And I won’t. I was very good at not eating things I didn’t want to. I will be thinking about how I want to go for a run. I will be thinking about how I am cold even though I am wearing a sweatshirt and everyone else has on short sleeves. I am also in pain. I was constantly in pain during the “thin years”. It was a non-specific pain. My legs hurt from running 3-5 miles a day. My stomach hurt from emptiness. My joints hurt because my body was burning muscle fiber. My butt hurt because I was sitting on un-padded bones. I am also tired. I am also afraid. This is a free-floating fear of failure and it manifests itself in the way I am looking at that food and steeling myself against it.
Over all, this image nauseates me. It makes me feel like how I feel when I go to Waffle House…actually, most chain restaurants. If the table feels sticky or the floor is dirty I get really nervous about the cleanliness of the kitchen. I have worked a few food service jobs. I used to work in a five star restaurant and am aware of how often and meticulously they cleaned the kitchen. As a cocktail waitress, I washed my hands constantly, my shirt was pressed, I wore a tie. When I look at this image I grow uneasy about cleanliness. That makes me uneasy about the food.

I am also unsettled by the relationship between the three women because it instantly reminds me of my friend and her mother.

I am also reminded of how my dad used to order desserts for me when I didn’t want them. I wouldn’t eat it and he would make an ordeal out of it. It was his way of coping with a wasting daughter and how it threw his own issues with food into sharp contrast.
Figure 14

Denotation:
This image seems to be before and after of the same girl. She is wearing a pink fitted t-shirt from Old Navy and khaki pants. The pants are different in each picture. In the left picture they are the baggy drawstring belt type, in the other they are more fitted with an
actual belt. Her earrings are different from one image to the next but are dangly in both. She has a friendship bracelet on each wrist in the first and several bracelets on each wrist in the second. She is a red head. Her hair is curly/wavy in the first image and held back by a headband. In the second image she has straightened it. She is wearing the same locket in each image. She is standing in grass in front of pine trees; there are low buildings in the background. In the first image the lighting looks like morning and is natural lighting. In the second image the photographer used a flash. In the first image the girl is very thin. Her clothes are loose, her face is gaunt and starved, and her arms are skeletal. I can see her clavicle bones and the knobs of her shoulders. Her expression is worried or irritated - the brow is tensed. Her mouth is straight…maybe the look is defiant? She looks very young and very old - either like a small child or an aged woman. In the second image she is clearly heavier. Her shirt fits tightly across her torso and I can see a shadow along her belly and belly button. Her arms have flesh on them and the veins are not pressed against the surface. I can see the outlines of her thighs. Her breasts have not really changed. Her clothes all seem too tight for her. Her face is more filled out. And her expression is more defiant than worried but she still looks irritated. This girl looks more present than the earlier version of herself.
Connotation:

The before and after format references diet commercials where a picture of a hugely fat woman is placed next to a picture of an impossibly thin woman. They used to Photoshop heads onto bodies and now I think they will even CGI fat onto a thin body to get the proper effect. I always find those images frustrating because they imply that you can be as thin as you want to be and you don’t have to worry about parameters set by your actual frame. You cannot change your bones.

This girl is upsetting to me. She is too thin in the first image and too chubby in the second image. I feel like they simply fattened her without thinking about her frame. I know they kept her in the same clothing to make a point but those clothes don’t fit her and the feeling of too-tight cloths cannot be encouraging to her.

I will say that I love her face in the second image. I feel like I can actually see her, see her personality and her. The eyes are alive and engaged with the photographer. In the first image the eyes are flat and tired. They almost seem to recede.

I don’t identify very much with this girl though. I assume she is at a treatment center for her eating disorder. I assume this because I cannot imagine another context where this set of photos would be taken. I am about to begin a dialogue that I am not super proud of but it is how I really feel. I might not tell anyone but my mother that I feel this way and I am telling you because I know you want the most honest response even if it is ugly.
This girl was probably placed her. But it feels like a failure to me. If I had been in a treatment center I would be embarrassed and ashamed. Maybe I should have gone to one at some point but I didn’t. I did my best to fix myself. I made a choice to stop eating and start exercising. So I needed to make a choice to fix it when it finally got out of hand. No one forced me into rehabilitation. I had the presence of mind to say, “Shit is fucked up. Molly, you are fucking up and you need to fix it. Find a way to fix it.” So I did. I sought some advice. I met with a psychologist five times. We only talked about my eating disorder once and it is because I brought it up. I was supposed to be there to talk about my parent’s divorce…but I was 19 so I didn’t really know what to say. I was delighted that they were finally divorcing. Everyone around me - doctor, father, teachers, most friends - seemed to be in deeper denial than me and really had little to say about it. My dad still calls it my thin phase. Mom cared but mom had enough on her plate. My boyfriend was also anorexic so there was no point in trying to seek help from him. It was not in his best interest for me to get better. So when I see this image I wonder if because she was put there, because treatment is happening to her rather than coming from her, is she really going to get better? Will she relapse? Has she been told that it isn’t her fault? Because owning my fault in my eating disorder is what healed me. I decided to stop eating. I remember the moment I made the decision that I was going to see just how thin I could get (99 pounds at 5’ 6”). It seemed like a viable answer to my crappy home life. I don’t choose to get the flu or bronchitis or a sinus infection. I chose starvation. I could
I have chosen to cut myself or drink or fuck guys instead, but I didn’t. So when the time came to get my shit together I chose to fix it. I made myself eat junk food (chicken nuggets were especially effective). I made myself eat more food. I had a very serious conversation with myself about my “vegetarianism” which had nothing to do with animal rights and everything to do with controlling what I ate. Because I forced myself to do this - to confront my behavior - I feel I am more aware, I have more agency.

Does this girl have agency now? Have they fixed the behavior? The depression and delusion? Or have they just raised the number on the scale?

Now. That is in itself a step in the right direction. Our brains stop functioning properly if we don’t fuel them. But, after being in that cloistered environment will she leave with enough self-efficacy to manage her life? Or will she become another woman who can think of nothing else but calories consumed and calories burned? Will this before and after follow her? Will there be future versions of it?

As an aside, I think the bracelets are really funny. It’s like camp. I imagine all these damaged girls sitting around making friendship bracelets for each other. What do they talk about? Do they share diet tips? Do they talk about boys? Are they told that the bracelets are a metaphor for something else? It just seems like a futile activity in this context. Though I do love making friendship bracelets, I don’t fully understand their place in eating disorder treatment.
Denotation:

There is a girl in a black t-shirt, her undies, and ankle socks standing next to a large sheet of paper with two outlines. Her legs are bare and freckled. Her hair is in pigtails and has been dyed black but the black is growing out and her natural hair color – blondish- is
coming back. She is wearing assorted bracelets and a watch and a ring that says “God Loves Me”. Her black shirt is a Crossfire shirt, which is a company that makes athletic clothes. She is wearing dark eye shadow and green nail polish. She is standing with one leg lifted slightly and her arms crossed over her torso.

The sheet of paper is a large sheet off a role of craft paper. I am familiar with this exercise - she has drawn her perception of her bodies outline. Then she has lain in the middle of it and someone has drawn the actual outline of her body. She then has to comment on the difference and identify the discrepancy between her perception and the reality.

The room has salmon walls and dirty brown carpet.

She is being photographed from a low angle and they have used a flash.

Connotation:
First and foremost - I like this girl and I feel like I could have been this girl. She looks defiant and a little punk rock. I like to think she is wearing the God Loves Me ring ironically. I feel like she and I could smoke some pot and listen to the Doors and it would be a solid evening. In high school we would have dated the same boys and had the same opinions about British Literature, Modern Art, and Beat Poetry. We would read Tom Robbins and Richard Brautigan and make terrible teenage art, write terrible teenage poetry.
I am familiar with the tracing activity. I think I saw a special on MTV about girls with eating disorders and they were doing this. I think this activity is actually pretty effective because it forces you to see yourself on a different plane. Suddenly you are silhouette and what you thought was the shape of things turns out to be a trick of your mind. Body dysmorphic disorder - I think it’s called.

It is interesting that she has written “shock” along each of her thighs. As I look at this image, the bareness of her legs is very shocking. It is so illustrative of the transition between girlhood and womanhood. As a young girl I remember my body being so strange - so desiring of contact and physical stimulation - but it was the same body that was so full of pain from my forcing it to run five miles a day on so little food and fuel. This girl’s bare legs and stern face - she is at that point between womanhood and girlhood.

But she isn’t sexy - that is the tricky thing about this point in our lives. We are still girls. We still haven’t learned to dress ourselves or fix our hair. We are experimenting with form and function, trying to figure out where all the pieces fit and the size and scope of ourselves. Sometimes it would be best to shrink away.

My mom used to teach our Sunday school class. She had us outline each other from the shoulders up. Then we made collages within those outlines about ourselves - what makes us special and good. What makes us good Christians? I don’t remember her
saying it but I think it was implied. I don’t remember mine or anyone’s I just remember doing the activity. What if this girl took this project to the next step and filled up that outline with all the good things about herself and those around her? What if she realized that the slimmer form (the actual form) didn’t have enough room for all those things and she had to push out into the dysmorphic form? Then what would she see? How would she feel?
Amy’s Biography

Amy is one of my oldest and best friends. We discovered our connection in junior high school when we were placed on the same soccer team. I can still remember Amy writing in my 7th grade yearbook about how she was looking forward to getting to know me better. I think the last 13 years have allowed us to do just that. Born and raised, like myself, in St. Charles, Illinois, Amy was an all-star athlete who played Varsity golf as well as soccer. Today, I don’t think a day goes by when she doesn’t head out for a run. Rain or shine, tired or not, Amy can be found chugging through trails and tracks, in long or short races. But, it’s not just running as Amy will do just about anything active from yoga to leading cross-country bike rides. She’s an athlete through and through.

Amy just completed her Master of Public Health and Registered Dietitian’s degree at the University of North Carolina in Chapel Hill. She has always had a strong interest in food; preparing it, knowing more about it, and enjoying it. For a while in college, Amy only made fat-free baked goods and stuck to a low-fat diet. She’s always been thin, muscled, and adamant about having a workout each day. I was happy to see, somewhere along the line, between high school and grad school, that she has become more lenient. She is still extremely healthy about her food choices but knows how to indulge on occasion with a spoon into the cookie dough bowl.
Amy was the first friend to confront me about having an eating disorder. I know that this took a lot of courage and I respect and appreciate her immensely for undertaking this task. Requiring even more nerve though is Amy has turned the lens and questioned whether any of her own behaviors warranted such a diagnosis. As I have written, Amy has always been very aware of her body, of exercise, of the food around her, and of what gets put into her system. She has wondered aloud what distinguished my own obsession with food and exercise from her own. I do not have an answer to this save that Amy never seemed to cross over the line that I so deliberately crossed.

Amy is newly married, celebrating just over a year of bliss with her partner Ben who is as much of an athlete and socialite as she. They make a wonderful couple; supportive, encouraging, and a whole lot of fun to be around. Amy is one of my oldest and dearest. She is honest and dedicate, generous and gregarious, sympathetic yet always willing to challenge me when I need it. She is one of the many people I have to thank for her support during my own recovery.
Amy’s Interpretations

Figure 16

*Denotation:* This photo shows two adolescent girls who are dressed similarly and are standing in a similar stance with a similar expression against the same background. The two girls also have similar complexions and similar hair color but different hairstyles. They are each wearing dangling earrings, a similar, if not the same, necklace, and the
same shirt. They both have their heads slightly tilted, and they seem as if they are trying to be expressionless (although, I would not say that they are super successful at the latter, which is why I intentionally used the word “trying”).

Although there are a lot of similarities between the two girls and the two photos, there are a few distinct differences. The two girls fill out their similar clothes differently. One of the girls is visibly thinner than the other. One of the girls is wearing more bracelets than the other and has rings on a couple of fingers. One of the girls is expressing a look that seems slightly more wary or cautiously inquisitive than the other girl.

*Connotation:* I feel that I may have already blurred the lines between denotation and connotation with this photo. To me, this photo juxtaposes the similarities and differences between the two girls in order to draw attention to the differences. In doing so, the major and most notable difference is how thin one of the girls is compared to the other girl. I found her physical appearance to be alarming, particularly compared to the other girl’s physical appearance, and I felt an instant wave of concern for her and her health status as a result of her appearance. The most visible sign of her thinness is in her arms and her collarbone. Her “expressionless” look is the more wary or cautious look that I described above, which in some ways only contributes to the feeling that she may have an eating disorder or some other health issue. I think as a result of her being female and of
adolescent age, I am more likely to assume an eating disorder as opposed to a different health concern than if the individual were a male and/or much older.

The other girl seems thin as well but healthily so. As a result of the way her clothes fit her relative to the other girl, I find it hard not to notice that her stomach protrudes out more than I would expect given the rest of her build. Part of me is ashamed to have noticed this and be mentioning it here. Is this because I have been acculturated to expect flat stomachs among girls and women? I don’t know, to be honest. I do not find her unhealthy or fat, by any means, as a result of it. I just noticed it, and it bothers me that I noticed it. She looks healthily thin to me, and I do not feel concerned about her as I do the other girl.

The thought crossed my mind that they could be the same girl (maybe pre vs. post treatment for an eating disorder or some other health issue). They look so different though, that I am honestly not sure.
Figure 17

*Denotation:* This photo displays three women sitting around one-half of a round, wooden table at a restaurant. There are others at the table, given the number of drinking glasses and size of the table, but the viewer cannot see them in the photo. The three women seem to be young adults and/or adults. The focus of the photo, however, is not on these three women but on the center of the table where a piece of pie or cake is sitting. The piece of pie has three layers: maybe a peanut butter or caramel layer as the bottom base, a
chocolate-looking layer as the middle, and a whipped cream layer as the top. It sits in a shallow, white bowl and is sitting in chocolate sauce. Chocolate and caramel sauce has been drizzled back and forth over the top of the piece of pie, chocolate sauce, and bowl.

Next to the pie sits the standard array of restaurant tableware: ketchup, salt, pepper, sugar, Equal, etc. Almost each person at the table has two clear, plastic glasses ("Pizza Hut" glasses, as we used to call them) in front of them, one filled with a Coke-colored, soda-like drink and the other with water. One place setting has a coffee mug in front of it.

Regarding the three women in the photo, the woman in the middle is wearing a white t-shirt and has a blue band-for-a-cause around her wrist. Her arms are folded/crossed across her chest. She has blond, curly hair. She seems to be staring at the pie in the center of the table. The woman to her left has long dark hair. The viewer cannot see much of her body and part of her face is cut off in the photo. She, too, appears to be focused on the piece of pie. The third woman (to the right of the woman in the center of the photo) is wearing a pick t-shirt and has shorter, blond, straight hair. Her hands are possibly folded in her lap or to one side of her legs. She, too, seems to be focused on the piece of pie. None of these women’s expressions are clear. They do not seem unhappy in this photo nor happy, simply focused and/or unsure.
Connotation: The three women seem like they are waiting for something. Are they waiting to sing “Happy Birthday?” Are they waiting for someone else to dive into the piece of pie first? My main question, being the dessert person that I am, is why the hell are six people sharing one piece of pie?! Granted, maybe they are all genuinely full from lunch and do not have room for dessert. However, my gut reaction, is that a group of women out to lunch are either not going to order dessert or only take a bite of a shared dessert because each of them is either on a diet of some sort or uncomfortable admitting that they want dessert. I realize the latter half of that statement is screaming, “stereotype,” but that tends to be my personal experience in addition to being a stereotype. It is the rare occasion when a female friend is not watching what she eats or cutting back on certain foods or food groups in order to lose a few pounds.

On the other hand, I continue to come back to the title of the exhibit from which the photos came. In light of that, and the focused or unsure expressions on each of the woman’s faces, I wonder if the piece of pie is an exercise for these women. Are they battling eating disorders or food issues and this is an exercise in overcoming that?
Denotation: This photo shows an adolescent-looking girl leaning against a wall on which a piece of paper showing the outline of two bodies has been posted. The girl is about the same size as the body outlines, although maybe a bit bigger in stature. The girl is wearing white, ankle-height socks, short shorts (I think they are shorts. I cannot see them because her shirt covers them for the most part), and a black t-shirt. Her arms are folded.
across her chest/stomach (but not crossed). Her finger nails are painted neon green and she has a large, round, plastic ring on one of her fingers that has “God Loves Me” written around some hearts. She has a watch and numerous bracelets/hair bands around her wrists. She is also wearing a necklace that is mostly covered by her shirt. She has reddish/orange hair that is partially pulled back. She has dark make-up on around her eyes. She has a serious expression on her face and is looking directly at the photographer, who is looking ever-so-slightly up at her.

The piece of paper has two outlines of two different body shapes drawn in marker. One of the body outlines is smaller than the other and is drawn in yellow or orange marker. “Stripes” have been drawn across the interior of this body outline. Along the both thighs of this body outline, in green marker, is the word, “SHOCK.” The green marker has drawn lines down the inside and outside of the legs of this outline as well. The green marker has also drawn lines next to the waist of this outline, and in blue marker next to one side of the waist are the words, “yeah right.” Blue marker outlines the shoulders and inner arms of this outline as well. The word “weakness” is written above one shoulder in blue and the word, “strengthless” is written above the other shoulder in blue.

The second, bigger outline is drawn in red. This outline is the same height as the other, but the shoulders are more square and higher up compared to the other outline.
The red outline is also wider throughout the body compared to the other outline. The words, “HOLY CRAP!” are written above one of the shoulders.

*Connotation:* This photo conjures up thoughts about female body image and expectations. The two body outlines might be comparing one that is “expected” and one that is real. If that is the case, it seems to be mocking the one that is “expected” with the words written around the waist and on the shoulders. The photo is both empowering and a bit deflating at the same time. Here you have this young girl standing next to these two outlines seemingly making a statement about the ridiculousness of the expected female body shape. She looks serious but empowered to have made these statements about the expected body shape (assuming she is the one who made the comments). However, at the same time, her expression also seems to be asking the viewer a question or even accusing the viewer of something. “See what you are doing to women? See how this impacts young women in particular? See what we have to deal with?” I am not sure what to make of the “holy crap” and “shock” comments. I feel like they could be a negative response to how different the bigger outline is compared to the smaller outline, or just an observation, or maybe even a positive response (although, I doubt the latter). My gut reaction is that it is negative, but that is mainly because I assume most young females are self-conscious in some way shape or form and struggle with how their body relates to an impossible “ideal” body that is promoted by the media. That comes from my own
experience as an adolescent girl but also from my experience teaching adolescents and hearing such comments from middle and high school age girls.

On the flip side, could the two outlines be one actual outline of the girl (the smaller one) and the other her perception of her body in outline form? Again, in the context of the title of the exhibit from which the photos came, maybe this actually makes more sense, and I was simply being optimistic above. In which case, the words written on the smaller (possible actual) outline reflect the girls’ reaction to her actual outline. This notion is incredibly deflating, as she has an incredibly distorted image of her body and does not accept the actual outline given the words written around it do not have a positive image of herself and abilities (i.e. “yeah right,” “strengthless”). I find this to be incredibly disheartening and so sad. A beautiful, young, capable girl with her whole life ahead of her should not feel this way about herself, regardless of her body shape and size. How did she get to that point? What role did our culture play in that process? Where does she go from here?

