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We Feed Off the Other: Master Bulimic Narrative as Cultural Materialization

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ABSTRACT

This performance analysis explores the cultural struggle over excess through mapping the chapters of the Master Bulimic Narrative. The competing, deeply rooted U.S. ideals of puritan self-restraint and capitalist indulgence materialize through interweaving the voices of self-identified “bulimic women” with the voices of U.S. citizens struggling with consumerism. In turn, a stigmatized, feminized narrative re-surfaces as an ongoing, shared cultural struggle over excess and the deeply-rooted and opposing beliefs of what it means to be a ‘good’ and ‘successful’ citizen.

KEYWORDS:

Bulimia, Eating Disorders, Consumption, Consumerism, Capitalism, Personal Narrative, Performance of Daily Life

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Introduction

A Shared Cultural Story

This essay expands a familiar cultural story – *The Master Bulimic Narrative* (MBN) as it is perpetuated in U.S. medical discourse, popular literature, and the media – to include stories of fiscal excess. Through broadening MBN’s performance of excess, the story expands beyond a few stigmatized, weak-willed, impressionable, feminine psyches to include many Americans who are not considered ‘disordered’ but simply engaged in the pursuit of valued capitalist success. Through a performance analysis, collective pity and abhorrence of the bulimic body re-surfaces as a struggle over excessive consumption and repentance that includes multiple deemed ‘normal’ bodies. The chapters of MBN, (beginning with the onset and ending with the never-ending maintenance of a ‘disordered’ performance), reveal deeply-rooted, shared American ideals of rightful capitalist indulgence and valued puritan self-restraint. Understanding this collective struggle can allow us as cultural members to potentially begin to move beyond the guilt over personal performances of excess to personal healing and communal reconciliation.

Literature Review

A Performance Perspective Applied to Personal Narrative

As a communication and performance scholar I see all human interaction as ongoing performances through which reality, truth, and meaning surface in a state of struggle, forever vulnerable to re-interpretation across communicative moments. This process is best described by the term, “*performativity*.” “Performativity must be understood not as a deliberate ‘act’ but rather as the reiterative and citational practice by which discourse produces the effects that it names” (Strine, 1997, p. 314). Butler (1988) explains that from a performance perspective, “One is not simply a body, but in some very key sense, one does one’s body” (p. 521). Cultural markers such as gender, race, and social status are co-constituted through humans interacting. Through our bodies we also *do* culture, co-constituting meanings and understandings through which we come to understand ourselves and others. These understandings remain forever vulnerable to revision through future interactions.

From a performance perspective, communication does not simply transmit past experiences to others, but each communicative act is a co-creation of meaning with the potential to reiterate, resist, and re-constitute identity, truth, and culture. Some understandings re-surface so often that they become engrained in culture, cited to the point that we interpret them as natural and obvious. They often are reiterated through shared stories, “lodge[d] . . . so fully in collective memory” that they become “points of ongoing reference and return” (Pollock, 2006, p. 93). These stories can become *master narratives*, continually retold to one another in an effort to understand who we are individually and collectively. Langellier and Sullivan (1998) explain that upon the onset of illness storytellers draw upon “master narratives” to structure their personal stories because they provide a familiar structure to comprehend their changing bodies. This study focuses on one such narrative: MBNⁱ, the familiar story of the dissent into, struggle with, and recovery from, bingeing and purging of food. This story stems from medical discourse to diagnose and treat bulimia nervosa, but is also recurrent across made- for-television movies, sitcoms, novels, and periodical articles geared toward women. This essay focuses on MBN as

told by those most frequently diagnosed with the disorder – white female college students, ages 18-25 – and grapples with what their stories reveal about the culture through which they continually re-surface. Through understanding the MBN as the result of performativity, we can trace how a society co-creates the narrative through interaction as opposed to discovering it through observation.

MBN as Cultural Materialization

Feminist scholars have skillfully studied the bulimic experience and its relation to U.S. culture, illuminating the impossibility of embodying a patriarchal culture's ideal of feminine thinness.ⁱⁱ A performance perspective shifts the story from the female body and the consumption of food to a fleshed story of culture beyond gender ideals. Through acknowledging the bulimic's struggle as the visceral materialization of a shared cultural conundrum we are able to not only empathize rather than marginalize and sensationalize the bulimic and her story, but also better understand the binge and purge cycle we collectively share with her. The story of her body becomes the story of ourselves so that we are able to move our discomfort with her out-of-control, termed 'mentally ill' performance of self, to discomfort with the ubiquitous struggle to successfully perform self-restrained consumerism, e.g. indulgence without excess.

