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Eating Disorders as Distraction from Problems of Self and Meaning for Women in Ireland

Emily Edwards

A thesis submitted for the Degree of Doctor of Philosophy

to the

Centre for Gender and Women's Studies

Trinity College, Dublin

September 2007

Declaration

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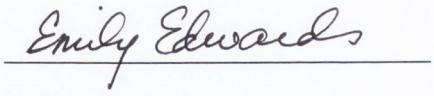

Emily Edwards

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SUMMARY

The research presented in this thesis aims to contribute to the understanding of the complex factors that lead to the development of Anorexia Nervosa, Bulimia Nervosa, Compulsive Overeating, as well as the multiple variations of these disorders. There is a general lack of knowledge surrounding eating disorders among the general population, as well as the health profession, particularly within Ireland. The present research project focuses solely upon women's experiences with eating disorders, and approaches eating disorders from a distinctly feminist perspective. This research is concerned with contextualising particular experiences of disordered eating within the broader framework of Western, capitalist, and gendered culture. There is a linear development of the ideas that are discussed and analysed in relation to the central question of the research: are eating disorders implemented by some women as a form of distraction from problems of self and life?

The four chapters which review the literature discuss existing theories that are pertinent to eating disorders and the present hypothesis. The first of these (Chapter 2) makes connections between women's bodies and identities, and the problems that each present, and this provides the framework in which to understand eating disorders. The second literature review chapter reveals the materialism in modern Western culture as a further reason why some women may want to distract themselves. Chapters 4 and 5 look specifically at the existing theories about the possible contributing factors to eating disorders, from both historical and current perspectives. The two methodology chapters (Chapters 6 and 7) describe the development and implementation of the quantitative and qualitative methodology used in this research. Qualitative and quantitative measures were administered in the form of semi-structured interviews and questionnaires, in order to gain as complete a representation of the data as possible. The forty participants consist of Irish women and of women who are currently living in Ireland. The participants were self-diagnosed with eating disorders, and most of them were "recovered" or on their way to recovery at the time of the interview.

The data obtained from these interviews are presented in Chapter 8, according to the main thematic groupings. These results are also analysed with regard to the emerging themes, current research question, as well as in relation to the literature discussed in Chapters 2, 3, 4, and 5. Following a similar structure as in the results chapter, the discussion incorporates both the quantitative data and the qualitative data, using the

participants' own words. Progressing from theories of body and gender to those of identity and meaning, this chapter seeks to give evidence for possible reasons some of the participants felt they developed an eating disorder, and if their eating disorders functioned as a form of distraction. These findings are summarised in Chapter 9.

It was found that, for many of the participants, eating disorders *do* provide a distraction and that they can be helpful to the women who experience them, not just as a means of escape from situations in their lives, but also as providing identity and meaning. Indeed, many of the women believed their lives to be easier in many ways because they were distracted from thinking about other problems in their lives. The vast amount of time spent thinking about food and its avoidance effectively render an eating disorder a distraction. When every minute of a woman's day is planned around her next binge, or how to avoid meals, it is almost impossible to contemplate other parts of her life. Further to this, the repetitive nature of an eating disorder continually reinforces the distraction, because a woman is faced with hunger every day. The perpetuity of eating disorders can quickly overtake a woman's life, and her existence can be consumed by it, thus distracting her from the outside world and, indeed, her own life.

This research does not claim that all women implement eating disorders as a form of distraction from problems in their lives and selves as that would undermine the fact that a multitude of possible factors can cause eating disorders. The research question seeks to contribute to the existing theories, but makes no attempt to replace them. This research seeks to advance the knowledge surrounding eating disorders, for the sake of those who are currently experiencing them, as well as those who are "recovered" or about to enter into one of the most consuming experiences of their lives. The ultimate intention of this research is to create both theoretical and practical additions to eating disorders awareness in Ireland, and elsewhere.

CHAPTER 1: INTRODUCTION

1.1 Introduction

Eating disorders have become increasingly prevalent in many Western cultures over the last four decades, and the accompanying literature has sought to provide insights into the causes of these disorders. The complex factors that contribute to the development of Anorexia Nervosa, Bulimia Nervosa, and Compulsive Overeating—as well as the multiple variations of these disorders—have proven exceptionally difficult to establish and classify. The reasons why some girls and women in the West come to experience an eating disorder cannot be reduced to a single, or simple, explanation, and misconceptions have arisen because of this lack of clarity. There is a dearth of knowledge surrounding eating disorders in the general population within Ireland, as well as in the health profession. The paucity of statistics, literature, and communication in this country demonstrates the necessity for more research in the area (see Darcy and Dooley, 2007; Shinkwin and Standen, 2001; Bodywhys, 2003). The general objective of this thesis is to contribute to the knowledge surrounding eating disorders, and it is particularly concerned with expanding our theoretical understanding of the causes of these disorders.

The present study focuses solely upon women's experiences with eating disorders, not only because the vast majority of people who experience these disorders are women, but also because the experiences of men with eating disorders are too different from those of women, and there is insufficient space to fully explore both here. This research approaches eating disorders from a distinctly feminist viewpoint, because the intersections among the female body, culture, identity, and the meaning that surrounds them are particularly gendered experiences; indeed, "no one can fully understand [eating disorders] without using a feminist perspective" (Edwards, 1987, p. 67). Eating disorders are not individual problems that can be separated from many Western women's experiences of the body and self. Brown (2007a) writes that "the continuum of struggles women experience with eating and their bodies make sense when we situate their stories within the culturally available meanings and discourses that make them possible" (p. 269). This research is therefore concerned with contextualising particular experiences of disordered eating within the broader framework of Western, capitalist, and gendered culture.

1.2 The Research Question and Objectives of the Present Study

The primary question with which this research is concerned is whether some women "use" eating disorders as a means of distraction from problems of identity and meaning and, if so, *how* they do so. Following on from this main query are questions of what a woman might wish to distract herself from, why she feels the need to do so, and whether or not her eating disorder provides her with an effective means of distraction. The term "distraction" is used throughout this work to denote an experience that diverts attention away from other parts of one's existence, without necessarily addressing or solving these issues. At the same time that eating disorders could be seen to provide a distraction from problems of identity and meaning, they could also create meaning for a woman by providing her with an alternative identity. From this perspective, eating disorders could be seen as helpful and useful to some women, because they can provide them with relief from difficult-to-deal-with situations, as well as a more definable sense of self. The collected and analysed data in this research serve as a means of enabling individual women to express their perspectives about their experiences with eating disorders, to address existing theories, and to explore the current research question. In order to investigate the current question about distraction it is necessary to contextualise and consider relevant aspects of the participants' lives so as to give the participants a voice; in turn, this contextualisation addresses the existing theories and exploratory questions about eating disorders.

1.2.1 Can Eating Disorders Function as a Distraction?

The question with which this study is concerned is about whether eating disorders are used by some women as a method of distraction. It is possible to perceive of anorexia, bulimia, and overeating as methods of escape because a woman's entire life is filled with thoughts of how to avoid food, how to lose more weight, and how to further control her body with her mind. She does not have any time or energy left over to contemplate growing up, becoming an adult, or dealing with her sexuality. Beyond this, she has no time for thinking about larger issues of existence and meaning. Women with eating disorders have often moved well beyond attempting to address their internal struggles, and have sought relief in an all-consuming diversion. Not all women with eating disorders develop them for this reason, as the disorders affect everyone differently, but the need to escape the "void" exists within many of us—eating disorders represent a specific avenue of escape from a particular situation in life.

1.2.2 Why Some Women Might Want to Distract Themselves

To examine the question that eating disorders could be a distraction from problems of self and meaning necessitates the understanding of the reasons that some women feel the need to escape. The literature review chapters about the current situation of women in Western culture and the rise of consumerism present two of the main factors that can lead to a lack of meaning. In this era of late modernity, the activities and values that have come to represent meaning are often intrinsically devoid of it, and it is inevitable that many people are left feeling unfulfilled and without purpose. Women, specifically, are vulnerable to experiencing a lack of meaning in their lives, as their existence is centred more upon superficial appearances than is men's. Some women who find themselves questioning not only the reasons for adhering to the definitions of femininity, but also the larger issues of life and existence, find themselves unequipped to handle such matters. They may be unsure of how to cope with feelings of futility and seek to create new meanings for themselves. The typical distractions that are afforded to women in Western societies— getting married, raising children, pursuing a career—are sometimes insufficient for the alleviation of the anxiety surrounding questions of existence. Young women, especially, may feel that there are inadequate resolutions for such issues, and seek to create their own. Eating disorders can be, therefore, both a means of distracting oneself from a lack of meaning in life, as well as a way to create meaning, through creating an identity centred upon an eating disorder.

1.3 Chapter Overviews

For eating disorders to say "something about what it means to be an individual woman in late twentieth century Western culture" (Malson and Ussher, 1996, p. 278) necessitates a close examination of the ways in which Western and, more specifically, Irish culture have influenced women. This thesis examines the existing literature surrounding women's bodies and identities, consumerist society and its implications on meaning, and eating disorders, so as to provide a basis for the investigations of the hypothesis. How the study was developed, the methodology that was implemented, and the ensuing results are then described, with the discussion relating these results to both the literature and hypothesis. The chapters in this thesis provide a linear development of the ideas that are eventually discussed and analysed in relation to the central question of

the research: are eating diso[illegible] ome women as a form of distraction from problems of self and li[illegible]

There are four chapt[illegible] reviewed in this thesis: the first chapter (Chapter 2) discusse[illegible] women's bodies and selves, and the second (Chapter 3) examine[illegible] The subsequent two chapters (Chapters 4 and 5) discuss th[illegible] eories of eating disorders. Chapters 2 and 3 reveal possible reason[illegible] y want to distract themselves, and Chapters 4 and 5 provide in[illegible] blished factors contributing to eating disorders. Chapters 6 and 7 [illegible] and implementation of the quantitative and qualitative [illegible] s research, and Chapter 8 presents and discusses the results, wi[illegible] pon the qualitative data rather than the quantitative. This chapte[illegible] s among the existing literature, theories, and results in order [illegible] question. Chapter 9 provides a summary and conclusion of [illegible] pter addresses a theoretical aspect of reasons why some women m[illegible], and how such an escape is manifested in the form of an [illegible]

1.4 Contribution to Knowl[illegible]

Analysing the presen[illegible] the research question, together with existing theories, serves not [illegible]n, but partially fulfills the aims of the research. There are a numbe[illegible] ceptions about eating disorders which are perpetuated in society—s[illegible] n the thinness paradigm as the main contributing factor—which t[illegible] efute. As with most similar studies, this research is also an attem[illegible] out why some women develop eating disorders. Through discussin[illegible] perience in the context of both the present hypothesis as well as[illegible] this research clarifies the connections between several possible fac[illegible] t of eating disorders.

This study attempts t[illegible] perspectives to the knowledge and theories surrounding eating d[illegible] bout whether eating disorders are sometimes used as a means [illegible] blems of self and meaning is original because, although eating dis[illegible] been referred to (albeit in passing) as forms of distraction, this has[illegible] e sole focus of a study. This examination seeks to bring t[illegible] tential aspects of eating disorders, in that the perceived meaningle[illegible] verwhelming for some women and

they feel the need to escape it. The emphasis on the internal thoughts and feelings of the participants in this study also stresses the need to focus on the impact which culture can have upon women's sense of self. External influences such as the thinness paradigm and the feminine ideal cannot be overlooked, but it is how these factors impact upon women's identities that is of most importance. The present research therefore seeks to make connections between the multiple and diverse contributing factors to eating disorders, and to illuminate how they interact with each other to either create or destroy meaning. In this research, eating disorders are seen as both an escape from, and a creation of, meaning and identity in that while a lack of a firm sense of self and meaning may be part of the initial reasons a woman seeks to escape her existing life, an alternative identity is often constructed through the eating disorder itself. This research is also original in that it considers eating disorders as helpful, in that they can provide temporary relief from these issues of life and self, at a time when other means of managing one's life are insufficient.

The research question about distraction is important not only in adding an additional dimension to existing theories, but also because it helps to clarify these theories. The influence of the media, the desire to be thin, and the medical explanations that continue to proliferate within the eating disorders literature need to be destabilised as the leading causal factors; instead, they must be considered alongside the more significant factors such as culture, meaning, and identity. As Bordo (1993) puts it, eating disorders are indeed multi-dimensional, but "that does not imply that all dimensions therefore play an *equal* role in the production of [eating disorders]" (p. 52). Although it may be considered simply another perspective, this research gives precedence to the cultural, feminist, and existential theories about eating disorders. This emphasis also illustrates the current situation of women in Western culture, and the impact which the gendered norm has upon their perceptions of self.

One of the major ways in which the present research contributes to the existing knowledge about eating disorders is its situation within the specific cultural context of Ireland. There is an enormous lack of knowledge about eating disorders within the country, particularly in comparison with other Western states. This research thus helps to fill a gap in the knowledge about eating disorders here, which in turn will contribute to the broader understanding. The experiences of the forty participants are important for learning first-hand of Irish women's eating disorders, analysed in relation to both their own specific cultural context as well as to the larger environment. Brown (2007a) argues that we cannot simply tell and retell stories; we must unpack them and rewrite more

helpful stories, in order to further understand women's experiences and to give them a voice. There exists a silence about eating disorders within Irish culture that needs to be broken, and presenting these women's stories will contribute to the communication that needs to occur.

The exploration presented in this research, as well as the discussion of it in relation to other theories—all of which in turn address the lack of knowledge about eating disorders both in Ireland as elsewhere—ultimately aim to contribute not only to the literature but also to lead to practical benefits. The dearth of treatment facilities within Ireland is a problem that needs to be rectified, as the increasing number of people with eating disorders often remain untreated or, worse, inappropriately treated. A greater comprehension of the nature and contributing causes, as well as an understanding of how to initiate recovery, is needed to help alleviate this problem. The current Irish situation is one that requires immediate attention, in order to both prevent and treat these often life-threatening disorders.

1.5 Conclusion

The analysis of original data which are discussed throughout this research is meant to clarify the complexity and confusion that constitutes much of the knowledge about eating disorders in the West. The originality of the research question seeks to explore why some women develop eating disorders, although it does not intend to replace existing theories. The multi-dimensional nature of eating disorders requires deeper connections to be made among possible precipitating factors, and to understand how several seemingly disparate aspects can coalesce to manifest themselves in the distinct experience of an eating disorder. Through the hearing, analysis, and discussion of forty women's individual experiences with various eating disorders, this research makes connections between the present examination and existing theories, as well as to situate these women's stories within the broader spectrum of many women in the West's. It is important to recognise eating disorders not as "illnesses" which affect individual women, but as the manifestation of the larger cultural and gendered experience with which many women are familiar. Lester (1997) believes that the "dysfunction" of eating disorders is not to be found in the psyches of individual women, but at the very core of Western culture, and it is from this framework that the analyses of eating disorders must proceed. The prevention and treatment of eating disorders will never succeed if women continue to be treated solely as individually disordered; the solution must come from outside of the

self. DeVito (2003) writes that treating eating disorders is now tantamount to treating our culture, and this research provides an analysis of the ways in which many women have sought to distract themselves from a culture that proved too difficult to contemplate on their own. Eating disorders are often a valiant attempt to "resolve at the level of the individual body the irreconcilability of individuality and femininity in a bourgeois patriarchal culture" (MacSween, 1993, p. 252), but this research points to the ways in which the multiple factors that contribute to these disorders must be addressed as a whole, if any real change is to occur.

CHAPTER 2: LITERATURE REVIEW: THE BODY AND THE SELF: CONSTRUCTIONS OF IDENTITY

2.1 Introduction

This chapter functions primarily to form part of the framework on which the rest of this research is based, by tracing the connections between sex, gender, and identity. By showing how constructed bodies and selves are in Western culture, women's identities are here exposed as not natural and as in fact restrictive to the production of individuality. Women who experience eating disorders often express a lack of a firm sense of self, or are reacting against the gendered norms of femininity (Moorey, 1991; Bordo, 1997a); this chapter seeks to explore the literature which reveals the origin of these theories. The current conception of identity within Western culture relies upon the interaction between the physical, outer body and the internal mind. From a dualistic perspective, the body and the mind are regarded as mutually exclusive entities which have varying degrees of impact upon each other, and this chapter reveals the inextricable connections between the two in the creation of identity. Many writers, particularly feminist theorists, recognise the body as being constructed through the definitions which society has ascribed to each sex. The biological differences between female and male bodies are often misperceived as the basis for gender roles. This chapter explores the lack of "natural" connections between sex and gender, and how the physical attributes of a particularly male or female body have come to represent the inner self, or identity. Exposing this "false naturalisation" is a theme which is pervasive in the work of Butler (1987, 1990, 1993a, 1993b, 1997, 1999), who seeks to reveal the extent to which we have been constructed, both externally and internally. The writings of Foucault (1975, 1976, 1982) have proven especially useful in illustrating the ways in which our bodies have been disciplined into obeying the culturally imposed norms of femininity and masculinity.

We live in a society in which power is everywhere and nowhere; there is no one who explicitly tells us how to behave but we are all implicated in disciplining ourselves and those around us. Women are especially successful at providing their own self-surveillance when it comes to regulating their affiliations with the gender imperative. This chapter considers the literature about the performance of gender, and how the bodily enactment of their gender is deeply connected with women's identities; women have come to be judged primarily upon their outward appearances, and their bodies have come to represent their inner selves. Identity can therefore be seen as gendered, although there

has been much debate about the level of impact which culture has upon the formation of the self. None of us exists outside of culture and therefore we cannot escape the influence it has upon our selves, both physically and mentally. Gender can be seen as a form of distraction for women, in that adhering to the norms of femininity can prevent them from cultivating a unique sense of self. The literature that is examined exposes the connections between the body and the mind in the creation of identity, both of which are integral for forming the grounds on which further analyses and discussions of the body, self, culture, eating disorders, and distraction will be based.

2.2 The Biological Basis of Gender

In Western cultures, the male and female sexes are also given separate and distinct genders for several reasons, many of which will be explored throughout this chapter. There is often confusion between the terms "sex" and "gender," and throughout this chapter "sex" will refer to biological bodies, and "gender" to the cultural characteristics aligned with each sex. Biological differences have often been misconstrued as the "natural" explanation for different gender behaviour, but because biological differences do exist, male and female physical differences have been interpreted as the basis for further distinctions, such as men being aggressive and women being submissive. Gender is naturalised in many ways, not least by the claims that it is biological, inherent to each sex, and normal. Lindemann (1997) recognises, however, that the body and gender are not as closely linked as some might believe. She writes that the body "is considered the ultimate point of reference for a distinction of gender that precedes social forms and practices" (p. 73). The distinction that is usually made between male and female, masculine and feminine, is that they are opposite: "everything that distinguishes man and woman from each other is—through that very distinction—brought together as two halves of that contrast" (Lindemann, 1997, p. 75). Lindemann is far from alone in her recognition of the differences lending to a division between the two genders; feminists have long been pointing out the incongruity of the opposing definitions of the genders, as well as their tenuous groundings in biology.

Birke (1999) is one of many feminists (Gatens, 1999; Martin, 1997, 1999; Riley, 1999; Fausto-Sterling, 1997; Sawicki, 1999; Grosz, 1994, 1995) who are aware that the physical differences between men and women have been used as a means of creating and perpetuating inequalities between the sexes. It is the underlying assumption that some aspects of "biology" are fixed which feminists and other social theorists seek to

deconstruct. Birke (1999a) writes that "biological arguments have all too often been made in ways that buttress gender divisions" (p. 42). Such arguments have been used to show that women are "genetically predisposed" towards nurturing behaviour, while men are inclined towards aggression. The role of femininity which women have been assigned in Western cultures can be directly related to their biological capabilities, which have been seen, throughout history, as inferior to those of men. Martin (1999) writes that "the stereotypes imply not only that female biological processes are less worthy than their male counterparts but also that women are less worthy than men" (p. 179). She points out the negative language that surrounds women's bodily functions within medical discourse, and believes that "the texts have an almost dogged insistence on casting female processes in a negative light" (p. 181); menstruation is seen as waste material and egg creation as unproductive because it is finished at birth. Within reproductive discourse, the egg is depicted in a highly "feminine" way, whereas the sperm, and other male bodily processes, are depicted in stereotypically masculine ways. Although Martin concedes that the "facts" of biology may not always be constructed in cultural terms, the parallels between the cultural stereotypes of masculine and feminine and the characterisations of male and female bodily processes all seem to point to this conclusion.