**Overall:** Only because the “assignment” asked for me to explore this, I believe my interpretations and reactions to the photos come from three different aspects of who I am (all of which are, of course, heavily influenced by culture and the media): 1) like most females, I struggled with my body image and being self-conscience as an adolescent (and
still do from time to time as an adult) and have been bombarded by the media with expectations of what is beautiful and how I am supposed to look, 2) I observed my closest and dearest friend today confront anorexia while we were in high school and college and as a result feel more aware and “in tune” to eating disorders and disordered eating, 3) as a teacher of middle and high school students for several years, I witnessed and heard the battles of body image issues from most of my female students, and 4) as a nutrition professional, I am confronted with people’s relationships to food, their health, and their bodies every day.
Laura’s Interpretations

Figure 19

Denotations: A young, teenage woman is dressed in a black t-shirt, her underwear, and a pair of white, cotton socks. The image on her t-shirt is unrecognizable, but the look on her face makes it appear that she is upset, sullen, or non-communicative. She wears her
hair in two, low pigtails and crosses her arms in front of her chest. Her arms are
decorated with a watch and a variety of bracelets or hair ties. She stands with one foot
propped up against the wall behind her, a toe touching the carpeted floor. The other foot
firmly roots her to the ground.

She stands in front of a long, white sheet of paper, which appears to be taped to a
pink wall. There are two body images on the sheet of paper, both of them outlined in
orange. One is larger and is hollow. The other is smaller and fits inside of the larger
form. It is colored in with crudely drawn, parallel lines. There are a few black squiggles
at the tops of the shoulders of the smaller body and near its left hand.

Connotations: Brittany, a 15-year-old patient at the Renfrew Center, was admitted to the
hospital at 97 pounds after having plunged from 182 pounds, all in one year’s time. I
know all about Brittany because I have watched the documentary, THIN, more than a
handful of times. She is one of its more unforgettable characters. Brittany is standing in
front of a common exercise that therapists use for eating disorder patients. I have had to
do one or two during my time as a woman with an eating disorder.

This exercise asks the patient to imagine their size and to outline the shape of
their body onto a piece of paper. Then, the therapist has the patient stand, with her back
to the wall, and the therapist traces the actual outline of the patient’s body. You can see
the two extremes with Brittany’s drawing. The larger, hollow body is the form that
Brittany thinks she inhabits. She truly believes that she is the hulking, masculine shape that she has drawn. Known as “body dysmorphia,” many eating disorder victims have no conceptualization of how tiny they have become. Their sense of shape and size is totally distorted and at complete odds with reality. This is why the therapist has filled in Brittany’s actual shape, the smaller body, so that Brittany is aware of how skewed her perceptions are.

Brittany’s expression looks unimpressed. She appears to be uncaring about her imagined inadequacies and the firm set of her jaw, suggests that she does not believe that the smaller shape is her own. In her mind, she relates to the larger body and believes that this is what other people see when they look at her. Perception versus reality. Even when reality is presented in such stark terms, perception often gains the upper hand for someone enthralled in an eating disorder.

During my eating disorder, people had to avoid talking about what I looked like. My parents had read in some book that they should not play into the eating disorder game by commenting on my shape. A positive remark such as, “You look so healthy,” could easily ruin an anorectic’s day. Healthy = Fat. For years afterwards, my parents still abided by this rule. One year, many years after therapy and many pounds back in place, my mother told me that I looked good. And, I believed her. I did not think this was her back-handed way of saying I looked fat but that I finally looked like her daughter again. I cried but it was not because I was upset. It was because I was okay with looking
“good.” We hugged and she held me tight and did not have to worry about holding me too tight. When I was anorectic, they avoided hugging me too. It was not something that was in the books but because I think I physically repulsed them. All bones and knobs and protrusions. They were probably wondering if they would hurt me if they hugged too tight but I might have hurt them with something sticking out too far out of place.

I wonder what I would draw if I had to do this activity now. I think I might think of myself as smaller than I really am and I would be embarrassed that I would be the one person who would actually draw herself smaller than her real size. Sometimes I still think I can fit into a pair of pants or a shirt that have lain dormant in my closet for some time. It is somewhat humiliating to realize that they do not fit. I know I should get rid of them but do all women live with the hope that they might someday need them back? What if, what if, what if…..
Denotations: This photograph is divided into two sections with a girl holding center stage in each half. The redheaded girl on the left is extremely thin and her pink t-shirt hangs off of her slight frame. There is a little blue icon on the top right breast of her shirt and just below this, are the two buds of her chest, barely apparent. Similarly, her khaki pants bag and bulge about her skeletal legs. She wears a blue bracelet around her left
wrist and a white bracelet encircles the right. A gold necklace hangs around her neck. Her face is long and harsh; all angles and geometry. A gold earring dangles in her right ear and her left ear is obscured by her long red hair which is curly and pulled back, from her forehead to the top of her head, in a number of plaits. She stands in a green lawn with the roof of a house or building just visible above her right shoulder. A tree branch pokes out of the left edge of the frame.

In the right-half of the photo, another red-headed girl stands in a setting that looks exactly like in the left-half; green lawn, tree, and roof of a building on the horizon. There is another redheaded girl in the center of the shot. She is also wearing a pink shirt with a blue logo on the right breast. This redhead fills the shirt out though and there are no gaps as in the spaces between bones and fabric. This girl wears lighter khaki pants with two front pockets and a belt about the center. On each wrist are bracelets, multi-colored, on her finger, a ring, and about her throat is a gold necklace. Her ears are threaded with gold hoop earrings. Her red hair is straight and long, falling just below the bottom of her breasts. Her face is full and filled with far more color than the redhead on the left.

Neither of the girls seems to be smiling in their photograph. Together, they are a diptych of unhappiness.

Connotation: Though my eyes seem to not want to believe it, my brain knows that these two girls, the left and the right, are the same girl. One is pre-treatment (left) and one is
post-treatment (right) and the differences, for as much as the photographs are the same, are striking. Everything that could be controlled by Lauren Greenfield has been controlled in order to replicate the initial photograph: where the shot was taken, what the girl was wearing, the time of day, etc. What Lauren could not control was what this young woman would look like, bodily, in her “after” photo, which means “after” treatment at Renfrew.

The semiotics of eating disorders are striking in this photograph. The language of anorexia and starvation is dramatic in this twin image where the left and the right look so similar, yet so different. On the left, we see a body that tells us, from its very form, that it is malnourished, depleted, and skeletal. On the right, we see a young woman with budding breasts, full cheeks, and shiny hair. From these signs we can ascertain that she is healthy and doing right by her body and its needs. Yet, neither of the women, the same woman as we find out, is smiling. Thing One looks hunted and haunted and Thing Two looks not pleased that she has gained weight, though otherwise, she appears the picture of health…. neither happy when thin nor when recovering.

I write “when recovering” in reference to the state of the girl in the right-side photograph because I know, from personal experience, that it will take a very long time for our “second” girl to make peace with her body. With sadness in my heart, I qualify my last sentence by adding that she might never come to terms with her different form and that could lead to a return to an eating disorder or a life of blame and unhappiness.
She seems to be “trying on” this new size and from the expression on her face, she looks unsatisfied with its fit. I try to imagine her thoughts and I wonder if she is feeling cheated because she has gained weight (perhaps not a goal for herself, but for others involved in the recovery process like counselors, doctors, and loved ones) but has not yet gained the comfortability with her new body. The look on her face screams that she doesn’t yet know how to inhabit herself, how to embody her form, how to live a life free of blame and denial.

I tried to do a “side by side” shot of myself just as Greenfield has done here. I attempted to find an “anorexic” photo and to compare it to a recent photograph of myself. I rooted through my photo albums and came away with nothing that showcased me as a shadow of my former self. I called my mother in Chicago, the keeper of the family photographs, and asked if she had any photos of my “anorexic” years. A pause. No, she explained, she had gotten rid of any of those. I didn’t have to ask why as I could imagine the skeleton of your child being a deeply disturbing thing to have stare at you from a photo album or behind the glass of a frame. Still, it gnawed at me as I counted up the years that had been destroyed: age 18, 19, 20… 3 at least and then there would be those years following where I was still thin but not anorexic, the difference between the “left side” and the “right side.” It all reminded me of visiting my grandparents a few years ago and of finding the family photograph, one in which I was particularly emaciated, face down in the back of a drawer. Apparently, everyone had self-preservation in mind when
it came to documenting and displaying those “left-side” photos of me. I am not sure if I will ever regret having part of my historical archive erased just as I am not sure if this redhead girl will ever mind being captured, side by side, with her past.
Denotations: Three women sit at a round table and look towards the center where, in an obstacle course of glasses and napkins, and ketchup bottles, a wedge of pie is cradled in a white bowl. The pie sits in a pool of chocolate sauce and two squirts of whipped cream are positioned astride the bow of the slice. A layer of golden crust, a middle of chocolate mousse, and a health slab of whipped cream on top, laced with streaks of butterscotch and chocolate sauces. Each of the three girls are looking at the pie. On the left, is a thin,
young woman in a hot pink t-shirt. She has wispy blonde hair and pale blue eye shadow. Her twiggy arms are crossed in front of her lap. On the right, is a girl with dark hair that hangs straight and long around her face. She has what seems to be a grimace on her face and wears a sweatshirt that swallows her small frame. In the center is a pair of breasts, accentuated by their owner’s v-necked white t-shirt and her arms, which are crossed under her bosom. A bright blue bracelet fits around her wrist and her hair is blonde and wavy.

The table is scattered with all sorts of debris. There are four plastic glasses that contain water and ice and are graced by a wedge of lemon. Six glasses contain a dark soda. There is a small, silver pitcher of cream next to a cup of coffee. A ketchup bottle, a pair of salt and peppershakers, a container of sugar and sweeteners, a litter of napkins, but only one fork and what looks to be two packets of silverware, swaddles in napkins. In the background are booths and tables. No one site in them.

Connotations: From the expressions on the girls’ faces, this piece of pie must be a freak in one of Barnum and Bailey’s long ago sideshows; the bearded lady, the strong man, the shortest person in the world. They look at it as if it cannot be believed, as if they stare at it long enough, it just might disappear. Or, as if they want it to disappear. They want it to be gone. They want this desperately. You can see it in their faces that this pie is a blight, a bane, a scar on the table. Their expressions range from disgust to disbelief to
resignation. The pie remains. They will be encouraged to eat it though, from the many
glasses of water and Diet Coke (c’mon, who in their right mind would drink a regular,
sugar-filled, calorie-laden Coke!) it is taking awhile for anyone to work up the courage.

It is my guess that this is a “real world” experience that is designed for these
eating disordered women to eat food in a “real world” situation. Together, they are
supposed to tackle the pie but the army of three looks like they will be consumed by the
pie, rather than the other way around. The ironic thing is that I see this situation all the
time. I have found myself in it more times than I would like to count. This could be any
group of women, at any restaurant, of any age ranges, and with any food in the center of
the table though usually a dessert. Women seem to have a great fear of eating in public.
Perhaps it is a legacy from our Victorian sisters who used to secretly consume meals
before attending an outing, just so that they could sit and peck at their meals, demurely
turning away food because their stomachs are just too tiny. Perhaps we are genetically
programmed not to eat the last piece of anything; cake, cookies, pizza, or submarine
sandwiches. Trying to get someone to start eating, is equally problematic. No one wants
to be the one to cut the first slice, to dig in with reckless abandon. No one wants to
consume.

I would like to write that this Victorian approach to eating in public was only
something I inhabited during my days of anorexia. Not so, unfortunately. I find it
epidemic and women with eating disorders and women without are as susceptible to the
fear of being piggish in front of their peers. No one wants to appear to have an appetite. I have been guilty of this on many occasions; refusing the piece of cake, pretending to be full when, really, the piece of pie looks delightful, lying that I’ve already eaten when, in reality, my stomach is gnawing with hunger at the sight of an ice cream cone. I see it happening in spades around me. When do women ever eat? We never seem to do so in public unless it is picking at salads with dressing on the side. When I do see women scarfing down huge slabs of pizza or a doughnut gushing with Bavarian cream, I admit that I think to myself that they are probably going to be in the bathroom in five minutes, with a finger down their throat.

Linda Nochlin asked, many years ago, “Where are the great women artists?” (1971). Today, I look at this photo and I think about all of the situations I have been in where women have refused to consume and I ask, “Where are the great women eaters?” Where are the women who are not afraid to eat in public, to eat with gusto, to eat with an appetite not just for food, but also for life? What does our refusal to eat say about what we think that we deserve in life?

I want to answer. I want to stand up and shout, “Me! Me! I will eat in public! I will take a fork to the pie in the center of the table!” But, the women next to me remains silent and I, in turn, will put down my fork, and demurely look away. Someone else can finish the last piece.
Shoshana’s Biography

Shoshana has not had a lot of sleep recently. This is due to the arrival of her first baby, Ruby, who is a beautiful, dear child but one who is challenging her parents in terms of a healthy sleeping lifestyle. Shoshana is, quite frankly, beautiful. A soft and regal face with dark curls and dark eyes; she is a Jewish princess from Philadelphia. I first meet Shoshana during our overlapping fellowships at the National Gallery of Art in Washington, DC. Shoshana is currently ABD and is working on finishing her dissertation in the Department of Art History. With Ruby now arrived, Shoshana is finding it hard to uncover her motivations to finish when such a new and exciting project has been delivered into her hands.

Shoshana is an amazing cook, which is putting it mildly. Her kitchen is a haven of delicacies from light and dainty to savory and crunchy. The woman knows how to cook. Perhaps it is hereditary or perhaps it has rubbed off on her from her Italian husband, her time spent living abroad in Italy, or the fact that she can speak perfect Italian. Shoshana has never had an eating disorder but she once admitted to me that she has contemplated every diet in the book but has only had success with Weight Watchers during two periods in her life. As a new mother though, Shoshana has been forced to stick to a diet, a lactose-free one, since little Ruby seems to be allergic. Shoshana cites Ruby as being inspiration enough for this “diet” rather than the point systems of Weight Watchers. This elimination diet allowed Shoshana to loose a lot of weight very quickly,
not to mention running about with a newborn. Whenever something like this happens, it always worries me, knowing that this would have been enough to set someone like myself off into a weight-loss binge. I will be watching Shoshana grow as a mother and hopefully, not shrink too much in other ways.
Shoshana’s Interpretations

Figure 22

Denotation:
Three women sit around a circular table in a restaurant. The table is filled with an array of glasses of soda or water and a coffee cup placed on paper napkins. A large dessert sits at the table’s center, nestled between a salt and pepper shaker, a bottle of ketchup and a
container of sugar packets. The dessert is large, wedge shaped, layered with whipped cream and drizzled with chocolate. It sits in a deep dish filled with chocolate

All three women gaze at the table’s contents and in particular the dessert. The woman on the left wears a red tee-shirt with a pattern. She slouches in her seat and her arms rest in front of her body. Her short blond hair is parted to the side and she is wearing eye shadow and mascara. The woman in the center leans back, her arms folded in front of her chest. She wears a scooped white t-shirt and a blue bracelet. Her hair is blond and wavy and her lips are parted. The woman on the right has long brown straight hair and her mouth is partly open, revealing white teeth. Her clothes are dark but obscured in the image and the photograph’s composition crops her to the right of her left eye.

Connotation:

This could be one of those awkward moments when a server places an enormous portion of food on the table and those sitting around are overwhelmed and even slightly embarrassed by what they have ordered. Not one of these women is moving towards the plate. No one has a fork in hand, no one is rubbing palms together in happy anticipation of a guilty pleasure. The women are thinking about the dessert. They aren’t engaging one another as if to alleviate their worries about indulgence. No pathway through cups or glasses has been cleared to get at the sweet. Poor thing, it seems to be sitting there doomed to be left untouched, like a pretty but over-priced dress in a store front window.
When I first saw this image, the women seemed so different from one another, in body type and appearance, that I imagined they must not know each other, that they must be at a kind of meeting where anonymity or distance is valued. But their common purpose (the stare) connects them. They could be softball teammates or camp counselors. The women give me the impression that they are somehow linked, however tenuously, by something related to this monster of a dessert. Are they celebrating a birthday? Are they tempting one another to eat in a sorority hazing ritual? Has the dessert been sent to their table by the guys on the other side of the room?

There is something rather obscene about the size of the cake. And, its decoration. It reminds me of a Claes Oldenburg sculpture. It is just on that side of ugly. Don’t get me wrong, I would probably be the first person to dig a spoon into that mound of calories. I love sweets, even - at times - the industrially produced kinds. But something about that cake is off-putting. It is too big and with too many parts. It is unappealing for its excess, which is perhaps the source of an overwhelming awkwardness that pervades the rest of the image. The restaurant seems so forlorn and the women look so uninterested in the face of this decorated sugar bomb. The point of view of the image is odd. It seems to me that someone is standing at their place at the table and taking the photo but none of the women in the photo look towards the camera. The photo seems to be a document of the reaction to the cake and we as viewers are in the position of the photographer. We are standing over the table watching others watch the cake. It is a domineering position but
also strangely participatory.

Coming back to this image after looking and writing about the other photographs, I realize the reason I am disconcerted by it. It has to do with eating in front of others. I tend to have a voracious appetite that, when alone, is indulged. (I’ve just now polished off a jar of peanut butter bought not too many days ago) When no one is around, it is easy to eat and eat and eat. There is nothing as delightful as going to the grocery store, picking out a box of cookies and eating the entire box. This is, of course, not something I easily admit. My mind tells me this is a weakness. My growling stomach says, “What the hell.” However, these urges are suppressed in public. When I eat with my husband, friends, or family I try to show restraint. I won’t necessarily order salad and eat it without dressing but then I won’t order dessert or I will put off finishing everything on the plate in an (sometimes ludicrous) attempt to feign fullness. I will avoid the roll of bread and if I do take a bite, I won’t use the butter. These are all things I absolutely would do if I were by myself. And so, getting back to the photograph of the women staring at the ridiculous cake on the plate in the middle of the table...If this image is about anything, to me it is a remark about how we as women feign restraint in front of these treats. It is about how we hold off eating with gusto in order to show a detachment to excess, clenching our teeth as someone inevitably comments, “A moment on the lips, a lifetime on the hips...”
Denotation:

A full-length portrait of a girl. She has on a black t-shirt that hits her upper thighs. Her legs are bare and she is wearing tennis socks. She stands, arms crossed at her waist, against a wall. Her nails are green and she wears a watch, some bracelets and a round ring with the phrase, “God loves me.” Her eyes are made up with dark eye shadow and
she looks down towards the position of the camera. Her mouth is closed and her chin is raised. On the wall to the side of the girl hangs a long piece of paper. There are drawings of two silhouettes on the sheet. One body is drawn in red, the other in orange. The red outline of the body is larger than the orange. Captions indicate areas of the orange body: “holy crap” is by the head; “weakness” and “strengthless” are written by the shoulders; “yeah right” is written by the waist; “shock” appears next to both thighs.

Connotation:
This is the second photograph I am writing about and already I have to bring up sororities. I was never in a sorority. I have issues with sororities. This image reminds me of a college rumor that went around campus during sorority rush. The story went that to be accepted into a certain sorority, members made girls strip and draw the outline of their body on a wall. If the outline fit a certain ideal, the potential sister made it past one of the hazing tests. It sounded outlandish, immature and horrific at the time. I also knew that with my thunder thighs, I would never be accepted. Like I said, I have issues with sororities.