The U.S. Culture's Competing Ideals: Indulgent-Consumption and Self-Restraint

Fat Studies scholars highlight competing values within U.S. culture to explain why Americans abhor the overweight body. According to Gemzoe (2005) across Christian culture those regarded as most holy, (Catholic saints), were also very thin: "The holiness of the non-eaters is based on the Christian tradition's positioning of sex and food as sensuous and sinful and the renunciation of food and sex as holy" (p. 104). The Puritan Church heightened this aesthetic in their desire to discipline the earthly body. Lebasco (2004) explains:

The militancy of our cultural preference for thin, ascetic bodies likely stems from northern European puritan attitudes toward sex and food, wherein the fat, indulgent body is seen as the anathema to the proper embodiment of spiritual devotion, efficient work, and high socioeconomic status (p. 21).

These puritan roots of hard work and self-restraint fuel the value of the strong work ethic within the capitalist society but pose opposition to the capitalist pursuit of individual wealth because puritans advocated for a minimalist life. The capitalist work ethic strives for earthly rewards. Like controlled consumption of food nourishes the body but does not eat to an excess and become fat, the good capitalist fuels the economy with purchases, and deserves whatever extravagances her/his work facilitates as a reward. However, perceived overspending evokes shame over lack of self-control.

These competing ideals of good citizenship, both self-restraint and indulgence, are materialized and sensationalized through the bulimic's embodied performance of bingeing and purging, but also can be traced in daily acts of 'good' spending. When the consumer indulges in a purchase, and then feels regret, and desires to regain control through returning an item, restricting future spending, or working more hours, (much like the food bulimic

vomiting, starving, or exercising) the struggle over excess emerges, broadening the MBN beyond the consumption of food.

Movies such as *Confessions of a Shopaholic* (2009) position only those who buy excessive amounts of a specific items, (shoes, clothes, etc.) as struggling with ‘addictive behavior.’ The experiences included in this study illustrate how even those without deemed ‘unreasonable purchases,’ still struggle with excess and remorse overspending. Through interweaving the voices of bulimic women with the voices of Americans struggling with how to balance consumerism within our turbulent economy MBN transcends beyond the struggle of particular, fragile, ill bodies to the collective performance of U.S. culture.

Methodology

Performance as Cultural Illumination

This study contains narratives collected through formal interviews and impromptu conversation. For the initial analysis, I placed a call for self-defined bulimic women on a northeastern university campus’s intranet. Five women, all white, heterosexual, middle class, and between the ages of 18-25, replied. This particular group of women represents those most commonly diagnosed with bulimia (John Hopkins, 2012) and in turn those who potentially are most compelled to reiterate the dominant narrative associated with their demographic. I asked each woman to tell me her personal story of bulimia face-to-face, to begin the story where she felt it began and to end it where she felt it ended in an audio-recorded interview ranging from 30 to 120 minutes. When transcribing, I eliminated commas and periods and moved to a new line to indicate the natural pauses that constitute each unique speech pattern. This transcription style continually draws attention to the body through which the narrative emerged (rather than simply, the words as they re-appear on the page), reminding us that this master narrative is a visceral performance of cultural ideals, a story of a body’s stigmatized performance, told *through* the stigmatized body (Peterson & Langellier, 1997).

Within each chapter of MBN, I interweave statements that surfaced within informal conversations over the past five years. I had not initially intended to document these experiences, but as others’ personal struggles perpetually reminded me of the bulimic women’s stories I decided to conduct a second study. When I heard phrases that revealed the struggle to successfully perform material consumption, (to display both the self-control to restrain and the resources to indulge), I asked individuals if I could include their quotes in an ongoing research project on struggles of consumerism. I read statements back to the participants and asked them to correct any paraphrasing or inaccuracies. In order to keep their identities confidential and also to highlight the reemergence of these ideals across varying bodies and contexts, I include a first-name pseudonym, age, race, and profession after each phrase.ⁱⁱⁱ From 106 collected statements from 35 participants I chose phrases that both mirrored the stories of the bulimic women and represented Americans from across identity groups.^{iv} I did not re-create the speech patterns of these participants because unlike bulimic women, their bodies are categorized as ‘normal,’ even as they reference struggles with ‘fiscal bulimia’ which is the term I apply to those that overindulge or “binge” on purchases and then seek to purge through restricting future spending or returning items.^v The contrast between the two transcriptions serves as a reminder that the bulimic’s story, performed through the diagnosed disordered body is singled out as ill and

grotesque, even though the struggle transcends beyond food consumption into ‘normal’ citizens struggles over consumerism.