It is hardly surprising that women's biological processes are perceived as inferior to those of men, if we accept that they are viewed, even by the medical profession, in a debilitating way. The capacity of women to give birth is often construed as a disadvantage because they are more tied to the physical body than are men; in the mind-body dualism, in which women are associated with the body, the intellect is awarded the greater prestige. In order for this perception to change, Gatens (1999) argues that women's bodies need to be affirmed and celebrated for their capacity to reproduce and nurture; that their essential sexual difference should be retained and elevated.

Deconstructing the "fact" of human biology is a task that is not readily welcomed outside of gender studies, particularly in medicine. As Fausto-Sterling (1997) puts it, "biological and medical scientists feel quite certain about their world. For them, the body tells the truth" (p. 244). This "truth" of the body can only exist in two distinct categories: male and female. Like Martin, Fausto-Sterling (1997) recognises how "scientists have woven into the fabric their own deeply social understandings of what it means to be male or female" (p. 245). Building on the work of Kessler and McKenna (1978), who were among the first to discuss biology as a social construction, Fausto-Sterling (1997) writes that some surgeons take this literally, and assign a sex to an intersexed infant, in order to

ensure heterosexual conventions, because "proper socialization becomes more important than genetics" (p. 247). Doctors and scientists can therefore be seen as interpreting nature, and in the process they reinforce old or build new sets of social beliefs. When we recognise that many aspects of biology are created we realise that the gender norms, which are based in biology, are also constructed. Biology may be the beginning of the body, but it by no means provides its ultimate limitations.

2.3 The Social Location of Bodies

To consider that the physical make-up of male and female bodies can sometimes be "created" means that the grounds on which gender roles are based are tenuous. Revealing gender as a construct that has become "naturalised" in Western cultures has been an ongoing theme of feminism. Differentiating between "sex" and "gender" remains problematic even today, as the two are often perceived as indistinguishable. Lindemann (1997) writes that this arises "from the biological point of view that there are two genders, and social scientists merely receive the task of determining how gender that already exist at a 'sex' level can be interpreted within a 'gender relationship' that is understood exclusively in social terms" (p. 74). Lindemann points out the long-standing assumption that gender is merely a natural reflection of biological sex attributes, about which feminists argue that not only is gender an imposed set of beliefs and actions that are manifested through the body, but that the so-called natural "sex" on which they are based is also fabricated. Jackson and Scott (1998) agree, arguing that the categories of "men" and "women" are social categories, and that it is gender which creates sex, rather than the other way around. Gender, they argue, remains "the best analytical tool we have given that it is difficult to divest the term 'sex' of its naturalistic connotations" (p. 14). Jackson and Scott (1998) believe we need to challenge these connotations, and to "break the chain which binds anatomy into gender and sexuality" (p. 14).

Feminists have an obvious interest in undermining the connections between sex and gender, because the current constructions of both represent women in subordinate and disadvantaged roles. It is not difficult to find numerous theorists who argue that male characteristics are more valued in Western society than are female ones (see Mackie, 1987; Bem, 1998; Lips, 1988; Butler, 1993; Buker, 1999; Chodorow, 1996; Carver, 1996; Hoyle et al, 1999; Combs and Snygg, 1949; Stevens, 1987; Smith, 1992). The meaning that has been ascribed to the female body as a result of the inferiority that has been associated with women is what underlies these arguments. "Men" and "women" have

been constructed in such a way that everything that distinguishes them from each other is contrasting (Lindemann, 1997), and it is the feminine traits that are typically viewed as negative or lacking. It is how these distinctions are produced that is relevant to the present discussion, as well as to the research as a whole.

Bodies are the sites through which both sex and gender are enacted, and if we agree that neither sex nor gender is intrinsically "natural," then we must also therefore agree that bodies are culturally created. This, however, is a contentious point, as it is primarily a Western belief that the boundary of the individual is coincident with the boundary of the body. Our bodies are seen as "containers" for our individuality, and are distinguished from everything that is outside (Sampson, 2003). Insofar as this belief is espoused—and, to a large extent in the West, it is (see Giddens, 1992)—it is the meaning that is ascribed to our bodies that is of significance. Bordo (1993) writes that "meaning is continually being produced at all levels—by the culture, by the subject, by the clinician as well—and that in a fundamental sense there *is* no body that exists neutrally…no body that passively awaits the objective deciphering of trained experts" (p. 69). Bordo recognises that accepting such a statement is to question the presuppositions on which much of modern science is built and around which our highly compart-mentalised culture revolves; it is to criticise the "experts" (p. 69). MacSween (1993) agrees with Bordo, suggesting that if we cannot understand the body outside of culture, then we contradict the common understandings in which our knowledge of the body is seen to arise directly and uncomplicatedly from its physical reality. The sociology of the body, according to MacSween, indicates that our perception of the body is "filtered through" the structures of knowledge which categorise social life in a particular culture.

By perceiving the body as both a cultural construct and a biological entity, a basic structure for analyses of the body concept can ensue. Bryan Turner (1996) examines the ways in which the body is negotiated in its relationship with both nature and culture. The idea that the body is "a set of social practices" (p. 25) is deconstructed to show how these practices produce the naturalisation of both gender roles and bodily comportment. Turner's work follows on from that of Mauss (1979), who argues that the body is a physiological potentiality which is realised socially and collectively through a variety of shared body practices within which the individual is trained, disciplined, and socialised. It is this theory of discipline, and how the body is made into a cultural entity, that is of significance to the present research.

2.4 Power and Discipline: The Body as a Malleable and Manipulable Object

Foucault is one of the most prominent theorists of the body, particularly the modes of power which produce the body as a disciplined, regulated object. Foucault (1975) regards the body as a malleable and manipulable object which is docile; "a body is docile that may be subjected, used, transformed and improved" (p. 136). For Foucault, docile bodies are produced through the power of disciplinary routines. Discipline exists not to enhance the skills of the body or to increase its subjection, but rather to make it more obedient and useful. Discipline consists of "a policy of coercions that act upon the body, a calculated manipulation of its elements, its gestures, its behaviour" (Foucault, 1975, p. 138). The human body is explored, broken down, and rearranged in order to produce subjected and practised bodies: "docile" bodies. The body, required to be docile in its minutest operations, is regulated by the power of discipline in several ways, not least of which is time: "time penetrates the body and with it all the meticulous controls of power" (p. 152). Power is not an overt gesture conducted by a few; it is everywhere and it is nowhere, and it operates best when it cannot be pinned down. Foucault's implementation of Bentham's design of a panopticon being used in a prison illustrates this theory; its major effect is to induce "a state of conscious and permanent visibility that assures the automatic functioning of power" (p. 201). Surveillance, and through it, discipline, is therefore constant and internalised; by believing they are always being watched, the inmates of the panopticon become their own regulators. This is an important mechanism, for "it automatizes and disindividualizes power. Power has its principle not so much in a person as in a certain concerted distribution of bodies, surfaces, lights, gazes; in an arrangement whose internal mechanisms produce the relation in which individuals are caught up" (Foucault, 1975, p. 202). Consequently, it does not matter who exercises the power, as any individual can operate the "machine."

In later works, Foucault (1982) further develops his theory of power and discipline; he examines how power is exercised, and clarifies his definition of discipline. He writes that what is to be understood by the disciplining of societies is not that the individuals who are part of them become "more and more obedient, nor that they set about assembling barracks, schools, or prisons; rather that an increasingly better invigilated process of adjustment has been sought after—more and more rational and economic—between productive activities, resources of communications, and the play of power relations" (1982, p. 219). Power, which is assumed to exist in a concentrated form,

does not exist; power exists only when it is put into action. Foucault (1976) applies his theories of power and discipline to one of the most "natural" of human bodily functions: sex. In his discussion of sex during the nineteenth century, Foucault claims that repression was the instrument of power over people's sexual behaviour. Sexuality was carefully confined, and "silence became the rule" (p. 3). This silence, along with censorship and denial, contributed to the production of power, which sometimes has the function of prohibiting (Foucault, 1976). Foucault's analysis of how bodies are regulated and controlled has provided a solid foundation for theories which address the ways in which bodies are constructed.

Terence Turner (1994) is one of several cultural theorists (Bryan Turner, 1990, 1996; Shilling, 2003, 2005) who build upon—and criticise—Foucault's ideas, and advance their own. Turner expands Foucault's use of "discourse" as the manifestation of how power operates, which is "held to generate specific discourses of control and discipline, which include, as their predicates, the objects of these disciplines and controls: bodies and their desires" (Turner, 1994, p. 36). For Turner (1994), however, Foucault's body has no flesh; it is begotten out of discourse by power, and "the desires that comprise its illusory subjectivity are themselves the predicates of external discourses of power rather than the products or metaphorical expression of any internal life on its own" (p. 36). The body which Foucault discusses has no "material" substance; it is "a featureless *tabula rasa* awaiting the animating disciplines of discourse" (Turner, 1994, p. 37). Turner also argues that, for Foucault, the body is an individual body, and assumes that populations of multiple bodies are affected uniformly. There is a lack of differentiation between their organic parts, their various classes, and, "with startlingly few exceptions, genders" (p. 38).

Although they recognise the value of Foucault's work, some feminists have noticed his failure to consider the impact which gender differences have upon the body. Bartky (1997) identifies Foucault's work as instrumental but cannot help but criticise his treatment of the body as though it were "one," as if the bodily experiences of men and women did not differ. Bartky (1997) asks: "where is the account of the disciplinary practices that engender the 'docile bodies' of women, bodies more docile than the bodies of men?" (p. 63-64). Foucault does not see those disciplines that produce a modality of embodiment that is specifically feminine; "to overlook the forms of subjection that engender the feminine body is to perpetuate the silence and powerlessness of those upon whom these disciplines have been imposed" (Bartky, 1997, p. 64). Although Foucault

expresses some liberatory tendencies in his writings, "his analysis as a whole reproduces that sexism which is endemic throughout Western political thought" (Bartky, 1997, p. 64). Bartky goes on to illustrate the disciplinary practices that produce feminine bodies; she invokes Foucault's theory of discipline, but in a distinctly gendered manner. This is the most common approach used by feminists when they incorporate Foucault into their writings.

The current gender imperatives for women in the West serve as a means of distraction, in that the constant disciplining and scrutinising of their bodies disables them from focusing on more internal aspects of their selves. Gender is an effective distraction in this way because the sheer amount of time spent on improving oneself physically limits time available for other endeavours. Bordo (1993) writes how culture has taught women to be insecure bodies, constantly monitoring themselves for imperfections and constantly teaching women how to "see" bodies (p. 57). Using a Foucauldian analysis of self-discipline and self-monitoring, Bordo (1997a) writes that women have taken society's view of how their bodies should behave and internalised it: "through the exacting and normalizing disciplines of diet, makeup, and dress...we continue to memorize on our bodies the feel and conviction of lack, of insufficiency, of never being good enough" (p. 91). Bordo (1999a) explains how these practices function to keep women in their place. Even the most mundane, "trivial" aspects of women's bodily existence "were in fact significant elements in the social construction of an oppressive female norm" (p. 249). Gender, therefore, functions as a form of discipline on several different levels; it perpetuates the feeling of not being good enough, as well as providing a distraction from other aspects of life that might help women feel greater worth.

Gender functions as a distraction by preventing women from developing other aspects of the self; it is insidious because women are their own disciplinarians, and therefore distract themselves. Building on Foucault's theory of self-surveillance, Bordo (1999a) discusses how women are often perceived as being their own worst enemies in that we "do it to ourselves" (p. 252). That is, women's participation in the regulating practices of femininity is seen as a choice, and they are seen as willingly taking part in these activities of subordination. It is Foucault's re-conceptualisation of modern power which Bordo finds most useful, however; for Foucault, modern power is "non-authoritarian, non-conspiratorial, and indeed non-orchestrated; yet it none the less produces and normalises bodies to serve prevailing relations of dominance and subordination" (Bordo, 1999a, p. 252). But although power is not held by individuals or

groups does not mean that it is equally held by everyone. Bordo develops this argument to illustrate how women are inferiorised "voluntarily," through the self-normalisation of the everyday habits of femininity. Exposing these habits as unnatural and "performed" further reveals the constructedness of gendered behaviour.

2.5 The Performativity of Sex and Gender

Foucault's theories of how bodies are regulated through a discourse of discipline can be compared with Butler's theories of how bodies are constructed. Her idea that gender is a performance with no natural or biological basis was founded in the earlier works of Goffman. Goffman (1959) defines performance as "all the activity of an individual which occurs during a period marked by his [sic] continuous presence before a particular set of observers which has some influence on the observers" (p. 32). A significant aspect of performance is the "front," which regularly functions in a fixed manner to define the situation for those who observe the performance; this may be defined through rank, clothing, sex, age, racial characteristics, size, facial expressions, or bodily gestures. Goffman notes that when someone takes on an established social role, she or he finds that a particular front has already been established for it. Whether the acquisition of the role was "primarily motivated by a desire to perform the given task or by a desire to maintain the corresponding front, the actor will find that he [sic] must do both" (Goffman, 1959, p. 37). The performance of routines thus constitutes one way in which a performance is "socialised," moulded, and modified to fit into the understanding and expectations of the society in which it is presented. Socialisation is more than just the learning of many specific details of a single concrete part; "the legitimate performances of everyday life are not 'acted' or 'put on' in the sense that the performer knows in advance just what he [sic] is going to do" (Goffman, 1959, p. 79-80).

Whether or not we are conscious of the performance, it nevertheless represents the conception we have formed of ourselves, or the "role we are striving to live up to—this mask is our truer self, the self we would like to be" (Park, 1950, p. 250). Goffman is well aware that many, if not all, of these roles are gendered. Goffman (1979) investigates why gender is used to organise society: it, more than any other social division, provides a basis of what "our ultimate nature ought to be and how and where this nature ought to be exhibited" (p. 8). The enactment of gender roles underlies the organisation of society to such a degree that it cannot be conceived of without them. Goffman (1979) writes that "gender expressions are by way of being a mere show; but a considerable amount of the

substance of society is enrolled in the staging of it" (p. 8). Goffman, therefore, is well aware of the social conditioning that exists behind masculinity and femininity, and provides a solid background for future analyses of how gender is performed. The work of Butler expands Goffman's idea of performance into a more feminist and constructionist argument against the "naturalness" of gender.

Butler's work (1987, 1990, 1993a, 1993b, 1997, 1999) has greatly advanced the theories surrounding the social construction of gender and how it is enacted through the body. According to Shilling (2005), the main strategy informing Butler's two major body studies involves "deconstructing the opposition between normative gender (as product and cultural) and the sexual body (as foundational and natural) by reiterating the Foucauldian argument that 'sex,' 'body,' 'gender' and 'identity' are equally constructed by the dominant matrix of heterosexuality" (p. 50). Butler (1990) expounds her basic theory that gender has little to do with biological sex, and that sex is often implicit in the production of the sexes, rather than the other way around. Butler argues that if there is nothing other than constructed gender, then there is no pre-cultural "before." She asks: "are there ever humans who are not, as it were, always already gendered?" (1990, p. 111). It is difficult to conceive of someone without considering his or her gender. For Butler, gender itself is a fabrication, a construction: "because there is neither an 'essence' that gender expresses or externalizes nor an objective ideal to which gender aspires, and because gender is not a fact, the various acts of gender create the idea of gender, and without those acts, there would be no gender at all" (Butler, 1990, p. 140). Gender passes itself off as reality through a series of performances, a concept that Butler introduces here and describes throughout her other works.

Using Foucault's theory of how regulatory practices discipline the body, Butler explains how the routine of gender roles creates a naturalising effect. Butler (1993a) destabilises the links between sex, gender, and identity. Gender is a kind of imitation for which there is no original, but it produces the notion of the original as an effect and consequence of the imitation itself; "the 'reality' of heterosexual identities is performatively constituted through an imitation that sets itself up as the origin and the ground of all imitations" (1993a, p. 313). For Butler, heterosexuality is the locus of normative gender roles, and it is always in the process of imitating itself with the aim of seeming natural. A key concept in Butler's work is that she believes heterosexuality is bound to expose itself as false, but because it desires to be seen as the norm, it must therefore always be in the process of repetition. In this way, "gender is *performative* in

the sense that it constitutes as an effect the very subject it appears to express" (Butler, 1993a, p. 314). Here, the power which is exacted through performativity must be understood not as a singular or deliberate "act," but rather as the reiterative and citational practice by which discourse produces the effects that it names.

The logic of Butler's arguments relies on a cyclic dependency of thought regarding gender, biological sex, identity and the body. None of these elements precedes another, and they all simultaneously co-exist to "produce" the effect of the others. With regard to the body in particular, its naturalisation as a biological entity further confuses its place in the cycle. Butler (1987) writes that it is unclear which aspects of the body are natural or free of cultural imprint. She asks: "how are we to find the body that preexists its cultural interpretation?" (p. 129). According to Butler, we are always already gendered, so it is impossible to traverse a path from disembodied freedom to cultural embodiment; "it is our genders that we become, and not our bodies" (1987, p. 129). The performance of putting on our genders creates the effect of an internal core or substance on the surface of the body. That the "gendered body is performative suggests that it has no ontological status apart from the various acts which constitute reality" (Butler, 1999, p. 417).

Butler (1999) claims that the performance of gender is an imitation without origin, a construction which regularly conceals its genesis; "the tacit collective agreement to perform, produce, and sustain discrete and polar genders as cultural fictions is obscured by these productions" (p. 420). But gender is a norm that can never be fully internalised. Butler (1999) argues that if "gender identity is the stylized repetition of acts through time and not a seamless identity" (p. 421)—a construction which regularly conceals its genesis—then it can be revealed as false by interrupting this repetition. One of the ways in which gender can be exposed as a performance is through the use of drag. Butler (1999) argues that "the performance of drag plays upon the distinction between the anatomy of the performer and the gender that is being performed" (p. 418). When a man dresses in stereotypical feminine dress, or a woman in masculine dress, the link between body and gender is broken. We see that there is no "natural" reason for one sex to perform one gender as opposed to the other, or even any gender at all. For Butler (1993a), there is no "proper" gender, a gender that belongs to one sex rather than another, and drag reveals that "all gendering is a kind of impersonation and approximation" (p. 312). Drag can also be seen as a means by which to escape one's prescribed gender, if only to

perform the opposite gender; it will be shown later in this research that eating disorders can also provide an attempt to escape the confines of femininity for some women.

The work of Butler has stimulated a vast amount of theory and criticism (see Fraser and Greco, 2005; Burkitt, 1999; Shilling, 2005, Brook, 1999). Although her style of writing has often been criticised as unnecessarily dense, her ideas about gender and performativity have provoked much theory on these subjects. Lloyd (1999) recognises the imitative, repetitive acts of gender performance as viable means of producing the body, but wonders how drag and gender parody function as transgressive activities. That is, "does drag necessarily work disruptively?" (Lloyd, 1999, p. 200). Because Butler does not differentiate between drag that is enacted on a stage or in "real" life, she creates ambiguity about when dressing up is theatrical and when it is constitutive of gender identity. Lloyd (1999) writes that "while drag may be transgressive in that it breaches certain norms of behaviour, it is not clear either that this is sufficient to expose the fiction of gender or to subvert the heterosexual matrix" (p. 203).

Lloyd's criticism of Butler links with McNay's (2000) analysis of performance and agency. Whereas drag is claimed by Butler to expose the falsity of gender norms by disrupting the repetition of performance, McNay comments on how the concept of agency is manifested through these ritualised practices. Butler believes that the performative construction of gender identity causes agency through these processes of identification, but McNay argues that Butler's "failure to connect the symbolic construction of the body to other material relations in which this process takes place" (2000, p. 35) is similar to Foucault's inadequate integration of "a theory of agency with an understanding of the disciplinary inscription of the body" (p. 35). That is, neither Foucault nor Butler has provided a complete analysis of how the processes which are manifested on the surface of the body are connected with the internal workings of the body.

Butler's theory that bodies become gendered through the continual performance of gender is nothing new in sociological terms. What is missing from Butler's analysis is the conception of a reflexive, social, embodied self in interaction with others. Jackson and Scott (1998) point out that Butler's philosophical conceptualisation of how bodies become gendered misses "crucial elements of the *social* construction of gendered bodies at the level of both social structural power relations and everyday social interaction and practices" (p. 16). Jackson and Scott (1998) argue that any account of gendered embodiment requires more than knowledge of the external force of the gendering

process; "gender is also incorporated into our inner selves and is integral to our subjectivity" (p. 17). Butler wants to leave space for human agency, but Jackson and Scott (1998) believe she lacks the conceptual tools to enable her to do this. According to them, "there is no 'I' which constructs or performs gender since the 'I' is formed only through gender" (p. 17-18). For Jackson and Scott, it is not enough to conceive of the operation of power in a purely Foucauldian sense; what is needed is an analysis of the ways in which embodied human beings interact with others. We must not forget that the body is inseparable from the totality of the self, because "bodies have no meaning, no significance apart from cultural context, social situation and interaction with others" (Jackson and Scott, 1998, p. 21).