Sometimes I wonder if my perception of my body is how it is actually seen by others. I try to look at myself with my back towards the mirror and see how much space there is between my legs. I try to squint and imagine I am looking at someone else. How would I consider that body if it wasn’t my reflection in the mirror? Would I think it was a
thin body? Would I envy that body? I can’t ever get enough distance to come to a conclusion. This photograph makes me think of all of my mirror moments. Did this girl draw the red body with the intention of outlining herself and then have a more accurate outline drawn in orange? And what does she think of the result? Her expression is ambiguous enough to be either smug contentment or disguised dismay. And did she write the captions? They would suggest that she is not happy with what the orange body reveals.

I gained over fifty pounds during the course of pregnancy. In the first six months of my daughter’s life I have lost seventy pounds. My body experience feels like the two drawings on the wall in this photograph. I didn’t realize I was so big while I was pregnant. I was enjoying the experience and eating with abandon. Looking back on pictures from the past year, I realize I was much larger than I thought, even embarrassingly so. And although there are recommended limits to weight gain during pregnancy and “eating for two” is an antiquated and rejected term, I disregarded both. I watched other pregnant women around me stay slim and fit and I just acted differently. I gave in to my massive appetite and used pregnancy as a kind of excuse. However stretched my body became, I only focused on my belly and disregarded the rest. Then, as now, there is a remarkable disconnect between how I feel in my body and how it actually appears. Clothes get tight or too big and I just blame the dryer or the cut of the pant. How I imagine myself never matches what I end up viewing in photographs. I
would be highly nervous to undergo a process of drawing my body as I imagine it and then see a more accurate outline. Perhaps living in this fuzzy area of not having a clear idea of my body shape is more comfortable. It allows me to fend off feelings of inadequacy or jealousy or self-loathing. As I look at the downward stare of the girl in the photograph, I wonder if she has been wrecked by that illumination or does she resist it? The more I look at her, the more her emotions seem hidden. Argh! Frustrating!
Figure 24

![Two portraits of two girls](image)

**Denotation:**

Two images, side by side. Two portraits of two girls. The setting is the same: a grassy yard, trees, house in the background and puffy white clouds in a blue sky. Each girl looks directly, unsmiling, at the camera. They wear the same pink t-shirt with a small green icon at the breast. The girl on the left has red curly hair. Earrings dangle from her ears,
each wrist has a bracelet and a heart charm necklace falls over the neckline of her t-shirt. She is very skinny and veins pop from her arms. The girl on the right has straight red hair and wears friendship bracelets on both wrists. She has the same heart-shaped necklace as the girl in the image on the left.

Connotation:
I am having a hard time with this image. The girls look too much alike. Could they be the same person at two very different moments? The girl on the left is too skinny. I would call her anorexic. The girl on the right looks thin but well-proportioned. Could these be before and after images? “I once was skinny but now I am fine” photographs? Or are the girls sisters? Twins with very different life experiences? What is the point of these photographs with the matching t-shirts and necklaces if not to demonstrate similarities and differences?

In college I had a friend, N. N was jovial and gregarious with skinny, skinny legs and a big round belly. She had big blond hair and was from Texas. During a visit to her dorm room one day, I noticed pictures of N posted on her wall. She was herself with the big blond hair and the wide winning smile. But she was also tiny. Impossibly thin. Her head looked enormous and her body looked minuscule. N noticed me looking at the images and told me that she had been bulimic in high school. She had been so sick that she eventually had to have medical procedures and it was all very dramatic. She had
gotten over her problems and was healthy and everything was ok, except her resultant
distended belly. She laughed it off and even though I don’t remember this for sure, we
probably went and noshed on bad cafeteria pizza.

Because my problems with weight are always problems with too much weight, I
usually look at women with anorexia with curiosity, including the image of the girl on the
left. What drives someone (so young) to such extremes? Food is such a pleasurable
experience for me, it has always been a comfort. I don’t understand people who deprive
themselves of food. It seems like a horrible punishment, an unnecessary punishment. I
can hardly diet for fear of feeling hungry all the time. An image like the girl on the left
fills me with horror at her daily struggle to keep food at bay.
Janet’s Biography

Janet is one of my oldest friends and by this, I mean a person that I have known for a long time. Also, the double entendre of “oldest” applies in that she is an elder well into her regal 60’s. She hardly looks her years with high cheekbones, crystalline eyes, salt and pepper hair, and a radiant smile that makes anyone feel at ease. She teases me to promise her that, someday, she will be my oldest bridesmaid. I think she thinks that we are only kidding around but, I can assure you that should such an event happen, she would be standing beside me.

Janet and I first met at a group therapy session in Newark, Ohio, not far from my alma mater. At one of these meetings, I met Janet who was attending because of her compulsive over-eating. I am not sure how Janet and I came to be such confidantes. Perhaps the stage was set in the “revealedness” (Tedlock, 2008) of such early encounters, but we have remained in one another’s lives since then. Janet has since put away the ghosts of her two marriages though still struggles with the rocky relationships with her children. In spite of this, she celebrates her new grandchildren, has moved to her dream island in Florida, and is an independent writer and artist.

Janet is friend, grandmother, sister, and mother to me. Our frequent conversations do not end unless we have told one another that we love the other. She is a bright light.
Janet’s Interpretations

Meeting Laura Evans approximately 10 years ago at a support group for eating disorders was one of those life experiences for which I am most grateful. At that time, Laura was in the recovery process for the eating disorder anorexia. I was about to begin a journey for recovery from compulsive overeating.

In the years since we met, Laura and I have become the most special of friends, even though I am easily old enough to be her mother. We have an amazing friendship, borne out of tragedy, enduring out of love and utmost respect for one another. Laura looks to me for wisdom I have acquired through my life, and I look to her for inspiration and motivation—both with my eating challenges and also with encouragement to be all that I can be, even at my “advanced” age of nearly 70. Without a doubt, we have a “Mutual Admiration Society.”

So, it was with great honor, but also a fair amount of trepidation, that I accepted Laura’s invitation to contribute to her important dissertation work. The honor stemmed from the fact that she acknowledged me as a person who could make a meaningful contribution; the trepidation came from feeling as though I wasn’t smart enough, educated enough, recovered enough to make that contribution.
Laura has indeed assured me that whatever I choose to say will be meaningful, helpful and significant. And so I begin…

Figure 25

I see a young girl (possibly not even 13 yet, but close to that age) who obviously is very underweight. I believe she is anorexic. I believe this to be so because of her incredibly
thin size and because of her demeanor, which I believe includes considerable anger. I believe the anger is directed within because she sees herself as very overweight and out of control of herself—helpless. She’s angry at herself, particularly as it relates to her inability to gain control of her weight issues. But she’s also angry at her inner circle (family, friends) and the world in general. In the photo on the left, I believe she is a bit unkempt, possibly due to her belief that she is not valuable as a human being (so why bother?!!). There’s almost a surliness about her—as if to say “don’t you DARE say anything to me about anything—but especially not about my weight!” She has such an air of question about her! Who am I? Why am I here? What value do I have, if any? What will I be when I grow up? What will I DO when I grow up? Why should I bother even growing up? My response is in direct alignment with my intuition about this young girl.

The second photo of this same girl (photo on the right) still prompts me to say I sense a lot of unresolved anger. Though in the second photo the girl looks much healthier physically, I still believe she is quite angry. Her facial expression, to me, exudes anger. She hides it very well from most people (especially those closest to her). I believe much of her recovery (if in fact she is in recovery) is due to pressures from family rather than something she wants for herself. She still doesn’t believe much in her own value as a human being. She still questions who she is and why she exists and where she is going. She does appear to have taken more care with her personal appearance (i.e.,
her face looks clean and shiny and her hair is nicely combed). Her clothing (slacks) are
cner-looking and not as wrinkled, indicating to me that for whatever reason, she is taking
a little more time with her outward appearance. Part of her obvious “attitude” could very
well be due to puberty, but I believe it is much deeper and more complex than that. For
someone to have such an obvious illness as anorexia at her young age indicates to me that
her issues surrounding/causing the illness are very deeply rooted in her psyche.
The woman on the left (hot pink t-shirt) finds the dessert rather amusing. She is not overweight and plans to partake of the dessert, or at least part of it. She does not appear to me that she will feel guilty if she does eat this cake. Actually I believe she is just not strongly opposed or in favor of having the dessert; rather it is a non-issue for her. She does appear to be somewhat solemn about it because of her perception of her friends’
attitude toward the dessert. She remains quiet and does not offer an opinion either way about the dessert. It just IS to her. She is comfortable with it for herself, but perhaps not for her friends.

The middle woman desperately wants to eat the dessert. However, she already sees herself as overweight, so feels she must deny herself this treat. If she were alone, she would eat the dessert immediately, but then she would feel tremendous guilt for having done so. She does not have a positive image of her body or herself. She uses food emotionally rather than for her body’s nutrition. But in the presence of her friends, she will refrain, thinking she will command approval from them (since she does not give it to herself).

The dark-haired woman on the right sees the dessert as a joke and laughs it off. Secretly, she, too, wants to eat it, but also refrains. She covers her unresolved issues with jokes and laughter and poking fun at herself. She does have issues, too, as we all do. Hers, however, are so deeply buried that she can only “grin and bear it.” She also pokes fun at others, talking about them unkindly and laughing at them as she does herself. If she finds fault with others, she doesn’t have to look at her own issues. She is often catty and is the best gossiper around. Just ask her! Ha! She’s got the scoop on everyone! But her heart hurts.

These are my strong intuitions—my perceptions of what the photos of each of the women project. Dessert, for the most part, is THE enemy!!
This girl has an attitude of “I’ll show YOU! Do not mess with me or you will be sorry!”
Whew! She is strong and she is confident (really?) and she knows it all. But if she has
created this drawing next to her side, the drawing tells a different story. She sees herself
as extremely overweight, particularly in her waist and thigh areas. She even sees her
shoulders as being linebacker size. What, then, is her true opinion of herself? “I must
measure up, I cannot continue to be compared to my sibling and lose the comparison. I must be the better one, the smarter one, the more accomplished one!” Or else. Or else what? “Why can’t I see myself as just fine the way I am? I am a good size, I am a good athlete, I make good grades, I have lots of friends, I don’t cause my parents any trouble. My parents, however, are always on my case about something. I’m trying, I really am! I just never seem to do enough for them (my parents). My sibling does it all right instead of me. Will I ever be as good as my sibling in their eyes? Will someone please give me another damn cookie?”

And so, on it goes. Again, food is represented as reward-punishment and/or emotionally-based eating rather than its intention—nutrition for our bodies.

My conclusion is that in each and every photo there is evidence of disapproval of oneself. The public sector that seems most affected by body image and being “thin” is the pre-teen through age 30 years. However, I believe that body image approval is an issue for people (particularly women) of ALL ages. All forms of media continually show us that if we do not look a certain way, we are worthless, insignificant, stupid and ugly. Men, too, are victims of this mindset, but statistics prove that many more females are subjected to this ludicrous, unattainable image. People are having dangerous surgeries (gastrointestinal bypass, plastic surgery, implants, etc.) in order to gain the world’s approval. This MUST be stopped! Each and every human being on the planet has value
and talents and gifts like no other. Each and every human being on the planet has the right to be free of the horrors of eating disorders and the de-valuing that takes place because we “don’t measure up to a certain size or weight.” What about you? Do you approve of your body? If not, why not? Ask yourself if you disapprove because of what YOU think, or because of what you perceive the world thinks? And ultimately, whose opinion really matters?
Anne Marie’s Biography

Anne Marie is a strong woman who knows how to get things done, make things happen, or both. She owns a boutique retail strategy consulting practice, which allows her to travel to Europe and within the US to study emerging fashion and accessory trends. She also speaks to a wide variety of girls and women about their involvement with fashion. A former executive for Limited Brands, Anne Marie departed the traditional corporate world to strike a balance, which included a more diverse portfolio of brands and interactions and to have more freedom with her personal and yoga life. Besides being a savvy business girl, Anne Marie is, par for the course in her line of work, a fashionista. She is, in her own words, "a retail girl" at heart who has an eerie ability to find good shopping wherever she might be, and she can identify the season and source of anyone's outfit. She is never without her red lipstick. Her black bob is always perfectly cut, perfectly in order, and perfectly straight.

For all of her cosmopolitan ways, she is also a very down-to-earth yogi, who teaches with warmth, humor, and humility. She is a francophone who yearns to live someday in Paris and I do not doubt that she will. She has a dog, Nils, that she loves with no limits and to whom she only speaks French. "Asseyez! Couchez!" She is a chef extraordinaire who will deliver food to your doorstep, just because she knows you like her butternut squash soup. She is generous with her time and talents and loves to entertain.
Anne Marie is, somewhat, a contradiction in terms: a woman in fashion who has never had an eating disorder, a hard-edged business woman who has a soft side, a fashionista who doesn’t mind digging in the garden with her dog. It is, in a word, “refreshing” and, therefore, ”ironic,” to not be able to pin her down with only one word.
Anne Marie’s Interpretations

Hi Laura,

So don’t totally laugh at my approach but I’m following your instructions … (I think) denotation followed by connotation, but then because I’m me or I don’t feel like I am 100% sure that I’m doing it correctly (i.e. I’m not saving very much in the connotation section so maybe I don’t understand that.) thus,

I’m writing down my reaction within the context of being me: a yogi, a fashion girl who’s been around skinny, the daughter of a woman who very clearly has suffered through her own issues of control and controlling with food and for whom, her later in life experiences have been much like I interpret the young women Greenfield’s work studies (having her food / eating monitored). Finally, I realize that within the last 5 years of my life, many bright young women who suffer from an imbalanced relationship to food, their bodies, and their self-respect/self-esteem surround me. You [Laura] were the very first to open my eyes to a world I knew very little about (virtually nothing). You opened my eyes and awareness with your honesty and forthright story telling, your openness made it easier for me to accept the disease/disorder with others who have also shared their personal stories. I tell you this not to apply merit to you, but because you both personalized and to some extent humanized anorexia and bulimia for me. You made
me see it and understand it within the context of someone I care very deeply for, someone who is bright and gifted, seemingly all pulled together, seeming to have the world as her oyster.

*How I came to be me (i.e. the back-story for how my thoughts were formed and why I see what I see).*

So my back-story… Because I watched my father as an alcoholic (uncontrolled), I learned to control what was within my reach (happiness), despite having a mother who was always TINY (98lbs and 5’6”) and a sister who was too small (size 2/4 and never eating when she was stressed or depressed) I was normal to a little pudgy (10 -20 lbs overweight at any point in my life as child to age 28). As an adult I always fit into the context of a 6-12 (normal brand/store sizing) so my body size/ image didn’t bother me or cause me to think much about it. As a girl who now lives as a 4-6 with the opportunity (depending on brand/designer) to occasionally find the 8 more comfortable, I still don’t totally get body image. I feel that despite my mother not having “led by example,” I still learned to accept my body for its current state. I understand it’s more fun and pleasurable to look in the mirror and see nice lines and no bulges. I cannot in many ways fathom what causes a person to do something, which an education tells you are dangerous to your heath? I guess I like life too much to think I would be shortening mine or endangering it just to “look/feel” better as in a different body.
But, perhaps I’m simplifying the topic. I am guessing it moves to something far more complex and psychological when you become “good” at controlling your body and experiences. After you, my neighbor Sarah shared her story of struggling with bulimia since she was 14. She’s now 30. Kelly, another fellow yogi, had bulimia during high school. She was “scared straight” when her friends mother took her to the doctor and was told the acid would eat away her esophagus. Because of these experiences I became tuned in when my girlfriend Kate in New York started monitoring her BMI (body mass index). When we talked about it, she confessed that when she was in a freshman, she had about 4 months of what she would describe as an eating disorder/manipulation. Currently, we watch our girlfriend Lizzie starve herself and binge on exercise. My very dear friend Kristen in New York shared that she too has dealt with an eating disorder since college. She is 29 and in control but still deals with body image issues. A yoga friend has a son my age who suffers from chronic psychological issues and his most recent bout of starving himself nearly took his life. She has been a full time caregiver, sustaining Spencer for nearly 15 months. Another yoga mom shared that her daughter Adriana, who was very thin and sickly a few years ago, was also suffering from an eating disorder: exercise-managed bulimia.

Do we all have the opportunity to cross that line? I think about my experiences during my weeklong stays at Panchakarma [an Ayurvedic institute in New Mexico that abides by a body, mind, soul regimen that focuses on health, wellness, and self-healing
through diet, among other things], I loved that I lost weight as I was taking a more proactive approach to my health. Did I think it would be difficult to go off the restricted Ayurvedic diet and still maintain the good benefit and fact that my clothes fit more comfortably and I could buy smaller sizes? Yes! Did I find it delightful to see scale hit 132 two years ago and I was able to maintain that window of 132-135 pretty continuously? Sure! But, I also learned that this WAS my healthy weight. This is where I was in balance. The 142-159 (max) was the unhealthy me. And when I saw 130 this year, sure it was totally fun, and for a moment I think I understood how seeing the number go down could be addictive. But I enjoy my pain au chocolat and desserts too much and I like my wine, so I think I’m just not a candidate at this point in my life (and hopefully never) for an eating disorder.

So if I look at Lauren’s work in the context of three images, I see only two which tell the story and invite me into the world of documenting what is an epic problem in our society: the body sketch and the girl who is photographed twice. The other two images really don’t tell the story. The Pop-Tarts picture looks like it could be a youth group, high school class, or any collective of teens girls bored out of their mind and made to participate in something they do not which to participate. And, really, the Pop-Tarts are not playing out the way I think they were intended to. They are there to “tempt” or get the girls to eat something and it feels as if Lauren’s capturing them in the shot is a tad bit gratuitous, like they are supposed to mean more than they do to these young women.
Again, out of the context of her work this image is benign, it doesn’t tell me anything about eating disorders. The women appear bored, but healthy. No one appears skeletal, gaunt, or sickly. They look like teen girls. No one is overweight/obese, and they look normal. Has the pendulum shifted, do we not see “too skinny” because we are shocked, disgusted and upset by obesity? I’m serious. This work documents something so important and with the correct knowledge and insight, one understands what’s going on. But, the images on their own do not tell us what I think she intends to tell us. Without the story, we see seemingly healthy girls because our society (generalization) believes skinny is attractive and healthier than being fat or obese. So in this context two of the images do little to move her story forward, the other two images tell us something important.

P.S. Laura, so I’m on a flight from DC to Paris, and while I’m judging these girls for being too skinny, I’m looking around and noticing how fat everyone is around me. Not everyone, but a significant number of people on this flight are overweight. I often notice how big someone is before I notice how tiny or skinny others are. I wonder how they fit in one plane seat, and how they walk down the isle without being embarrassed by how big they are …
Figure 28

Denotation: Square table with pop up extensions, which are up to create a round shape. Booths and tables in background. Hint of a window. Table on right has salt & peppershakers and a sugar packet container (pink artificial sweetener in view). One napkin on table. Left table, napkin in view.

Around the table; three girls/women, 6 plastic tumblers with soda or dark beverage, 4 tumblers with water or clear beverage, 5 tumblers with lemons on the side, 2
with lemon slices inside tumbler. All tumblers have a clear plastic straw inside. One coffee cup, one silver container with half& half or milk, two un-unopened silverware sets wrapped by a paper napkin, fork sitting on napkin, 7 tumblers on paper napkins, one coffee cup on paper napkin with a red stir stick on napkin and table (crossing the folded napkin and resting on the napkin with work), bit of a silver utensil in view in front of girl with white shirt. Paper, or napkin, sitting under/near bowl with dessert.

Ketchup bottle on table with pepper and salt. A clear holder for sweetener: regular sugar and pink brand of artificial.