Results

Chapters of the (Culturally Shared) MBN

I refer to the women telling their versions of MBN by the pseudonyms Josie, Molly, Jana, Emily, and Addie. Due to page constraints, only Addie and Emily will appear in the text because their stories most closely mirror the familiar MBN. The chapters as told by the other participants can be found in the Appendix. Jana is Emily’s friend since high school and the two women preferred to co-perform their experiences. Jana chose to reiterate Emily’s story, telling me that hers is “basically the same,” and only entered in her own experiences as part of Emily’s. She emphasized that she also struggled with anorexia and bulimia, but she, “would rather not discuss the details of purging.”^{vi} Each bulimic woman’s story is structured into four chapters: **A setting of tension, Binging and purging, Point of intervention, and Managing: the never-ending recovery.** I will describe each of these chapters and illustrate how they are also performed in the daily cultural act of consumerism. For space purposes I will include one example of food and one of fiscal bulimia in each chapter of MBN. For fiscal bulimia I chose three narrators, a man, Michael and two women Sarah and Mary that represent a range of ages, social classes, and ethnicities to illuminate how this struggle transcends social categories. Other examples that further exemplify the nuances and variations of the narrative from both a food and fiscal perspective are in the Appendix.

Setting of Tension in Transition: Performing Loss of Control

Each bulimic woman told a story of how her interactions with her closest relationship (parents or boyfriend) provoked her to spiral into an unhealthy performance of a deemed psychologically ill performance of self. This need to explain the source of a struggle is not limited to impressionable young women prone to mental illness, but is reiterated by Americans seeking to explain why they cannot simply live within their current financial limits, citing the need to perform the values of material wealth and success for those closest to them, not only themselves. Like the bulimic woman, the struggle over consumerism stems from our situational histories (relationships and contexts), rather than an intrinsic character flaw (greed, envy, laziness, irresponsibility).

Like many food bulimics, Emily situates her performance of bulimia as emerging from within her family ideals, primarily her mother:

My mom was she always had issues

which came from my grandmother who was always like

“Honey don’t eat that”

She’s still like that

Despite an ongoing attention to embodiment, Emily singles out a specific moment when her consumption of food moved from normal to abnormal, situating her performance of bulimia as a response to the interpretations of those around her:

Before that I had gone to Nebraska
 And the guy I was with for four and a half years
 we broke up it was really *really* bad
 and I ended up losing weight
 not on purpose just because of loss of appetite
 and when I came home everyone was like
 oh you look SO good blah blah blah
 so of course that spiraled
 I was like oh I *have* to look this way

Emily describes her bulimic behavior as a “spiral.” A spiral begins at a certain place and Emily names its origin in her relationships and situation. Michael, a 42-year-old, Latino manager explained a similar effect with his family’s celebration of his success. He cites his move away from home, and changed dynamic with those closest to him. Like Emily, he wants to perform his ideal self to them, no matter the cost:

When I first graduated and moved away from home, I got a good job, and a new car, and eventually a new wife and a baby and whenever I’d come home I’d see how proud my parents were and that of course made me want to be even better next time I saw them. They kept telling everyone how good I was doing, to justify why I moved so far from home. I felt bad, and wanted to help them justify, so then I started spending a little more to put on a show for them so they could put on a show, and a little more, until I was spending more than I was making. Now, I doubt my credit will ever recover.

Michael’s excessive spending led to his house almost going into foreclosure and his car being repossessed. The desire to perform success for those she or he is closest to is recurrent across different human experiences, whether materializing in one’s physical appearance or possessions. Pleasing those to whom we feel a connection potentially reifies a sense of both pride and belonging, perhaps even making the dreams of others come true through our accomplishments whether physically or professionally. Both a trim body and thick billfold reiterate the self-discipline associated with puritan ideals and capitalist work ethic, both valued until control is lost to excess. Emily and Michael express the desire to appeal to those they feel closest, positioning their own spirals into physical and financial bingeing and purging as brought on by being ‘good children’ to their parents and members of their home communities.