Davis (1997) agrees with this reasoning; in her discussion of Butler's theory of the body and meaning, she writes that "even as a material reality a body is never just there; it always has a meaning, because it has already been defined in a social and cultural context" (p. 46). Burkitt (1999) incorporates Davis's discussion into his own analysis of Butler's work, noting that a feminine experience of the body is not reducible to "maleness" or essentialism because of how the body is produced as a gendered text. Burkitt echoes McNay's (2000) and Shilling's (2005) argument that Butler fails to address the material aspects of the body, that she submerges the bodily and the material beneath the text, that which is produced as "reality." Burkitt, however, raises an important question about Butler's theories: "if the gendered, desiring body is a creation of the symbolic laws and discursive taboos, why did these form in the first place?" (1999, p. 94). That is, how did the body come to be constituted in the particular ways we know it? Butler fails to specifically address these questions, but the remainder of this chapter will examine some of the particular ways female bodies are constructed.

2.6 The Body as a Consumer Object

Butler's theory of how the body is performed is one way in which to conceptualise of the body as a construction. The reasons behind why the body, especially the female body, is constructed in the ways we know it are often linked with how they are perceived by others. Women's bodies are valued according to their adherence to the feminine ideal, and in the present era of late capitalism in the West, women's bodies are created as objects of consumption more than ever before. Shilling (2003) writes that commodification is the mode through which contemporary Western societies ensure how people present themselves. That is, "the means for managing the self have become

increasingly tied up with consumer goods, and the achievement of social and economic success hinges crucially on the presentation of an acceptable self-image" (p. 81). Here, Shilling refers to Goffman's theories of "shared vocabularies" about how meanings are determined for bodies. For Goffman, individuals usually have the ability to control and monitor their bodily performances, but for Shilling, "society is brought so far into the body that the body disappears as a phenomenon that requires detailed historical investigation in its own right" (2003, p. 71); the body can never be extricated from its social surroundings.

In a later work, Shilling (2005) discusses the effects of the social surroundings of advertising culture. The proliferation of production promotes an "emphasis on the achievement of an appearance and a degree of physical control commensurate with the display of a hyper-efficient 'performing self'" (p. 2). Shilling identifies the increased commercialisation of the body in consumer culture as corresponding to a change in the structure of advanced capitalist societies in the second half of the twentieth century. This theory is also discussed by Bryan Turner (1996), among others (see Baudrillard, 1998; Featherstone, 1991; Fraser and Greco, 2005; Burkitt, 1999; Bourdieu, 1984; Martin, 1997). Turner (1996) argues that capitalist development has changed the symbolic significance of the body. Capitalist society "depends partly on fostering false needs through advertising and mass consumption" (p. 71), and the body has become the vehicle through which these needs are conveyed. For Bourdieu (1984), the body has a certain cultural capital which is expressed through practices which are specifically directed at the outer body.

These practices, as we have seen, are exacted through a system of power and regulation. Bryan Turner (1996) writes that "in modern societies, power has a specific focus, namely the body[,] which is the product of political/power relationships. The body as an object of power is produced in order to be controlled, identified and reproduced" (p. 63). Because the body is the medium through which this control is exacted, it becomes saturated with cultural significance. Burkitt (1999) writes that the body is both a cultural product and producer, and that in modernity, "the body becomes a machine" (p. 131) or, rather, like the different parts of various machines, internally fragmented and segmented. This fragmentation within the body leads to dualisms; Burkitt (1999) writes that "modernity has created the division between mind and body, cognition and emotion, rationality and irrationality, and that we are forced to jump one way or the other at various times and places" (p. 146). That is, the production of bodies within consumer

culture has created a dissonance between the natural, biological, material body and the image of what the body represents.

Featherstone (1991) has a slightly different perspective on this separation; he argues that within consumer culture, "the inner and outer body become conjoined: the prime purpose of the maintenance of the inner body becomes the enhancement of the appearance of the outer body" (p. 171). For Featherstone, the "natural" and cultural aspects of the body come together instead of separate; the result of this, however, remains the same: the advancement of modern consumer society. Ritzer (1998) writes that "the body emerges as something that can be used to sell commodities and services as well as being itself a consumed object" (p. 13). We have become consumers of our own bodies and as such we consume a wide variety of goods and services in order to enhance them. For Baudrillard (1998), consumption is not merely the buying of things; it is a system or code of signs, the manipulation of objects as signs. Consumption is a structure that is external to and coercive over individuals. In the modern consumer society, we consume not only goods, but also human services and therefore human relationships. Ultimately, "what is being consumed in the consumer society is consumption itself" (Ritzer, 1998, p. 15). Baudrillard (1998) argues that in the consumer package, there is one object that has more connotations and is more omnipresent than all the others; this is, of course, the body. Baudrillard details the ways in which the body is manipulated as a signifier of social status. In particular, Baudrillard notes how the female body is produced in the name of managed consumption.

2.7 The Construction of the Feminine Ideal

Baudrillard is one of many theorists who identify how the construction of the body as a consumer object in capitalist societies is primarily a construction of the *female* body. The resistance against the standards of femininity—which feminist theorists are demanding—cannot be enforced until all aspects of the discipline over women's bodies are identified and deconstructed. Baudrillard (1998) believes that for women, beauty has become a religious imperative, and that "beauty is such an absolute imperative only because it is a form of capital" (p. 132). For Baudrillard, beauty is nothing more than sign material being exchanged; it exists wholly "in abstraction, in emptiness, in ecstatic absence and transparency" (1998, p. 134). Beauty does not have an intrinsic value or meaning in and of itself; it has been created together with other aspects of the body to signify success, well-being and other qualities that indicate positive attributes in Western

societies. Both the body and its beauty are used to sell products. Fraser and Greco (2005) argue that women are not only the principle targets of many consumer goods, but are also the privileged sign in commodity aesthetics. Lury (1996) agrees, arguing that as both subject and object, women are consumer and consumed, consumers, indeed, of themselves, as commodities. It is the feminist theorists who deconstruct the ways in which women are objectified and exploited through the manipulation of their own bodies.

Dworkin (1974) argues that in our society, the standards of beauty describe in precise terms the relationship that an individual woman will have with her own body. She writes that "not one part of a woman's body is left untouched, unaltered...from head to toe, every feature of a woman's face, every section of her body, is subject to modification, alteration" (p. 113-14). Dworkin recognises that this ongoing, repetitive process is integral to the economy, as well as the physical and psychological reality of being a woman. Bordo (1993) implements a Foucauldian analysis of how women are "forced" into at least attempting to adhere to the standards of femininity. She writes that what is needed is "an adequate understanding of the ubiquitous and thoroughly *routine* grip that culture has had and continues to have on the female body, how *commonplace* experiences of depreciation, shame, and self-hatred are, and why this situation has gotten worse, not better" (1993, p. 66).

It is the institutional and everyday practices around which the experience of the body is organised that perpetuate the ways in which the body, especially the female body, is perceived both by the internal and external gaze. These everyday practices are described by Bartky (1997) as regulating femininity, if not creating it. Bartky writes that "the disciplinary power that inscribes femininity in the female body is everywhere and it is nowhere; the disciplinarian is everyone and yet no one in particular" (1997, p. 74). The anonymity of disciplinary power and its wide dispersion have consequences that are crucial to properly understanding how women are subordinated. Here, Bartky raises an important point: "the absence of a formal institutional structure and of authorities invested with the power to carry out institutional directives creates the impression that the production of femininity is either entirely voluntary or natural" (p. 75). That is, because no one is overtly dictating how women should dress or behave, the norms of femininity are perceived as women's innate or intended mode of behaviour. Because it is women who perform their own self-surveillance and discipline on and against their own bodies, "men get off scot-free" (Bartky, 1997, p. 81) in terms of responsibility for implementing these norms. Bartky writes that all women have internalised "patriarchal standards of

bodily acceptability" (p. 77), and most women obey these standards insofar as their bodies will allow. If a woman is either unable or unwilling to submit herself to the appropriate body discipline, she faces severe sanctions: the refusal of male patronage. In a world dominated by men, this means more than just not being considered attractive: a woman could face personal, financial, and professional difficulties should she fail to adhere to the standards of femininity. Bartky (1990) writes: "knowing that she is to be subjected to the cold appraisal of the male connoisseur and that her life prospects may depend on how she is seen, a woman learns to appraise herself first" (p. 38).

Women's internalisation of the "gaze," and being the disciplinarians of their own bodies is why women are seen as doing it to themselves (Bordo, 1999a). Power, as Bartky points out, is difficult to pinpoint, and is therefore also difficult to resist. Grimshaw (1999) agrees with Bartky's assessment of discipline as being seen as self-imposed and self-chosen, which makes it all the more insidious. Grimshaw uses the example of fitness regimes as being perceived as normal and apparently "neutral," which make it harder to identify the insistent normalising pressures which pervade the practice. However, "if women engage in these practices, they risk reinforcing both their own colonization by suspect and dangerous norms of what the female body should look like, and a kind of public collusion with these norms which will serve to undermine any feminist critique" (Grimshaw, 1999, p. 98). Grimshaw's plea for resistance echoes that of Bartky's: "the rebellion is put down every time a woman picks up her eyebrow tweezers or embarks upon a new diet" (1997, p. 82). Both theorists agree that there is room for resistance to these disciplinary practices, but both acknowledge that women cannot begin to "re-vision" their bodies until they learn to read the cultural messages that are inscribed daily upon them. Grimshaw (1999) believes that we need to think more deeply about the kinds of reasons why women, "who in other aspects of their lives consciously and constantly resist hetero-normative pressures and oppressive paradigms of the young and thin female body nevertheless give priority to exercise, and sometimes also to practices of body shaping or sculpting" (p. 101). The resistance against the standards of femininity must include a deconstruction of all aspects of the discipline over women's bodies. As will be shown, eating disorders are sometimes perceived as a reaction against these standards, and as a means of creating a new sense of self. A large part of what maintains the norms of femininity is the disciplining and regulating of women's bodies through sexuality.

2.8 The Regulation of Sexuality

Sexual desire, especially heterosexual desire, is commonly regarded as a force that is natural to human beings, and is rarely analysed as a manipulation of women's bodies and beings. Heterosexuality can be criticised as an institution that disempowers women, a social system that perpetuates their subordination to men. The writings of feminist theorists (see Jackson and Scott, 1996, 1998; Richardson, 1997; Giddens, 1990, 1992; Mottier, 1998; Regan and Berscheid, 1999; Holland et al, 2003; Singer, 1993; Illouz, 1997; Hite, 1993; Spector Person, 1999; Hawkes, 1996) have been crucial for revealing the fabrication of sexuality, and how it has manifested itself through the discipline of the body. Sexuality, unlike other parts of the body which are more conspicuous and visible, is typically perceived as biological and natural, and therefore untouched by cultural influence. Weeks (1981, 1985, 1986) and Weeks et al (2003) has written extensively about how sexuality is seen as the most natural thing about us; "sexuality has often been seen as the essence of who and what we are" (Weeks et al, 2003, p. 2), and that "our sexuality is the most spontaneously natural thing about us" (Weeks, 1986, p. 12).

Weeks writes that sexual identity has an assumed naturalness about it which belies historical and cultural reality. Sex has conventionally been seen as "the most intractable of natural energies, rebellious against the efforts at repression, resistant to the modifications of climate and culture" (Weeks, 1985, p. 16). Weeks realises that biology is important, and cannot be escaped. Biology provides the pre-conditions for human sexuality, it "conditions and limits what is possible. But it does not cause the patterns of sexual life. We cannot reduce human behaviour to the mysterious workings of the DNA…biology [is] a set of potentialities which are transformed and given meaning only in social relationships" (Weeks, 1986, p. 25). Weeks recognises the incongruity of how culture has an enormous influence upon the body in the cultivation of sexual desire, but how it is almost always depicted as entirely natural.

Spector Person (1999) also discusses the issue of sexuality as a cultural construct that is mistaken for being purely biological. Spector Person (1999) writes that "sexuality must not be thought of as a kind of natural given which power tries to hold in check, or as an obscure domain which knowledge tries to uncover. It is the name that can be given to a historical construct" (p. 37). She is well aware that there is a distinct possibility that the nature of sexuality owes more to culture than to biology, and acknowledges gender as

launching individuals onto "particular psychosexual pathways" (p. 43). That is, gender molds sexuality, just as it does all other aspects of the body. Conversely, sexuality is also a mainstay for gender because it represents the physical act for the behavioural dictates of masculinity and femininity. The reliance of sexuality and gender upon each other runs parallel to Spector Person's discussion of to what extent sexuality is created by culture, or if in fact it might be a creator *of* culture.

Our gender enculturation alerts us to the actions we are expected to take, and even the desires we are expected to feel, all of which are in keeping with gender norms. This may explain why men have stronger and more frequent sexual desires than women, as men are constructed as more aggressive and dominant. The construction of sexual behaviour ties in directly with gender inequality, as Richardson (1997) points out. For radical feminists, she writes, sexuality "is not simply a reflection of the power that men have over women in other spheres, but is also productive of those unequal power relationships" (Richardson, 1997, p. 153). Sexual relations both reflect and serve to maintain women's subordination by constraining women in many aspects of their lives, such as how they feel about their bodies, by the sexual double standard between men and women, or having their leisure opportunities affected by fears of sexual violence. Richardson (1997) writes how sexuality, as it is currently constructed, functions as a means of social control over women, and that this kind of socialisation is "not about learning to control an inborn sexual desire so that it is expressed in socially acceptable ways, but the learning of complex sexual scripts which specify the circumstances which will elicit sexual desire and make us want to do certain things with our bodies" (p. 157-58). Sexuality is therefore just another, albeit powerful, way in which our bodies are disciplined.

Sexuality is disciplined in and of itself, as well as being used to discipline other parts of the body and self. Similarly to how women monitor and discipline their own bodies, sexuality is also self-regulated, because it is constructed as belonging to the realm of the private (which contributes to maintaining its "naturalisation"). Using a Foucauldian analysis, Singer (1993) writes that "the regulatory force is represented and enacted through a currency not of coercion but of desire, in a way that encourages its individuation or personalization" (p. 59). Sexual desire is manufactured to such a degree that Singer cannot conceive of it as anything but constructed. She asks "what if any sexual exchange, given the logic of late capitalism, mediated through a sexual politics of male and heterosexist privilege, could be non-exploitative, non-commodified, not

productive of some alienated stratification of dominance[?]" (1993, p. 52). It is difficult for Singer to imagine a sexual exchange that exists outside of culture and its exploitative constructs, especially considering how sex has been commodified. Hawkes (1996) agrees with Singer, noting that "an ever expanding range of commodities is sold by invoking sexual imagery, while sexual desirability is increasingly presented as a leisure commodity to be acquired and utilized" (p. 1).

Besides being used as a means of selling external material goods, sex also "presents an ever-changing panorama of choices in which the individual is encouraged to construct their own identity" (p. 115). While these "choices" may seem to indicate freedom, they are in fact a more subtle form of regulation through the myth of individual autonomy inherent in consumer choice, although *what* is being regulated may vary from theorist to theorist. Hite (1993) writes that "sex is clearly used as a universal panacea, to keep the masses quiet and stop them from realizing the emptiness, meaninglessness, and alienation of their working lives" (p. 99). In this way, sexuality can, like gender, be seen as a form of distraction, in that the naturalised performance of both prevents women from questioning and contemplating deeper issues in their lives. For the most part, gender roles and sexuality remain uncriticised, but women with eating disorders destabilise the "naturalness" of both constructions. By partially reacting against the confines of these structures, women with eating disorders expose the fabrication of their selves, especially how these constructions have come to create identity for so many women.

2.9 Identity, Or How Bodies Become Selves

The connections between the body and the self, and identity as a whole, have long been subject to theory and discussion, which more recently concern theories of how both the body and the mind have been gendered in Western culture. Thus far, this chapter has sought to expose the constructedness of both, and how they have contributed to women's subordination. In the Cartesian dualism between body and mind, women have typically been associated with the body, and men with the mind. Many theorists seek to destabilise the associations that have been made between the body and the mind, and to explore how the connections between the two contribute to the creation of identity. The exploration of how the creation and manipulation of the body through a perpetual performance of regulatory ideals has been important in and of itself, but it is how the construction of the body relates to the construction of the self that is significant for further developing a more complete examination of the literature.

The meaning of the self has changed as the formation of society has changed. Giddens (1990, 1991,1992) has made considerable contributions to the theory about the body and the self in modern Western culture. Giddens (1990) writes that the discovery of oneself becomes a project directly involved with the reflexivity of modernity. The focus upon identity itself is a relatively recent concept, particularly the degree to which we concern ourselves with our inner workings. Giddens (1990) asks: "is the search for self-identity a form of somewhat pathetic narcissism, or is it, in some part at least, a subversive force in respect of modern institutions?" (p. 123). This relatively recent fascination with the self has now become a preoccupation for many; "the self today is for everyone a reflexive project—a more or less continuous interrogation of past, present and future" (Giddens, 1992, p. 30). In this project, the body, for Giddens (1992), serves as "a visible carrier of self-identity" (p. 31). He is well aware of the constructedness of both the body and the mind, and incorporates his theory of these in an analysis of how they are situated within modern life. Giddens (1991) writes that the body is less and less an extrinsic "given," functioning outside the "internally referential systems of modernity" (p. 7).

Jackson and Scott (1998) criticise Giddens, for although he at first seems to offer a deeper understanding of how the body is implicated within society, it still seems somehow separable from the self. While rendering the body as socially meaningful, Jackson and Scott argue that Giddens' perspective "still implicitly posits a pre-social body, which is constrained and modified by external social factors" (1998, p. 12). Shilling and Mellor (1996) perceive Giddens' perspective as more pronounced, writing that Giddens views people as, essentially, minds who happen to occupy bodies. Jackson and Scott are quick to distance themselves from this extreme perspective; they do not agree that Giddens ignores "embodied dispositions which lie beneath the reach of thought and reflexive control" (Shilling and Mellor, 1996, p. 7). Jackson and Scott (1998) argue that the body cannot be separated from the mind, and that no bodily function can ever be outside the social. As Budgeon (2003) puts it, "the body is already the self. The self is already the body" (p. 46). Giddens' conceptualisation of the body and the mind as a binary limits the possibility of a deeper consideration of how it is that the body is implicated in the formation of identity (Budgeon, 2003). This criticism of Giddens' alignment of body and self is reflective of the Western idea of the body merely "containing" the mind (see Sampson, 2003)—and how this idea influences perceptions of identity and individuality—will be further criticised in this chapter.

That the body is linked to the self is evident; it is how they are connected that is of importance. Synnott (1993) argues that the body is "the prime symbol of the self, and the prime determinant of the self" (p. 2). The sense of who we are is highly dependent upon the body for Synnott, and because the body is not a "given," but a social category with different meanings imposed and developed by every age, the self is also therefore a cultural construction. Synnott, along with Giddens (1991) and Shilling (2003), argues that in contemporary societies, the project of the self, "as the principal legacy of individualism[,] has now been converted into the project of the body" (Bryan Turner, 1996, p. 20). Turner (1996) believes that both the project of the self and the project of the body cannot be conceived of without the other; he combines the two to discuss how "the embodied self becomes the project of consciousness in modern societies" (p. 21). For Turner, the postmodern cultural context has had an enormous impact upon how this project evolves. As the boundaries of both the body and the self become uncertain and problematic, the body can be restructured and refashioned to bring about profound changes of identity.

The idea that the body can affect how the self is perceived, and even created, is taken up by Shilling (2003). Shilling questions why the body has become so significant to our self-identity and asks "what is it, exactly, that is being constructed?" (2003, p. 9). Due to the decline of formal religious frameworks in the West, which had sustained control over how the body was perceived, and the massive rise of the body within consumer culture as a bearer of symbolic value, "there is a tendency for people in high modernity to place ever more importance on the body as constitutive of the self" (p. 2). Shilling (2003) believes that we now have the means to exert an unprecedented degree of control over our bodies, but we are also living in an age which has thrown into radical doubt our knowledge of what bodies are and how we should control them. This is an important concept when it is applied to eating disorders, which are extremely concerned with the control of both the body and the self.

