

# Mothball Wishing to be a Butterfly: Studying Joan's Eating Disorder in Margaret Atwood's *Lady Oracle*

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## Abstract

The understanding of psychological disorders evolves over time and with this evolves their depiction in fictional works. As each individual's case with a particular ailment is unique, so is its portrayal in fiction. One such portrayal of Binge-Eating Disorder is in Margaret Atwood's novel *Lady Oracle*. The paper attempts to study the various causes of disordered eating of Joan along with her journey of reversing her eating patterns. It is argued that the interplay of social and familial causes lead to Joan's predicament. As the narrative is set in the mid and late twentieth century, it also allows one to compare the changes since then in various media avenues and their influence in circulating different ideals of the female body. The paper contributes to both medical and health humanities as it analyses in deep the portrayal of Binge-Eating Disorder in the novel.

**Keywords:** Binge-Eating disorder; Familial; Female; Health humanities; Medical humanities; Social.

I knew this even when I was ten. If Desdemona was fat who would care whether or not Othello strangled her? Why is it that the girls Nazis torture on the covers of the sleazier men's magazines are always good looking? The effect would be quite different if they were overweight. The men would find it hilarious instead of immoral or sexually titillating.

Margaret Atwood, *Lady Oracle*

According to Shapiro et. al, Medical Humanities aims to improve health-care facilities by teaching its practitioners using methods, concepts, and content from the humanities disciplines to create more self-aware and

humane professionals (192-93). While memoirs, autobiographies, non-fiction, and self-help books in Literature contribute directly to the field of medicine, fiction can help in illustrating the conflicts in the medical encounter (between health practitioners and patients, science and superstition, social and cultural context), develop empathy and generate an ethical, historical and epistemological reflection of the practice (Mejía-Rivera 25). Leo Tolstoy's *The Death of Ivan Ilyich* (1886), Albert Camus' *The Plague* (1947), Ken Kesey's *One Flew Over the Cuckoo's Nest* (1962), and Alberto Barrera Tyszka's *The Sickness* (2006) are some novels that explore themes around medical practice.

Food and sleep are two essentials of the human body that are affected in case of any mental or physical disturbance. While eating is important for providing nutrients and energy to the body, sleep is necessary for rest and healing. Eating and sleeping disorders often accompany other abnormal disorders and physical ailments. Feeding and Eating Disorders are often dubbed as modern female disorders though pathological patterns of eating have been observed throughout the centuries (Butcher et al. 300). The myth that it affects more women than men is also called into question, as these disorders are underdiagnosed and misdiagnosed in men (Butcher et al. 300). DSM- 5 by the American Psychiatric Association lists nine Feeding and Eating Disorders namely, Pica, Rumination Disorder, Avoidant/Restrictive Food Intake Disorder, Anorexia Nervosa, Bulimia Nervosa, Binge- Eating Disorder, Other Specified Feeding and Eating Disorder and Unspecified Feeding and Eating Disorder (329-58).

Literature has often depicted the causes and symptoms of psychological disorders accurately and sensitively, whether it is Lady Macbeth's obsessive-compulsive disorder (a result of her guilt) in William Shakespeare's *Macbeth* or Henry Jekyll's disassociative identity disorder (a result of restraining his wilder impulses) in Robert Louis Stevenson's *The Strange Case of Dr. Jekyll and Mr. Hyde*. Global attention to mental health has created a more humane depiction of psychological disorders in movies and literature. *Thirteen Reasons Why*, a popular contemporary novel by Jay Asher, explores conditions like depression, bipolar disorder, anxiety, PTSD, and suicide in teenagers. Today, there isn't a dearth of fiction, non-fiction and self-help books for people dealing with various eating disorders; the list is, of course, longer for women than for men. These narratives of Feeding and Eating Disorders can help a large range of health practitioners in General Health, Psychiatry, Psychology, Nutrition, and Physical Training.