Throughout the Setting of Tension, the struggle over control materializes in the desire to control the tangible: one's body or finances. The struggle to successfully manifest others expectations through one's personal performance of possessions or embodiment re-emerge, intertwined in the shared ideals of both self-restraint and self-indulgence. The desire for independence and self-responsibility lead to excessive consumption, physically and financially. The next chapter of MBN focuses on the performance of bingeing and purging, both of food and finances. Consuming and expelling of calories in private or purchasing items without others awareness of one's finances reveals this secret performance and illuminates a shared cultural struggle to balance restraint versus indulgence.

Bingeing and Purging: The Secret Performance

Self-identified bulimics know the bingeing and purging section of MBN, even if their personal experiences deviate from it. The secret performance of bingeing on excessive amounts of food and then purging food from the body in a grotesque display of out of control, "unfeminine femininity" is central to the spectacle of this familiar mental illness of culture (Scott, 2008). This display gives an embodied manifestation to the binge and purge struggle between controlled puritan self-restraint and excessive capitalist indulgence. The idea of purposely inducing vomiting is sickening, while a person spending beyond her/his earnings and then experiencing remorse that manifests in returning items, getting rid of credit cards, or seeking assistance from financial professionals to manage debt, is not readily marked as mentally disordered unless purchases are deemed irrational because of frequency or sheer cost, (i.e. buying 1,000 pairs of shoes or a sports car one cannot make the payments on). Only then do others potentially term someone a "shopaholic," found in the urban, rather than medical dictionary and escaping the stigma applied to formal mental illnesses.

Addie positions her body intervening with her flow of consciousness and demanding her body purge its contents:

So I would go on

binges *day-long binges*

where I would eat anything and everything I could get my hands on and THEN some

KFC Taco Bell all became my best friend (laugh)

it was the fastest way to get food in my system um

I would binge and purge constantly

Sometimes I wouldn't even have to stick my finger down my throat

I'd eat so much my body would be like *what are you doing to yourself?*

And everything would come back up (laugh)

Addie does not narrate bingeing and purging through specific incidents but as a familiar, ongoing performance. Mary a 30-year-old, white journalist reveals that controlling one's finances can offer a similar sense of independence.

I get a rush from shopping, from a big purchase, at least initially. Walking out of the store I feel like I've won. It's like I'm on a roll and nothing is going to stop me. The world is not going to stand in the way of my happiness and I just have more and more bags. Then that night, the dread sets in, and I vow to never, ever do that again.

For Mary, the desire to control her budget and maintain an identity apart from her family compelled her to get over \$100,000 of debt before her 30th birthday through living off of a credit card in college (See Appendix for additional quotes from Mary). Like Addie, Mary positions the binge and purge cycle of fiscal bulimia also as a familiar struggle, in which the oscillation between the desire to spend and the desire to save results in visceral feelings of nausea:

Sometimes, after a big shopping trip I get home and just feel sick. I feel so sick, that I cut up credit cards and go return stuff. I can never really return all of it though, and I always end up deciding that you really can't live without a credit card. So the cycle continues. I can't help but spend more than I'm making.

Binge and purge stories (whether eating or fiscal) indicate a ritual performance, a performance that emerges through practice. The repetition creates the performativity that comes with familiar re-performances. The cutting up of credit cards after an expensive purchase, like vomiting after an out-of-control eating episode, is familiar to us. Both Mary and Addie feel regretful, disgusted at their losses of control and desire to repent, and they do, until the next episode, which causes the cycle to continue.

To binge and purge on food is seen as unfeminine and even grotesque, the most disordered component of the bulimic identity (Scott, 2008). The bulimic women laughed or became sarcastic during their descriptions of this activity. At this point, they responded and performed their own understanding of the absurd, mentally ill, and identified disordered portion of their narratives. This phenomenon was similar in stories of fiscal bulimia, in which people exhibited anxiety and a desire to regain financial control through restricted spending, cutting up credit cards, or returning items in order to regain composure after losing control. The purge allows one to regain the puritan self-restraint after an excess of capitalist indulgence (beyond what they can afford).