2.10 How Identities are Constructed

Shilling poses the pertinent question of what is constructed through both our bodies and identities, but it is also necessary to ask *how* they are constructed. Being assigned to a specific gender provides a set of ground rules that govern our behaviour, establishing a cornerstone of identity. Woodward (2002) discusses the extent to which people participate in shaping their own identities, and how these identities come to be

formed. Woodward expands on the theory of Lacan when she writes that we are recruited into the symbolic order, and that gender identity forms the basis of this identification. The bodies that we inhabit "clearly offer limitations to what is possible, to the identities to which we might like to lay claim" (Woodward, 2002, p. 104). Being in possession of certain physical features classified as male or female is connected to social and cultural expectations, practices, and behaviour. Woodward argues that it is through the body that we make sense of our identities. But although "the body is deeply involved in the routes through which identities are forged[,] this does not mean that the body is the root of identity" (Woodward, 2002, p. 134). Several theorists, including Baumeister (1997), agree with Woodward. He argues that the self begins with body, but there is clearly more to the self than its physical materiality. Baumeister believes that the inner self exists outside of its particular connections, that it is not the same as one's social roles. The process of self-actualisation for Baumeister requires "discovering the hidden realities and then a process of working to cultivate and develop these inner traits to reach their full potential" (p. 197). So for Baumeister, although the self is connected with the body, it is its own separate entity that has to be "discovered." This perspective is similar to that of Giddens', who believes that the self is a project to be worked upon.

Although the self is a project, it has also become a product for which men and women are ultimately held responsible. McAdams (1997) attempts to explain what it is about the modern self that renders identity such a problem, not least of which being the responsibility placed on the individual to create meaning for him or herself. The challenges we face in the "selfing process" (p. 61) are in integrating self-conceptions into a pattern that suggests life unity and purpose. Yoder (2000) interprets this responsibility as one of choice, although she recognises that there is no such thing as absolute choice—and therefore responsibility—of identity, as we are always impacted by external cultural factors. Yoder bases her argument largely upon Erikson's influential writings about identity formation, particularly his claim that personality "depends on a certain degree of choice, a certain hope for an individual chance, and a certain conviction in freedom of self-determination" (Erikson, 1980, p. 98-99). Erikson's (1968) definition of an "identity crisis" is designated as a turning point during a crucial moment, when development of the self must move one way or another, and choices must be made.

There are, of course, many barriers to having "choice," not least of which is gender. Choices and barriers, according to Yoder, are what constitute the formation of identity. She writes that "from a constructivist point of view, identity is seen as a

structure or framework out of which individuals interact with the world" (2000, p. 100). Yoder also refers to Marcia (1989), who acknowledges the impact of socio-cultural influences upon the process of identity formation even less than does Yoder; his emphasis on the power of the inner self is on the developmental responsibility upon the individual. Marcia (1980) proposes that we think of identity as a self-structure: "an internal, self-constructed, dynamic organization of drives, abilities, beliefs, and individual history" (p. 159). Yoder argues that this also downplays the power of the cultural environment. It is necessary to consider the impact of society, as well as how it interacts with identity, in order to cultivate a more complete analysis of how identity is created.

Society and culture cannot be extricated from the creation of identity and, in their examination of the ways in which culture and the psyche interact with each other, Markus and Kitayama (1998) argue that people develop their personalities over time through their active participation in the various social worlds in which they engage. For them, "being a person is a social and cultural achievement; it requires incorporating and becoming attuned to a set of cultural understandings and patterns" (p. 67). That is, the social is a constitutive element of the person; "certain modes of behaviour, thought, and emotion are invited, fostered, and encouraged by particular arrangements of social life" (p. 83). Markus and Kitayama do not aim to make conclusions about the relative impact of culture on identity, but to aid in the deconstruction of how cultural frameworks powerfully structure our understanding of identity formation.

In earlier articles, Markus and Oyserman (1989) and Markus and Kitayama (1994) identified the common misconception that self is often perceived as distinct from the outside world. They noted that "social behaviour is very often presented as in opposition to individual behaviour and construed as compromising individual behaviour" (Markus and Kitayama, 1994, p. 569). May (1997) disagrees with this viewpoint, and refers to Giddens' theory about active subjectivity when he argues that "the subject is not a passive site on which particular states or qualities are necessarily externally imposed" (p. 46). For May, as for Giddens, the individual is perceived as having a great deal more subjective power than other theorists would allow. The degree of influence which culture and identity have upon each other will long be debated, as no solid conclusions are readily knowable. Bilsker (1992) invokes Heidegger's idea of "thrownness" when he writes that "each person is born into a certain predefined situation, a state of affairs which he [sic] did not choose. The individual is thrown into a world and must begin with the objective conditions into which he [sic] has been delivered" (p. 181). Bilsker argues that

the "burden of self-definition" is making sense of the world in which we have been placed. We must each look for and define for ourselves a meaning of our own existence. The following section further illustrates the connections between identity and meaning, which will be useful in the analysis of women with eating disorders.

2.11 Identity as Meaning

The construction of identity, however it may be formed, is typically the way in which people create meaning in their lives. Castells (1997) differentiates between identities and roles, claiming that roles are defined by the norms structured through the organisation of society, but identities provide stronger sources of meaning because of the process of self-construction and individuation that they involve. Castells (1997) writes that identities are sources of meaning for the people themselves, constructed through a process of individuation; "identities become identities only when and if social actors internalize them, and construct their meaning around this internalization" (p. 7). That is, "identities organize the meaning while roles organize the functions" (Castells, 1997, p. 7). Castells defines meaning as the symbolic identification by an individual of the purpose of his or her action; meaning is organised around a "primary identity," one that is self-sustaining across time and space.

Identity and meaning are inextricably linked; in its most base form, "our identity is the source of the most significant ways in which we think and feel about ourselves" (Hall, 1990, p. 19). Hall acknowledges that although we do not consciously chose our original values, a "meaningless life is experienced as an unfulfilled life" (p. 40). Hall does not specifically define meaning as does Castells, but she alludes to its importance. As Weinreich (2003) explains, everyone wants to make sense of their world. He writes that "a fundamental aspect of this process is the striving to make sense of oneself: to comprehend who one is, where one has come from, and the kind of person one aspires to be in the future" (p. 5). The quest for meaning is central to the existence of most people. One of the primary means by which meaning is sought through identity is the use of the body as self-discovery, or self-expression. Davis (1997) invokes Giddens' (1991) theory of the body as project when she discusses how the body is used as a means of self-expression, and "for becoming who we would most like to be" (p. 2). Like McAdams (1997), Davis notes that individuals have become responsible for his or her own fate, and the body is the primary means by which this fate is both controlled and produced. This is

especially true for women, whose bodies have come to represent a large amount of their selves.

2.12 Women: The Body as Self

For women, physical appearance has for a long time been more implicit in their sense of self than for men. In the era of late modernity and capitalism, women's bodies have come to be the primary signifier of their inner selves, if indeed their identities can ever be extricated from their outward appearance. Davis (1997), Featherstone (1991), and Bryan Turner (1996) attribute the current popularity of the body to changes in the cultural landscape of late modernity, which have altered how the body is perceived. Grimshaw (2005) writes how the advent of consumer culture has led to a focus on appearance that is expected to express identity. We are encouraged to "try on" different identities like clothing, but women do not do so as whimsically as they are thought to; for women, the issue of appearance is not something they can wholly define; women do not have the choices they are seemingly presented with in "choosing" their identities.

In her discussion of autonomy, Grimshaw writes that "the female self, under male domination, is riddled through and through with false or conditioned desires" (2005, p. 330). There is an assumption that there is an underlying autonomy or authenticity to the self which is untainted by conditioning, but Cudd and Andreasen (2005) argue that as "women have been denied the ability to develop capacities or coerced into servility, they have often failed to attain the characteristics of autonomy" (p. 327). Autonomy involves choosing and living according to standards or values that are, in some plausible sense, one's own. Friedman (2005) notes that autonomy is connected with reason, independence, and outspokenness, all of which are typically perceived as masculine traits. She asks: "are women in Western societies alienated by the ideal of autonomy?" (p. 339). Certainly, the false notion of "choice" in relation to identity creates a distance between the reality of what women are expected to become and how they might like to define themselves. The concept of choice itself is loaded, because women cannot escape their social boundaries.

The standards of the physical feminine body to which women are expected to adhere are closely linked to the expectations of how women define and identify themselves. Creating one's body is, for women, creating one's self. Griffiths (1995) writes how bodily sex differences are symbolised into psychosocial ones. Griffiths argues that "the experience and subjectivity of an individual may be influenced by the particular

body she is born with" (1995, p. 63), not just by the fact of being female, but also by the relative attractiveness of the body she is "given." This idea is expanded by Patzer (1985); he writes that bodily appearance plays a dramatic role in an individual's personality development. Generally, "the more physically attractive an individual is, the more positive the person is perceived, the more favorably the person is responded to, and the more successful is the person's personal and professional life" (p. 1). Patzer explains that how someone looks has a direct impact both on how they are perceived by others, as well as how they perceive themselves. This is especially relevant for women, who are judged substantially on the basis of their physical appearance.

As seen in the writings of Bordo (1993, 1999a), it is women themselves who are held responsible for the cultivation of their bodies and, by extension, their identities. This process of cultivation is never-ending because, however physically attractive she is "naturally," a woman can always be improved. Bordo (1993) writes that "we are continually being taught to see the body that reflects back to us in exactly the opposite way—as wrong, defective" (p. 299-300). By depicting a lack, of never being good enough, women come to view their bodies as projects that must be worked upon incessantly. For women, working upon their bodies is also a cultivation of their selves. Meyers (2002) adds that "if a woman's identity is the image she finds in her mirror, cultivating her appearance must be central to her agency" (p. 115). The pride some women have in their appearance is a way of positively identifying the self with the body. Meyers notes that "for women, to know oneself is to know one's body" (2002, p. 115), and it is how the two interact that is of consequence.

2.13 Identities and Bodies: Can One Exist Without the Other?

The connection between identity and body, inner and outer, is very strong for women, especially within the current culture that places an enormous emphasis upon physical appearance. Woodward (2002) refers to the theories of Butler (1993) to point to the lack of natural connections between the self and body. Butler believes that there are no direct causal lines among gender, sex, and identity, and Woodward agrees. Woodward (2002) writes that "the body clearly has no priority or privilege in shaping gender identity here, although the body is implicated in the practices and customs through which gender identities are performed" (p. 112). It is difficult to conceive of the self without the body, as the body is invested with sites implicated in the production of meanings about identity. This leads Woodward to wonder if identities need bodies; that is, "can you have an

identity without a body?" (2002, p. 113). In this context, Woodward is referring to cyberspace and developments in technology, but her question raises important points about the links between how the body interacts with, and helps produce, identity. Woodward, along with Shilling (2003, 2005) and Giddens (1990, 1992), believes that the body has become central to our sense of who we are so that the body itself is part of reflexive self-identity, a component to be worked on, as the representation of the self.

Harré (1998) agrees that being embodied is part of what it means to be a human being, although he recognises the performance we enact through our socialisation. Harré raises the question, as do many others (Holland, 1997; Jussim and Ashmore, 1997; Gergen, 1977; Pervin, 2003; Grimshaw, 2005), of whether or not we have an essential core which exists beneath these performances and bodily enactions. Holland (1997) believes that we do have a natural self underneath the cultural overlay, but differentiates between "natural" and "core;" the natural aspects of the self pertain to the "species-given" structures and processes that arise from our biology. Butler (1990) describes the "core" as part of the self that exists before culture, although she does not believe that a core exists: "acts, gestures, and desire produce the effect of an internal core or substance, but produce this on the surface of the body" (p. 136). For Butler, there is no pre-cultural "before," because we are always already cultured. Gender and other bodily performances produce the illusion of an inner essence of psychic core, but these are only "the illusion of an inner depth" (Butler, 1993a, p. 317).

The views on the question about a core self are extremely varied. Rosenberg (1979) leans more towards the constructivist perception, writing that people are "constantly in the process of reacting to, and coping with, the social events that constitute [their] experience in the service of [their] own system of motives" (p. 276). Harter, (1997), on the other hand, argues that social factors merely influence the self-concept, and that each individual is the final and absolute arbiter of just what constitutes authentic behaviour—that is, behaviour that reflects the "real me." Harter (1997) believes that there is a true self, which is expressed through our relationships with others. Harter is one of few theorists who believe that a true, core self already exists. Gergen (1977) occupies a middle ground, writing that we search for "a stable and unifying core of existence, a firm touchstone which can provide us with a sense of authenticity and coherence" (p. 139), but does not commit to the idea that we may already have this core self. Grimshaw (2005), along with Griffiths (1995), is on the other end of the continuum from Harter, and claims that "there is no authentic or unified 'original' self that can simply be recovered or

discovered as the source of 'autonomous' actions" (p. 337). Grimshaw recognises that we need to make sense of our lives in order to feel in control, but we must be able to tolerate contradictions.

2.14 The Essential Self

Debates about the existence of a core self suggest the need for some further exploration of recent developments in the literature of "self." There has been a progression in our understanding of how the self can be conceived and experienced, a progression that has echoed that of culture, from the "knowable" to the undefinable and the debatable. In this final section, the self as a construct in postmodernity is considered a little more fully, since the idea of the unknowable self is integral to the main research question in this study. The idea that women who do not have a strong sense of self sometimes develop eating disorders as a way to create a more knowable self will be explored in later chapters.

Gergen (2003) believes that there are three broad ways of looking at people: as machines; as self-contained individuals; and as bargainers in social relationships. These three perceptions of how the self exists are a development of his categories the romantic, modernist, and saturated self, which Gergen discusses in other works (1985, 1991, 1992). The romantic view of the self subscribes to the notion that unseen forces dwell within the person, and each person has characteristics of great personal depth (passion and creativity, for example). The ideal human being, then, is not a creature of practical reason, but, rather, one who is guided by something deeper (Gergen, 1991). The modernist view, however, which replaced the romantic perception of the nineteenth century, came to hold that the self is knowable, measurable, an entity that can be subjected to reason (Gergen, 1991). Indeed, for most of the twentieth century, mainstream Western psychology accepted and promoted such a view: the self as a self-contained, unitary and stable property of the person (see Sampson, 1985). The very fact that the self is seen as knowable and measurable necessarily implies that it must, therefore, be self-contained, unitary and stable. However, something that is knowable and measurable is not necessarily self-contained or unitary. This is an important differentiation to notice, as modernity is often criticised for its emphasis on being fixed and unitary.

Both romantic and modernist views of the self assert the importance of the unitary and autonomous self, but it is the modernist perception of the self that has been more widely criticised. Thus, Greene (2003) argues that the modernist conception of self as unitary and fixed fails to recognise its ongoing responsiveness to context and experience. Particularly within a feminist context, the "female" experience of self rejects the idea of an individualised, autonomous self, which is usually synonymous with masculinity, although it is only an assumption that women are more likely than men to find important meaning in life through relationships. In a similar vein, Hekman (2000) argues in her critique of Butler that the modernist subject of self that feminism rejects is the rational, disembodied, and "universal citizen" who is stereotypically white and male. According to Hekman (2000), "the object of Butler's critique of identity is the modernist subject, a subject defined as constituted by an abiding substance, a core identity" (p. 291). Greene (2003) and Hekman (2000) are certainly not alone in their critiques of modernism; social constructionism in general tends to challenges conventional understandings of modernism (Gergen, 1985). More specifically, postmodernism has evolved as a direct response to the limitations of modernism and the idea of the "knowable" self.

Postmodernity is usually used in reference to the idea that we have discovered "that nothing can be known with any certainty, since all pre-existing 'foundations' of epistemology have been shown to be unreliable" (Giddens, 1990, p. 46). In the modernist context, psychologists could confidently proclaim that there was a subject matter available for interrogation. Whether mind or behavior, there was a domain to be elucidated; "within the modernist framework, existential problems of personal significance are solved…[while] for the postmodernist, both the concept of truth and research as a means to truth are impugned" (Gergen, 1992, p. 25). Postmodernism undermines the modernist project, challenges the notion of a unified self, and argues for fragmentation and disunity key features of identity (Woodward, 2002). This too is contentious: some would argue, for example, that it is more appropriate to understand the dynamics of identity as response to change in the outside world rather than as fragmentation. Wexler (1992) writes that in the face of change—sometimes, indeed, social contradiction and disintegration—everyday life is characterised by an evermore difficult struggle to maintain a secure and integral self-identity. Such struggles indicate in themselves, of course, that a defined sense of self is continually sought after. Wexler argues that, although the postmodern self may at first appear to be in a state of dissolution, the disappearance of earlier varieties has given way to relational selves, and

not to sheer emptiness. It is this idea of the relational, or saturated self, that Gergen explores.

The saturated self coincides with the emergence of the postmodern culture; the loss of the identifiable and the apparent breakdown of rational order in the world around us is echoed in the questioning of our selves. Gergen (1991) writes that "social saturation furnishes us with a multiplicity of incoherent and unrelated languages of the self. For everything we 'know to be true' about ourselves, other voices within respond with doubt and even derision" (p. 7). The progression towards modernism towards saturation is one that immerses us more deeply in the social world, and exposes us more directly to the opinions, values, and life-styles of others. Indeed, there is no one who can exist outside of culture: the social contexts in which people participate provide the necessary interpretive frameworks for the construction of meaning, and organise personal actions to such a degree that the individual level cannot be separated from the cultural level (Markus and Kitayama, 1998). A self so submerged in the surrounding culture suggests the loss of the idea of a modernist, knowable self— while also questioning the very idea that we can be individuals or unique. If our abilities to know or create ourselves are limited to the identities that are presented to us, it becomes increasingly difficult to know our "real" or "core" self, if indeed such a thing can exist. Markus and Kitayama (1998) go on to argue that "the person can only be a unique person only by incorporating into himself or herself the very model of the person as independent that is available in the cultural context" (p. 74). Looked at in this way, our identities seem to be severely restricted and, as Gergen (1991) argues, assumptions of real selves begin to pale. We appear to stand alone, but we are manifestations of relatedness. Gergen even goes so far as to say that "the fully saturated self becomes no self at all" (Gergen, 1991, p. 7).

The postmodern and saturated sense of self seems to be the exact opposite of the modernist, knowable self: the self no longer exists as a separate, definable entity, but only in relation to the surrounding culture. For many, neither pole in the debate can provide a complete answer to the definition and the identify of the self. Killen (1997) describes three positions taken by theorists investigating cultural influences on development, the third being that we should reject broad labels. Individuals, in all cultures, make judgments reflective of both individualistic and collectivistic social orientations, and occupying some point on the continuum. This point, of course, can always shift according to circumstance. Hekman (2000) also points to the important misunderstanding that there can be no middle ground between the modernist subject and the total deconstruction of

identity. She argues, rather, that there can be a middle ground. While identity can and must be defined as having a stable ground, an "ungrounded ground," this need not assume the baggage of the modernist subject. Greene's (2003) discussion of what this middle ground might consist of that is illuminating here.

Greene (2003) writes that none of the three models—romantic, modernist, and saturated—described by Gergen is adequate, and that there is a more satisfactory alternative to the determined essentialist self of modernism than the postmodernist saturated self. Greene suggests that a useful middle ground—here she turns away from the parameters set by Gergen—must include a degree of subjectivity. Although the self comes into being and has meaning through our relationships with others, subjectivity is an emergent property of the complex competencies of the human person actively engaged with her world. That is, "the experience of selfhood is imbued with cultural meanings as well as the meanings accumulated by the person herself" (Greene, 2003, p. 103). This being so, the concept of change is also important for Greene, who argues that the self is always open to revision; "such a conception of self allows a recovery of identity in the sense of a core identity, a distinctive self, but in a form which is perpetually developing and changing as a function of the person's ongoing efforts to interpret and understand their engagement with the world" (Greene, 2003, p. 105).

Greene's middle-ground model of change, interaction, and constant revision of self therefore challenges the notion of the fixed and unitary self, and results in an understanding of personal identity and selfhood as processes which are always "in process" and never fully or finally achieved. It is this model that seems to provide the most realistic and dynamic description of self in current times, as it allows space for fluidity and constant alterations without completely abandoning the idea of unitary-ness. At any particular point, for instance, there might well exist a fairly firm or knowable self—but this is always open to change and alteration according to our perception of the social and cultural circumstances. Gergen's models provide useful and insightful explanations of self, but they perhaps fail to take into adequate account the complexity that exists within the process of selfhood, always an ongoing development. It is this complexity and the concomitant inability to ever fully "know" one's self—for individuals who are forever in the process of becoming—that gives rise to the implausibility of an essential self. It is the uncertainty that accompanies the evolution of self that is of such importance to the women interviewed in this research, as eating disorders are always, on some level, about the self.