Margaret Atwood is a Canadian writer known for depicting the psycho-

logical world of her female characters that often have to live with one or multiple psychological conditions like anxiety, depression, and other psychotic problems. Her novels provide ample narratives that can easily be used to understand various emotional states, a variety of psychological disorders, and even physical ailments. *Surfacing* depicts the psychotic breakdown of a woman because of the resurgence of her traumatic memories; *Life Before Man* portrays depression; and *The Blind Assassin* discusses the effects of abuse. In *The Robber Bride*, Atwood traces the psychological development of three women and how it shapes/influences their decision-making power as adults; *Bodily Harm* draws the life of a woman with breast cancer; *Cat's Eye* explores the crippling anxiety and depression of an artist; and *Alias Grace* depicts a murderess and her experience of psychiatric institutionalization.

Atwood, in the Introduction to a Cookbook, writes, "Eating is our earliest metaphor, preceding our consciousness of gender difference, race, nationality, and language. We eat before we talk." She has often used eating as a metaphor for the power struggle between men and women (Parker 349). Her first novel, *The Edible Woman* explores the condition of Marian who gradually stops eating as she loses autonomy and her sense of self in her romantic relationship. The condition has been read as Anorexia Nervosa, an eating disorder where intense fear of gaining weight or becoming fat combines with behaviour that result in significantly low body weight (Butcher et al. 295). While the condition of starving oneself is certainly not new, the term Anorexia Nervosa was coined by Sir William Gull in 1873; what Atwood depicts is closer to the literal translation of the term which is "lack of appetite induced by nervousness" (Muhlheim). Marian begins to empathize with the animal products lying in front of her because she feels that just like those objects, she is also being consumed by her fiancé, metaphorically. Her loss of appetite is both a physical expression of her powerlessness and a protest against that powerlessness (Parker 350). She is incapable of articulating herself like Joan, the protagonist of Atwood's third novel *Lady Oracle*.

*Lady Oracle* is the story of Joan Foster, a successful writer with a history of Binge-Eating Disorder that starts in her childhood and continues well into her adulthood. The novel is narrated in the first person by Joan and this allows the reader a close look into her psychological world. She develops an eating disorder as a result of her failure to fit within society's norms for young girls. This failure makes her a victim of the traumatic experience of her mother's rejection. Joan does lose her excess weight but the memories of her obese self are so humiliating that she hides her former

self from people in general and men in particular. This duplicitous self appears in her two kinds of writing where she writes *Costume Gothics* under a pseudonym (Louise K. Delacourt) and poetry under her birth name. The act of hiding parts of herself that has the slightest chance of being laughed upon or rejected creates anxiety and paranoia in her adulthood. The reader gets a more detailed look at Joan's life as compared to Marian's. Joan's childhood is responsible for her miserable state as an adult, but with Marian one can't apply this longitudinal approach of analysis (studying/researching something/someone over a period of time) as the text only focuses on her adult life.

Psychological disorders in women have been a subject of research in the Feminist tradition for a long time now. The "madwoman in the attic" has been given a voice where she can finally explain the reasons for her madness, while also questioning the representation of her madness in a patriarchal society. Eating disorders too have been the subject of a plethora of research through the feminist lens, where social and cultural power structures are studied to understand their repercussions on women's eating patterns. For this paper, Joan's condition would be understood in the light of psychoanalysis and her social interactions. Atwood's depiction of Binge-Eating Disorder will be studied and used as a prototype to study contemporary conditions.

Psychoanalysts, developmental and child psychologists have emphasized the effect of childhood experiences on adult life and personality. Hence, the relationship dynamics of the family is the first chapter in a person's life that is deeply studied to understand his/her needs and motivations as an adult. Sigmund Freud, in his theory of psychosexual stages of development (a human development approach in which each stage an erogenous zone is the source of pleasure for the individual), describes the Phallic Stage as a period when the male child is attracted to the mother and sees his father as a competitor and the female child is attracted to the father and sees the mother as a rival (Hall et al. 54). The female child sees her mother as lacking the protruding male sex organ and blames the mother for her castrated condition. This rivalry is complicated as the nature of feelings is of "ambivalence" and not just pure hostility towards the opposite sex parent (Hall et al. 55-56). Joan's feelings towards her mother are also ambivalent. She wishes to hurt her by binge eating, but at the same time she desires her acceptance as well. Overeating is symbolic of filling up on the love and affection that she desires and is also a mechanism to deal with the ambivalent relationship. Her mother's active rejection of her because of her weight in childhood and binge eating and obesity in ado-