The next chapter of MBN shifts the performance of bulimia from private to public through the intervention. The intervention describes the point in the narrative when someone, either the bulimic or someone with whom she/he interacts, recognizes there is a problem, a disorder or loss of control that needs correction. In the first chapter of MBN characters function as the cause, the setting from which the bulimic identity first begins to emerge. In the binge and purge episodes other characters are absent, entering in only as a potential audience from whom to conceal the performance. For those who spiral into the binge and purge cycle, the intervention of others reveals that one's performance of self is out-of-control and needs others to enter in order to enable one to manage her/his appetite for food or merchandise

The Intervention: Regaining Control through Another

That intervention of MBN encompasses more variations than other chapters. All of the bulimic women performed the intervention of a character that played a key role in their struggles to regain control, but how the key character enters the narrative emerges in a variety of ways. The women acknowledge the cultural expectation that the intervening character be a health professional as recommended in medical discourse, though several resist this classic authority within their personal stories. While one's bulimic behavior is sometimes discovered by another in the familiar MBN (parent, boyfriend, teacher, etc.) one only 'truly' recovers when a health professional intervenes, allowing the person to restore her control over consumption, and recovery. Because of MBN's roots in medical discourse, the only deemed effective intervener is a health professional. When bingeing and purging moves from eating to financial spending, a financial consultant is only included when one is near bankruptcy, materializing the dangers of the puritan-capitalist struggle for self-control and indulgence. Still, other characters play key roles in one's struggle to end the binge and purge cycle of spending. The struggle remains collective rather than personal across narratives.

Emily felt compelled to seek help from a health professional when her constant bingeing and then purging through vomiting and exercising was impacting her social life and her friends became suspicious of her habit because bingeing and then purging through exercise took more and more time. Emily closely re-performs this chapter of MBN by involving a series of medical and then psychological professionals for help, beginning with a nutritionist who offered the first diagnosis:

She said

“You're definitely bulimic

but I can't help you”

But she gave the names of some people who could help me psychologically

the first person didn't really help

and finally I got sick of it

Emily tried to deal with her bingeing and purging on her own for a semester living in a single dormitory room:

I thought

Well instead of seeing these people I can just stick to myself

but you just make it worse

She then went to see a nurse who sent her to a psychiatrist:

Dr. Sharp

who put me on Zoloft and also I went to see Lucy

a counselor on campus

And the Zoloft

that's what *really* helped me cause it got me to relax a bit

and therefore my behaviors weren't so anal

Emily re-performs the U.S. society's expectation that a psychologically disordered identity needs professional intervention. Emily positions her body and mind as ill and in need of medication to help her relax, to become less rigidly focused on her own embodied behavior.

The professional that intervenes in a fiscal bulimic's performance is usually not a psychologist, potentially because the binge and purge spender is not marginalized as mentally disordered. The fiscal bulimic's performance does not create a visceral grotesque spectacle like the feminine body's consumption and expelling of food or have physical ramifications. Sarah, a 37-year-old, white, daycare owner, and mother of five, finally hired a lawyer to help her to apply for debt consolidation when living beyond her income to impress her parents and keep up with her friends put her in danger of losing the house her husband and she purchased at the height of the housing market. The lawyer explained that in order to be successful she would need to be able to demonstrate she could live within her means and helped her make a budget to make her a candidate for refinance:

I talked to the lawyer on the phone daily. He helped me figure out how much I could pay a month and was the go-between between me and the mortgage company. He kept saying that this happened to lots of families like us – people that were in business for themselves. My husband is a contractor and I run a daycare. Neither of us have degrees. It felt good to know that he had dealt with people like us before. He kept saying that it was so normal. It made me feel hopeful that maybe we weren't so crazy. This was happening to a lot of people.

The final chapter of MBN challenges the power of the intervention. Controlling the bulimic identity reiterates cultural beliefs that the disordered mind and body of the bulimic remains forever vulnerable to a repeated disordered performance. This never-ending struggle resurfaces in the performance of restored financial stability. An individual restoring her or his finances does not dismantle the competing discourses of a puritan-capitalist culture. In turn, Americans are left engaged in a continual struggle to simultaneously embody opposing ideals.

Controlling the Bulimic Identity: An On-Going Performance

None the women interviewed positioned bulimia as no longer part of her identity. MBN emerges from a context of mental illness that professes that the disordered mind can be managed, but never cured. As a result the bulimic requires ongoing interventions.