2.15 Conclusion

There will never be a final word on the extent to which we are created through external forces, or even what divides the internal from the external, but it is imperative for understanding the processes which, to a lesser or greater extent, have an impact upon our beings. Griffiths (1995) believes that simply becoming aware of the political influences on processes of self-creation leads to empowerment. Politics are inseparable from the maintenance and construction of the self, and an important part in understanding the degree of agency or autonomy we have in "choosing" our identities. Providing a conceptualisation of the relative constructedness of the body and the mind, and the degree of individuality in the creation of identity, become important when applied to eating disorders as they can be seen as a reaction against this constructedness as well as an attempt to create new meanings for the self.

Throughout this chapter, connections have been made between the creation of bodies and the creation of selves. According to some theorists, the construction of the body *is* the construction of the self (Bordo, 1999a; Shilling 2003) and, indeed, it is difficult to conceive of an identity without a body. The ways in which our bodies are created have a direct impact upon how our identities are conceived; to some, our bodies determine who we become, and often provide limitations on the identities we would like to have. We are recruited into the symbolic order through our genders, and our agency or choice in determining who we would like to be is continually filtered through the narrow standards of our assigned gender roles. There has been much debate over whether or not we have a "core" self, or a self that exists outside of the body or culture. Most people are reluctant to acknowledge the extent of their construction, and seek to create their own meanings. But as we have seen, no one exists outside of culture, and therefore everyone adheres, to a greater or lesser extent, to the norms which society has ascribed to us. For women, according to many writers, their alignment with the standards of femininity, both in bodily comportment and behavioural tendencies, is the means by which they are regulated—and subordinated—within Western culture. The socially accepted ways in which women can move, touch, speak, or act in general have been seen as extremely limiting and to greatly restrict women's range of motion, both physically and mentally.

It is the institutional and everyday practices around which the experience of the body is organised that perpetuate how the body, especially the female body, is perceived both by the internal and external gaze. These everyday practices regulate femininity as

well as produce it. But because "the disciplinary power that inscribes femininity in the female body is everywhere and it is nowhere; the disciplinarian is everyone and yet no one in particular" (Bartky, 1997, p. 74), it is difficult to contest. This chapter has sought to illustrate the ways in which our bodies are constructed, and the impact these constructions have upon our inner selves, in the attempt to reveal the unnatural regulatory disciplines that Western culture inscribes upon us. Identifying the connections between culture and self forms the basis for this research, on which the discussion of eating disorders is grounded. Exposing gender as the backdrop for, and limitation of, the self provides the necessary framework from which to consider eating disorders as a reaction against this limitation, as well as the desire to create new identities. The limited meanings which narrowly defined gender roles offer to women in current Western culture restrict the cultivation of individuality, but they also contribute to the lack of meaning felt in life in general, which is explored further in the following chapter.

CHAPTER 3: LITERATURE REVIEW: CONSUMERISM, MEANING, AND DISTRACTION

3.1. Introduction

The search for meaning can take on different forms and involves different means of investigation, and most people, at some point during their lifetimes, are concerned with meaning (see Matley and Smith, 1992). The previous chapter demonstrated the connections between the creation of identity and meaning, and this chapter explores the lack of meaning that is sometimes experienced in some women's lives. The rise of capitalism that began with the Industrial Revolution and that has exploded in modern times has had enormous impacts upon everyday life within Western culture. Many people would argue that technological changes have made our lives easier and less labour-intensive, but the parallel rise in consumerism has arguably had adverse effects. The superficial focus on appearances and commercial goods has led us away from seeking inner fulfillment, and can sometimes leave us with a void, or a feeling of a lack of meaning to our lives. When answers to these questions are not readily at hand, some people feel the need to distract themselves from this emptiness, which can take on different forms.

This chapter provides an overview of the literature on consumerism and its inherent shallowness, and how this can lead to an existential questioning of meaning in our lives, which provides the basis for the present research question about whether eating disorders can be a form of distraction. Many women experience a lack of fulfillment in both their selves and their lives, and the present literature discusses how this lack of meaning can create the desire for distraction. As was shown in the previous chapter, and is emphasised throughout this research, culture has an enormous impact on how we feel about our selves, and lives in general, and this chapter explores the particular cultural context in which the participants in this research live. Berman (1981, 1989, 2000a, 2000b) and Baumeister (1991a, 1991b, 1997) are two important theorists in the area of distraction and escape, and the ideas of both are integral to this thesis as a whole. The final section of this chapter directly applies these theories to eating disorders, in order to immediately support the hypothesis that eating disorders can be a form of distraction for some women.

3.2 Capitalism and Consumerism

The focus on the accumulation of material goods in Western culture has a long history. Capitalism, or the "problem of modernity," has been in existence since at least the sixteenth century, and certainly no later than the eighteenth (Storey, 1999), when the emergence of experimental science and the development of a mercantile economy became dominant in Western society (Tanesini, 2004). The advances made in technology over the last few centuries led the movement from rural to urban, and thus from an agricultural way of life to that of a more industrial one. As McGuigan (1999) puts it, "wherever it went, capitalism came into conflict with traditional ways of life" (p. 1). During the last century, there have been huge changes in human society, with "the agglomeration of millions of people in great cities cut off from Nature, with the Industrial Revolution, and with the collectivizing trend bound up with machine production" (Heinemann, 1953, p. 9). The social and political revolutions of our time differ from all preceding revolutions in that they arise from the change in economic conditions brought about by the development of industry. The transformations in society that resulted from a changing economy were considered most famously in the works of Marx, who wrote extensively about the use-value and the exchange-value of commodities in capitalist cultures. Marx (1867) was interested in the alienation between the workers and the work they produced, and how commodities "not only hide but come to stand in for or replace relationships between people" (Lury, 1996, p. 41). He considered consumption more in terms of eating, drinking, and procreation than in the modern sense of cultural forms and symbolic acts (Paterson, 2006), but has provided an invaluable foundation on which to base interpretations of capitalism and consumerism, from which our current understandings have developed.

3.2.1 The Consumer Society

The theories about modernity that have come about in the century and a half since Marx's writing reflect the ever-increasing emphasis on products, consumption, and money. Indeed, the consumer society we now live in is a product of late capitalism (Storey, 1999). The great advancements in technology (such as factory machinery) were initially hailed by some as representative of advancements in general for people everywhere, but many were quick to criticise the negative effects that society experienced from this "progress." Adorno and Horkheimer (1972) coined the term "culture industry," which exposes the exploitative nature of capitalism. Lisa Lee (2005) notes that Adorno

and Horkheimer are bothered by the pretense of fulfillment in mass culture: "by offering a magic resolution to the problems of society and promising to fulfill any desire, mass culture offers up a saccharine candy-coated 'Utopia' that insidiously prevents the utopian instinct that Adorno and Horkheimer would elicit—a Utopia that functions as the standpoint from which to critique the material conditions of oppression" (p. 39). Adorno and Horkheimer (1972) are quick to recognise the shallow nature of the culture industry, and they seek to make people aware of how it functions to keep them oppressed. The culture industry produces repressive forms of false pleasure to make sure people do not become aware of their lives of meaningless toil. Adorno and Horkheimer re-write the history of Western civilisation as a history of repression, domination of nature, and instrumentalisation of reason (Wilke and Schlipphacke, 1997, p. 288-89). They are not alone in their belief that "the culture industry operates as an opiate" (Lisa Lee, 2005, p. 38), as many other theorists also recognise the deception of mass culture.

An examination of the ideology of consumerism, which entails the creation and promotion of "false needs," was undertaken by Marcuse (1968), who criticised the fostering of the desire for things that are not strictly necessary for survival. The literal buying into this false need for things also functions as a mechanism of social control (Marcuse, 1968). By buying into false needs, which are generated by the mass culture industry—including the State, advertising, and the mass media—we become passive consumers, manipulated by forces beyond our control (Paterson, 2006). The more we buy into these false needs and continue to believe that we really do need the products that are for sale, the deeper entrenched within consumerist capitalism we become. As Paterson (2006) explains, our acceptance of this ideology of consumerism makes us complicit with the system of the promotion of false needs through the culture industry. It leads to a depoliticised conformity, effectively limiting our goals and actions only to those realisable within the framework of capitalism, and rendering our political choices fairly meaningless. And the goals and actions that are available to us within the system are becoming more narrowly defined by artificial standards.

3.2.2 Consumption as Manipulation

The feeling of being manipulated by the society in which we live is one that is pervasive among the works of Adorno and Horkheimer (1972) and Marcuse (1968), as well as others. Storey (1999) argues that consumption is manipulation: the promise it holds out is that cultural consumerism is the answer to all our problems; cultural

consumerism will make us whole again. We live in a society that promises happiness and fulfillment from the purchase of a particular product. We have come to substitute personal well-being with objects and "things." Believing that what is being sold to us can make us complete is how consumerism functions as a form of power. Lury (1996) writes that capitalism's perpetual need for profit has led "to the production of an ever-expanding range of products which can only be sold as a result of increasing control over and manipulation of the consumer" (p. 42). The consumer has to believe that the product being sold to her or him will indeed make life better, but capitalism also functions by always offering something new and better, leaving us feeling unsatisfied. Campbell (2000) takes Marcuse's theory of "false needs" a step further by arguing that these needs produce in us a feeling of never being fulfilled. Campbell (2000) writes that "the most characteristic feature of modern consumerism is insatiability" (p. 49). The modern consumer is characterised by "an insatiability which arises out of a basic inexhaustibility of wants themselves, which forever arise, phoenix-like, from the ashes of their predecessors" (Campbell, 2000, p. 49). Ritzer (1998) agrees, stating that there is a constant sense that we do not have enough. This endless wanting or desiring of purchasable items has been described as arising out of the "revolution in rising expectations" which occurs when traditional societies undergo the series of changes associated with the process of development or modernisation (Lerner, 1958). Paterson (2006) would agree, arguing that consumer desire is anticipatory and ephemeral.

3.2.3 The Consumption of Commodities

The producing, selling, and buying of objects imbued with promises to make our lives better is often constructed as our salvation; through the purchasing of certain items we are led to believe we will be satisfied. It follows, then, that "shopping has become our national (U.S.) pastime, as prosperous American consumers seek to scratch an itch that can never be satisfied by commodities" (King, 1989, p. 117). Shopping has also become "addictive," because although items bought never fulfill any real, inner desire, there is always the false hope that the next, better item will. Because "modern society is characterized by anxiety and despair about a variety of insufficiencies" (Ritzer, 1998, p. 11), the selling of products acts as a panacea for these insecurities. Bauman (1989) argues that the failure of the goods to deliver their promises binds us to the system in more insidious ways. The promise is kept alive by the hope that the next improved version will satisfy us; indeed, "the role of new products consists mainly in outdating the products of

yesterday" (Bauman, 1989, p. 165). The belief that objects can satisfy us is further abetted by placing the blame of failure on the consumer, not on the objects themselves. Bauman (1989) argues that there is a myth that "for every human problem there is a solution waiting somewhere in the shop, and that the one skill men and women need more than anything else is the ability to find it. This conviction makes consumers still more attentive to the goods and their promises, so that dependency may perpetuate and deepen" (p. 165). By implicating the consumers so firmly within the system of buying and selling, they too are made into objects of consumption (Lisa Lee, 2005).

The reliance that people who live in Western cultures have upon the power of commodities reveals the importance to them of improving their lives. Products are imbued with guarantees of making one's life easier, more attractive, or just "better." Even when they are not explicitly marketed as such, the inference remains that an object for sale will improve one's situation in life. McCracken (1990) argues that the engine of consumption is the idea of "displaced meaning;" that is, the objects we are offered to buy represent bridges to meanings that cannot be easily attained in the here and now. These goods bridge the gap between present lived reality and the set of ideals one keeps in mind. McCracken (1990) writes that "consumer goods are bridges to these hopes and ideals. We use them to recover this displaced cultural meaning, to cultivate what is otherwise beyond our grasp. In this capacity, consumer goods are also a way of perpetually renewing our consumer expectations" (p. 104).

Storey (1999) would agree, writing that it is important to note that, in cultural studies, it "is not so much the cultural commodities provided by the cultural industries [that matters], but the way these cultural commodities are appropriated and *made* meaningful in acts of cultural consumption; often in ways not intended or even envisaged by their producers" (p. 150). The meaning that arises out of consumption, whether or not it is real, is important for its role in cultural formation. Douglas and Isherwood (1979) suggest that the utility of goods is always framed by a cultural context, and that even the use of the most mundane objects in daily life has cultural meanings. Storey (1999) writes that "cultural consumption is a social activity and an everyday practice. It is through the practices we call cultural consumption that people make culture" (p. xi). For Storey (1999), capitalism is more than an economic system, it is also a social and cultural formation; Bourdieu (1984) agrees, arguing that although power is ultimately economic, how it is lived is always cultural, which includes, at a fundamental level, the practice of cultural consumption. Consumer society, in fact, is not just about the satisfaction of

needs—however false they may be—but in many ways it is about the "forms through which we view the world and our position within it as well as gauge the progress of our life-trajectories" (Martyn Lee, 2000, p. x). The influence of commodities within current Western cultures is such that their status must necessarily be considered alongside that of identity, and how our selves are impacted by the meaning of this culture.

3.2.4 Modern Life as Unfulfilling

For consumerism to be so heavily implicated in the formation of culture and how we perceive ourselves is an ominous matter. The empty promises of "things" and the importance placed on the external aspects of the self can never satisfy the demands we persist in believing they will. It is paradoxical to try and ensure inner fulfillment with exterior "solutions." As Slater (2000) puts it, "the ideological miracle carried out by 1980s consumer culture was to tie this image of unhinged superficiality to the most profound, deep structural promises of modernity: personal freedom, economic progress, civic dynamism and political democracy" (p. 178). It does not make sense to join these ideas, as "this consumer culture is profoundly superficial, profoundly about appearances" (Slater, 2000, p. 178).

The basic construction of capitalism and consumerism reveals itself as superficial and devoid of intrinsic meaning under the most minor of analyses. Many people in the West, whose lives revolve around consumption experience modern life as unfulfilling (although, of course, pleasure can be had through the consumption of items and services). By turning to objects, appearances, and external means of satisfaction, modern existence has become lacking in any real meaning. Matley and Smith (1992) write that when "societies choose to turn away from spirituality towards materialism and competition, they lose some vital core, and find that life collapses in on itself, a pointless treadmill of acquisition" (p. 160). This idea of loss is an important one to consider when we think of the changes that consumerism has brought to society. Tanesini (2004) describes modernity in general as a loss, a kind of spiritual failure. What is being lost is, as Matley and Smith (1992) argue, a "vital core," or internal aspect of the self. As we saw in Chapter 2, the self in modern society has become a sort of project that the individual "works on" (McAdams, 1997; Giddens, 1990), and this is especially true today. McAdams (1997) writes that one's very identity has become a product or project that is fashioned and sculpted, something that can be created and re-created. Not only is it

becoming increasingly difficult to create one's self within the context of consumerism, but the emphasis that is placed on one's identity is itself a problem.

There is currently a great deal of pressure placed upon the self in modern society. Baumeister (1997) writes that "only the west has expected its citizens to generate and validate their own standards, as well as constructing and maintaining a unique and autonomous self than can be socially validated through a constantly changing series of interpersonal relationships and transactions" (p. 203-04). This is perhaps the real "Western" problem: we are asked to create our own meanings, but the available tools are only the illusory ones of consumerism. In an earlier work, Baumeister (1991a) wrote that modern society has made too much of the self; that "the demands of creating and sustaining a modern identity are becoming increasingly burdensome" (p. 2), which he elaborates upon in future works. Baumeister (1997) believes that "modern Western society has surrounded individual selfhood with much greater demands and expectations than have most other cultures in the history of the world" (p. 203). One of these demands includes supplying meaning to our lives, which Baumeister (1997) argues is unfair. In our currently superficial society, finding the self can be traumatic, as it becomes more difficult to support inner fulfillment. Attempting to find self-satisfaction in an outwardly unsatisfying society will therefore result in "selfhood problems and identity crises" (Baumeister, 1997, p. 202). A breakdown necessarily occurs when we try to find meaning where meaning does not exist. Tanesini (2004) notes that even if we are aware of this, we "are driven to continue living and thus treat as valuable what we know to be of no value" (p. 8). In our modern life, "meaning" has become increasingly difficult to find; Guignon and Pereboom (2001) refer to one of Kierkegaard's basic tenets that everyday life tends to be deeply unfulfilling.

3.2.5 Alienation

One of the major components of modern life is the solitary living in urban centres which, although consisting of multitudes of people, can be quite isolating. Separation from the more natural family context inevitably creates loneliness, and "isolation is the illness of modernity" (Tanesini, 2004, p. 7). Most of us cling to society for comfort and protection, but "we are basically isolated individuals who have to make sense of the world and find meaning for our lives on our own" (Guignon and Pereboom, 2001, p. xvii). This need to find meaning in life coincides with the advent of consumerist culture for, as the accessibility of products increases, the feeling of satisfaction with one's life

tends to decrease. Fromm (1960) argues that while capitalism may have freed people from traditional bonds, it also contributed tremendously to making individuals feel more alone and isolated and imbued with a sense of insignificance and isolation. When a disruption occurs between the meanings that are offered to us and the meanings that may satisfy some part of us, we often feel alienated from both our society and our selves. Some of these disruptions, including the "lack of satisfying employment, absence of religious faith, personal relationships chiefly consisting of loss, violence and mistrust" (Matley and Smith, 1992, p. 159), can frequently result in a major alienation from life itself. Sederberg (1984) would agree, arguing that "as we become conscious of the extent to which shared meanings confront us with a facticity different from our own interests, we grow alienated" (p. 5).

Following on from the alienation Marx (1867) describes between workers and the work they produce, current Western society continues to have this effect. Dimen (1989) notes that "alienation usually describes the experience of work in capitalism...In consequence, work life comes to seem meaningless, and people look forward to 'real life,' to personal life, which seems easier to arrange to one's satisfaction" (p. 37). This is not necessarily true, of course. In our modern quest for autonomy and independence we actually generate loneliness and separation (Tanesini, 2004), which does not often result in fulfillment. Heinemann (1953) writes that "alienation is a fact. There exists a feeling of estrangement in modern man [sic] which has considerably increased during the last hundred years" (p. 9). The facts to which the term "alienation" refer are "different kinds of dissociation, break or rupture between human beings and their objects, whether the latter be other persons, or the natural world, or their own creations in art, science and society; and subjectively, the corresponding states of disequilibrium, disturbance, strangeness and anxiety" (Heinemann, 1953, p. 9). Alienation, therefore, can occur on many different levels and in many different kinds of relationships; alienation is pervasive in this culture which is full of ruptures and disconnections.

3.2.6 The Current Cultural Context of Ireland

The present research pertains to Western culture and capitalism, which this chapter has thus far discussed in general. The consumer societies which have abounded in the last few decades in the West have had varying effects on individual societies, however, and it is necessary to look at Irish culture specifically, as Ireland is the country in which this research occurs. The cultural and economic changes which Ireland has

experienced in the very recent past—and continues to be altered by—are more sudden and intense than those in other countries in the West. With the advent of the "Celtic Tiger," or sudden boom to the economy, in the late 1980s and early 1990s, Ireland experienced drastic changes to almost every facet of its society. Keohane and Kuhling (2004) observe that the term "Celtic Tiger" quickly attained a diverse and ubiquitous usage, extending from the realm of political economy to encompass Irish culture and identity in general; "Irish social structures and institutions, culture and identity, are being transformed by processes of globalisation" (p. 76). Ireland has been directly impacted by the commercialisation of the United States, but Fitzgerald (2000) argues that its membership in the European Union "is probably the single most important factor underlying the current Irish economic renaissance" (p. 55), since it has led to a spirit of openness and enthusiasm in embracing globalisation and outside influences.

Although Ireland may have been positively influenced in many ways by the continued growth of capitalism in the United States and Europe, the effects of Ireland's adoption of similar materialistic attitudes have been adverse for traditional Irish culture in many ways. Kirby et al (2002) argue that "Ireland is historically, economically, socially, demographically very different from Britain or the United States so that more often than not, the imported models are inappropriate in both nature and scale" (p. 15). As Ireland becomes increasingly more commercial—which has the benefit of making it more powerful and giving Irish people are a better standard of living—it is felt that a distinctive part of its culture becomes lost. Kirby (2001) believes that economic growth alone does not make a successful society. For that to occur, the alignment of material interests with a secure and cohesive identity—a sense of belonging—is necessary; that both meaning and power have to be merged for this feeling of belonging to occur. The overwhelming drive towards material acquisition has, according to Kirby (2001) superseded a firm sense of identity for many people in Ireland, creating on the one hand a feeling of economic success that has never before been experienced in this country, and on the other a feeling of loss.