Dessert: Drizzled hot fudge (ok, dark stuff) and caramel with three layers or four (cookie, vanilla, chocolate and whip cream) with strips of brown and cream (fudge and caramel)

Three women are looking down, away from the camera, in the direction of the tabletop and dessert. Right to left: Blonde with pink t-shirt with graphic on it, appears to have eye shadow on. One earring is visible in left ear, lips are closed, arms folded, and hands under table (outside of view). The second is a blonde with curly hair, white t-shirt, arms folded and tucked in close to body, blue bracelet on her right wrist, and her mouth open. The third has longer hair (brown), mouth open to see teeth, and her shirt is dark in color with an “a” visible on the shirt

Laura – I feel like I’m playing where’s Waldo or a crime screen detective.
Connotation: Are they waiting for the birthday girl to arrive? Is the girl in the white shirt disgusted that it’s whip cream from a can and hot fudge from a can instead of homemade? Could there be any more Diet Coke on the table? The longhaired girl on the right is looking at the dessert like she wants some. The woman in the pink shirt is looking past the dessert. She’s not happy about it or seeming to want a bite. The girl in the white could just be full with her arms crossed over her belly
Denotation: Girl standing in white ankle socks, no shoes, right foot on floor, left cocked backwards with top (toe side) pressing in, legs with freckles/ moles. She is wearing a black t-shirt with short sleeves and it’s long and covers all but the edge of her shorts, plaid with lavender and pink. Black shirt has an abstract leaf pattern and some scribbles in black. Her arms are folded and she’s wearing several things on her wrist, watch, red
& black alternating beads, white bracelet, other hand had other things around her wrist, she is wearing a ring on her right ring finger, circular in shape, two of her fingernails are painted green with a lighter tip (white to yellow in shade).

She is wearing a necklace, which appears to be similar to the red & black bracelet. Her lips are closed and it’s dark around her eyes. Her hair is a mixed shade of light red to brown. It’s pulled back, no bangs, and her eyebrows appear red (lighter than some parts of her hair).

The wall behind the girl is light in color (salmon to tangerine). She is standing next to a large white rectangle with a small “v” at the bottom of the paper. Brownish low-pile carpeting. Drawing of “person shape” on white paper in multiple colors (red, orange, yellow, blue and green), the outermost shape is large and boxy, like a blob. “Neck” is non-existent. Orange shape inside of red begins to more closely resemble a person. Yellow is also used to outline. Blue marks call out weakness on the left (facing sketch) and strengths on the right side. Other comments in green “holy crap,” “shock” twice, and “yeah right” in blue. Yellowish orange lines cross the body shape to fill in.

Connotation: Angst ridden teen who is uncomfortable being photographed: arms crossed and covering her middle. The sketch at the left is a gain blob (red one) it’s someone with huge hips and thighs made of cottage cheese (if the person were really that big). She drew big boxy shoulders and long fingers, a bit like an oaf. On the inside image, it is the
frame of the real girl with a very tiny waist, small thighs and skinny legs. Her eyes are
dark with bags around them. Clearly, she’s working with someone who drew the “actual
image” and then called out what was happening. She was “shocked” that she wasn’t
really as huge as she thought she was. Her multi-colored hair looks a bit like a
redheaded skunk. She appears tough, as if she has come to this place via a difficult road.
How do I know this? She’s standing next to her self, lacking pride or any belief that
she’s “that girl.” It’s like she’s in pain and we’re observing that she was made to do this.

I see an unhappy girl, who has a very distorted sense of self. She is unable to see
herself as she is. She doubts, sees a “blob,” and is unable to see what is positive about
herself. Again, one could disregard the potential serious nature of where she really is and
simply see a teen girl whose body and self-esteem is going through doubts and changes.
Figure 30

Denotation: Left Image: Girl in pink top, khaki pants with tie-waisted belt. Something is hanging off the belt loops, bracelets on both wrists, necklace in shape of a heart on gold chain, and earrings. The left one is casting a shadow on the girl’s neck. Abercrombie pink shirt (moose logo is in green). Girl is standing on a green lawn with pine tree on her right, tall tree on her left, and a building in the back. There is a blue sky with white,
fluffy clouds. The girl has her hair braided in tiny cornrows to the top of her head and then, long curly hair. It’s red and she has some freckles on her face. She is very, very thin. You can see her veins and her bones protruding out of her arms. She’s wearing a bra and the shirt is wrinkled where she has not filled it in.

Right Image: Same girl. Her red hair has been straightened, same heart pendant on gold chain, different earrings (still a drop style), more bracelets on both wrists, ring on her left index finger, same Abercrombie shirt. She fills it out more. The pants are a light tan, double pockets and double buttons. Her belt is a cotton web belt with “d-ring” closure (again, that retail girl in me). She’s in the same yard, but a slightly different place, the pine tree trunk is more apparent. The building is now clearly TWO buildings and the sky is still blue with white fluffy clouds.

Connotation: Left image: A very emaciated young girl looks, lost, sad, confused, and empty. She’s anorexic, her bones and veins are protruding, her pants hang off of her, her breasts appear to only be the shape of a light training bra. She looks unhealthy. She appears to be 14 or 15? She’s scary-looking, i.e. she makes me uncomfortable because of how skinny she is. She’s someplace pretty. It could be a summer camp. She is clearly too thin, even by our standards of skinny. She’s sickly. While she could be suffering from a cancer or illness, it appears as if she’s starving herself or being starved. I look at
her and I see images of malnourished children in Africa or India or Holocaust victims. She looks unhappy as if someone has done something to her or against her. She wonders why we are staring at her, but in many ways we (I) can’t not stare at her, despite it feeling ugly, sickly, and sad. And in some way, she’s looking at us to invite us to look at her. I look at her boney arms and veins popping out and I see my mother. I see her slight frame, her bones protruding, her veins sticking out of her 81 year old arms. I see her when she turned 75 and I was afraid to touch her for fear she’d break if we hugged her too hard.

Right Image: The same girl is 20 lbs heavier with a little bit of a belly. She looks uncomfortable that we might be noticing her. While she’s heavier and her face seems fuller (normal), her arms and legs are still very small. She finally seems to be filling out her bra. Her pants now appear tight in the crotch in the way they pucker. She’s still very thin, almost pre-pubescent, she appears uncomfortable in this skin, not wanting us to look. “Why are you looking at me?”

This is a bit of judgment, but how come no one noticed that something was seriously wrong with her? How come her family, teachers, or friends didn’t see her shrinking, becoming unhealthy, and less than herself? How is it possible that she hid this from the people who love and see her every day? Did something horrible happen to her to cause her to so devalue herself so much? Where were the grownups that were
responsible for this young woman, why didn’t they help her before she arrived at the crisis stage?
Analysis of Photos

As a reminder, both to the reader and to me, the following analysis explores the potentially idiomatic nature of *THIN* through my and my co-participants’ interpretations. My research questions serve as a mission statement for how I have approached this examination. I want to post these questions again, at the beginning of my analysis of Part Two, as they were first mentioned at the beginning of this document. As I analyzed this section, I took to taping the questions to the wall above my desk because I found that my mind wanted to wander. I started inventing new questions, and began thinking of myself as a psychoanalyst, a psychologist, and a psychiatrist. As I veered farther and farther off course of my original intent, I realized that I had forgotten what I really was: an art and a museum educator. I recognized that I needed to return to home base and revisit my original questions as I began to write my analysis. I have, to the best of my abilities, stayed the course and used these questions as a compass to guide my analyses of the following interpretations of Greenfield’s work:
1. Are the photographs of *THIN* like an idiom that is inaccessible to viewers who do not have any experience with eating disorders?

2. How do the interpretations of those women “who are of the eating disorder culture” compare to those “who are not of the eating disorder culture?”

3. Can one still interpret, understand, and empathize with the signs and signifiers of eating disorder culture, as shown in *THIN*, and not be of that “culture?”

4. What do the stories and experiences of these women tell us about themselves, about these works of art, and about *THIN’s* impact on women in the 21st century?

These questions are at the heart of my analyses, and it comforts me to see them here, just before what is to proceed. As a woman who still clings to some perfectionist tendencies, I need reminding that I am not out to eradicate the world of eating disorders or to solve the innermost workings of the human psyche. Still, if I can add anything useful to this conversation through my lens of art and museum education, than I will feel like I have accomplished my task. What follows is my “addition,” an examination of how women connotatively interpret three photographs from *THIN*, what this says about the idiomatic nature of art and eating disorders, and what these conclusions might suggest for women in general.

Lastly, this section is something that I still feel as if I need to apologize for because it does not follow traditional academic conventions (for a review of my reasons for this, please see the introduction to this dissertation). But, I won’t. Here,
in Part Two, it is “our” voices that are in the majority. We, as women who have often been spoken for, are speaking out. Listen.
Pink Girls Analysis

Figure 31

To the participants in this dissertation, the photograph of the two girls in pink is as mysterious as the enigmatic painting of the Mona Lisa. We seem to disagree about the girls’ expressions, where they are, what they are doing, and at the heart of the matter, if
both girls are in fact the same person. Who is/are she/they? These questions of identity are at the heart of the idiomatic conundrum regarding THIN. Would women without eating disorders see what women with eating disorders see, based on their own experiences with these illnesses? Is shared womanhood enough to understand the language of these idiomatic photographs, which come from the culture of the diseased?

Who Is/Are the Girl(s) in Pink, and Where?

Captions for the photograph from THIN:
   On the Left Side: ‘Ava, 16, from Atlanta, Georgia, on her first day of treatment.’
   On the Right Side: ‘Ava, 10 weeks later, on her last day of treatment.’

Though these captions were hidden from my co-participants as they wrote their interpretations, many of us were under the impression that the photo shows the same girl on both sides. Some of us are more detailed in our assertions about the photo’s time frame and situation, while others ask more questions about the subject’s identity and her story. Overall, in their initial interpretations three women (Sophia, Amy, and Shoshana) are unsure whether these photos are of two girls, and two others (Anne Marie and Janet) are certain that it is the same girl, but unsure or ambiguous as to where the photographs were taken and why.

Shoshana and Amy are not clear about the identity of the girl, but are certain that the point of the photograph is to highlight the similarities and differences between the
right and left side. Shoshana labels the girl on the left as “anorexic” and the girl on the right as “thin but well-proportioned.” She does not provide an answer about the girl’s identity, but asks a series of questions:

Could these be before and after images? “I once was skinny but now I am fine” photographs? Or are the girls sisters? Twins with very different life experiences? What is the point of these photographs with the matching t-shirts and necklaces if not to demonstrate similarities and differences?

It does not seem to matter so much to Shoshana if the picture shows the same girl from frame to frame, sisters, or twins-- she still sees the message as being about sickness versus health. Amy agrees that the point of the photograph is to bring our attention to the unhealthiness of the girl on the left:

To me, this photo juxtaposes the similarities and differences between the two girls in order to draw attention to the differences. In doing so, the major and most notable difference is how thin one of the girls is compared to the other girl. I found her physical appearance to be alarming, particularly compared to the other girl’s physical appearance, and I felt an instant wave of concern for her and her health status as a result of her appearance.

Both Amy and Shoshana are worried about that girl, and both see her as having an eating disorder. The girl on the right looks well to them and, as Amy writes, “She looks healthily thin to me, and I do not feel concerned about her as I do the other girl.” And, like Shoshana, Amy is unclear as to who this girl is. Through her writing, Amy references the “girls” as if they were two different females. At the very end, in a cloudy
epiphany, she wonders: “The thought crossed my mind that they could be the same girl (maybe pre vs. post treatment for an eating disorder or some other health issue). They look so different though, that I am honestly not sure.”

Like Shoshana and Amy, Anne Marie is clear in her assertion that the left side is a photograph of an eating disorder sufferer:

She’s anorexic, her bones and veins are protruding, her pants hang off of her, her breasts appear to only be the shape of a light training bra. She looks unhealthy. She appears to be 14 or 15? She’s scary-looking, i.e. she makes me uncomfortable because of how skinny she is... She is clearly too thin, even by our standards of skinny. She’s sickly. While she could be suffering from a cancer or illness, it appears as if she’s starving herself or being starved. I look at her and I see images of malnourished children in Africa or India or Holocaust victims.

Wolf (1991) makes a similar sad comparison between eating disorders and the victims of famine or war:

Anorexia is a prison camp... In the Lodz ghetto in 1941, besieged Jews were allotted starvation rations of 500-1200 calories a day. At Treblinka, 900 calories was scientifically determined to be the minimum necessary to sustain human functioning.

Even Anne Marie, a woman who has spent her whole professional life in the fashion world, recognizes that the left-hand girl is “clearly too thin, even by our standards of skinny.” She acknowledges her belief that both figures are the same girl, from right to left and from left to right. But, she does not place the girl in any kind of treatment location, which seems to be an idiomatic key that is unavailable to women who have not
intimately known eating disorders. She simply speculates, “She’s someplace pretty. It could be summer camp.”

Moving deeper into personal experience, six women definitively write that this is a before and after photo of the same young girl, and that she is at a residential treatment facility. Abby, Molly, Crystal, Say, and I all recognize her as a girl who is shown at the beginning and at the end of a stay at a hospital for eating disorders. Four of us (excluding Abby) have also had eating disorders. Abby is hopeful that this is a before and after photo, but also questioned whether it could be an after vs. before photograph. Her personal experience with an anorexic friend, Kristen, taints her happy, “after-school special mentality” and belief in an “idealistic narrative” for people recovering from anorexia. Kristen did not recover. Instead of a positive before and after, Abby witnessed a reversal:

My group of friends (we were called the Christian Coalition because we were all such goodie-goodies) used to gather for pictures at the end of every school year. I have so many that include my friend Kristen. Everyone else in the group looks similar year after year—slight changes to suggest the growing up process, but we’re all still the same shape. But Kristen changed the most. Her chin descended into a sharper and sharper point as the years went on. It got creepy to compare our seventh grade photo with the one from sophomore year, her last full year at school. Her hair got really wispy and messy, and the rubber band she always wore around her wrist became too big to sit comfortably. I didn’t see Kristen when she was dying at 58 pounds. But I’m constantly haunted by the story she didn’t get to tell. For a woman who always wanted to be perfect, she never got that perfect ending. She never even got out of Ohio except to go to treatment centers.
Abby reveals here how her interpretation is tainted by Kirsten’s struggle and eventual demise. She wants to believe her “idealistic narrative” was true and she writes, “I like to believe in before and after stories. And I want that to be this photo. But I’m haunted by the notion that I could be so wrong.”

Abby mentions that Kristen was in and out of treatment facilities for her eating disorder and one might assume that she believes the pink girl is in such a place. But, she does not directly say so-- unlike Crystal, who lived in a residential treatment facility for her eating disorder. Because of this experience, Crystal writes with certainty about her interpretation:

This is a "before and after" photo. It's a picture of a young girl at different stages in her treatment for Anorexia Nervosa. She is maybe 15 or 16 but maybe older as anorexia often renders a person a younger yet older at the same time. This picture is taken outside the treatment facility but still on the grounds.

Crystal, who is also an eating disorder therapist, is almost factual in her writing. Citing that anorexia makes a person look younger, she goes as far as to guess at the girl’s age. Crystal writes about the girl’s struggles in treatment, but she didn’t cite her own experiences at residential treatment. Still, she is “certain” in her words.

Molly did not go to a treatment center for her eating disorder, but she believes the girl in the photo is at one: “This girl was probably placed here. But it feels like a failure to me. If I had been in a treatment center I would be embarrassed and ashamed.”

Similarly, Say relates the story to her own recovery, and I did the same. We (Crystal,
Molly, Say, and I all seem to “know” what is happening in this photo because of our experiences in treatment, whether inpatient, outpatient, or in therapy.

Healthy and Happy? Reading Expressions

Whether this is a photograph of two girls or one, most of the women agree that the one on the left is sick while the one on the right is “healthier.” Was there also agreement over what sort of expressions cross the faces of the girl(s)? What did we think she was feeling or trying to say through her look? Interpretations of the girl’s expressions and body language are both broad and polarized: from healthy and happy to furiously angry, and from dissatisfied to fiercely controlled.

There is general agreement that the first girl, on the left, is desperately unhappy and unhealthy. To Amy, the left-hand girl is “wary or cautious” and to Anne Marie, she is “lost, sad, confused, and empty.” Crystal imagines that the girl is saying “fuck you, you don't know anything about what I feel, and there's nothing wrong with me that isn't wrong with you!” by her expression. Crystal continues: “She stands pissed off and defiant and glad to pose for this picture as proof that there is nothing wrong with her and that everyone has over-reacted.” Janet agrees and writes that this left-hand girl displays incredible anger: at herself, at her support network, and at her food issues. She challenges the viewer with an expression that Janet describes as “surly,” and she
imagines her spitting out her frustrations by saying, “Don’t you DARE say anything to me about anything – but especially not about my weight!”

Sophia describes the girl as “strained,” “like she is on a fierce mission to be thinner.” Sophia qualifies this by writing that “even though she is miserable, at least she is thin,” which reflects the commonly held belief that “the thinner is the winner” or that “you can never be too rich or too thin.” Sophia also recognizes that such a “prize” as thinness comes at a price, and notes that “the girl’s face reminds me of the price of listening to the incessant voice that keeps me from enjoying my life.” As for the right-hand girl, Abby believes she looks “strong” and “like she’s been through so much that she can take anything.” Other women refer to her as “healthy,” but because she is not seen as so much of a threat as the left image, there is a lack of interest in her expression, except among those women with eating disorders.

Unlike our fellow writers, Crystal, Janet, Molly, Say, and I (all women with eating disorders) do not comment much about the left-hand girl’s expression, if at all. We write more about the right-hand girl’s situation, choosing to empathize through what I assume are our personal experience connections to her recovery. Janet sees flaming red anger in the right-hand girl, just as much of the emotion as she sees in the left-hand girl. In fact, Janet argues that her anger comes from a lack of self-love and no agency in her recovery: “I believe much of her recovery (if in fact she is in true recovery) is due to
pressures from family rather than something she wants for herself. She still doesn’t believe much in her own value as a human being.”

Say focuses on the pain and challenges of wearing the same clothes from the first photo to the second. Her first thought is, “How cruel to make her wear the same shirt.” She relates to the right-hand girl and her expression of dismay because she has been through many rounds of “sick clothes.” She sympathizes with the discomfort the photographed girl must feel in outgrowing her clothes and struggling with what others must think about her weight gain. Say’s wish was, “I hope they let her change her shirt.”

I too wrote about sick clothes, but my main concern is with the dissatisfaction that I see plainly painted on her face, one that “screams that she doesn’t yet know how to inhabit herself, how to embody her form, how to live a life free of blame and denial.” I worry that she is not happy with her new body and “with sadness in my heart,” I add that “she might never come to terms with her different form and that could lead to a return to an eating disorder or to a life of blame and unhappiness.”

Likewise, Crystal reads the right-hand girl as showing deep pain as she stands for her photograph:

It is terrifying to stand before this man taking the picture. She knows he see her as fat. She knows he wonders why she is even here. She hates this... standing here like she is naked before a firing squad. Waiting for everyone to see the "evidence". Evidence that she ate, evidence that she "caved", evidence that she was not as strong as she once thought she was.
Crystal sees the strain in the girl’s face, and weighs the judgment that she was placing on herself as she imagined what other people must be thinking of her new body. Molly also tacitly recognizes that these thoughts were swirling about the girl’s head, and asks what this means for her future: “Does this girl have more agency now? Have they fixed the behavior? The depression and the delusion? Or have they just raised the number on the scale?”