Addie articulates the ongoing struggle to resist bingeing and purging:

So you know

it's a struggle

it's it's not something that

you know you go

you *do it*

you don't get the T-shirt T-shirt

It's not like *I've been there done that*

You know

It's an everyday struggle

Everyday

you eat *everyday*

Like you know what I mean?

there are *good* days and *bad* days

um it's a process of dealing with it normally

um like just like with people who are alcoholics and drug addicts

You still want to sometimes

I still do

Addie positions bulimia as a perpetual mental illness that she maintains since it is incurable. Her story emerges from the same context as other recognizable performances of addiction in U.S. society, such as alcoholism and drug addiction. Bingeing and purging is situated among serious disorders that remain ongoing personal struggles beyond intervention and recovery. Sarah reiterates Addie's sentiments in her struggles with fiscal bulimia:

The tough thing is that you can't just give up spending money. Unless you're going to go and like live off the land or something, hunt deer and grow a garden, build a cabin or whatever. You have to live. You can't not have a credit card. I just have to keep budgeting. Sometimes I get tempted... We can't really afford to give the kids the Christmas they're used to, but it's Christmas and I got a little carried away. I haven't told Ted yet. I mean I haven't lied to him, but I haven't brought it up. I don't want to worry him. I'll just not spend anything but the necessities over the next few months to balance it all out. Christmas morning is important. It will work out, I hope.

Consumption, whether of food or possessions, cannot be given up completely, leading to a never-ending struggle to not enter into a self-destructive re-performance. Addie struggles in her final phrases to balance both her success and feelings of failure, of her ability to maintain control, even as she feels herself slipping:

I'm doing *pretty* good
 I'm not going to say I'm 100 percent positive
 Yeah I've been sticking to it um
 recently it's it's gone back downhill
 added stress back home
 stress at school
 life in general
 it's been real down hill
 and people are noticing now more and more (sigh)
 that I'm not being myself
 so they're like
 "why not come home and get rebalanced?"

She details her daily, repeated performance, disclosing that she cannot handle eating three meals a day:

Okay
 nine o' clock I grab a muffin
 and then 11:00 rolls around
 okay I'm going to grab another piece of fruit
 or a bagel because I'm hungry
 I eat little by little throughout the day
 Dinner is that main meal that I sit down and say
 "okay I'm going to eat this"
 That's where it is now
It isn't anything great (sigh)
 It's in my life so I deal with it

Addie desires to maintain in the midst of feeling frustrated. She yearns for a performance that does not involve struggle over the consumption of food. Her sentiments reference Sarah's:

I do my best to keep to a budget. I know not to go shopping till the check is deposited. That gets really annoying sometimes. And I'm always saying "No" to the kids when they want something. That's just how it has to be. Overall I do pretty good but it's frustrating. I don't want to be almost 40 and living like this. It's not how I pictured life being.

The ending of Addie's narrative performance of bulimia emerges from the re-citation of the eating disordered identity, an identity that needs ongoing professional help to control it. She longs for a different personal story. Sarah's narrative also asks for a different story, a story she sees as an ideal: possessing enough financial means so that exercising the self-restraint to live within her family's budget does not evoke a sense of failure to perform capitalist success. Constrained by imagined realities of successful performances, she, like Addie, is left in an ongoing, unfulfilling struggle.

Discussion

A Stigmatized Narrative of a Ubiquitous Cultural Struggle

MBN emerges stigmatized, confined to the cultural context of mental and physical illness. The illness and the loss of control are incurable; the malfunction is of the mind, not of the body. The women diagnosed are depicted as fragile, as either succumbing to the pressure to embody cultural ideals of feminine beauty or enacting destructive behaviors on their own bodies when they cannot maintain control in other areas. Even in her deviations from MBN, the bulimic woman acknowledges the cultural expectations of her deemed disordered performance. Her identification with this master narrative manifests the performativity surrounding the bulimic identity in U.S. society. This patriarchal context views bulimics as the "other," a feminine, abnormal, mentally *disordered* identity, an identity that society expects them to conceal, and if revealed, to recognize as unacceptable. Their performances must be controlled through the help of 'non-disordered' people closest to them (parents, lovers, etc.) and the psychological and medical professional communities.