lescence complicates the relationship even further. Her father is an absent parent till she is five and his name is used by her mother to either scare her into submission or depict him as a pleasant man whose arrival would signal positive changes in their lives. Joan later describes him as an “absence” as most of the time he usually remained in the background never taking an active part in Joan’s upbringing (69). There is enough evidence in the text itself to suggest that her father struggles with post-traumatic stress disorder. Despite his absence, Joan is much kinder while depicting her father than she is while talking about her mother: “... , the secret that I alone knew: my mother was a monster” (67).

The surrogate mother figure in Joan’s life is Aunt Lou who loves and appreciates her as she is. She takes her to fairs and cinema halls and lets her eat all that she wishes. She is kind to her and emphasizes that it doesn’t matter how one looks. Aunt Lou is described as a heavy, independent, and happy woman—a stark contrast to the protagonist’s mother. Her relationship with Joan is based not only on affection but also on the fact that she is someone Joan can relate to as another fat female who isn’t a rival for her father’s love. This complex dynamics of Aunt Lou as being present-compared to her absent father and being opposite (physically and behaviour-wise) of what her mother is in every way- allows their relationship to flourish. Joan says that in one of her daydreams, “I used to pretend Aunt Lou was my real mother, who for some dark but forgivable reason had handed me over to my parents to be brought up....In this case my father was not my real father, and my mother...but here it broke down, for what could have persuaded my mother to take me in if she hadn’t be obliged to?” (89).

Joan is named by her mother after Joan Crawford, a popular American actress. This act of naming is symbolic of hoping that the girl can mould herself into a beautiful, hardworking, and successful woman. While the expectation of being desirable is set upon Joan when she is born, she learns quickly that her mother isn’t satisfied with the daughter she has. It begins with Joan being a plump toddler and as she grows, she keeps on gaining weight; the mother finally starts expressing her displeasure openly as she turns six. The most traumatic event for Joan is when she is asked to step down as a butterfly by her dance teacher (who is carefully shown how grotesque she looks by her mother), and instead be a mothball. She feels humiliated, angry, helpless, and betrayed since as a six-year-old, she doesn’t understand why she can’t wear a beautiful butterfly dress with wings. Her mother’s active rejection of her leads her to start binge eating; she describes this as a “war” with her mother where the disputed territo-

ry was her body (69). This revolt on Joan's part leads her to start eating stubbornly and forgetting that it's her own body that will bear the consequences, no matter who wins in the end. Her mother tries to nag, plead and even bribe her to lose weight but Joan makes it a mission to fail her in her project of making her lose weight. She even buys clothes that would flaunt her body's size to hurt her mother more. Joan, by the age of fifteen, weighs two hundred and forty-five pounds because of binge eating and she describes that "It was only in relation to my mother that I derived a morose pleasure from my weight; in relation to everyone else, including my father, it made me miserable. But I couldn't stop" (74). Hence, her binge eating activity is filled with ambivalence, mirroring her relationship with her mother. Finally, when one day she is able to reduce her mother to tears, she sees this as a sign of her power. She believes she has been successful in defeating her mother as she would never allow her to turn her into "her image, thin and beautiful" (88). Eating in Atwood's world is associated with power but the power that Joan derives from it does her more harm than good, leaving her to feel wretched most of the time.