Whereas Abby describes the girl as “healthier and happier” on the right side, the women who have had eating disorders seem to smell that she is not fooling anyone with her added pounds. There is still a lot of work to be done. We are all probably aware of the statistics: that anorexia has the highest fatality rate of any mental illness (Sullivan, 1995) and is also one of the most common psychiatric diagnoses in young women (Hsu, 1996). It also claims 20% of anorectics’ lives (Zerbe, 1995). We don’t want to see this possible fate in her, but we are afraid. The odds are not good. She looks “healthier” to be sure. We like the way that she looks-- as Say wrote, “She is beautiful after. Her hair is so red, so healthy. Her face is beginning to look like a woman’s face, less like a confused child.” Molly adds, “I will say that I love her face in the second image. I feel like I can actually see her.” Crystal also recognizes her courage. We want her to love herself as much as we know she will need to in order not to be one of those negative statistics. The women without eating disorders see her health, her improved shape, her well-being. They didn’t see what is underneath-- that potential to relapse-- as we
(women who have had eating disorders) do, because we have been underneath. Our mouths have formed that line of dissatisfaction, our brows have furrowed. We have known the draw of returning to anorexia and we are fearful for her as we were for ourselves.

Signifiers and Signifieds: Belly and Bracelets

She has a “belly.” A “pooch.” A “feeding tummy.” She is “chubby.” These are all terms used to describe the small stomach that has emerged from the girl on the right side. She has a soft, sweet roundness in her middle compared to the girl on the left, whose stomach must be concave underneath her shirt, which hangs off of her bones. It is so tiny, her belly, but we notice. Almost all of us note her soft middle, and there are a range of reasons, descriptions, and understandings of that extra layer of fat.

Amy questions her thought process through her writing:

As a result of the way her clothes fit her relative to the other girl, I find it hard not to notice that her stomach protrudes out more than I would expect given the rest of her build. Part of me is ashamed to have noticed this and be mentioning it here. Is this because I have been acculturated to expect flat stomachs among girls and women? I don’t know, to be honest. I do not find her unhealthy or fat, by any means, as a result of it. I just noticed it, and it bothers me that I noticed it.

Amy is ashamed that she noticed the semiotics of Ava’s stomach. She sees it as perplexing. Why is the girl so thin elsewhere and so much thicker around the middle? To Amy, it doesn’t make sense, both the stomach and her thoughts on the matter.
While Amy is shy about her observation, Anne Maris is unapologetic in her retail analysis of the girl, “The same girl is 20 lbs. heavier with a little bit of a belly.” There is no judgment of her belly, but Anne Marie assesses her as she would a fashion model at her work. Sophia, on the other hand, places a value judgment on the girl on the right, partially based upon her belly:

The moment I saw the underweight girl to the left of her however, I noticed that the other girl’s stomach protrudes and that her cheeks are a bit round. While I would not like to look like the girl on the left … I suddenly would want to look skinnier than the girl on the right.

The protrusion of the girl’s stomach and the roundness of her cheeks is enough to make Sophia want to be thinner than her. She goes on to acknowledge the crux of this situation of relativity in regards to thinness. The stomach troubles Sophia, and likewise confounds Molly, though her reasons for this were different, based on her experience with having had an eating disorder:

This girl is upsetting to me. She is too thin in the first image and to chubby in the second image. I feel like they simply fattened her without thinking about her frame. I know they kept her in the same clothing to make a point but those clothes don’t fit her and the feeling of too-tight cloths cannot be encouraging to her.

Here Molly moves from noticing her belly to trying to understand how the belly, and the resultantly tighter t-shirt, feels to the girl. The “they” who have “fattened her up without
thinking about her frame” are the recovery team members who Molly knows were part of
her weight gain and who were partly responsible for that “belly.”

Similarly, I am concerned about her stomach. I notice it and knew something of
why it is there and the context for such a protrusion:

I am sure she is worrying about her belly. When you gain weight after anorexia,
it goes to your stomach. I remember there being a scientific explanation for it and
I was not immune to the embarrassment I felt by the bit of “pooch” that clung to
me when I started to gain. I don’t doubt that she is scrutinizing her new body,
seeing it as a foreign object, and wondering how to get rid of that tiny stomach.

I know there is a reason for her stomach but could not, or did not want to, remember what
that was. Say knows more about the scientific reasons for Ava’s belly and shares her
personal knowledge in her writing. She wonders:

I wonder if people understand why the shirt is so tight. I wonder if she herself has
been able to internalize it and cut her body some slack. It’s the “refeeding belly”
that sometimes happens during weight gain. The weight will even out over time –
her stomach will get smaller as her body learns that it can trust her to nourish it;
the weight doesn’t have to immediately go to protect the internal organs. I hope
that no one comments.

“We” do comment, as Say worried we might. Some of us are embarrassed that we
noticed. Some of us are sympathetic as this had happened to us before. Some of us
notice her stomach just as we would notice the color of her hair, assigning no value
judgment to it. Others notice and critique. Her belly means different things to different
people, based a lot on our past knowledge and experiences.
For those of us with eating disorders, a belly becomes more than just a belly. For those without eating disorders, the belly has a myriad of associations and provokes a number of feelings from disdain to embarrassment. To paraphrase Freud, sometimes a belly is just a belly. But, sometimes, and especially when dealing with such a signifier in a photo of an anorectic, it is not “just” a belly. It is a sign of recovery, of a body protecting its precious internal organs. It is both a celebration and an admonishment to someone who has had an eating disorder. Though most of us comment on her belly, we interpret it very differently, based on our own relationships with our bodies.

Are there other signifiers in the photograph that mean different things to different women? On both the right and the left side, the girl wears bracelets. On the left, she wears one bracelet on each wrist, while on the right, she has a number of bracelets stacked, choking up the area where before only one bracelet sat. The bracelets may seem innocuous enough: pieces of jewelry that many females and even males wear as decoration. Almost everyone notices them as they explain how they see these two girls, though most describe the bracelets as denotative jewelry. Some of them notice the difference between having more bracelets on the right side than on the left side, like Amy: “One of the girls is wearing more bracelets than the other and has rings on a couple of fingers.” Very few people move from denotation to connotation in regards to the bracelets. The jewelry on her arms is lost, for the most part, as a signifier of anything greater than decoration.
A few people—all of whom either had an eating disorder or intimately knew someone who did—do make mention of these bracelets, though, as something “more.” Abby writes of the bracelets on the left-hand picture: “On her right arm is a ponytail rubber band, and on her left is a string bracelet (we used to call them friendship bracelets when I was a kid).” Likewise, she notes the right-hand girl “has several more string bracelets on her arm and a ring on her finger.” Abby does not mention these bracelets again in her connotation, except in what seemed like an unintentional remark as she described photographs of her friend Kristen, who died from anorexia. She denotatively refers to the bracelet around the wrist of pre-treatment Ava as a “ponytail rubber band.” In Abby’s narrative account of looking at old photographs of herself with Kristen, she writes:

But Kristen changed the most. Her chin descended into a sharper and sharper point as the years went on. It got creepy to compare our seventh grade photo with the one from sophomore year, her last full year at school. Her hair got really wispy and messy, and the rubber band she always wore around her wrist became too big to sit comfortably.

Here, again, is a rubber band. Whether Abby intentionally makes the connection or not, she writes that both of the skinny girls, Ava and Kristen, wore a loose rubber band around their bony wrists. It seems that a slack rubber band has some semiotic significance to Abby and reminds her of anorexia.
Molly calls Ava’s decorations “friendship bracelets,” pointing out that Ava “has a friendship bracelet on each wrist in the first and several bracelets on each wrist in the second.” Like Abby, Molly notices the jewelry but calls it by a different name. And, to Molly, the bracelets are connected to recovery rather than to demise, just as Kristen’s rubber band means differently to Abby. Here’s Molly again:

As an aside, I think the bracelets are really funny. It’s like camp. I imagine all these damaged girls sitting around making friendship bracelets for each other. What do they talk about? Do they share diet tips? Do they talk about boys? Are they told that the bracelets are a metaphor for something else? It just seems like a futile activity in this context. Though I do love making friendship bracelets, I don’t fully understand their place in eating disorder treatment.

Molly sees the bracelets as signifiers for something else, though she questions what is signified, and having never been to a residential treatment, she can only speculate about their semiotic potential. Crystal on the other hand was in treatment, and her description of the bracelets comes from deep narrative experience. For the girl on the left, she writes:

Her friends made her the bracelets. One for courage, one for strength. Whatever the fuck that means. The heart is to remind her that she is in their hearts. Okay. That hasn't helped so far. Whatever. But she wears it still. Hoping.

And the girl on the right, Crystal extrapolates, has “never taken the necklace or the bracelets off though she has often doubted their power many a time.” To Crystal, the bracelets have the aspect of being a talisman for recovery. They are supposed to protect Ava, to give her courage and strength. Ava, as she stands at the ready for her second
photograph, wonders if they really worked, but she still wears them, just in case. Did Crystal have such bracelets while she lived at her residential treatment facility in British Columbia?

Do any of us “really” know what these bracelets mean? It is impossible to get into the head of our subject, Ava, and discover their purposes. Or do they even have a purpose? Are they merely decorative? Our experiences as women, with and without eating disorders, inform our decisions about how we notice these bracelets. Are they pieces of string that are innocuous enough not to merit attention or bright beacons in eating disorder recovery culture? Are these signifiers too idiomatic? How can viewers who have not had experience with eating disorders better understand the nuances of these photos? Do these semiotic elements challenge viewers to comprehend fully what is happening in the photographs? These are questions that I continue to ask throughout my analysis of others of Greenfield’s photographs from THIN.

Revealing and Revelations

Unanimously, we see and know that the girl on the left was sick. We recognize that she is unhealthily thin and that she has a problem. We speculate that she is anorexic. I see this undisputed connotation as being positive, because all of us realize that we are faced with the ugliness of anorexia and that this is a problem. In this way, I see Greenfield’s photograph as being universally idiomatic. Perhaps our culture has become
so inundated with messages and images of anorexia that we can semiotically recognize it when we see it. On the other hand, we disagree about where Ava is in both photographs, about the relationship between the right photo and the left, and about what all of this means. Our ways of knowing are based on our experiences in life and our encounters with anorexia, treatment, and recovery.

I think of Terry Barrett as I write this, and of his assertion that while there are no right and wrong interpretations, there are good interpretations and there are better interpretations. All of the co-participants’ interpretations are good, and the only reason that some are better is because they are closer to the truth. I struggle with whether or not this makes them better or simply more factual. Is it fair that the women with eating disorders would be deemed the “better” interpreters just because we have more life experience with eating disorders? This seems wrong to me—like a prize that I do not want to win because I never wanted to play the game in the first place.

When Terry Barrett teaches about a work of art, he does very little talking. He stirs conversation about as if it were a big cauldron, asking people questions here and there to keep discussion moving. Very occasionally, he will drop hints or give away selected pieces of information. It is as if he has handed you a hard candy as a nugget of knowledge; you hold it in your mouth and swirl it around on your tongue, waiting for it to dissolve and for the sweetness of its inside to wash over you. In this way, the information he gives you lets you explore your interpretation with more data in your
arsenal. Does it strengthen what you thought or change it? It is like being a detective and having another clue to piece together the mystery.

I did not give my co-participants much information in their orientation to *THIN*. They knew these were photographs about eating disorders, and that was all. Their interpretations are based somewhat on this knowledge but mostly on their own experiences. Like Terry, I wanted to see what a little information would do, how far it would go. After I had received all of their interpretations, I sent out an email with the photographs’ captions. In these few sentences, many of the mysteries of the photos are cleared up. Then, I asked for their reactions, if they had any, to seeing what the artist’s intention for the photograph was.

By way of reminder, the caption reads:

On the Left Side: ‘Ava, 16, from Atlanta, Georgia, on her first day of treatment.’
On the Right Side: ‘Ava, 10 weeks later, on her last day of treatment.’

The “right” answer became a hard candy for everyone to suck on. As everyone realized after the informational email was sent, those women who thought that the left side and the right side were a before and after photo were “right.” Those who thought that she was in treatment were also “right.” We will not know everything about her belly or her bracelets, but it seems that those with more information and experience were “right” about these two. Does this then make anyone “wrong?”
When confronted with Greenfield’s captions, some women chose to write back in response. The photograph of Ava, on her first and last day of treatment, stirred up the most comments from co-participants. “Oh my god,” Sophia says on my voice mail after reading the email I had sent out with the captions. “I can’t believe those two girls are the same person. I just read the statement. Oh my god. I thought they were two different girls, the redheads. Oh my god. She looks so much better. Now I feel awful that I said that I didn’t want to look like the one who weighed more because she looks so much better than the crazy one.” For Sophia, reading Greenfield’s caption makes her pause and examine her own thoughts about why she had wanted to be thinner than Ava after her recovery. I see this as a valuable lesson, and one that can be helpful in Sophia’s future as she thinks about health and well-being.

Shoshana is pleased about her responses with the light of the captions illuminating her interpretations:

I was not surprised by the captions. While I did not know that all of the images were taken at the treatment center, I feel pretty happy with the interpretations I originally made. Knowing that the one image was of the same girl at two different points in her treatment was shocking. I suppose the human body is an elastic and mutable thing. It is a terrifying thing to know that people, girls, can hurt themselves by not eating.

Even though Shoshana was unsure in her initial interpretation that Ava was the same girl, she is not surprised to learn this new information and pleased with her contributions. She
does not feel that she needs to be exactly right but, instead, is more shocked and terrified to learn more about the extent of eating disorders.

Abby is also pleased, writing about Ava, “Thank goodness! That's exactly what I thought the picture was. I was so worried that I would be wrong, but I'm thrilled that she got better. I think it's a huge testament to the hope that people can recover from really terrible conditions.” Abby is not excited that her answer was right but happy that Ava’s photographs were of “before and after” rather than “after and before,” as Abby had speculated was a possibility. I see empathy in Abby’s response, and an honest caring for this visual image and its main character. I wonder if Abby’s gladness at Ava’s “getting better” is not something that she would have liked to have felt for her friend Kristen but whose “after/before” image still haunts her.

For Say, the caption raises issues about Ava’s rights and of the possibility that she was taken advantage of by Greenfield, who wanted a good comparison more than she wanted to think about the long-term effects such a photograph would have on Ava:

I still want to know who made the decision about the shirt. I seriously hope it wasn't Renfrew. I also hope it wasn't Greenfield. The choice should have been Ava's. I hope that it was. Also, she looks so young.

Here I see Say’s anger as a woman with an eating disorder, who would feel insulted and manipulated if she had been forced back into her “sick” clothes, just as Ava is in her photograph. Say raises important issues about recovery and the possibility that
Greenfield’s work, though supporting education about eating disorders, could have been detrimental to some participants’ well-being.

Janet, who focuses on what she saw as a very angry young woman, in both the right and left photos, wrote: “It might be Ava’s last day of treatment, but I think she has a LONG way to go to consider herself ‘recovered.’ The anger issues are still so apparent.” Janet sees the possibility of relapse both before and after she read Greenfield’s captions.

To return to the question of whether or not the interpretations of THIN that are in this dissertation can be right or wrong, I do not think they can be one or the other. What I think of as “right” and “wrong” are the ways that we, as museum and art educators, approach how to be inclusive and encouraging in regards to art interpretation. It is “right” to me that we have a variety of interpretations. It is “wrong” to me that we would silence some interpretations just because they do not share the artistic sentiments of the photographer. Interpreting art can be about transformation, and learning more about yourself, the artist, the context, and the world through this experience. It is not about guessing the “right” answer or finding out exactly what the artist was striving for and regurgitating this back as your own interpretation. Through this experience of reading and writing narrative interpretations to THIN, I feel that the most powerful tool was the willingness to examine one’s self critically: to ask why we think the way we do, and how this makes us view the work of THIN.
"Melissa, 23, Logan, 16, and Mary, 24, eat lunch at a nearby restaurant as part of a therapeutic excursion designed to help them overcome their fear of eating in public. Coconut Creek, Florida."

Don’t Be Shy

After sharing the caption for this photograph with my co-participants, I remember laughing when Abby wrote back, “I think it’s interesting that there is such
a thing as a fear of eating in public.” For my part, I thought it was interesting to be free to live in a headspace where there is no fear of eating in public, and was both amazed and appalled that Abby had never been afraid to eat in public. I was amazed because she could not relate to the pressure-- the weight, even-- of personal and societal expectations while dining out. I was appalled at myself, for having felt the anxiety that made me question my own hunger, squelch my own needs, and constrain my own appetite just for the sake of appearances. I found myself hungering for Abby’s lack of self-consciousness when eating in public. Was this fear of eating in public something that other women, besides Abby, would not be able to relate to? Would this photograph be thus idiomatically inaccessible to women without eating disorders? Was the terror of eating in the open something that would be seen as a foreign and strange custom unique to women with eating disorders?

“Shy” eating is a relatively new term in the eating disorder lexicon, and is used to describe this fear of eating in public. It is now considered to be a precursor to or a well-established habit of an eating disorder. It’s sometimes called “Scarlett O’Hara Syndrome,” referring to a scene in the iconic Gone With the Wind where Scarlett is chided to eat before a party so that she is not seen eating in a public, which would be deemed “unladylike.” Leslie Lipton, a onetime anorexic and “shy” eater, said of her preoccupation with not eating in public, “I assumed that everyone
was watching everything that I put in my mouth, and everything that I ordered. They must be making judgments about me, that I was too fat, or lazy, or a pig” (Dador, 2007). And so it goes with “shy” eaters who let their concerns over food, appearances, control, and a plethora of other issues control their social intake of food. As I write this I know it all sounds somewhat ridiculous, and a strong part of me cannot remember what it once felt like to fear eating out. But I did.

The word “shy” seems like a delicate, soft-spoken descriptor for an intensely fearful experience for people who are scared of eating, whether in public or not. Dr. Lyn Grefe of the National Eating Disorders Association notes, “It’s not about being shy. People with eating disorders are trying to control themselves, because at times they feel they can’t control the world around them” (Dador, 2007). I think a name change is in order to describe this phobia more truthfully. As I scroll through synonyms for “fear” in my thesaurus, apter candidates suggest themselves: “panic” eating, “horror” eating, “dread” eating, or even “alarmed” eating. As a woman who has had an eating disorder, I can testify to the fact that the Victorian veneer of “shy” just doesn’t cover it. I used to be terrified of having to eat around other people. All of the eyes, all of the assumptions, all of the calories, all of the food; it was overwhelming to me. If I knew that I would have to go out to eat in a restaurant, I would systematically plan for it for days, even weeks, in advance. I would starve myself even more than usual that week and would find a copy of the restaurant’s
menu so that I could systematically plan what I would order. When there, I would try as hard as possible to feign indifference when ordering my salad without cheese, without croutons, without dressing, without nuts, without, without, without.

Greenfield’s photograph is a document of confronting such “shy” eating as part of a treatment process. The photograph verifies that there is such a thing as fear of eating in public, much to Abby’s disbelief. In the photo, three women are engaging in a “therapeutic excursion” to help them overcome this phobia which, as eating disorder specialists recognize, is a possible signifier of an eating disorder. How did the other women in this dissertation interpret this photograph? Did they see the fear in these women’s eyes and recognize their focus on the dessert? Or did they, like Abby, find the entire concept of that fear unusual? As women, what other possible interpretations of this photograph could we make, based on our experiences?

Who or What is the Subject? What is the Message?