Interweaving voices from individuals caught within varying chapters of fiscal bulimia, performing their identities from bodies unmarked by a 'disordered' diagnosis allow the chapters of MBN shift from the story of a few marginalized bodies to the visceral manifestation of deeply-rooted competing U.S. cultural ideals of puritan self-restraint and capitalist indulgence all engaged in a struggle over excess. The effort to perform both ideals, to 'do' self-restraint and indulgence manifests an ongoing shared cultural struggle extending beyond the embodied consumption of food to all forms of consumption. Through performance analysis, the competing performativities of self-restraint and indulgence as the virtues of 'good,' 'successful' Americans and the struggle over controlling excess become recognizable. Through this recognition the option to confront and dismantle the tenants of this struggle becomes possible. Perhaps the abhorring of the food bulimic stems not only from our discomfort with bodily consumption and expulsion (gorging, vomiting, excretion through laxatives, etc.) but our discomfort with the

fleshed materialization of our shared struggle over opposing values that often go unnamed across our daily struggles of consumption. When we recognize that the MBN is thickly interwoven within rather than peripheral to our identities, we are not only able to accept rather than stigmatize/pity bulimics but also understand the binge and purge cycle as collectively intricate to ourselves. By recognizing the bulimic body's performance as a visceral manifestation of culture, (rather than a marginalized and sensationalized performance brought on by vanity and/or psychoses), we can begin to understand our collective struggles to perform restraint and indulgence in an effort to perform "success" in our ongoing collective performance of puritan-capitalist identity. Only through this understanding can we reveal the futility and impossibility of our desire to perform competing ideals in our daily performances of success. Through realizing that the desire and performance of excess and the guilt and desire for repentance are futile the potential to co-constitute spaces and opportunities for new shared cultural values to take shape becomes apparent.

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ⁱ See the following published texts and films which reiterate MBN as presented in this study. *A Secret Between Friends*, DVD. Directed by Jim Contner, 1996. *Lifetime Movie Network*; *Dying to be Thin: The Ellen Hart Pena Story*, DVD. Directed by Jan Egelson, 1996, *Lifetime Movie Network*; *Kate's Secret*, DVD. Directed by Arthur Allan Seideman, 1986; Jocelyn Golden. *Learning to be Me: My 23-year-struggle with Bulimia Nervosa*. Tillman, L.M. (2009). Body and bulimia revisited: Reflections on "A Secret Life." *Journal of Applied Communication*, 37(1), 98-112.

ⁱⁱ For example, Counihan (1999) applying an anthropological lens and review of existing literature asserts bulimic women "express conflicts in the social process of becoming an American woman . . . confusion over sexual identity, struggle with issues of power, control and release; solitude and deceit, and family strife" (p. 79). Bordo (2003/1993) taking a psychoanalytic approach, shifts emphasis from the woman's experience within a patriarchal culture to mirror the struggle between the citizen within America's capitalist economy, stating that for the bulimic, "the difficulty [lies in] finding homeostasis between the producer and consumer sides of self" (p. 201). From a Foucauldian perspective, Guthman (2009) argues that in her struggle, the bulimic practices good U.S. citizenship: "The perfect subject-citizen is able to achieve both eating and thinness, even if having it both ways entails eating non-foods of questionable health impact (Splenda) or throwing up the food that one does eat (the literal bulimic)" (p. 193). This study begins with the reiterations of Counihan's findings and expands upon the insights of Bordo (2003/1993) and Guthman (2009).

ⁱⁱⁱThe participants are diverse in race and sexual orientation though the majority identify as white and straight. They are from different regions of the country and from both rural and urban settings. It is important to note that while the participants vary in identity markers, each is acquainted with me, a 30-something, white, heterosexual academic from working class roots.

^{iv} The statements collected illustrate the nuances of MBN. When selecting statements to include in both the analysis and appendix I chose those that went into the most detail in regards to context and relationship (parental or significant other struggles, etc.)

^vThe term "fiscal bulimia" has been used to critique of the government's need to "purge" after excessive spending in order to restore the economy. In this essay I use the term on a personal, rather than governmental struggle.

^{vi} Many bulimics also engage in anorexic behaviors, the drastic restricting of calories. This phenomenon is present in both medical and psychological literature and in all the personal narratives included in this study. Jana said that she was more comfortable talking about anorexia than bulimia. This could be linked to our admiration for those who are able to exhibit self-control rather than succumb to the excess and then 'repent' through purging.