However, reading this mother-daughter relationship and using it as the sole reason for Joan's Binge-Eating Disorder would be unfair. As pointed out by Rabinor, most of the time, disorders, including eating, are blamed on poor mothering, as it is the primary caregiving activity (273). Joan later learns that her mother was brought up in a strict environment, leading her to run away from home at sixteen. She gets pregnant accidentally with a man she isn't in love with and has to manage everything alone until he comes back from the war. Her daughter constantly challenges her authority and is far removed from the beautiful figure that society expects her to raise as a mother. Later, she even starts abusing alcohol to escape her reality. Joan's power struggle with her mother hurts them both. Justifying her unkindness and dissatisfaction towards her daughter because of her own trauma is one way to understand their relationship, but it would be unfair to completely blame her for Joan's condition.

Rabinor points out that disorder occur because of the interplay between intrapsychic, familial, and cultural factors (273). In Joan's case, several other factors at play result in and help her sustain her binge eating, even though she actively blames her mother while narrating her story. Her teacher is responsible for taking away her desired butterfly wings for the dance recital, but she holds a grudge against her mother alone. Over time, she realizes that her hurt was unjustified, "It's hard to feel undiluted sympathy for an overweight seven-year-old stuffed into a mothball suit and forced to dance; the image is simply too ludicrous. But if I described

myself as charming and skinny, they would find the whole thing pathetic and grossly unfair" (52).

At the age of seven, when she joins a Girl Guide group called Brownies, she is bullied by three girls because of her sensitive nature. The reason the tormentors give for bullying her is that she's "fat" (59). She describes herself as a sensitive child who is easily reduced to tears. While this could be a call for attention and understanding, it's not just her mother who ignores it but her absent father is also of no help. When she cries at the Brownies meeting, the teacher tells her, "You must learn to control yourself" (58). This constant feedback to be different from what she is, from all her social interactions, renders her helpless.

Aunt Lou takes her to movies that reinforce body norms and gender roles for women. As a teenager, her peers see her as a friendly fat girl who can be counted on to give advice and store secrets. None of her female friends see her as capable of having fleshly desires; she is believed to be above them. She is constantly reminded that no man would ever marry someone like her. Moreover, she admits she feels miserable about her weight and the only pleasure she gets out of it is the pain she causes her mother, so she continues her pathological overeating. As a writer of *Costume Gothic*, she describes her audience as people wanting an escape from life. She says, "I knew all about escape, I was bought up on it" hinting towards her mindless eating as a young girl (34). What starts as a war for control with her mother is also a means to escape reality for Joan. Hence, it is the interplay of social and familial causes that adds to Joan's trauma, leaving her with no outlet to express her feelings or find the necessary help to heal.

Today, Binge-Eating Disorder is the most common of all eating disorders, and if one were to formally diagnose Joan using the Diagnostic criteria for Binge-Eating Disorder given by DSM-5, her symptoms would comply with the criteria (Butcher et al. 301). She has recurrent episodes of binge eating where she lacks a sense of control. She says about her eating that "... it made me miserable. But I couldn't stop." (74). The binge-eating episode includes eating until feeling uncomfortably full, eating large amounts of food when not feeling hungry, and feeling disgusted with oneself. The binge eating causes her marked distress and she doesn't use any compensatory behaviour afterward like vomiting, over-exercising, starving, etc. (Butcher et al. 299).

Joan's mother tries every possible trick to make her lose weight. Over a period of some ten years, she enrolls Joan in dancing school, hands her

diet booklets, bribes her with buying pretty dresses, rebukes her about her body size, pleads with her about the effects of obesity on health, sends her to a psychiatrist for help, tries to get her on different diet plans and medicines and when she refuses to stick to them, she mixes laxatives in food which makes Joan sick. Each of these attempts can be read through the medical and health structure but the one that directly affects the realm of Medical Humanities is that of the unsuccessful sessions with the Psychiatrist.