Economic success is often equated with happiness, or an advanced quality in life. Reporting on a survey by the Economist Intelligence Unit, which finds that Ireland scored 8.33 out of 10 for quality of life—using measures that include health, life expectancy, political freedom, unemployment, climate, political stability, security, gender equality, community and family life—Keohane and Kuhling (2006) argue that this high level of "happiness" is not as straightforward as it might first appear. Referring to Paul

McDonnell, co-founder of the Open Republic Institute, Keohane and Kuhling (2006) agree with his suggestion that Irish people may appear happy only because they have come from relative poverty and under-development, so that levels of expectation of quality of life are very low to begin with. Similarly, Fahey (2007) discusses studies that have measured Irish happiness, including the Eurobarometer survey, which has been carried out a number of times since the early 1970s. According to its measures, life satisfaction in Ireland was no higher in the late 1990s than in the 1970s, though it dipped for a time in the late 1980s. This can be attributed to the recession in the economy at the time, although the onset of the boom in 1994 "brought no upward shift in the trend, and the much higher living standards that had emerged by the late 1990s merely left people with more or less the same level of life satisfaction that was present 25 years previously" (Fahey, 2007, p. 13). It is, of course, difficult to accurately measure happiness, much as it is to measure unhappiness. Studies have been done, however, which show that 300,000 Irish people are currently medicated for depression (Irish Health Focus, VHI, March 2005, quoted by Keohane and Kuhling, 2006), and that one in three Irish women experience some form of depression in their lives. Numerous theorists have pointed to the changing economy and culture as reasons for Irish unhappiness.

The rapid move towards consumerism in Ireland over the last twenty years has created a new belief system in Ireland; Joseph Lee (1999) writes that within the Celtic Tiger, "people exist only as producers and consumers...it is an economy, not a society" (p. 80). The primary goal of Irish society in the 1990s was consumerism, and acquisitive materialism, and "this must be honestly and frankly acknowledged" (O'Connell, 2001, p. 147). Before then, argues O'Connell (2001), Ireland was not an obviously materialistic society, though not for want of trying—the sluggishness of the economy and the perpetual productive downturn prior to the late 1980s did not mean people were indifferent to the seductions of wealth; they just did not have any money. Currently, Ireland seems to be drawn increasingly more toward obsessive individualism; indeed, "values such as individualism, materialism, intolerance of dissent, lack of concern for the environment and a failure to value caring are identified as characterising life under the Celtic Tiger" (Kirby, 2002, p. 159). Stark consumerism has all but overtaken Irish "culture," and has merged the two into one category. Keohane and Kuhling (2004) write that "the Celtic Tiger now marks the advent of conspicuous consumption as the basis of collective identity. Consumerism now vies with Catholicism and nationalism as organising discourses of Irish modernity, and as the basis of what constitutes 'the good

life'" (p. 157). They go on to argue that all that is wrong with contemporary Irish culture and identity we blame on "Americanisation," yet the panacea for our ills is more accelerated modernisation (Keohane and Kuhling, 2004, p. 161). Just as the rise of the Celtic Tiger is intimately linked to the way the American economy has grown (Allen, 2000), so too is its difficulty in reconciling economy with identity.

The problems presented by the inherent consumerism of the change to the Irish economy have been seen to most negatively impact upon women. O'Connell (2001) writes that "the formal position of women in Irish society is distinctly inferior to males, in easily demonstrable terms such as access to financial and power resources" (p. 155). Although the Celtic Tiger led to the feminisation of the workforce, which at first created to more choices for women, it also created the double burden of work and family life. McGinnity et al (2007) reports that between 1993 and 2004, the proportion of women aged 15-64 in paid employment increased from 39% to 57% (quoting the CSO's Labour Force Survey), but that women only earn about 85% of men's wages for the same job. Women who work outside the home are still expected to perform the majority of the labour within the home. Quoting the results from the Irish National Time-Use Survey 2005, McGinnity et al (2007) report that women in dual-earner couples have a significantly higher total work burden than women in male breadwinner couples, which suggests that the recent increase in paid employment for women has increased their total work burden. As seen in Chapter 4, the "superwoman syndrome" occurs throughout the West, and it is important to situate Irish women's experience within the international context. Kennedy (2003) writes that "the changes and challenges faced by Irish women workers are similar to those being experienced by women across the world" (p. 107); indeed the global development of capitalism over the past twenty years has depended on large numbers of women entering the formal workforce while they remain the primary unpaid caretakers and housekeepers. Irish women have only recently come to experience first-hand the illusion of freedom and opportunity available to them, but many already express anxiety and unhappiness with the newfound system. Kennedy (2003) expresses the fairly radical view that "the only real alternative for women across the world is the emerging anti-capitalist movement, which challenges the fundamental inequalities in society and champions a world that is about people, not profit" (p. 107). The distress that is felt by women, and men, within a rapidly changing Ireland has therefore enabled them to more closely identify with their more developed Western neighbours, although often in negative ways. Many people in Ireland, especially women who are so implicated in the

burgeoning consumerist culture, have begun to contemplate the meaning and significance of their lives perhaps more so than they did before the advent of the "Celtic Tiger."

3.3 The Meaning of Life

The recent economic developments that have occurred in Irish society have led to a greater focus on the accumulation of material goods, a focus which most countries in the West share. The turning away from inner fulfillment to external products and modes of consumption as means of finding solace in the world can often result in feelings of alienation, as well as a lack of meaning in life. The alienation that results from the dissonance between "absolute" meaning and the meaning that is provided in our current consumerist society necessitates that meaning itself be considered. As we have seen, the rise in capitalism has led to increased superficiality in many aspects of Western life, which can often leave a feeling of meaninglessness to our lives. The term "meaning" is used here to describe that which is an inherent part of reality—something that exists independently of being perceived. The term "meaninglessness" denotes a kind of nothingness, or something that does not exist except when it is being perceived. Most of us believe that life ought to have meaning, and when we fail to find one a crisis can ensue. The following section discusses existentialism as a means of coping with meaninglessness.

3.3.1 Existentialism

A brief overview of the philosophy of existentialism is useful here to contextualise the terms of meaninglessness and nothingness. Sartre is recognised as one of the foremost thinkers in existential thought, along with Jaspers, Marcel, and Heidegger. For Sartre (1957a), existentialism begins with the idea that existence precedes essence; that is, we exist before we are given—or have—meaning. He writes that "man [sic] is nothing but what he makes of himself. Such is the first principle of existentialism. It is also what is called subjectivity" (p. 15). If we are nothing but what we make of ourselves, then we are also held responsible for our own meanings. Once thrown into the world, we are responsible for everything we do. This, as we know, can create much anguish and despair. Frankl (1959) believes that this anguish is natural and not unhealthy; he writes that "existential frustration is in itself neither pathological nor pathogenic. A man's [sic] concern, even his despair, over the worthwhileness of life is an *existential distress* but by no means a *mental disease*" (p. 108). For Frankl (1959), this frustration is

necessary in the search for existence itself, the meaning of existence, and the striving to find a concrete meaning in personal existence—what he refers to as "the will to meaning." Other existential theorists agree with Frankl and Sartre's basic theory that existence is a search for meaning. Molina (1962) defines existentialism as a type of philosophising which endeavours to analyse the basic structures of human existence and to call individuals to an awareness of their existence.

The need for analysis begins when we are required to provide meaning for a part—or all—of our lives, and cannot do so. Solomon (1974) writes that "the existential attitude begins with a disoriented individual facing a confused world that [s/]he cannot accept" (p. ix). When we cannot make sense of the world around us, we turn inward for explanations. For existentialists, Heinemann (1953) argues, "their point of departure is the fact and problem of alienation, their aim the liberation from estrangement" (p. 9). Sartre (1957a) notes that existentialism has often been given a bad name, and is regarded as something quite ugly, but it is perhaps one of the most honest—and therefore frightening—philosophies from which to examine the meaning of life. As Camus (1975) notes, we get into the habit of living before acquiring the habit of thinking, and not everyone looks for the meaning in his or her life at the same time—or at all. Munitz (1993) believes that often our journey into the search for meaning is caused by uncertainties and tensions in our established mode of life; that "the major incentives for raising questions about the meaning of life are occasioned by major upheavals in, or changeovers from one stage or phase of life to another" (p. 20). Kekes (2004) would agree, stating that existential problems often originate in a disruption of everyday life. Because we are unsuccessful or bored we start reflecting on the point of the routine activities we endlessly perform. Reflection makes us question the situation in which we live, what it means, and whether or not we are content with it.

3.3.2 The Search for Meaning in Life

Being able to identify what we want out of life runs parallel with looking for meaning, a search that can take many different forms, depending on what is perceived as lacking. The question of what makes life worth living is, at one time or another, considered by most of us. Flanagan (2004) writes that this question moves us to consider what matters, because mattering might add up to value or worth. For some, the question of what matters is more urgent than for others. Camus (1975) argues that the meaning of life is *the* most urgent of questions, however, and indeed most people feel the need to

make sense of their world, even if they cannot locate its meaning. The search for sense, or meaning, invariably requires considering aspects of the self. Weinreich (2003) argues that attempting to understand oneself is a fundamental part of finding meaning. Flanagan (2004) believes in much the same idea; considering what matters will always involve issues of self and agency (p. 331). The consideration of self in the contemplation of meaning has partly developed out of the cultural changes we have experienced in the last century or so. Baumeister (1997) writes that "modern Western society has devised a new role for the self, which involves supplying important meaning to life" (p. 202). But as everything exceptional is reduced to something commonplace, and as all meaningful distinctions in life are obliterated, it becomes increasingly difficult in the present age to find anything that has any real meaning in relation to our lives (Guignon and Pereboom, 2001). That is, when nothing counts, life can become a dreary string of episodes with no overarching direction.

The search for meaning—and its implication of the self and society—is fundamentally problematic because we are aware that while we search, no absolute answers are to be found. Indeed, human existence is problematic because we are "varied, changeable, uncertain, conflictual, and partially free to choose what [we] will do and what [we] will become, because [we] must do so to exist in a world that is varied, changeable, uncertain, and conflictual" (Douglas, 1977, p. 14). Frankl (1959) acknowledges the differences among people and how these differences affect our search for meaning. Frankl (1959) writes that life ultimately means taking the responsibility to find the right answers to its problems and to fulfill the tasks which it constantly sets for each individual. These tasks, and therefore the meaning of life, differ from person to person, and from moment to moment. It is therefore impossible to define the meaning of life in a general way. Questions about the meaning of life can never be answered by sweeping statements. Frankl (1959) writes that "the meaning of life always changes, but that it never ceases to be" (p. 115). Similarly to how Baumeister (1997) argues that modern Western culture influences our search for meaning, Frankl (1959) believes that "every age has its own collective neurosis, and every age needs its own psychotherapy to cope with it. The existential vacuum which is the mass neurosis of the present time can be described as a private and personal form of nihilism" (p. 131). This current experience of a lack of meaning is one that is pervasive throughout our culture.

3.3.3 No Inherent Meaning of Life

The search for meaning in one's life, especially in today's world of consumerism and emphasis on outward appearances, can often result in feelings of hopelessness and an inherent lack of meaning. The belief that life has no intrinsic, natural meaning is one that is compounded by existential philosophers. Guignon and Pereboom (2001) refer to Sartre's perception that humans are "abandoned" in the midst of beings, with no pre-given nature of identity that gives purpose to their lives. Appignanesi and Zarate (2001) agree with this idea, writing that "life has no meaning. It is inescapably absurd. It asks only whether I can live with it or die from it" (p. 27). They write that "meaning is not something we can ever 'have,' any more than we can deny or banish it," (p. 173) and that "the very thing we seem most to long for and pursue—meaning—is what we cannot bear" (p. 173). Fontana (1984) agrees that "life is, in the end, essentially meaningless" (p. 9), but goes on to argue that "it acquires meaning only through the actions of social performers. Men and women face the meaninglessness of life and, through this confrontation, both construct social reality and are constructed by it" (p. 9). That is, when we fail to find an absolute meaning to life, we feel compelled to ascribe it some. We do this because true meaninglessness becomes almost impossible to sustain as a belief system, according to Matley and Smith (1992). They write that "there is an almost universal denial of meaninglessness as a truth about existence. The human mind cannot tolerate it, and will almost always manage to find some escape from it" (p. 165).

Deprived of a larger meaning, we put much of our energy into creating our own smaller ones, because life as a whole is too large an issue to give sensible meaning to—we concentrate instead on whatever aspect of life concerns us and our personal situation at this moment (Matley and Smith, 1992). Baumeister (1991b) is of a similar mind; he believes that life has lots of little meanings, such as language, information, symbols and institutions, but recognises that "the modern anxiety is whether all these little bits of meaning add up to something suitably big. Life has lots of meaning, but does it have *a* meaning?" (Baumeister, 1991b, p. 5). For Baumeister, however, having an overarching meaning is not as imperative as it is for some; he argues that from day to day people do not require answers to broad questions. Perhaps people need life to make sense in certain basic ways, but they do not need to "have clear and definite answers to the ancient questions about life after death, the existence of god(s), the destination of human progress, and so forth" (Baumeister, 1991b, p. 7). But just as Baumeister's interpretation of what constitutes meaning is different for everyone, "meaning" in general is subjective.

3.3.4 Meaning is Entirely Subjective

The belief that life has no given or overarching meaning is a subjective perception, but one that is predominant in existential theory. In the introduction to their collection of works on existentialism, Guignon and Pereboom (2001) write that the universe is made up of meaningless objects lacking inherent value or significance, that "there are no fixed foundations for our beliefs and practices, no pregiven 'essences' that determine the proper goals of humans, so that it is up to each of us to give a determinate content and point to our own lives" (p. xvii). Sartre was one of the first to state that we have to find meaning in our own lives, claiming that we are what we make of ourselves throughout our lives (referred to in Guignon and Pereboom, 2001). It is up to us to shape our individual identities and defining traits by choosing the paths to follow in life. For Sartre, existence precedes essence; people exist only to the extent that we fulfil ourselves; we are therefore nothing else than the ensemble of our acts. Kekes (2004) also argues that meaning is a subjective experience; he writes that "a life has meaning if the agent sincerely thinks so, and it lacks meaning if the agent sincerely denies it" (p. 346). How we decide if our lives have meaning or not is therefore significant.

Meaning, and our perceptions of how it is to be defined, can be seen as being entirely subjective. If, like many existential thinkers, we believe that life does not hold any intrinsic meaning, then we must give life meaning; it is how we perceive the world and its implications that are important. Blocker (1974) writes that it is how we observe things that matter, because we cannot step outside this framework and see things as they are "in themselves," that is, without any meaning or perspective. Even to say that knowledge is an interpretation, limited by human needs and desires, is itself an interpretation. That is, "*everything* we experience of the world is a humanly project[ed] interpretation" (p. 45). Moving beyond the simplistic assumption that meaning is an inherent part of reality, Blocker realises that we are simply projecting this idea of meaning onto things in which no meaning can or should exist. For Blocker (1974), "the human situation is that we can only think what we can interpret or conceptualize, yet we also feel that there is more to be known, [that is], a clearer, fuller interpretation to be had than we do in fact have" (p. 126). He argues that to chase after the world of projected meaning is the normal state of human existence; "to catch it is impossible" (p. 100).

3.3.5 Considering the Meaning of Life is a Privilege

In theorising about the meaning of life it must be acknowledged that we are given to considering meaning in particular circumstances of time and place. Before the comparable luxury of modern Western culture, people were preoccupied with the basic rudiments of life and death and did not have as much time or occasion to ponder the meaning of life. Woodward (2002) notes that "it is only possible to construct the self through lifestyle choices and patterns of conspicuous consumptions if one has the resources to do so" (p. 84-5). That is, it is more common for those who are privileged enough to have time to ponder such things as the meaning of life to do so. The Industrial Revolution marked the beginning of leisure time by utilising machinery instead of human labour, thus allowing more time for contemplation and thought, especially among the middle classes. In modern civilisation, many people have an abundance of time on their hands, and some use it to think about their lives, future, and the meaning of their existence. Hall (1990) writes that "to a large extent it is a privilege to know ourselves. Self-cultivation has been historically viewed as the prerogative of those wealthy enough to keep at bay the mundane affairs of daily life" (p. 28).

Looking for meaning can be seen as a symptom of middle- and upper-class life because a certain level of affluence is necessary before we begin to search. The point of struggle in primitive conditions was to overcome obstacles to living; the problem of finding meaning originates when we are bored and start reflecting on the point of the routine activities that we endlessly perform (Kekes, 2004). That is, the meaning of life is a problem for people who are not desperate, people who can count on survival, comfort, security, and some measure of pleasure (Baumeister, 1991b). When staying alive is no longer a challenge and when everything exceptional is reduced to something commonplace, it becomes increasingly difficult in the present age to find anything that has any real meaning in relation to our lives (Guignon and Pereboom, 2001).

3.3.6 The Void, or the Emptiness Within

When we contemplate the meaning of our lives, we are often in fact reacting to a feeling of emptiness or a lack of something inside ourselves. The reasons why we feel a void inside ourselves have been much discussed. Roubiczek (1964) refers to Nietzsche's belief that the disappearance of faith must necessarily leave a void at the very heart of our civilisation; instead of God there is nothing. This sense of emptiness is not static; it grows constantly and destructively, undermining more and more convictions, until in the end we

are confronted by nothingness as the core of our existence. Such a sense of emptiness is still increasing and threatens to engulf everything of real value which is still left to us (Roubiczek, 1964). Roubiczek (1964) agrees with Nietzsche that we can feel a complete void within ourselves, but this feeling of nothingness must not be mistaken for a statement about external reality. That is, "in external reality we can only experience *something*; emptiness is only grasped as a space limited by objects and in contrast to them. If there is really nothing, we do not grasp anything" (p. 114). We cannot conceive of nothingness or emptiness if we do not have something with which to compare. For Blocker (1974), nothingness is not the non-existence of things, but "the *meaninglessness of things*. A thing is real if it exists independently of my awareness of it" (p. 68). He goes on to say that there is no real absence or gap in being; "there is only a falling away from human concepts and desires" (p. 112).

Seen from Blocker (1974) and Roubiczek's (1964) perspectives, then, nothingness—or meaninglessness—is experienced in the context of our expectations and awareness of things that we expect to have meaning. Feelings of meaninglessness come about when there is dissonance between what is experienced and what is expected. Guignon and Pereboom (2001) call this a gap, or a rift. They write that "the gap opened up in the heart of being by consciousness leads to a perpetual *desire*: the constant craving to close up the rift" (p. xviii). We are relentlessly driven by a desire to be something, to complete ourselves, or to heal up this rift at the core of our being. As a result of this gap, according to Guignon and Pereboom (2001), "life is experienced as a lack or emptiness that strives to fill itself up" (p. xviii). There will always be a gap between what is actually in our lives and what we feel could or should be there. But no matter how disparate its interpretations, Western society seems concerned with finding the meaning in life. We tend to assume that meaning is an inherent part of reality and that we are entitled to find out what it is. Indeed, we believe that life *ought* to have a meaning (Matley and Smith, 1992).

3.4 Distraction and Escape

Thus far, this chapter has sought to explicate how the current consumerist culture's emphasis on outward appearances and superficiality can abet a sense of meaninglessness in our lives. For the purposes of this section—and for understanding the focus of this work as a whole—the concept of "distraction" is applied to these ideas as a means of forgetting about or avoiding certain aspects of life, or life in general. The term

"distraction" is used to describe an activity that consumes time or energy away from contemplating other aspects of one's life, such as a confusing, fluctuating, or otherwise difficult-to-deal with identity. Sartre (1957b) considers distraction as "an act by which consciousness[,] in order to flee anguish[,] forces itself to look on certain of its own future possibilities as if they were actually possibilities of someone else…distraction is any act by which consciousness determines itself not to see certain of its own reactions" (p. 630). "Distraction" is differentiated from "escape," as distraction connotes the means by which escape is implemented. What we are distracting ourselves from varies from person to person, and the methods we each use to avoid facing questions of meaning—or meaninglessness—vary just as greatly. Capitalist Western culture provides us not only with reasons to distract ourselves, but also gives us plenty of ways with which to do so. According to Matley and Smith (1992), "modern life consists, virtually, in opportunities for forgetting how insecure, brief and painful our existence really is" (p. 156). Distraction, in a sense, provides us with a feeling of salvation; Appignanesi and Zaratne (2001) write that "the typical act of eluding, the fatal evasion…is hope. Hope of another life one must 'deserve' or trickery of those who live not for life itself but for some great idea that will transcend it, refine it, give it a meaning, and betray it" (p. 35). We use distractions as means of escape, in order to deal with the problems of life, self, and meaninglessness.