In our responses, there were a variety of interpretations and narratives to explain the situation between the girls and the dessert. For Say, a woman with an eating disorder, the photograph was mostly about the dessert, which she referred to as, “THE MOST GIGANTIC DESSERT I’VE EVER SEEN,” and about the pressures placed on women in recovery to consume such feared foods as the pie shown.
“Sometimes I wonder if they want too much from us. What, exactly, is realistic?” Say wondered in the opening line of her interpretation. She disagrees with the “fear-mongering” approach to treatment where women are scared into eating, as she does not see this as being realistic or helpful. Why the focus on gargantuan desserts and not on eating healthier foods? As a woman still in recovery, Say’s narrative interpretation seems almost self-protective, intimately knowing the fears and pressures that are experienced during treatment.

Her narrative interpretation to this photograph reads almost as a piece of advocacy for better treatment, seen through the lens of a woman who is in recovery. In response to the caption, Say wrote:

To be completely honest, this picture still pisses me off. I think that, quite frankly, a lot of women would be somewhat self-conscious eating that dessert in public. There would probably be a lot of justifications for it - "I missed lunch today," "I’m going to the gym after this," etc. I’m not saying that women should have to justify that dessert, nor should they have to feel self-conscious about it. I also do think that it’s important to have outings so that people with eating disorders have to confront the fear of eating in public. However, I think these "therapeutic outings" need to be considered in the context of the society in which we live, and how much a person can be pushed. (i.e. If the challenge is eating out in public, let that be the challenge. Why make it even more upsetting and anxiety-inducing by adding an incredibly challenging food to it?) I sincerely hope that there were numerous, less food-challenging outings before this one.

Say’s response and interpretation made me pause and think about the sense in her inflamed reaction. I want it to be food for thought for therapists, the staff at the
Renfrew Center, and anyone who has the authority to create a treatment plan for people with eating disorders.

For the rest of us, the subject of the photo was not the dessert, but the women. Some read the unease on the subjects’ faces and wrote about it, but were unsure as to the source of their anxiety. For Anne Marie, the women’s expressions could have been explained by a birthday celebration, judgment over the industrial make of the pie, or simple fullness from consuming a meal before the photo was snapped. She has many questions to try to establish a reason for the women’s tense faces:

Are they waiting for the birthday girl to arrive? Is the girl in the white shirt disgusted that it’s whip cream from a can and hot fudge from a can instead of homemade? The longhaired girl on the right is looking at the dessert like she wants some. The woman in the pink shirt is looking past the dessert. She’s not happy about it or seeming to want a bite. The girl in the white could just be full with her arms crossed over her belly.

Anne Marie describes the woman in pink’s expression as both disgusted and longing. She recognizes that there is a tension in the room, but has not concluded that this photograph is anything other than a memento from some celebratory outing or an everyday lunch. Similarly, Shoshana, who like Anne Marie has never had an eating disorder, speculates that this could be a birthday, a stage of sorority hazing, or a “gift” from admiring men at the restaurant:
When I first saw this image, the women seemed so different from one another, in body type and appearance, that I imagined they must not know each other, that they must be at a kind of meeting where anonymity or distance is valued. But their common purpose (the stare) connects them. They could be softball teammates or camp counselors. The women give me the impression that they are somehow linked, however tenuously, by something related to this monster of a dessert. Are they celebrating a birthday? Are they tempting one another to eat in a sorority hazing ritual? Has the dessert been sent to their table by the guys on the other side of the room?

Shoshana does not know exactly what has brought these women to the table, but she is certain that they have a connection in the look that all three direct at the dessert. Similarly, Abby and Sophia, both without eating disorders, both noted the intent gazes of the women and their “purpose.” Abby questions the photograph as she writes:

Maybe the women want to eat the dessert, but are too worried about calories or what such an act will do to their thighs. Perhaps the women are contemplating if a couple bites are worth it later on when they have to put on a swimsuit. Or, maybe they are just not hungry and don’t know why this came to their table. It’s their gazes, though, that make me think otherwise. It would be hard to have that kind of focus on chocolate, whipped cream, and caramel and not pick up a fork. Oddly, though, the women’s silverware is almost covered up by the glasses and the angle of the camera. I feel like the picture is meant to remind the viewer that no matter how appetizing this dessert might be, the women just aren’t going to eat it. They have other things on their mind.
Abby, like Shoshana, picks up on the focus of the women: the overwhelming dessert. She notices the same tension that Anne Marie wrote of, a balance of desire and detestation, focused on the pie. Abby speculates about whether or not their anxiety has something to do with calories and fat and weight.

Sophia also perceives their powerful gazes, filled with hatred, but wonders if this could not be somewhat self-directed:

This picture suggests to me that these girls are staring at the cake debating whether or not they should eat it. They look slightly scared of the cake, the loss of control and gaining of calories it represents… This picture reminds me of going to group meetings at an inpatient eating disorder rehabilitation center to support my friend who was staying there. There was an eerie feeling that everyone was starving themselves in every possible way – emotionally, physically, spiritually, that they were not all there, their bodies and minds were deprived of nutrition, and whatever mental energy they had left was focused on comparing themselves to other people in the room, or planning what/when they would eat.

Sophia connects her present analysis to her past experience with her friend, seeing a similar process of meticulous meal planning the faces of the women at the table. Molly, who has had an eating disorder, also puts herself in the position of remembering. She takes an embodied journey to reflect narratively:
If it is me sitting there looking at that food, I am thinking that I will not eat it. And I won’t. I was very good at not eating things I didn’t want to. I will be thinking about how I want to go for a run. I will be thinking about how I am cold even though I am wearing a sweatshirt and everyone else has on short sleeves. I am also in pain. I was constantly in pain during the “thin years.” It was a non-specific pain. My legs hurt from running 3-5 miles a day. My stomach hurt from emptiness. My joints hurt because my body was burning muscle fiber. My butt hurt because I was sitting on un-padded bones. I am also tired. I am also afraid. This is a free-floating fear of failure and it manifests itself in the way I am looking at that food and steeling myself against it.

Putting herself in the place of one of the women, Molly shares a stream of consciousness memory of what sort of thoughts would have been running through her head under such circumstances. She relives the horrors of her “thin years” and tries to put herself in the mental space of what is going on behind the gaze.

Like Shoshana and Anne Marie, Amy has never had an eating disorder, and wonders if this could not be a photo of some sort of celebration. But like Molly, she steps into the space of eating disorders:

The three women seem like they are waiting for something. Are they waiting to sing “Happy Birthday?” Are they waiting for someone else to dive into the piece of pie first? My main question, being the dessert person that I am, is why the hell are six people sharing one piece of pie?! Granted, maybe they are all genuinely full from lunch and do not have room for dessert... On the other hand, I continue to come back to the title of the exhibit from which the photos came. In light of that, and the focused or unsure expressions on each of the woman’s faces, I wonder if the piece of pie is an exercise for these women. Are they battling eating disorders or food issues and this is an exercise in overcoming that?
Every time that I read Amy’s response, I smile and think about the time, just last autumn, where together we demolished a piece of coconut cake that would have put the pie in Greenfield’s photograph to shame. Amy is a dessert person and so am I, now that I have discovered how to eat again. It makes me happy to see a woman so unconstrained as to wonder “why the hell are six people sharing one piece of pie?” But Amy’s inhibitions do not stop her from trying to step into the shoes of the women photographed. By reflecting upon the title of the exhibit, Amy wonders if the women are not engaged in an activity that challenges them to overcome their eating disorders. As a piece of semiotic detective work, Amy moves close to Greenfield’s caption.

Personally, I never had to have an “outing” that challenged my fears of eating in public. Once, my therapist suggested that we go to Graeter’s Ice Cream and have a scoop during one of our sessions. As my mind frantically calculated calories and the amount of exercise I would have to do to rid myself of a cone of raspberry chocolate chip, I also wondered if it was possible to choke on ice cream from hyperventilation. I thought it just might happen to me at the time. I knew of these food-challenge outings, so when I saw this photograph, I confidently identified the setting:

They do not want to eat it but are being forced to confront their fears
From the expressions on the girls' faces, this piece of pie must be a freak in one of Barnum and Bailey's long ago sideshows; the bearded lady, the strong man, the shortest person in the world. They look at it as if it cannot be believed, as if they stare at it long enough, it just might disappear. Or, as if they want it to disappear. They want it to be gone. They want this desperately. You can see it in their faces that this pie is a blight, a bane, a scar on the table. Their expressions range from disgust to disbelief to resignation. The pie remains. They will be encouraged to eat it... It is my guess that this is a “real world” experience that is designed for these eating disordered women to eat food in a “real world” situation. Together, they are supposed to tackle the pie but the army of three looks like they will be consumed by the pie, rather than the other way around.

Crystal, on the other hand, writes as if she has had to partake in such an experience. Wielding her experience, she writes:

This is a "food challenge". Not the kind you see on silly reality shows. This is serious and frightening. The young women are in a treatment program for eating disorders. Maybe nearing the end in the step down program. They've come to this challenge to address fears of forbidden foods.

For the woman on the left, Crystal imagines what she is thinking, “She'll be terrified that she will go "out of control" having now tasted the forbidden ‘fruit.’” And, the woman in the middle:

...Can't believe they would do this to her! She crosses her arms in defense and in defiance but she'll do the challenge because she is so close to being done and out of the program. It will awaken the desire to binge though, this was one of the types of foods she used to binge and purge all the time.
Crystal continues: “I am not certain of the woman on the right. She is partially blocked from the camera so it is difficult to read her body language. Her face seems equally as difficult for me to read.” Crystal uses eating disorder recovery language in her interpretation, slinging around the words “food challenge” and “step down program” (which refers to the stages of an in-patient recovery program) as if she has lived it. And she has, of course. She comes upon her knowledge by experience and she is “right,” in the sense that she probably could have written Greenfield’s caption. But I wonder, as I wonder about myself: at what price can we be right?

Reading Glasses: The Semiotics of Diet Coke

As fascinating as it was to realize that all of the women in this project understood some aspect of this photograph, I found it even more interesting that we all (an almost unanimous display) made a large semiotic assumption regarding one element of the photo-- our connotative hypotheses were almost hypnotic. We saw the brown glasses of liquid on the table and, without question, labeled them as “Diet Coke.” It did not seem possible that they could contain regular Coke. Anne Marie questions, “Could there be any more Diet Coke on the table?” and Abby notices, in her denotation, “The women have several glasses of water with lemons around them, and then it appears to be Diet Coke in most of the other glasses (or, at least
that is my guess from the lemons on the edge of the drinks).” And, I sarcastically note, “the many glasses of water and Diet Coke (c’mon, who in their right mind would drink a regular, sugar-filled, calorie-laden Coke?!).” It is a sea of Diet Cokes. Why? What is our fascination with Diet Coke? Why does this seem to be a universal semiotic symbol for women?

Eating disordered women or not, we all seemed to know instinctively that women universally have an obsession with Diet Coke. It is our secret trick, our caffeine-laced, calorie-free fixation. As Sophia, a woman without an eating disorder, explains, “[t]he waters, coffee and Diet Coke (I assume it’s Diet Coke because that is what I drink) represent to me the way girls, or perhaps I, try to stave off hunger. The way we try to fill up on things that are not capable of feeding us.” Diet Coke is that thing somewhere between coffee and food that manages to give the impression that it is filling us up.

Molly, with her eating disorder knowledge, has a more scientific explanation as the opener of her interpretation:

When I look at this image I see lemon wedges. First, they are yellow. Yellow is a cautionary, alerting color. But lemon is also a diuretic. Lemon in water, lemon in soda - perhaps I would not have noticed the lemon as much in the water but it is also in the soda. I assume the sodas are diet sodas. The coffee is also a diuretic. So I immediately notice that the table has three diuretics and one apparently super fattening dessert.
Noticing these diuretics takes Molly back to memories of her eating disorder and reminds her of all of the other diuretics she used. But, for women without eating disorders, noticing the Diet Coke is just a comment, not a comment specifically on eating disorders. In fact, Abby mentions that they are Diet Cokes in her denotation, even though I believe we are all making a connotative assumption that these are diet drinks.

Say is the only one who counters these suppositions. Her experience in treatment brings new insight into the discourse on Diet Coke:

Is that Diet Coke in those cups, or regular? Judging by the amount left, I’m guessing regular. My first time in recovery, I was pushed to do things like this. No diet foods. It didn’t matter that I didn’t always drink Diet Coke as a behavior. It didn’t matter that I had been raised on Diet Coke and I hated the taste of regular Coke. Once marked with an e.d., it seemed, everything became a behavior. So, no Diet Coke. No artificial sweetener. Very limited gum. No sugar free hard candies. No reduce fat or fat free anything.

It takes a woman with an eating disorder to point out that the behaviors of a majority of woman are, perhaps, disordered. When we assume that the only thing a tableful of women would drink are Diet Cokes, I think we can also assume that we are speaking from personal experience. To me, this signifier is a clear sign of a female idiom, and it makes me wonder if men would assume that the glasses are filled with Diet Coke.
Conclusions and Applications

For all of the ambiguity of this photograph, every single woman, eating disordered or not, came close to understanding the motivations behind it. Each interpreter saw a sliver of fear in the faces of the women at the table. Some of my co-participants did not understand why someone would be looking at a slice of pie with such abhorrence. Others speculated that it could be an exercise in confronting food. Still others, those who have lived with such fears, were able to recognize the semiotic situation. Regardless though, this photograph had something that each woman seemed to be able to “read.”

I believe that much of this knowledge comes from experience. It was interesting to note how many women, eating disordered or not, mentioned how often they see this photograph played out in their daily lives, whether at lunch with friends, at a committee meeting, or as a conversation overheard while out to dinner. Greenfield’s photograph, though not immediately transparent, was a scene out of the everyday for many writers.

For Abby, the woman who was unaware that such a thing as fearing eating in public was possible, the scene plays out often in the world of women:
It’s interesting that I would pass over this picture if it wasn’t in an exhibition about eating issues because this is such a familiar scene when a group of women gather. I can’t tell you how many Junior League meetings I go to when there is something that looks fantastic to eat, but the majority of the women there feign disinterest like it’s a badge of honor to not want dessert. When I go out with my mom, she always wants dessert, but we’ll often end a long, drawn-out conversation of the topic with her sighing, “No, I shouldn’t.” Sometimes, I think she wishes we would say “Yes, you should!” instead. But, even when we do, she rarely indulges her temptation.

As Abby writes, this is a “familiar scene” and she would not have given the photograph a thorough semiotic analysis if it had not been in an exhibit of eating disorder photography. This is life. She sees this with her mother, and with her Junior League colleagues, all who pretend to be indifferent to food temptation. Likewise, Amy, who also has never had an eating disorder, often witnesses such behavior:

My gut reaction, is that a group of women out to lunch are either not going to order dessert or only take a bite of a shared dessert because each of them is either on a diet of some sort or uncomfortable admitting that they want dessert. I realize the latter half of that statement is screaming, “stereotype,” but that tends to be my personal experience in addition to being a stereotype. It is the rare occasion when a female friend is not watching what she eats or cutting back on certain foods or food groups in order to lose a few pounds.

Amy explains that her embodied experiences “scream” at her that this photograph is like a repeat performance of scenes she has witnessed countless times with any
number of women; women, who presumably are not in a treatment setting for eating disorders. Women in general. Women in specific. Women. Women.

Women. I agree, writing:

The ironic thing is that I see this situation all the time. I have found myself in it more times than I would like to count. This could be any group of women, at any restaurant, of any age ranges, and with any food in the center of the table though usually a dessert. Women seem to have a great fear of eating in public. Perhaps it is a legacy from our Victorian sisters who used to secretly consume meals before attending an outing, just so that they could sit and peck at their meals, demurely turning away food because their stomachs are just too tiny. Perhaps we are genetically programmed not to eat the last piece of anything; cake, cookies, pizza, or submarine sandwiches. Trying to get someone to start eating, is equally problematic. No one wants to be the one to cut the first slice, to dig in with reckless abandon. No one wants to consume.

I would like to write that this Victorian approach to eating in public was only something I inhabited during my days of anorexia. Not so, unfortunately. I find it epidemic and women with eating disorders and women without are as susceptible to the fear of being piggish in front of their peers. No one wants to appear to have an appetite. I have been guilty of this on many occasions; refusing the piece of cake, pretending to be full when, really, the slice of pie looks delightful, lying that I’ve already eaten when, in reality, my stomach is gnawing with hunger at the sight of an ice cream cone. I see it happening in spades around me. When do women ever eat? We never seem to do so in public unless it is picking at salads with dressing on the side. When I do see women scarfing down huge slabs of pizza or a doughnut gushing with Bavarian cream, I admit that I think to myself that they are probably going to be in the bathroom in five minutes, with a finger down their throat.

I never see women eat anymore. I recognize that it is deeply sad and pessimistic that when I do see women eating with reckless abandon, that I still think they must
have some kind of eating disorder. What does that say? It seems that I am not the only one who feels this is a problem, and that it is not simply my “eating disorder bias” which tends to make me overly critical about such things. Women without eating disorders, such as Abby and Amy, confirm that Greenfield’s photo could be taken at any restaurant with any group of women and with any decadent dessert at the center. Shoshana, also a woman without an eating disorder, agrees:

Coming back to this image after looking and writing about the other photographs, I realize the reason I am disconcerted by it. It has to do with eating in front of others. I tend to have a voracious appetite that, when alone, is indulged. (I’ve just now polished off a jar of peanut butter bought not too many days ago)... However, these urges are suppressed in public. When I eat with my husband, friends or family I try to show restraint. I won’t necessarily order salad and eat it without dressing but then I won’t order dessert or I will put off finishing everything on the plate in a (sometimes ludicrous) attempt to feign fullness. I will avoid the roll of bread and if I do take a bite, I won’t use the butter. These are all things I absolutely would do if I were by myself. And so, getting back to the photograph of the women staring at the ridiculous cake on the plate in the middle of the table...If this image is about anything, to me it is a remark about how we as women feign restraint in front of these treats. It is about how we hold off eating with gusto in order to show a detachment to excess, clenching our teeth as someone inevitably comments, “a moment on the lips, a lifetime on the hips…”

Where has this feigned restraint come from? For me, one of the most interesting parts about comparing and contrasting our interpretations of this photograph is finding these similarities between eating disordered and not. Together we seem to share in this sisterhood of indifference towards food when we are being witnessed.
Or, at least, we can acknowledge that this is how other women behave in public.

This photograph, which at first seemed to me to be about a fear activity for women with eating disorders, seems like much more when I look at the interpretations of my peers. In this case, it seems that Greenfield’s art imitates life, rather universally for the women in this project. I find myself wanting to ask large, grandiose, sweeping questions about this situation. Why are we denying ourselves pleasure in public? Why the detachment? Why the apathy? And, more importantly, what does our refusal to eat in front of others say about what we think we deserve in life?

Unfortunately, I have no answers to these questions. As I write in my interpretation, I want to be the first one to pick up a fork and to dig in to the pie on the table but I hesitate. Are we all hesitating? Whoever isn’t hesitating, take a nibble. You go first.
"Brittany [aged 15, from Cape Coral, Florida, was admitted to Renfrew at 97 pounds, having dropped from 182 in one year] stands next to her body tracing in art therapy. She has written words on the drawing to express her feelings about her image."
Brittany challenges you from within Greenfield’s photograph. She is one of the more memorable characters in the *THIN* documentary, and is also featured in the exhibition, as this photograph shows. She is an enigma: a hard-looking teenager who appears that she could care less but who, in reality, cares too much about her size. After losing almost 100 pounds in one year, Brittany was admitted to Renfrew with liver damage, a low heart rate, and hair loss. She was anorexic and bulimic, no thanks to her mother, who taught her at the age of 12 how to “chew and spit” candy so that she would not have to swallow and ingest the pleasurable calories. It was one of their favorite mother-daughter pastimes.