On her first visit to the Psychiatrist, Joan tells him, "I like being fat" (83). This simple declaration opens a floodgate of emotions and she starts crying inconsolably. While the psychiatrist smiles kindly and waits for her to express herself through tears, Joan can notice the trace of disgust on his face. His question to her statement is "Don't you want to get married?" which reduces her to tears again (83). This statement, which Joan hears in different ways from everyone around her, is least expected in a clinical setting where the Psychiatrist is responsible for helping to heal her maladaptive behaviour. The Psychiatrist gives up after three sessions, as neither Joan nor her mother are ready to understand their variety of issues. Joan resents him and she feels he dislikes her for this exact resentment. The mother, on the other hand, is offended by the suggestion that it's a family problem that requires sessions with family members. While this encounter has the potential to heal both the mother and the daughter, it fails as they, along with their psychiatrist, are unable to build a healthy therapeutic bond.

The Psychiatrist lacks tact and empathy when he questions Joan's obvious false statement of liking her body with a question that triggers her trauma. She has already been told in multiple ways by her mother, peers, and various movies that obese women neither need nor get a romantic partner. Moreover, he again shows his lack of tact by approaching the mother and telling her that there is perhaps something wrong with her family, triggering the mother's fragile sense of worth. He could have been a source of help, as he understands Joan's eating problem is deeply rooted and affects her more than she realizes, but he isn't able to completely keep a check on his own behaviour and displays an expression of disgust and resentment towards Joan. Every mental health practitioner receives training in counselling skills and is taught to keep his/her feelings, prejudices, and biases away when he/she is in a session with a client. Being non-judgmental is one of the basic skills that is needed in any empathetic practitioner, which Joan's psychiatrist lacks. Joan notices his disgust and resentment towards her, and that stops her from trusting him. Her mother, on the other hand,



doesn't like being held responsible for Joan's obesity and so she reacts defensively by calling him and other mental health professionals quacks. An encounter of this nature could have been beneficial if the mother and daughter had been able to seek help from a professional who could help them navigate their needs and feelings in Group therapy or Family Therapy.

Her journey from obese to thin begins when Aunt Lou dies and leaves her two thousand dollars on the condition of losing hundred pounds of body weight. Like the reader, Joan too questions this condition of her aunt as either a way of making her life easier or a sign that she too like others felt Joan was grotesque. This ambiguity adds to her feelings of worthlessness but as she wishes to leave her home and move far away from her mother, she accepts the challenge. Her weight loss is unhealthy as she starts starving herself and goes to extremes to lose hundred pounds. This extreme behaviour allows her to finally fit into the mould of femininity endorsed by the actress that she grew up watching.

The other unsuccessful and equally unhealthy attempts are again quite characteristic of people with Feeding and Eating Disorders and of people who wish to lose excess weight. When Joan decides to lose a hundred pounds, she takes extreme measures by starving, eating laxatives, using fat burners, and appetite-suppressing pills. She decides to try every possible solution that her mother had suggested over the years. This extreme behaviour does allow her to achieve her goal but with numerous side effects along the way. She is able to shrink herself as abnormally as she had expanded. Getting on extreme fad diets, taking laxatives, popping fat burners and appetite suppressants, eating low-calorie foods, drinking fat-reducing concoctions, over-exercising, using purging methods, and starving oneself are common methods adopted by millions of people around the world. A simple Google search today on the topic "How to lose weight" would result in two billion, nine hundred forty million (2,940,000,00) search results.

Most of the results advertise extreme means and even guarantee losing weight in a short span of time. Today, along with social, cultural, and gender norms, the media plays a monstrous role in pushing out various body, weight, and health ideals. There is a plethora of research that talks about the negative effects of media on body image and eating disorders. Advances in digital media have seen the emergence of activism for body acceptance and positivity; however, the thin ideal still remains popular and promotes perfectionism and disordered eating (Derenne and Eugene

133). The polarity of thin and fat looks simple but isn't, as it is based on some direct parameters like weight, fat deposition, and different body shapes, and some indirect ones like overall BMI and other health indicators. Let's take the case of body shape; a popular website called health line enumerates ten common body shapes of women with categories like banana, pear, diamond, athletic, hourglass. Simone M. Scully (author) includes a section in the article on how such objectification perpetuates the idea of "ideal" or "most desirable" and pushes the message of categorizing all kinds of female bodies into just ten types. If Joan had been a young girl in the last decade as compared to the 1950s, she would have been raised with many more celebrities making her feel terrible about her body, more sources that would trigger her binge eating (with the advent of ready-to-eat meals and home delivery of food) and far more unhealthy alternatives to shrink herself.