3.4.1 Distraction

In the discussion of distraction and avoidance, it is important to understand from what we might be distracting ourselves, as well as particular methods of distraction. The works of cultural theorist Berman (1981, 1989, 2000a, 2000b) have been integral for producing theories about the "void"—and how we distract ourselves from it by filling our lives with activities of secondary importance (such as pursuing a career, playing sports, or watching television). Berman (1989) describes the void as a "crevice, an abyss of sorts, that [has] irrevocably opened up in our soul, and we…spend the rest of our lives, usually in an unconscious and driven way, attempting to fill it up" (p. 24). We cram our lives with mundane activities in the hope they will make us complete, but we never seem to examine the cause of our emptiness. Berman (1989) writes that what are being avoided are questions of who we are and what we are actually doing with each other. He believes that we consume our lives with activities of secondary importance in an attempt to fill this void within us—or at least to distract us from it. In order to alleviate the emptiness

we feel, we occupy our lives with mundane or routine tasks. Beyond this, Berman writes, we have come to take seriously the world of secondary satisfaction. Our lives are consumed with "success," career, reputation, money, and the accumulation of material goods as part of the "conspiracy" in modern Western culture to not talk about primary satisfaction, or questions of meaning. Featherstone (2000) notes similar activities in his critique of Western culture, but he refers to food, drink, clothes, cars, novels, newspapers, magazines, holidays, hobbies, sport, and leisure pursuits as modes of consumption rather than as distractions. Berman (1989) believes that most of our daily existence revolves around activities that fail to address the question of who we are and what we are doing with out lives. Watching television, doing drugs, or being an avid sports fan are all activities that provide distraction of various degrees; these acts of "dullardism" serve to lower our consciousness. Berman (2000b) writes that "with dullardism, the goal is simply to go unconscious, by means of tranquilizers, alcohol, TV, spectator sports, organized religion, compulsive busyness and workaholism, and so on (even though many of these do provide a short-term 'high')" (p. 5).

It is important to recognise that the "distractions" to which Berman refers may not be experienced by everyone as modes of secondary importance. For many, pursuing a career or watching sports on television are not distractions; they are part of life. It is Berman's perspective that we employ such activities to distract ourselves from the "big" questions of life and its meaning, but, as we have seen, meaning itself is entirely subjective. For Berman—and for many others—meaning implies questions of the purpose of life, and his concept of distraction is applied when people feel unable to confront such questions. There are, of course, many people who are not concerned with such questions, or have come up with satisfactory responses. Certainly it would be unfair to suggest that everyone seeks distraction, or distracts themselves in the same ways. Berman, however, is a cultural theorist who is heavily critical of the developments that have been made in Western culture in recent times, and seeks to point out that, for some, methods of avoidance have now become the daily norm.

Berman (1981) seeks to expose the hypocrisy of consumerist culture, as it appears to offer solutions to that which has created problems in the first place. He writes that "consumerism is paradoxically seen as a way *out* of a system that has damaged [us] and that [we] secretly despises; it is a way of trying to keep free from the emotional grip of the system" (p. 18). It is paradoxical, because keeping free from the system is not a viable option; "as technological and bureaucratic modes of thought permeate the deepest

recesses or our minds, the preservation of psychic space has become almost impossible" (Berman, 1981, p. 18). We have all been bought off; we all sold out to the system long ago and now feel confused about whether or not we want to identify with it. Berman (1981) writes that we retreat into the oblivion offered by drugs, television, and tranquilizers; "jobs are stupefying, relationships vapid and transient, the arena of politics absurd" (p. 16). But despite this bleak outlook of life in modern Western culture, Berman does hold out some hope. Berman (2000a) writes that, as damaged as we are, as "dulled as [our] senses are from the endless bombardment of white noise and infotainment, [we are] convinced that there remains a vital core within all of us that hungers for reality, that knows the difference between the cotton-candy world...and the dense, opaque world of difficult thinking, challenging living" (p. 26). Again, it is important to point out that not everyone feels as though they are existing in a "cotton-candy world," but that the lives they lead are full and varied. Berman points to polar extremes in his critique of meaning and what we are doing about finding it, but he fails to consider the notion of a middle ground—that even those who engage in drugs or politics, for example, can still have meaningful lives. As Berman describes it, escape and distraction come into play when people are unable to find meaning in the smaller things in life, and cannot reconcile themselves with the bigger picture. It is this concept of not being able to find meaning in self or life that is integral to the current research, as many women develop eating disorders as a partial response to this uncertainty.

3.4.2 Escape

We have seen that escape is an effective method of coping in modern society, as everyday life can be, for some, deeply unfulfilling (Guignon and Pereboom, 2001). Although some feel that we can only rise above meaninglessness by becoming aware of it, not by escaping it, many people feel themselves incapable of doing so. Berman (1989) believes that we all have a void within us that originates from infancy, and we spend the rest of our lives attempting to fill this empty space. As individuals, however, we have various opinions about what is lacking in our lives. Although Berman (1989) feels that the goal is to discover a lost primary experience, and that our real aim is to be loved, others would disagree. For Baumeister (1991a, 1991b, 1997), the burden of selfhood can be too much to bear, and that is what leads to efforts to escape. Baumeister (1997) writes that "a large part of the burden of the self derives from the societal pressure to construct and maintain a highly attractive, competent, successful self that is worthy of admiration

by self and others" (p. 211). Baumeister (1997) argues that it is through the self that society pressures us to find meaning. As noted previously, modern Western culture expects us to generate and validate our own standards, as well as construct and maintain an autonomous self that can be validated through a constantly changing series of relationships. This task, argues Baumeister (1997), is daunting and sometimes impossible to face. Fromm (1960) argues something similar; that people try to escape from unbearable situations and problems of self which would make life impossible if they were prolonged. Escape "assuages an unbearable anxiety and makes life possible by avoiding panic; yet it does not *solve* the underlying problem" (p. 121). This is an important part of escape, and distraction as well: that they are only temporary diversions from particular problems, but do not offer solutions in and of themselves.

In an earlier work, Baumeister (1991a) outlines in more detail the desire some people have to escape from ourselves. Because the demands are so high on achieving and maintaining a certain image of self, some people feel the need to escape from these demands. For Baumeister (1991a), meaning plays an important role in escape from self; "if a person can stop engaging in meaningful thought, the self will almost automatically be stripped down to the bare, physical minimum" (p. 18). In escaping, people will show a tendency to avoid meaningful thought at any level; indeed, "escaping the self requires the rejection of meaning, thereby creating a kind of mental vacuum. As the mind tries to fill this vacuum, it will be constantly tempted to resume meaningful thought. Staying at a low level can be difficult, requiring continuous exertion or an external damper or distraction" (p. 74). Here is where Baumeister's theories of escape incorporate theories of distraction, as one must continually employ methods of distraction—Baumeister refers to alcohol and drugs—in order to maintain one's escape from self. For Baumeister (1991a), to escape from the self is "to forget who you are—at least for a while" (p. 13), and to do so requires constant distraction. But people cannot simply force themselves not to think about themselves, so they must use external methods to not think. What Baumeister (1997) refers to as "patterns of escape" are very similar to Berman's (1989) "distractions;" they include watching television and movies, sports, exercise and other hobbies, as well as more extreme measures such as suicide, alcohol abuse, and sexual masochism. Many of these activities involve using the body to distract the mind, but the body itself can never truly be escaped.

3.4.3 How the Body is Implemented in Distraction and Escape

Baumeister (1991a) makes it clear that the processes of distraction are what assist in our escapes, whereas Berman tends to refer to distraction and avoidance as more similar. Baumeister (1991a) also makes the distinction between different reasons for escape. He writes that "the need to escape from oneself is *not* the same as the need to escape from problems, oppressive conditions, or life stress in general. Escaping the self is a response to problems associated with how people feel about themselves" (p. 14). Berman (1989), however, might be more likely to group the self and problems in life together, because for him our search for "primary satisfaction" is also a "civilizational problem, not just a personal or individual one, although these are two sides of the same coin" (p. 22-23). It would be too simplistic, however, to argue that Baumeister looks at escape as a means of avoiding the inside and Berman at distraction from the outside, because self and culture will always be inextricably intertwined.

It is important to realise, whatever their differences, that both Berman and Baumeister return to the body in their theories. Baumeister (1991a) notes that when someone attempts to escape the self, it is impossible to remove the self entirely, so they are left with shrinking it down to its bare minimum. And the "minimum self that a person can have is the body. There is no way to avoid having a body…escaping the self is, more precisely, an escape from identity into body" (p. 17). For Baumeister (1991a), the irreducible core of the self is the body; "apart from the body, the rest of the self is something that was *made*, and to escape the self, you must mentally unmake it" (p. 60). Meaning plays an important role in escaping, and if a person can stop engaging in meaningful thought, the self will almost automatically be stripped down to the bare, physical minimum. For Baumeister (1991a), the body is the least meaningful aspect of the self.

Berman (1989) emphasises the role of the body in a different way than Baumeister (1991a); he credits the body as both the problem and solution to our current situation. Berman (1989) devotes a chapter to the idea of "the basic fault," or the rupture that occurs between body and mind during infancy. Berman (1989) bases his argument on a book by the same title by Balint (1984), in which he uses the analogy of a geological "fault" to describe the gap or crevice that opens in all of us during early childhood when our needs are not sufficiently met by our mothers. The ensuing "abyss" is therefore a gap that originates out of the body, and which Berman writes we try to fill up in non-somatic

ways, which is therefore self-defeating. When Berman (1989) argues that what we are avoiding are questions of who we are and what we are doing with each other, he indicates that these questions live in our bodies. The gap, or void, is not so threatening if we are "in" our bodies; it is when we are "out" of them that we feel the need to substitute or distract ourselves with activities of secondary importance. Berman (1989) argues that we would not need to distract ourselves if we had not suffered some sort of primary loss early on. Modern Western culture, however, seems to be "a conspiracy not to talk about the world of primary satisfaction, or even about the body at all. Since that is excluded from discussion, we are required to take the world of secondary satisfaction seriously" (p. 22). For Berman, however, "coming to our senses" means sorting what matters in life—differentiating between primary and secondary "satisfactions"—and becoming embodied; for him, the two ultimately amount to the same thing.

3.4.4 Eating Disorders and Distraction

The concepts of meaning and distraction are integral to the present research on eating disorders. The research question in this study explores the question about whether or not eating disorders are "used" by some women as a method of distraction. Anorexia, bulimia, and overeating can be seen as effective methods of escape because thoughts of food take over a woman's entire life. There is little time or energy left over to contemplate problems or situations in her life, or for thinking about larger issues of meaning. Eating disorders seem to fit well with Berman's ideas of distracting ourselves from the "void," as they can be very concentrated activities and therefore illustrate his point quite clearly. They are not typical activities of secondary importance, and Berman does not explicitly discuss eating disorders, but they can be seen as extreme forms of distraction—certainly more so than sports or career—because they are so completely consuming. As a distraction, eating disorders can perhaps be almost too effective, because they can take on a life of their own. It is incredibly difficult to contemplate the larger issues of life when one is consumed with thoughts of food and how to avoid it. Some women with eating disorders have often moved beyond attempting to address their internal struggles, and have sought relief in an all-consuming diversion.

Exploring eating disorders as a distraction from problems of self and meaning necessitates the examination of the reasons that some women feel the need to escape. The preceding analysis of the superficiality of consumerism, which can lead to a lack of meaning, illustrates part of the reason some women may want to escape their situation in

life. The activities and values that are imbued with meaning often lead people to feel unfulfilled and without purpose, as they are intrinsically lacking in meaning. Some women who find themselves questioning the larger issues of life and existence may be unsure of how to cope with feelings of futility and seek to create new meanings for themselves. Eating disorders, therefore, can be both a means of distracting oneself from a lack of meaning in life, as well as a way to create meaning, through creating an identity centred upon an eating disorder.

3.4.5 Eating Disorders and Escape

In Baumeister's (1991a, 1997) discussions of escape from the self, he refers to binge-eating—and bulimia as an extreme form of it—as an example of escape. He recognises binge-eating as an effective form of escape, as during a binge a woman forgets about abstract and meaningful aspects of self; instead, she focuses only on chewing and swallowing and therefore shuts out all other parts of her self and life (Baumeister, 1997). Baumeister (1991a) makes a direct link between bulimia and modern Western culture; he writes that this evidence is consistent with the view that the modern construction of self is a source of the problem and that the burden of modern selfhood impels some people to use powerful techniques for escaping from self. Baumeister (1991a) seeks to make a distinction between what an over-eater or binge-eater is escaping from, as he believes that it is "not just a way of escaping from any sort of problem or distress, but rather it is specifically associated with escape from the self" (p. 164-65), which seems to indicate a separation between external problems and problems of the self. However, later on he argues that binge-eaters "avoid meaningful thought about broad personal issues, such as what life is all about. In particular, they avoid thinking about their problems—avoidance is their characteristic way of dealing with personal troubles" (p. 168), which groups problems and self back together again. But no matter what the woman with an eating disorder is escaping, it is important to note that Baumeister makes this connection, as few theorists do.

3.4.6 How Eating Disorders Could Function as a Distraction

Eating disorders are most typically thought of as a means of coping with certain parts of one's life, and are not often regarded as distractions. However, as a mentally consuming activity, eating disorders provide little opportunity for thinking about anything other than the avoidance of food and the reduction of the body. Eating disorders

are more than a mere coping mechanism; indeed, they can provide one with a temporary "solution" to a crisis of meaning. An adolescent girl or woman who subconsciously "chooses" to starve or stuff herself is in fact attempting to contend with her situation in the world. Eating disorders are often identified as attempts to stifle inner conflicts (Orbach, 1989), or as ways of coping or modes of being (Moorey, 1991). Anorexics are sometimes seen as wanting "protection from the confusing impingements of reality" (MacLeod, 1981, p. 97), but this false sense of protection serves only to create further confusion. This desire for protection is a key part of eating disorders, and they prove at least temporarily effective in providing this security. The turmoil felt by some women has been "resolved by the anorectic stance…partly because the conflict is no longer real—the disorder has resolved it, and effectively divorced the anorectic from any normal and immediate experience of it" (Crisp, 1980, p. 17). Perhaps "resolve" is an over-statement in this context; perhaps "distraction" is more fitting. The woman with an eating disorder is not actually solving her problems, but rather using the all-consuming activity of being obsessed with eating to divert her attention from them. Crisp (1980) was more accurate when he stated that anorexia is "a biological solution to an existential problem" (p. v).

Bruch (1974) recognised early on that eating disorders, particularly anorexia, are about far more than an obsession with being thin; she realised that the abuse of the "eating function" was an "effort to solve or camouflage problems of living that to them appear otherwise insoluble" (p. 3). Eating disorders sometimes develop when certain situations in life become too much: "an eating disorder develops at what might otherwise be a turning point in a woman's life … [but] instead of freedom and liberation we find obsession, and in it the underlying quest for identity and development is drowned" (Chernin, 1986, p. 22). This obsession could effectively serve as a distraction from identity or from other problematic issues. Eating disorders can be seen as an extreme method of coping with these issues and as a means of diverting attention away from them. Paradoxically, however, the alternative self a woman creates through an eating disorder will only ever be a diversion or provisional "replacement" identity, for if she recovers then she will once more be faced with her real situation. In this sense, eating disorders could be seen as a distraction in the true sense of the word, as they solve nothing on their own, providing instead a false sense of self when the real one has become too much to bear.

3.5 Conclusion

This chapter has focused upon the consumerist aspect of modern capitalism in order to reveal the importance that is placed upon physical objects which are expected to fulfill us. In today's West, the emphasis has shifted from satisfying internal needs within the self to that of expecting products to meet these needs. Within this context of nonsensicality, it *does* make sense that some people begin to question the meaning of their lives. Sometimes as a response to a lack of meaning, or sometimes to avoid the search for meaning at all, some people utilise various activities to distract themselves. As has been shown in Chapter 2, women may be perceived as being more implicated in this process than are men, as the emphasis upon women's appearances has bound them more tightly with consumerism and superficiality.

Throughout Western history, the female form has symbolised characteristics of self, but in this era of late modernity women's bodies have become more heavily implicated in how their lives will be experienced. The importance that current Western societies place upon physical appearances is heightened by their parallel focus on the accumulation of material goods and wealth. For a woman, looking good has come to signify not only commercial success, but also the promise of a better life. The kind of life in which being attractive matters, though, is the kind that places value upon activities of "secondary" importance, activities that are expected to fill our needs and desires, but instead succeed only in temporarily distracting us from questions of existence. Distraction manifests itself in a multitude of ways, but a method of escape that has become increasingly prevalent among women, especially young women, is that of eating disorders. Eating disorders can be seen as a determined attempt to create a permanent distraction from problems of self and meaning. As an almost exclusively female "problem," eating disorders provide a powerful and poignant instrument with which to draw attention to the specific ways in which women have internalised and manifested both the meanings assigned to their bodies and the lack of meaning to be found in our current culture, and their need to escape these meanings. The following two chapters explore the existing theories surrounding the causes and implications of eating disorders, which add to the framework for the present research question.

CHAPTER 4: LITERATURE REVIEW: THE HISTORY OF EATING DISORDERS

4.1 Introduction

Over the past forty years, eating disorders have come to be recognised as far more complex than previously imagined. These few decades have been significant in several ways; in particular the second wave of feminism in the West has been an unwitting catalyst in the development of the disorder. Women's roles in society have become destabilised, which affords a greater degree of freedom, but sometimes this lack of stability creates confusion and stress about women's situations in life. Until the late 1960s and early 1970s, women had clearly designated roles as mothers and housekeepers. The subsequent generation of women who had the chance to explore new possibilities for their lives was not only confused, but often experienced guilt about having opportunities that their mothers never had. It is significant that the vast majority of people who have an eating disorder are women; eating disorders are a predominantly female "problem." It is through their bodies that women articulate their uncertainty about the world in which they live, but to perceive eating disorders as a primarily bodily problem is inaccurate and overly simplistic. Anorexia nervosa, bulimia nervosa, compulsive overeating, as well as combinations of various other disorders, are complex manifestations of emotional, psychological, and cultural difficulties.

The last few decades have also been significant because of the rise of capitalism in Western culture, as was shown in Chapter 3. The increased focus on material goods and the accumulation of wealth has had an impact not only on the psyches of people who now measure their success by increasingly superficial standards, but has also contributed to the level of angst, especially among adolescents. DeVito (2003), Brown (2007b), and Bordo (1993) note that as a culture we have become bulimic: we take in, spit out, at once adoring, later rejecting; there is an ongoing struggle between desire and discipline. In a culture that focuses progressively more upon commercial success—which is inherently unfulfilling—young people may become unmotivated to pursue such a future. And for women, in particular, the rise in superficiality means an increased emphasis upon outward appearances. More than ever before, women are expected to adhere to the feminine ideal of being thin and sexually attractive. Conforming to the feminine ideal is the theory that is most commonly cited as a contributing factor of eating disorders, but is often misperceived as having too great an influence on the cause of the disorders.

As more research about eating disorders is carried out, their causes have perhaps grown less clear, as current theories sometimes appear at odds with previous ones. Attempting to pinpoint a definite reason why some women develop an eating disorder is difficult; Saunderson and O'Kane (2003) write that "to ask what 'causes' anorexia nervosa is as naïve as to ask what 'cures' it" (p. 314). Behind any eating disorder is a complicated web of social, familial, psychological, or biological determinants, and each conceptualisation is bound by the parameters of its perspective. Indeed, "there is neither a simple explanation nor a standard cure" (Saunderson and O'Kane, 2003, p. 312). Polivy and Herman (2002) freely admit that we are a long way from understanding eating disorders, and that they do not really know what causes them. This knowledge should not be taken as a cue to cease theorising about eating disorders, but rather to double our efforts to seek a comprehension of them. There are several perspectives regarding eating disorders, the most notable being the medical, cultural, and feminist ones. The feminist perspective is most frequently supported in this chapter, although the others are also considered. There are many misconceptions that must be clarified, as well as opposing viewpoints that must be taken into consideration.

Much of the literature concerning eating disorders contains inconsistencies and prejudices, which will be discussed in this chapter and the next. One of the major biases that needs to be pointed out is the seeming hierarchy among the various eating disorders, with anorexia being at the top. The majority of research has been done on anorexia, to the exclusion and detriment of the other eating disorders, particularly compulsive overeating, or binge-eating disorder. Lintott (2003) writes that "if the goal is the complete domination of the physical by the mental, then this explains why there seems to be a definite hierarchy within eating disorders with anorectics exalted over bulimics" (p. 72). This chapter seeks to be inclusive of all the eating disorders, although it is a reflection of the predominant literature. Anorexia, therefore, will be considered first, as there has been the most written about it. Bulimia, compulsive eating, as well as other eating disorders, will then be discussed, followed by an analysis of the contemporary theories in relation to all of them in the following chapter. This chapter follows the evolution of the theories surrounding the major eating disorders by pointing to the major debates and theories that have arisen in the last forty years.