In one memorable scene from the film, Brittany is awash in emotion as she repeats, over and over, “I just want to be thin.” Tears stream down her face, her nose runs ferociously, and she continues to rock back and forth, crying and begging for the salvation that thinness will bring. At 97 pounds, Brittany does not think of herself as thin. Looking at Greenfield’s photograph and reading the caption, we can see just how different Brittany’s actual body is from her perceived body. I believe this photograph says a lot about the deceptions of the mind in regards to the body, which are especially common in women with eating disorders. Removing the caption from this photograph, I wondered, again, if women without eating disorders would understand what is happening in this photo. Would other women recognize the discrepancy between what is real and what is perceived? Have others felt a similar belief that their bodies are not what they
appear to be? Could women without eating disorders relate to the angst of this teenager’s disgust?

What is happening?

In order to understand Brittany’s expression and the dilemma of this photograph, it seems necessary to understand the idiomatic link that connects this image to eating disorders. Many of my co-participants commented on how Brittany looks like such an everyday teen, not the sort that they would single out as having a problem. Abby, a woman who once taught students of Brittany’s age, wrote, “this young lady looks to me like the type of girl who might be overlooked for eating issues.” Indeed, Brittany does not look scarily thin, which might indicate to some people that she has a problem. What clues us in to her issues is the image she stands next to: the paper of drawn double bodies, interacting like two a Venn diagram-- or like two chalk-lined corpses.

What is this? For those of us who have been through eating disorders, we know from experience that this is a body tracing activity, designed to alert you to how your perception of your body is skewed. Molly, Crystal, Say, and I are all confident in our assertions of the setting. I write: “This exercise asks the patient to imagine their size and to outline the shape of their body onto a piece of paper. Then, the therapist has the patient stand, with her back to the wall, and the therapist traces the actual outline of the patient’s body.” Molly notes, “I am familiar with the tracing activity,” while Say reveals:
I’m so impressed with you for doing the body mapping. I never had the courage. I was sure that I would be the one eating disordered person to actually draw myself smaller than I am. I hope you allow yourself to believe in your actual outline.

And, Crystal, who is a therapist writes:

This is a body image assignment. Any of us who've been in treatment for an eating disorder have done them before and hated them. I disliked it so much that I've never used it with any of my own clients. Even in its most successful form, it is humiliating and frightening.

Both Say and Crystal echo that this is a potentially debasing exercise to use in therapy. It is meant to show the discrepancy between real and perceived, but it has the power to disgrace at the same time because the subject is put in a rather compromising position. For someone with an eating disorder, this can be an intensely fearful experience, not to mention rather compromising. It places the subject in a very vulnerable position, both emotionally and physically. In the context of art therapy, Doktor (1994) describes the process this way:
The client wears a swim-suit or leotard and tights, so the body contours can be accurately outlined. If the therapist is similarly attired, it reduces the client’s anxiety level. Before doing the body tracing, the client draws a life-sized outline of what she guesses her body tracing will be like. Then she lies on her back, and the therapist outlines her body. Hold the marker perpendicular to the paper, following the outermost body part while tracing, to reinforce body boundaries. The marker’s diameter makes the outline about ½” larger than the actual body; advise client of this. The client then views her tracing from all angles, making comments… [Then] create a body map, indicating areas of pain, pleasure, fear, dislike, and so forth.

Easy enough? So it seems. I find it interesting, though, to read the caution: “advise client” that “the marker’s diameter makes the outline about ½” larger than the actual body.” If even 1/2” can warrant a disclaimer, it seems to me that such an activity might be problematic for those who are especially sensitive to their body images—say, someone with an eating disorder.

What about the other women of this project? Were they able to understand what was happening in this photograph or was it too idiomatic, too steeped in eating disorder language and therapist’s activities? Surprisingly to me, most other co-participants read this image as if they too have had to do body tracings. Granted, the language they used was filled with more question marks, more hesitations, but the majority of them were able to make a sound semiotic analysis of this image. Shoshana questions her logic, but in fact it’s sound:
Did this girl draw the red body with the intention of outlining herself and then have a more accurate outline drawn in orange? And what does she think of the result? Her expression is ambiguous enough to be either smug contentment or disguised dismay. And did she write the captions? They would suggest that she is not happy with what the orange body reveals.

With more authority in her reading, Sophia writes, “I see this picture as the result of an activity, in which the girl drew an outline of herself, and then she laid down and someone traced her body on the same picture,” and Anne Marie echoes, “The sketch at the left is a gain blob (red one). It’s someone with huge hips and thighs made of cottage cheese (if the person were really that big)… Clearly, she’s working with someone who drew the ‘actual image’ and then called out what was happening.”

Abby makes an interesting distinction, which I will raise again later in this analysis:

It seems to me like someone tried to help the girl understand what her body really looked like, but she designed it in red the way she felt like it appeared… On second look, perhaps it isn’t that this woman is starving herself as much as it is that she just doesn’t understand what her body really is.

Abby wonders if Brittany has an eating disorder or merely a misunderstanding about the perception of her body. Is the latter a problem? Would women without eating disorders agree or disagree that the misconceptions Brittany has towards her body are problems? What did they see as the purpose of the body tracing activity? Would women with and
without eating disorders also agree on the goal that this therapist might have had when she asked Brittany to participate?

What is the purpose of this activity?

Almost all of us seemed to understand what was going on when we read the image connotatively, but what was the purpose of the exercise—and why would Greenfield want to capture Brittany standing smugly next to her body tracing? Again, Sophia, Anne Marie, Abby, Shoshana, and Amy (all women without eating disorders) seem to write with authority as they examine the purpose of the tracing activity. Here’s Sophia:

Aside from the obvious dysmorphia present in this picture (which seems familiar and not all that shocking to me),….The goal of the activity is to show the girl the discrepancy between her perception of her body’s size and shape and her body’s actual size and shape. The green writing (i.e., “holy crap!) seems to be her first reaction to how much smaller the tracing of her body is than the outline she drew. This realization is immediately overtaken, however by her violent, self-hating words written in blue (i.e., “weakness,” ”strengthless”).

Abby writes, “My impression is that this woman imagines her body as much bigger than it already is,” and, likewise, for Anne Marie the girl
was “shocked” that she wasn’t really as huge as she thought she was… She’s standing next to her self, lacking pride or any belief that she’s “that girl.” It’s like she’s in pain and we’re observing that she was made to do this… I see an unhappy girl, who has a very distorted sense of self. She is unable to see herself as she is. She doubts, sees a “blob,” and is unable to see what is positive about herself.

Sophia uses the word “dysmorphia,” and mentions that this is familiar and not shocking to her. Later, she goes on to describe how “dysmorphic” her students are and how she can be this way as well. Body dysmorphia is indeed a hallmark of eating disorders, and I go on to describe this skewed perception as it relates to Brittany’s image:

You can see the two extremes with Brittany’s drawing. The larger, hollow body is the form that Brittany thinks she inhabits. She truly believes that she is the hulking, masculine shape that she has drawn. Known as “body dysmorphia,” many eating disorder victims have no conceptualization of how tiny they have become. Their sense of shape and size is totally distorted and at complete odds with reality. This is why the therapist has filled in Brittany’s actual shape, the smaller body, so that Brittany is aware of how skewed her perceptions are… In her mind, she relates to the larger body and believes that this is what other people see when they look at her. Perception versus reality. Even when reality is presented in such stark terms, perception often gains the upper hand for someone enthralled in an eating disorder.

Molly, another woman with an eating disorder, names the disease as well, as she muses on the effectiveness of the tracing:

I think this activity is actually pretty effective because it forces you to see yourself on a different plane. Suddenly you are silhouette and what you thought was the shape of things turns out to be a trick of your mind. Body dysmorphic disorder - I think it’s called.
Whether they named this disorder by its medical name or not, everyone in this project recognized that there is a strong discrepancy between Brittany’s perceptions and her reality. From this, I assume that these women who have not had eating disorders can relate in some way to body dysmorphia. They were able to pick up on the idiomatic nature of the photograph with its present dysmorphia and, later, as they described their own experiences, I could see that most of them could also relate to knowing this in their own bodies and minds.

Who could relate to Brittany?

I remember being surprised when I read through the interpretations of this photograph and tallied up how many women could relate to this photograph or to Brittany herself. Eating disordered and non-disordered alike seemed to connect with some aspect. This was one of those images where I thought Greenfield might “lose” a few viewers with the rebellious and sullen Brittany looking out from the frame and the strange wall drawing behind her, and I hesitated before including it in the packet of photographs for my co-participants. Would anyone resonate with this photo?

Perhaps my surprise stems in part from the fact that I have a hard time connecting with Brittany and assumed that others would feel the same. I was the sort of perfectionist that Abby refers to when she describes why she might overlook a girl like Brittany for having an eating disorder: “I always imagine women who struggle with an eating issue or
body image to look like the women I’ve known who have done so: peppy, preppy overachievers who just can’t see themselves correctly because they are so obsessed with being a certain way.” Eating disorders had been typecast in the 1980’s and 1990’s as being a white, wealthy woman’s issue. They were reported to strike cheerleaders and homecoming queens and actresses, all blond hair in ponytails and bone white teeth. But, then, social scientists realized that eating disorders were not just a plague for those with blonde hair, blue eyes, and breasts. They suddenly realized that it was an epidemic that was striking men, people of color, and all socioeconomic brackets—ethnicities, religions, ages, and every other demographic marker that could be tested. Eating disorders have become universal.

Though once considered a white, college-aged woman’s disease, eating disorders have spread rapidly across the board. Some statistics are available on this spread, though not nearly enough. Minority populations are only now getting the recognition that they deserve in eating disorder research, and even so, it is difficult to obtain data due to certain cultural stigmas regarding seeking treatment. Still, there are enough statistics to show that eating disorders are not nearly the white issue that were previously thought. In one study, African American women were more likely than white women to have bulimia and binge-eating disorder, though lower rates for anorexia (Gonsalves, 2008). A survey in Essence magazine reported that 71.5% of its readers were preoccupied with wanting to be thinner and the same percentage indicated that they were “terrified” of gaining weight.
The same study showed that 64.5% were obsessed with fat on their bodies, 46% felt guilty after eating, and 39% reported that food practically rules their lives (Villarosa, 1994).

Other ethnic groups are also susceptible to eating disorders. Asian Americans are cited in some studies as having a higher incidence of eating disorders than Caucasians and, in others, a lower incidence (Gonsalves, 2008). But in Japan, the statistics are more definitive, showing that eating disorders are the most common psychological problem for women in Tokyo (Gonsalves, 2008). Elsewhere, in a study of adolescents of a Chippewa tribe on a reservation in Michigan, 74% were trying to lose weight (Story, 1997). In another study of Native American students, researchers found that 48% of girls and 30% of boys in grades 7-12 had dieted in the last year and 28% of girls and 21% of boys had purged (Story, 1997). Hispanic Americans have a higher rate of binge-eating disorder than Caucasians (Gonsalves, 2008), and Argentina is the eating disorder capital of the world, with higher incidences of both anorexia and bulimia per capita than both the United States and Europe (Leibovich, 2009). Approximately one out of every thirty women in Argentina has had plastic surgery, prompting the author of an article on eating disorders and plastic surgery in South America to title her piece “Don’t Starve for Me Argentina” (Leibovich, 2009).

Of the 10 million people reported to have an eating disorder in the United States, it is believed that 10% are men (Wolf, 1991; Fairburn & Beglin, 1990). In his book
Muscular Ideal, Dr. Kevin Thompson of the University of South Florida reported a 700% increase in the number of journal articles on male eating disorders and body image (2007) since 2000. Finally, researchers found no noteworthy difference between lesbian undergraduates and heterosexual female co-eds in a study of body dissatisfaction, showing that lesbian women are not immune to issues of negative body image (Myers, Taub, Morris, & Rothblum, 1999).

These statistics are overwhelming and frightening, and I’ve certainly missed certain pockets of demographics that could prove that eating disorders are sweeping across many lines. For example, I could write an entire paper on the terrifying statistics about older women and eating disorders. I always held on to the hope that with age comes wisdom and acceptance of one’s body, but facts and figures prove otherwise. A study of middle-aged women showed that 15% of them believed that achieving their ideal weight would be worth sacrificing more than five years of their lives. Another 24% of the women surveyed would be willing to sacrifice three years (Garner, 1997).

This brief overview demonstrates how eating disorders are affecting everyone. I hesitated when writing everyone, as I have been taught never to make sweeping broad, generalizations in writing. But I do not think I am wrong here. They are everywhere—even in people like Brittany, who look tough and have the façade of being immune to such pressures. She’s not and we’re not, as our interpretations prove. In light of this, I was glad that Greenfield was able to showcase a diversity of women in the exhibition
particularly since the *THIN* film has been criticized for being too “white.” Granted, the exhibition could have more of a range, but it does have an array of women that the film lacked. In this regard, I believe, a museum should always do more rather than less.

Brittany is one example of this sort of diversity; as Abby remarks, she is not the typical teenager who one would suspect of having an eating disorder. She was certainly a different kind of girl than I was when I struggled, so I (myopically) was surprised when so many others in this project related to Brittany and her teenage angst. For some of us, it was a personal connection to Brittany as an individual. Molly takes an instant liking to Brittany, and writes in her opening paragraph:

> First and foremost - I like this girl and I feel like I could have been this girl. She looks defiant and a little punk rock - I like to think she is wearing the God Loves Me ring ironically. I feel like she and I could smoke some pot and listen to the Doors and it would be a solid evening. In high school we would have dated the same boys and had the same opinions about British Literature, Modern Art, and Beat Poetry. We would read Tom Robbins and Richard Brautigan and make terrible teenage art, write terrible teenage poetry.

Molly writes that she feels like she could be Brittany’s double, two defiant and deviant girls who could enjoy the same things in life. Molly, who I also like to think of as a little “punk rock,” is not the sort of girl that you would peg as having an eating disorder either. In her biography, I write as much and even Molly seems to defy these characterizations in her writing. She is not your typical anorexic, which furthers the point that you never
really know who is going to be struck by such a compulsion towards achieving thinness at a great cost.

Say, as well, seems like a woman who on paper would be an unlikely candidate for having an eating disorder. She is a fierce feminist, earning her PhD in Women’s Studies and her Master’s in Social Work, yet she writes, in a letter to Brittany:

I see so much of myself in you that it scares me. It makes me scared for you. I know what it’s like. I know what it’s like to feel like the “fat anorexic.” I was a chubby kid too. And then some horrible things happened and, knowing that I was sad but not knowing why, my parents comforted me with food. (My parents – at least my mom – have eating issues too. Except the opposite of your mom. They’re overeaters.) So then I hit my early teens, and I was obese. And like you, I dressed in a lot of dark colors. I died my hair. I wore dark eye shadow. I wore dark lipstick. I guess I was trying to make the outsides look the way the insides felt… I know how the movie ends. I know things do not go well for you. I think of you and my pulse quickens. I hope things have gotten better for you. I am terrified for you. I am angry for you. I don’t want you to be here. You remind me so much of myself, and I don’t want you to grow up to be me. I don’t want you to be in your late twenties and still be fighting this. I don’t want you to have the heart arrhythmia. I don’t want you to have the bone scans to make sure that your body can still hold itself together. When the scans come back and it’s good news, I don’t want that voice to hiss in your head, “See? You were never that sick. You weren’t even good enough at that. Failure. Fat.” I don’t want you to have to call your nutritionist because she has to talk you down from the anxiety of having eaten an “extra” plum, because the anxiety is so high that you can’t focus on anything else except 40 calories, 40 calories, 40 calories.

Every time that I read Say’s narrative, I feel a deep pang of pain. It is almost visceral, and it makes me want to reach out and hold all of the women in my life close and assure them that they are beautiful and complete, just the way they are. Say’s heartfelt letter is a poignant example of how much she can relate to Brittany.
Sophia, who has never had an eating disorder, also makes a personal connection to Brittany and her darkness. She writes:

I suppose that this is the story I see in the picture because by the time I graduated from high school, I felt the way she looks. While I smiled, dressed more conventionally and generally radiated an, “I’m fine, everything is great,” image, I felt like I was dying a bit inside, that despite my smile and perky attitude, the realities of my life - my alcoholic mother, my suicidal brother, my rageful and distant father, were simply too much. I felt numb to the world, resigned to the harsh reality – yet at the same time scared by my underlying hope to feel differently.

For different reasons, Sophia can recognize Brittany’s deeper pain and can relate to feeling the way that Brittany looks. Others of us could relate more to the activity of body tracing than we could to Brittany, as mentioned earlier. Both Crystal and I wrote about how we have had to create body maps before. Crystal relates how as a therapist, she refuses to use this activity with her patients because of the humiliation and fear it inspires. Those of us who haven’t done a body tracing or had an eating disorder still seemed able to relate the purpose of the activity in alerting the participant of his or her body dysmorphia. Shoshana shares of her own struggles with this:
I gained over fifty pounds during the course of pregnancy. In the first six months of my daughter’s life I have lost seventy pounds. My body experience feels like the two drawings on the wall in this photograph… Looking back on pictures from the past year, I realize I was much larger than I thought, even embarrassingly so… How I imagine myself never matches what I end up viewing in photographs. I would be highly nervous to undergo a process of drawing my body as I imagine it and then see a more accurate outline. Perhaps living in this fuzzy area of not having a clear idea of my body shape is more comfortable. It allows me to fend off feelings of inadequacy or jealousy or self-loathing. As I look at the downward stare of the girl in the photograph, I wonder if she has been wrecked by that illumination or does she resist it?

…Sometimes I wonder if my perception of my body is how it is actually seen by others. I try to look at myself with my back towards the mirror and see how much space there is between my legs. I try to squint and imagine I am looking at someone else. How would I consider that body if it wasn’t my reflection in the mirror? Would I think it was a thin body? Would I envy that body? I can’t ever get enough distance to come to a conclusion. This photograph makes me think of all of my mirror moments.

Just as Shoshana wonders if “[her] perception of [her] body is how it is actually seen by others,” I wonder sometimes if all women aren’t afflicted with such dissatisfaction and dysmorphia with their bodies. Only rarely have I met a woman who I think is completely satisfied in her body and who doesn’t question, it as Brittany does in her photograph. I hope for more women who are comfortable in their own shape. I wish for it in dreams and I even try to be more like this sort of woman. But, I still fall short and I realize that I am not the only one. Abby, a woman without an eating disorder, echoes the tyranny of these thoughts:
I remember feeling in seventh grade like I was so fat because I became a size four when my sister was a size zero. Since she was older, I thought something was biologically wrong with me to be so much bigger that I couldn’t get hand-me-downs from her. I felt so bad about it that I snuck into my parents’ room to find some made-for-tv tummy slimmer contraption that was supposed to help you lose weight if you wore it around for hours or wore it while doing sit-ups or something. I never really understood its point (and I assume that my mom didn’t either because I don’t think she ever used it), but I still snuck it underneath my x-large sweatshirt while I gulped down hidden bites of cherry cordial ice cream before dinner. Isn’t that messed up? And when I was teaching middle school girls and wanting to portray an image to them of a strong, confident young woman, I secretly lived—just to test myself sometimes and sometimes just because of my bank account—on just Diet Coke and nothing else from 5am-5pm on way too many a day. Isn’t that just as messed up as this girl thinking she looked like Frankenstein? Or even now, I look at myself in a swimsuit and WISH I could once again look like that girl who at twelve years old thought she was too fat as a true size four (instead of the fake one I try to be now that I’m really a size six)?