Binge-Eating Disorder is not only linked with obesity, diabetes, and other metabolic dysfunction but can also lead to a higher risk of psychopathology, including mood, anxiety, and sleep problems, in people of similar weight status without disordered eating (McCuen-Wurst et al. 96). It's easy to only focus on the repercussions of binge eating on one's physical health and ignore the psychological complications. In Joan's case, her mother too warns her of the effects on her physical health and gives her pills to deal with the effects of overeating. She uses laxatives, fat-burning pills, and appetite suppressants, which have direct side effects like headaches, stomach cramps, fits of weakness, and accelerated heartbeats. Such physical side effects do affect one's mental health. Looking at Feeding and Eating Disorders through only one lens leaves the other part wanting. For the health, exercise, and fitness industry, it would be working on the nutritional and physical training aspects. The mental health practitioners would work on the underlying emotions and thoughts behind the behaviour. There would also be professionals like Psychiatrists who would be in a position to prescribe medicine and provide psychological counseling. It's only when both physical and psychological conditions are given due attention and care that healing can occur holistically.

Unfortunately, Joan's physical transformation isn't able to give her the power she felt over her mother while overeating. Even after leaving her home and starting fresh, the feelings of worthlessness continue. Moreover, she feels she needs to hide her history as a fat girl from every romantic partner as well as the people she meets after her weight loss. This then leads to anxiety and paranoia regarding her past life. She's able to feel like a fairy godmother for the readers of her novels and help them escape their

lives. This does provide her with some sense of control and power but this identity of hers as a writer of Costume Gothics is under a pseudonym that she hides from everyone in her life. Joan continues to mindlessly eat whenever she experiences stress and is far from a healthy self-functioning adult.

Joan, as a child, often fantasized about a Fat Lady from a Freak show at a local fair that she attended with her aunt every year. These daydreams of this Fat Lady reveal Joan's ambivalence towards her own body. In her imaginary tales, she sometimes craves understanding and acceptance for the Fat Lady, and at other times she puts this symbolic twin of hers through life-threatening stunts. As an adult, she acknowledges that it is easy for intellectuals to sympathize with the obese little girl that she is and to blame the society for trying to mould her into the mould of normative femininity. But the adult Joan confesses that while these intellectual thoughts are pious, she, as a young girl, wants things that are symbolic of ideal femininity, like skirts and tiaras. Here she reveals some important steps that are part of one's healing journey: acceptance and denial. Denial of one's true thoughts, feelings and needs, and accepting oneself only superficially create dissonance within oneself. It is easy to say, "Love yourself as you are", but Joan as a child is exposed to and conditioned to like stereotypically pretty and feminine things. For her, to reject them completely wouldn't help. Hence, when intellectuals and health practitioners sell the idea of self-love, they need to assimilate it with the person's needs and beliefs.

Joan's narrative of Binge-Eating Disorder allows one to use it as a case study that encompasses a variety of causes and treatment plans. While the narrative appears to be an obvious struggle for power and desperation for love, it conceals a far more layered ambivalence. The interplay of familial, social, intrapsychic, and cultural causes leads to Joan's eating disorder. While it isn't in Joan's hands to change the social and cultural structures she lives in, she ends up changing herself (at least physically).

#### **End Notes:**

1. Typically psychological disorders require a treatment approach that involves traditional medicine and therapeutic counselling. The treatment approach varies from individual to individual. Physical ailments can easily lead to psychological disorders and vice versa.

2. *Madwoman in the Attic* a book by Sandra Gilbert and Susan Gubar discusses the history of female writers and their portrayal of mad women.

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