Reading and analyzing these interpretations, I find only two women who have not made specific reference to how they can relate to Brittany in some way, shape, or form. And my first reaction is just that they forgot to do so, or were embarrassed to do so, not that they cannot relate to Brittany’s feelings of inadequacy and doubt. I am jaded, I suppose.

Conclusions

Brittany, her uncharacteristic ways, and the body tracing activity resonated with my co-participants. They were all able to identify the body map and identified strong connotations about its purpose as a tool to show dysmorphia. More than that, the photograph spoke to our own feelings of dissatisfaction in regards to our own bodies and
our own struggles with inner body tracing. The photograph that I thought was least likely to elicit embodied responses in my co-participants now seems like the most likely. I think this shows that all women struggle with their bodies, with expectations, and with perceptions. Whether we have had eating disorders or not, we are connected by our criticality and our personal observations and inner monitoring.

Molly made an important and interesting contribution in her interpretation, which I think would be a wonderful addition to the body tracing activity:

My mom used to teach our Sunday school class. She had us outline each other from the shoulders up. Then we made collages with in those outlines about ourselves - what makes us special and good… I don’t remember mine or anyone’s. I just remember doing the activity. What if this girl took this project to the next step and filled up that outline with all the good things about herself and those around her? What if she realized that the slimmer form (the actual form) didn’t have enough room for all those things and she had to push out into the dysmorphic form? Then what would she see? How would she feel?

Molly’s suggestion reminds me of the importance of community in art interpretation. Where would we be without sharing such thoughts with others? I think Molly’s idea is brilliant and an acknowledgment of how we must all seek to recognize that we are more than our bodies. Earlier I quoted Elizabeth Cady Stanton’s desire to “have girls regard themselves not as adjectives but as nouns” (Brumberg, 1997). I would specify that these be positive adjectives, because as this interpretive exercise has shown, we tend to
gravitate towards the negative adjectives when describing our relationships with our bodies.
Is *THIN* idiomatic? – Conclusions to Part Two

One of my main questions in Part Two was whether or not *THIN* was an idiomatic collection of photography: as a woman who has had an eating disorder, I wondered if the exhibit would be understood by and have meaning for women without eating disorders. Reading and analyzing the visitor comments for Part One proved to me that *THIN* was an illuminating experience for most, if not all, of the visitors who left comments. Aspects of the photographs that may have been idiomatic to the women of Part Two were explained by the exhibit’s educational materials—particularly the didactic narrative labels. Perhaps not everyone could empathize with the women in *THIN*, but these labels gave visitors deep glimpses into the subjects’ lives and thoughts. Moreover, though I’ve heard more than my share of museum visitors grumble about the abstractness and incomprehensibility of art, neither the Smith nor the Notre Dame logbooks showed such dissatisfaction at the art’s alleged unintelligibility. Part Two was meant to examine what would be similar or different when I removed the captions and asked my co-participants to interpret Greenfield’s images narratively, using the semiotic tools of connotation and denotation.

Let me admit a few things before I go on—I’m not proud of them but I feel they are valuable in the critical conversation that follows. First, I wanted all of these interpretations from my co-participants to point to a clear conclusion. Perhaps my Cartesian roots are showing. Some part of me hoped that *all* of the women in this project
would be able to relate to these photographs, to read the semiotics of eating disorders, and to share the same “culture,” at least in this way. By dint of our shared womanhood, I expected us to resonate uniformly with Greenfield’s work: to see the dissatisfaction, the anxiety, and the obsession over form and figure. I expected there to be some correlation between women, some shared neuroticism about body image, but also the knowledge that some of us crossed the line into dangerous territory and went too far. Even Greenfield expresses her own concerns about her body image in her artist’s statement. I thought "THIN" would be easily read by all of the women in this study.

In the end, as my data sat in front of me and stared me in the face, I could not deny that my original supposition was simply untrue. There was certainly a lot of reverberation among my compatriots, both eating disordered and not, but it was not as universal as I so tidily wanted. I could not deny that some women just could not relate to "THIN." They looked at Greenfield’s women as if they really were of another culture, as I wondered if they might, but hoped that they would not. I’m not sure from where exactly my desire for unanimity stemmed, but a therapist might say that it is from a deep-seated desire to be accepted and to know that my experience was something others, even “normal” women, could understand.

I have quickly moved on from this unrealistic desire for a certain amount of “oneness” in our interpretations. I find that my acceptance of our differences as women, who are not universally anxious about our bodies, has allowed me to focus on other
points about art and museums—and frankly, these points now mean more to me than they would have if things had worked out as seamlessly as I envisioned. I have often heard art referred to as a “universal language”—perhaps most often as an opening to my students’ papers. But this is a myth. A daydream. An escape. As I have admitted above, I would have liked to believe in this bed-time story and to ask you to believe it too as I wrote this conclusion. But the lessons of Part Two taught me that diversity will always be better than uniformity. Though it would have been handy and convenient to be able to write that Greenfield’s work is able to cut through eating disorders or the lack of them, it simply cannot. Furthermore, I relish the fact that it did not-- that art is not universal in this respect, and that we have miscommunications and misunderstandings. I see how this adds to the discussion of Greenfield’s work, and how art and museum educators need to use this to our full advantage.

To take a step backwards, I want to recap some examples from Part Two of how I see *THIN* as idiomatic. As stated above, for many *THIN* is in a mother-tongue: Say, Molly, Crystal, Janet, and myself, all women with eating disorders, were able to read the images from our personal experience. We could probably have written Greenfield’s captions for her as well. As Crystal writes, “My heart aches for these women, at this snapshot of their pain,” and I could not agree more. I believe we were able to empathize with Greenfield’s women because all of us have had eating disorders and are from this “culture.”
Abby, a woman who has not had an eating disorder, likewise seemed to understand what was happening in the images and to guess at why. Maybe this is due to her friend Kristen, who died of anorexia, or maybe Abby could simply relate to the images as a woman. Abby openly questions what Greenfield’s work means when she writes:

I’ve struggled while looking at these pictures to define whether or not these women are pictured because they have eating disorders or if I’m looking at the pictures differently because I assume that they might have some sort of difficulty with body image/food. I had a really hard time filling out the IRB form because I think that all women, unfortunately, have some sort of messed up complicated relationship with food. As I stared at the forms you sent, I felt like a traitor checking that “I do not self-identify as having an eating disorder.” Couldn’t all women check that they had/have some sort of disorder with food?... But I didn’t check the box because there was no scientific diagnosis. And because I’ve never felt like I really lost it—whatever that magical it was that left me on one side of the line and someone like Kristen on the other.

Abby questions here whether any woman has a healthy relationship with food and her body. I wondered the same thing as I set off on this project. As I have mentioned, I thought along similar lines, that there does not exist a woman who does not have some complaint or concern about her body. So does Sophia, another woman who has not had an eating disorder, but who was able to read the images as Greenfield intended. She asks:

Sometimes I wonder if any woman has a stable, positive body image. I know that my father’s obsession with weight has helped me intertwine my notion of being a “good” person with being a thin person – as if thinness were a virtue, not solely a physical feature. My affluent upbringing and living in New York City has skewed my perception of what is thin and beautiful. But does upbringing even make a difference anymore?
Like Abby’s thoughts, Sophia’s skepticism that any woman can “[have] a stable, positive body image” helped to prove my original point about womanhood being inextricably intertwined with a sense of negativity regarding our bodies. I thought that my case was being made through their words, and that I could extrapolate from them about the larger population of women. In short, I expected that Part Two would suggest that far more women than we think, even those without eating disorders, give us reason for concern.

But then, Anne Marie’s interpretations arrived. They were the last of the bunch, and the most important in changing my mind about the non-idiomatic nature of THIN. Anne Marie clearly did not feel that THIN was understandable or that it made a strong point. She wrote:
So if I look at Lauren’s work… I see only two [photographs], which tell the story [of eating disorders] and invite me into the world of documenting what is an epic problem in our society: the body sketch and the girl who is photographed twice. The other images really don’t tell the story. The dessert picture looks like it could be a youth group, high school class, or any collective of teens girls bored out of their mind and made to participate in something they do not which to participate. And, really, the dessert is not playing out the way I think it was intended to. It is there to “tempt” or get the girls to eat something and it feels as if Lauren’s capturing them in the shot is a tad bit gratuitous, like it is supposed to mean more than it does to these young women. Again, out of the context of her work this image is benign, it doesn’t tell me anything about eating disorders. The women appear bored, but healthy. No one appears skeletal, gaunt, or sickly. They look like teen girls. No one is overweight/obese, and they look normal. Has the pendulum shifted, do we not see “too skinny” because we are shocked, disgusted and upset by obesity? I’m serious. This work documents something so important and with the correct knowledge and insight, one understands what’s going on. But, the images on their own do not tell us what I think she intends to tell us.

Without the story, we see seemingly healthy girls because our society (generalization) believes skinny is attractive and healthier than being fat or obese. So in this context some of the images do little to move her story forward, the other two images [Brittany’s body sketch and Ava in pink] tell us something important.

I remember feeling stumped when I read this. And angry. My convenient hypothesis had been dashed by Anne Marie’s honest words. To me, she was saying, “Yes, some of THIN is powerful and teaches me about eating disorders. But the other photos, they just don’t do it for me. I see normalcy. Greenfield fails to move forward the dialogue in these images.” What I wanted to hear was: “This is incredibly powerful work. It makes me think that all women have some sort of struggle with body image because this speaks to me on a multitude of levels.”

Nope. Anne Marie, instead, happily questioned, “Do we all have the opportunity to cross that line? … I enjoy my pain au chocolat and desserts too much and I like my
wine, so I think I’m just not a candidate at this point in my life (and hopefully never) for an eating disorder.” Certainly, there are confounding factors. Anne Marie could be bluffing (and, ashamedly, I did think of this), but, suddenly, I did not want *THIN* to be a “universal language.” How depressing! Instead, I clung to the fact that someone did not understand. Most of my co-participants could read the language of body image dissatisfaction in *THIN*, but not all. This one person, Anne Marie, was enough for me to draw the conclusion that *THIN* was not a universal language. I already knew this, on some level, from other works of art: no matter the class or the museum tour, no two interpretations of a painting or a sculpture are the same, like snowflakes or fingerprints. Certainly I wasn’t expecting for all of us in this project to have the same interpretation, but I thought shared womanhood would transcend our connotations so that we would all be able to relate to the work of *THIN* and find it incredibly powerful and effective.

With this paradigm shift regarding *THIN*’s lack of universality, this project suddenly turned from a dismal forecast of the universally disordered world of women and body image to a world with a significant number of women with disordered thinking about their bodies. I saw hope and clung to it. New questions began to swirl around in my head as I answered the original, big one about whether or not *THIN* was idiomatic. What did my realization mean for art and museum educators? How can we use the diversity of opinions to enhance our learning and create meaningful experiences in
museums and in art education? How do the ideas of social justice and community, from Part One, relate back to these questions?

Context is Everything: The Return of Social Justice and Community – Conclusions to Part One and Two

Anne Marie’s comments regarding the non-idiomatic nature of *THIN* made me think about how context is necessary to understand Greenfield’s images. Anne Marie complains about the normalcy of the women in the photographs, noting that they just look like everyday teens, not incredibly skinny and, therefore, not a cause for much concern. I think this is precisely what makes some of Greenfield’s images so frightening and powerful. Some of the women in *THIN* do look like girls you would see on the street, on the bus, in line at the grocery store, or while shopping. But, inside, they are counting calories, they are planning their next binge and purge, they are berating themselves for eating an extra apricot, and they are deeply disturbed, as much as their outward appearance might show otherwise.

I consciously hid the captions of the photographs from my co-participants so that they might draw their own conclusions in Part Two. As stated above, most of them drew inferences very similar to Greenfield’s original intentions. But one did not, and that was enough for me to conclude that *THIN* needs context in order for it to be fully understood as a form of social justice. Greenfield’s message of the destructive nature of eating disorders can only be fully comprehended if everyone is on the same page, as was shown
by the viewers’ comments in Part One. Visitors need the semiotic language of eating disorders to be spelled out in order to understand what is going on in the heads of the women on the walls. This is why the exhibit’s narrative didactic labels are so important. The women that are depicted in the photos wrote their own, narrative words. Just as reading Part Two allows us to enter the heads of the women who wrote the interpretations, the labels of THIN encourage the viewer to understand the photos on a much deeper and more personal level.

As an art and museum educator, I am a champion and advocate of context as a tool for understanding more about a work of art. This project gives me another reason to insist on it as I go forward in my work in art and museum education. I do not believe that context has to hit you over the head, but I am adamant that it should always be available for the visitor to choose how to make meaning. Whether this context comes in the form of didactic labels, gallery guides, podcasts, cell phone tours, docent or guide-led tours, or audioguides, it needs to be present. In the best-case scenario, a museum would have a variety of ways to offer context about works of art, so as to appeal to a variety of learning modalities (Gardner, 1983).

Perhaps if Anne Marie had had more context, if she had seen this exhibit in the flesh, she would have had a different judgment of Greenfield’s work. Maybe she would have come to understand that underneath the bored expressions and feigned indifference in THIN, beneath the crossed arms and blue eye shadow, there are fears and worries and
debilitating concerns about bodies. Whether these concerns are legitimate or ridiculous is for the viewer to decide. But, with some context, that viewer has at least a more complete understanding and can make his or her judgments based more on knowledge and less on assumption.

Thinking back on Part One and my emphasis on social justice, I think it is far more important to have such information available for exhibits aiming to illuminate a social issue, as in Greenfield’s intent in THIN to promote awareness of the plague of eating disorders. I see this in the above example, where Anne Marie did not fully grasp what was happening in the photographs because I had erased all contexts from them. Though to myself and to many others in this project, the photos could have possibly stood alone and elicited as much pathos, it was not that way for everyone. Therefore, THIN should not be separated from its context, or else it loses its power for educating and creating the potential for change.

Similarly, I believe that exhibits with a social justice bent should not just have plenty of information and context, but should also be layered with a lot of museum programming for visitors who want a better understanding of the works of art and the issues they address. As suggested in Part One, there are many possible programs that could encourage visitors to think more deeply and broadly about eating disorders, and to give them outlets for how to advocate for eating disorder education and reforms. For example, the media’s role in tacitly promoting eating disorders was a major topic of
concern for visitors in Part One, and six of the women in Part Two likewise commented on it. Therefore, I believe that museums should be supportive of visitors’ concerns, and provide programs that deal with media literacy and ways to challenge what we see and hear.

My conclusions about the non-idiomatic nature of THIN and its importance as an exhibition of social justice remind me that community is at the heart of understanding the exhibition better. Without the participation of the women of Part Two, I would have felt very differently about THIN’s idiomatic nature. But, because of our dialogue and the sharing of auto-ethnographic engagements with the narratives of the exhibition itself, I was able to learn from other women and to have a very different experience than I would have if I had simply written this dissertation as a personal auto-ethnography. The feminist theories that I used to write and research were similarly invaluable tools in order to understand how people felt when experiencing THIN. I am immensely grateful to the community of women in Part Two, the anonymous visitors of Part One, and the theorists and scholars who support feminist research methods, all of whom moved me towards new ways of thinking.

**Implications for the Field**

In the same empowering spirit, I feel that one of the most important contributions of this dissertation to the field of art and museum education is in showing the importance
of socially educative exhibitions. Given Part One, *THIN*’s impact on the visitor is undeniable. The comments from viewers are overwhelmingly positive, showing that they have learned much from Greenfield’s collection of powerful, yet disturbing, work. Similarly, Part Two demonstrates the importance of Greenfield’s work to the sample of women co-writing this project. But, it also shows that without the context of the museum and the relationship of a community, the socially educative nature of the work is somewhat lost on some.

This gap shows the important role that museums and educators play as mediators and supporters of exhibits of a social nature, like *THIN*. I believe that we need to continue to move things forward in our field by creating exhibits and programs that deal with issues of our community. On one hand, I deeply love looking at images from the past and reminiscing about the masterful works of art that have come before us, and think it is important to continue to have a relationship with our historical art predecessors. At the same time, I believe that we, as museum educators, need to balance the past with the present. Greenfield’s *THIN* is a perfect example of how museums and educators are moving things forward by educating the public about an important social issue of our day. We need to continue to generate this momentum by reaching out to our communities and discovering what matters most to them—being listeners as well as doers.

Both Part One and Part Two of this dissertation show that *THIN* was a step in this direction. It shows that the present can be balanced with the past, that museums can
juggle Old Masters alongside new issues, and that the combination of the two can make for a more meaningful future for art museums. The resoundingly positive effects of *THIN* on museum visitors in Part One, and the effect of the photographs on the women of Part Two, prove to me that the future of museums and our importance to society lies in being able to balance our past with our present.

**Suggestions for Further Research**

Similarly, I think that each of the women of Part Two has a lot to learn from one another. The next phase of my research is to share the interpretations of all of the members of Part Two with one another. I want them to comment narratively on each other’s interpretations, and then I will compile and analyze them and start off on a new research adventure. I do not want my dissertation work to be relegated to a library shelf, but rather to continue to evolve with me as I grow as an art and museum educator. I see this next phase of research as a way to explore further aspects of community in narratives and art interpretation. Furthermore, I think I will be able to continue to explore the idea of idioms in *THIN*, as this will be the first time that each contributor of Part Two will get to read one another’s interpretations.

As an aside, I feel that because I learned so much (as I hope the reader has as well) from reading my co-participants’ writings, I think that museums and art educators should encourage more of this. What if museums had additional didactic labels, written
by visitors in the connotation-style? I have seen an occasional placard of this nature in innovative museums, but I think it would be incredibly helpful to have more of them. As I mentioned above, my opinion is that context can only enhance exhibitions of a socially just nature.

Additionally, I feel that community influence in socially educative exhibits like THIN can teach us a lot about multiculturalism. As the Anne Marie example indicates, we do not all think in the same ways, and we have unique experiences that cause us to know what we know. Eating disorders are likewise a multicultural issue, as I explained in Part Two. They cross all demographic boundaries, and I feel that a discussion with a diverse group of individuals would be a powerful experience for all involved. Again, as I think about future research, I want a greater variety of backgrounds in my work with eating disorders, to add a different richness and texture to what we can contribute and what we can help others to understand.

I did not intend for Part Two to reflect ideas of social education and community, but it’s come full circle again. With an exhibit like THIN, I feel that these issues are so bound to the nature of the work that it is my duty to seek out the intersections. THIN may not be as idiomatic as I originally imagined, but in this way it is full of opportunities for learning, encouraged and spearheaded by art and museum educators. We have a part to play in this fight against eating disorders. We have a duty to protect against a tidal wave of messages that tell us to disappear. We have a role in promoting health and wellness
and self-love though art and museums. As I have learned through this dissertation and in life, it starts with us.

Finish and Start

It is the end, but it is the beginning. I started this and I want to finish this—both the dissertation and the “this” of eating disorders. I am a victim but I am a soldier. I feel relieved; there are others. I feel ashamed; there are too many of us. I feel hungry but full. I am fierce and enraged. I am deeply saddened and frustrated. I will continue to fight for you. I will fight for us.
References


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