4.2 Anorexia Nervosa

Since anorexia nervosa began to have serious attention paid to it in the late 1960s and early 1970s, there has been a definite progression in the theories surrounding the disorder. When the disorder first came to be seriously studied and written about, it was perceived in a very clinical way, with the focus being primarily upon the biological and medical aspects of the subject. Psychologists such as Crisp (1980), Slade (1984), and parts of Bruch (1974, 1978) and Selvini-Palazzoli's (1974) work tended to view anorexia as having more to do with the physiological aspects of body than with cultural factors. As MacSween (1993) puts it, the "'scientific' psychiatric analyses contain an unquestioned and unanalysed set of 'common-sense' assumptions about 'normality'" (p. 25). It was not until the work of Chernin (1982, 1983, 1986), Orbach (1986, 1989), and Lawrence (1984) that the focus began to shift towards a more encompassing cultural and feminist interpretation.

The feminist theorists value a more cultural and gender-specific interpretation of the reasons for developing an eating disorder, a perspective that has continued to be developed, notably in the works of Bordo (1993, 1997a, 1997b, 1999a, 1999b), Malson (1998), Malson and Ussher (1996, 1997), Brown and Jasper (1993a, 1993b), and MacSween (1993). All interpretations are important for a complete understanding of the forces behind anorexia, but it is the feminist and cultural theories that more fully explain an anorexic woman's experience because they take into consideration gender as one of the fundamental factors in these experiences. The feminist theorists themselves differ in their interpretations of important factors in an anorexic's life—whether it is her relationship with her mother or her resistance to becoming a sexual being—but these various perceptions all add to the breadth of knowledge surrounding anorexia. It is important to first understand the historical context from which the feminist theories arose.

4.2.1 The History of Anorexia Nervosa

The origins of anorexia are not as recent as many people assume, but date back several centuries. It is the meanings and implications associated with anorexia that have changed over time. Bell (1985) finds evidence of anorexia as far back as the twelfth century. Bell's (1985) study of "holy anorexia" cites examples of Italian nuns starving themselves, the best-known case being Catherine Benincasa, later St. Catherine of Siena, who lived in the fourteenth century. The comparison Bell (1985) makes between religious fasting in medieval times and the anorexia of today is that they both have the

shared goal of women struggling for autonomy and "in this sense the anorexic response is timeless" (p. 56). Bell (1985) does, however, understand that contemporary and medieval anorexias have important differences, but believes that much insight can be gained from looking backwards (Brewer, 1994). And although Bell's (1985) examples of medieval saints date back nine centuries, they are not what are usually perceived as the first examples of anorexia.

It is the works of Gull (1868, 1874) and Lasegue (1873) that are typically credited with the initial recognition of anorexia as its own disease. However, in 1694 the English physician Morton wrote a piece called Pthisiologia: Or, a Treatise of Consumptions, in which he distinguished between somatic and psychological consumptions. He based his claim that "nervous consumption" was in fact anorexia nervosa on two case histories, and this claim has come under a great deal of scrutiny (MacSween, 1993). MacSween (1993) notes that the central feature of anorexia—"the deliberate and conscious maintenance of food control" (p. 19)—is left out of Morton's reports. His work did, however, create an opening for further diagnoses. But it was not until 1868 that the next recorded account of anorexia appeared. Gull (1868) referred to some cases of young women who were extremely thin, without apparent reason, as having "apepsia hysterica" (p. 175). In 1874 he changed his term to "anorexia nervosa," and the characteristics he cites are quite similar to current ones, such as the age at which it occurs and how the patients had no other signs of illness (MacSween, 1993). At a time when many diseases experienced primarily by women were thought to be "hysteria," Gull was quite forward-thinking in his belief that anorexia was no such illness (MacSween, 1993). However, as Slade (1984) points out, Gull used the term "nervosa" primarily in its organic sense as Gull saw it as essentially a failure of the gastric branches of the pneumograstric nerve. But it is the alternative meanings of "nervosa"—that of having mental or psychological difficulties—that have come to be associated with the disorder.

In his 1874 paper "Anorexia Nervosa (Apepsia Hysterica, Anorexia Hysterica)," Gull refers to Lasegue, a French physician who simultaneously "discovered" anorexia, although independently of Gull. Lasegue (1873) called the illness "anorexie hystérique," and agreed with Gull on many of the central features of the disorder. MacSween (1993) notes that the major difference between the two physicians was that Gull suggested the anorexic girl had no physical appetite, and Lasegue argued that she had an aversion to food. Brewer (1994) reinforces this distinction, stating that Lasegue saw the sufferers as experiencing happiness about being thin. Selvini-Palazzoli (1974) notes that in 1883

Huchard replaced Lasegue's term with "*anorexie mentale*" (p. 6), which is how the disorder was known in France until early in the twentieth century. Brief attempts to classify anorexia had been made (by Sollier in 1891, Bouveret in 1893, Andre-Thomas in 1909, Gilles de la Tourette in 1895, and Dejerine and Gauckler in 1911—all quoted by Selvini-Palazzoli, 1974) but it was not until 1914 that the next real development was made.

Anorexia was seen as a mental illness until the turn of the century (Selvini-Palazzoli, 1974) when Simmonds, a Hamburg physician, attributed a case of death by starvation to pituitary malfunctioning in 1914 (MacSween, 1993; Selvini-Palazzoli, 1974). This reversed the work that had been done to have anorexia recognised as psychological, a perception that was not reclaimed until 1949 when Sheehan and Summers proved that the pituitary gland was not actually involved in the disorder (MacSween, 1993), even though Ryle (1939) had emphasised the social pressures of the slimming fashions on anorexia. Binswanger's (1944) clinical study of Ellen West remained the sole reference for anorexia for a long time. Both MacSween (1993) and Selvini-Palazzoli (1974) credit Bruch (1974, 1978) with having the next major impact on the theory behind anorexia. Bruch (1978) refers to anorexia as a "new disease" because of its rapidly increasing occurrences (p. vii). As MacSween (1993) puts it, "the current psychiatric view is that anorexia has always existed, but has only recently been 'discovered,' due to increased medical knowledge and/ or increased prevalence" (p. 17). And as we shall see, the development of both the amount and nature of anorexic theory has progressed in parallel with the illness' increasing pervasiveness.

4.2.2 Definitions and Characteristics

Anorexia nervosa is defined by the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR, 2000) as an individual's refusal to maintain a normal body weight, fear of gaining weight, and exhibiting significant disturbance in the perception of her or his body size. Many studies about anorexia tend to place a great deal of importance upon the quantitative data that can be collected about the disorder and those who experience it. Some demographic information is beneficial for making further analysis of the subject at hand, although it can be rather limiting when such analysis is not completed. In the context of anorexia, it is important to know that the vast majority of those who suffer from it are female (Brumberg, 1988; Orbach, 1986, 1989; Parker and Mauger, 1976; Barry and Grilo, 2002; Crisp, 1980; Dally and Gomez, 1990; Lawrence,

1984; Wade and Lowes, 2002; Thompson, 1994; Bell, 1985; Saunderson and O'Kane, 2003; Malson and Ussher, 1997; Lintott, 2003); indeed, it is almost exclusively a female "problem," although increasing numbers of men are also affected (Lintott, 2003).

Anorexia was originally thought to affect only those who are middle-class (Brumberg, 1988; Lawrence, 1984; Thompson, 1994; Brewer, 1994) and Caucasian (Barry and Grilo, 2002; Lawrence, 1984; Dally and Gomez, 1990; Brumberg, 1988, Thompson, 1994; Bell, 1985), occurring almost exclusively in the Western world (Lawrence, 1984; Dally and Gomez, 1990; Bell, 1985), but further research shows this is not always the case. More recently, it has been shown that as minority groups become more mobile and move up the socioeconomic scale, the number of cases of disordered eating among them also rises (Dolan et al, 1990). As these groups become more exposed to Western beliefs, they are at increased risk of developing anorexia. Lintott (2003) writes that the "old adage that anorexia is an affliction of white middle- to upper-class women is no longer widely accepted, despite the fact that women from this group continue to represent the largest portion of those suffering" (p. 66). Sing Lee (1995) notes reports of eating disorder incidences in a number of non-Western societies, including Hong Kong, Taiwan, China, Malaysia, India, Singapore, and Japan. Poorer women, older women, homosexual women, and women of colour are all increasingly affected. The degree of Westernisation also exposes Black, Asian, Arab, Greek, Japanese, and African women to disordered eating (Dolan, 1991).

The average age of onset of anorexia in women is between early teen years and early twenties (Parker and Mauger, 1976; Crisp, 1980; Wade and Lowes, 2002; Barry and Grilo, 2002; Bell, 1985) and anorexic women are typically heterosexual (Thompson, 1994). Only a minority of anorexics are overweight before becoming ill (Dally and Gomez, 1990; Parker and Mauger, 1976) and most were considered a "model" child (Parker and Mauger 1976, p. 7) who suddenly changed from a normal and peaceful girl into a hostile and solitary character (Selvini-Palazzoli, 1974).

The actual numbers of women with anorexia vary, although it is consistently described as an "epidemic" (Nagel and Jones, 1992; Jade, 2002; Rosenberg, 2002; Gordon, 2000; Dolan, 1991; Bartky, 1997; Landwerlin, 2001). Saunderson and O'Kane (2003) report that 1.1 million people in the United Kingdom have an eating disorder; Malson (1998) claims that 1% of the UK population is affected. As many as 7 million women and 1 million men (Rosenberg, 2002), or 8 million Americans (Lintott, 2003) are believed to have some form of disordered eating, and 1-5% of the American population

are believed to be anorexic (DeVito, 2003). It is difficult, however, to determine the prevalence and demographic distribution of anorexia because of varying diagnostic criteria, differences in referral practices, and because anorexia is not thought to occur in certain groups (Malson, 1998). Likewise, it is difficult to assess the mortality rates resulting from anorexia, although they are thought to range between 5% (Herzog et al, 2000) and 5-20% (Rosenberg, 2002). In a study by Zipfel et al (2000), 50% made a full recovery, 10% remained anorexic, and 16% died. This study concurs with Bordo's (1993) statement that 15% of anorexics do die.

4.2.3 Clinical Perspectives

The problem with how to define anorexia is reflected in the ongoing cultural-medical debate (see Chapter 5). Anorexia is usually classified as "mental disorder," according to DSM-IV-TR (2000). The tendency to perceive anorexia in clinical terms is crucial to the recognition of the changing perceptions of the disorder. Crisp (1980) and Slade (1984) are two psychiatrists who were involved relatively early on in the study of anorexia. They both tend to rely on the "normalised" perception of behaviour instead of a more integrated cultural approach. Crisp (1980) describes anorexia as "a psychologically adaptive stance operating within biological mechanisms" (p. 5) and does not fully consider cultural factors. Crisp assumes a "biologically determined universal path to adulthood" (MacSween, 1993, p. 31). This focus on the biological aspects of anorexia was not, however, uncommon at the time. Slade's (1984) "whirlpool effect" (p. 74) also emphasised the clinical aspects of the disorder; it is Slade's explanation of the "dynamic relationship between the changes in a person's body weight and the psychological changes that follow starvation" (1984, p. 74). That is, the less food the anorexic eats the more simplified her thinking becomes. And as her style of thinking changes, her decision not to eat is reinforced. This downward spiral of an anorexic's way of thinking is an important element of the disorder, although it requires more than a biological explanation to describe its full effects.

Bruch (1974, 1978) was also interested in the biological effects of anorexia. Like Slade (1984), Bruch (1978) noticed that "chronic malnutrition is accompanied by biochemical changes which...influence thinking, feeling, and behaviour to an enormous degree" (p. 4). Bruch, although writing a few years earlier than Slade, recognises how these biological effects influence the anorexic girl's life. Being hungry, wrote one patient of Bruch's (1978), "has the same effect as a drug, and you feel outside your body" (p.

18). Bruch (1978) believes that this is the goal of the anorexic girl—the desire to feel in control of herself propels her to "consider hunger pleasant and desirable" (p. 4) in an attempt to transcend her physical situation.

Bruch's earlier (1974) work does not made such strong connections between the "misuse" (p. 3) of the eating function and the anorexic's need for control. In this book, Bruch (1974) outlines three symptoms of anorexia, which include the "delusional proportions in the body image" (p. 251) and disturbances of the "accuracy of the perception or cognitive interpretations of stimuli" (p. 252). Such psychological descriptions of anorexia illustrate exactly where Bruch's emphasis is located. Boskind-Lodahl (1976) cites Bruch's (1974) list of characteristics of anorexia as further evidence that the emphasis in anorexia was most commonly placed on physical disturbances such as "the failure to recognize signs of nutritional need...hyperactivity and denial of fatigue" (p. 343).

Another early study of anorexia, conducted by Parker and Mauger (1976), describes the illness as being brought about by psychological factors that create physical symptoms. They cite a long list of the physical symptoms of anorexia, including hormonal imbalance, the growth of hair upon the body, and hypothermia. Parker and Mauger do, however, attempt an analysis of the social and cultural factors contributing to anorexia, an analysis that is somewhat lacking in many of the psychological studies (Crisp, 1980; Slade, 1984; Bruch, 1974, 1978; Dally and Gomez, 1990). Moorey (1991) is one psychologist who begins to connect symptoms of anorexia with broader cultural reasons, although it must be noted he writes in the early 1990s and has therefore had the opportunity to incorporate many other theories. Moorey (1991) notes that "while the signs and symptoms of anorexia nervosa focus on eating and body weight, the condition essentially expresses a profound underlying resistance (which may be more or less conscious) to sexual and psychological maturity" (p. 35).

Criticism of an overly biochemical and clinical perspective of anorexia began with the advent of feminist theories. Chernin (1982, 1983, 1986), Orbach (1986, 1989), Bordo (1993; 1997a; 1997b; 1999a; 1999b) and Lawrence (1979, 1984, 1987) introduce alternative, more encompassing means of interpreting anorexia that reveal the rather one-dimensional perspective of the clinicians. As Bordo (1993) puts it, "what is obscured by the medicalization of eating disorders...is an adequate understanding of the ubiquitous and thoroughly *routine* grip that culture has had and continues to have on the female body" (p. 66). As the feminist and cultural theorists illustrate, "interpreting anorexia

requires, not technical or professional expertise, but awareness of the many layers of cultural signification that are crystallized in the disorder" (Bordo, 1993, p. 67). The focus of feminist analysis underwent its own shift over time; an early theory concerned the anorexic girl's connection with her mother.

4.2.4 The Relationship with the Mother

One of the earliest theories surrounding anorexia that emerged in the feminist context was that of the anorexic girl's relationship with her family, in particular her mother. It is the mother who is the conspicuous figure in the home of the anorexic girl (Selvini-Palazzoli, 1974). Chernin (1982, 1983, 1986) and Orbach (1986, 1989) are especially interested in the mother-daughter relationship. Chernin (1986) explains in great detail the relationship between mothers and daughters and why this sometimes leads to anorexia on the daughters' part. Chernin (1986) writes that all women with an eating disorder "are deeply preoccupied with making some return to their mother for the sorrows and deprivations they believe they have caused" (p. 66). These women believe that they "drained and exhausted" (Chernin, 1986, p. 127) their mothers so much as children that they effectively rendered their mothers' opportunity for a fuller life impossible. Chernin (1986) recognises that the anorexic daughters have often internalised the "growing crisis in the institution of motherhood itself" (p. 77). The lost belief in marriage and maternity as fulfilling undermines the once-valued role of mother, and while the daughter vies for a different sort of life she at the same time feels a deep sense of guilt about improving upon the lot of her mother. As Chernin (1986) puts it, the "problem of surpassing the mother rests at the heart of an eating problem" (p. 91). Bordo (1997a) concurs with Chernin's theory, stating that "by halting or mitigating personal development, [anorexia] assuages this generation's guilt and separation anxiety over the prospect of surpassing our mothers, of living less circumscribed, freer lives" (p. 98).

The guilt which anorexic daughters may feel about surpassing their mothers is both a reflection of the growing anger towards the limiting role of the mother, as well as the feeling that she has ruined her mother's chances for a more fulfilling life. Chernin (1986) is well aware that we live in "a culture that sets the institution of motherhood apart from a woman's quest for identity… [motherhood] deprives her of self-development" (p. 124). Chernin (1986) sees the anorexic daughter as not being able to reconcile her feelings of quenching her mother's self-development with her desire for her own. She therefore turns the attack upon her own body, her only vestige of communication.

Chernin (1986) writes that "in a stunning act of symbolic substitution, the daughter aims her mother-rage at her own body…hoping to master her rage, anxiety, and sense of loss at separating from the mother" (p. 93). The irony is, of course, that by "choosing" her body as her means of control, she has "narrowed her world to that very sphere of preoccupations that has defined her mother" (p. 175).

Orbach (1989) also credits the mother-daughter relationship as a factor in anorexia, although not to the same degree as does Chernin. Orbach (1989) recognises the anorexic daughter's feeling that if she disappeared she would ease a lot of her mother's troubles. But what appears to be a selfless "solution" of refusing food in "an attempt to wither away, to not exist, to please her mother by disappearing" (p. 180), is at the same time the anorexic's rage at her mother. This rage at the feeling of not being wanted never makes its way to the surface, but usually festers in a more "passive-aggressive reaction" (Boskind-Lodahl, 1976, p. 352). Orbach (1989) writes that many anorexics feel that they were not wanted as children, and their rejection of food is a means of hurting their mothers "in the most powerful way [they know] how" (p. 180). Parker and Mauger (1976) write that "to reject a mother's food is to reject her" (p. 7). The contrasting desires to both punish her mother, as well as to please her, culminate in the decision to not eat.

Mothers can also have a more overt influence on their daughters' development of anorexia, by inciting them to lose weight through indirect means or direct statements, or if they themselves are or had been anorexic. Such mothers are typically more dissatisfied with the family system (Polivy and Herman, 2002), which has also been criticised as a contributing factor. Minuchin (1978) studied how eating-disordered families are often enmeshed, intrusive, hostile, overprotective, rigid, and negating of emotional needs. Edwards (1987) notes how Minuchin's "anorexic family" could be seen as representative of patriarchal society. Such family factors can be seen as contributing to the low self-esteem, perfectionism, and need for control that are high-risk characteristics for anorexia.

The anorexic daughter's belief of being unwanted, as well as her feelings of anger at her mother, are further exacerbated by her rejection of the feminine role. Chernin (1986) discusses in some detail how young women are progressively refuting motherhood and maternity, and Orbach (1989) expands this idea. Orbach (1989) realises that one very strong reason women are rejecting this role is because, given women's "inferior social position," mothers have the "dreadful job of preparing her own daughter to accept a life built on second-class citizenship" (p. 181). It is partly from their mothers that women learn their gender identity, and therefore have trouble reconciling their love

of their mother with the feeling of being betrayed. The learning of "confusing messages of female adulthood" (p. 181) understandably leads into a problematic relationship with femininity, which is often seen as one of the most influential factors in anorexia.

4.2.5 The Feminine Ideal: Anorexia as Conformity or Rebellion?

As well as identifying certain feelings of guilt and anger, the mother-daughter relationship also makes us aware of how early and forcefully girls are taught to be feminine. The importance of women being thin in Western culture has steadily increased over the last forty years, due in no small part to the prevalence of visual images of women's bodies in television, film, and advertising. It has become ingrained in most women's heads that thinness is synonymous with femininity, to such a degree that "slimness and fitness have become part of the American Dream" (Orbach, 1986, p.74), and, by extension, the Western dream. Slimness has come to be the representative characteristic of success, intelligence and willpower. This idea has become so internalised in women's psyches that many truly believe their lives will be better if they are thinner (Lawrence, 1984; Jade, 2002; Orbach, 1989). The constant barrage of messages about thinness, dieting, and beauty tells "ordinary" women that they are always in need of adjustment, and that the female body is an object to be perfected.

Anorexia is sometimes perceived as being either an over-zealous acceptance of femininity, or as a vehement rejection of it. Several theorists (Moorey, 1991; Parker and Mauger, 1976; Orbach, 1986, 1989; Slade, 1984; Lawrence, 1984; Boskind-Lodahl, 1976; Bordo, 1997a) believe that anorexia begins with the desire to simply lose a few pounds—a desire that is shared by many women in the West—and is thus "conforming to society's demand for women to be thin" (Orbach, 1989, p. 184). It is the degree to which the theorists support the simplicity of this explanation, however, that sets them apart.

Parker and Mauger (1976) believe that anorexia is "precipitated by the impossible demands, expectations and restrictions of the feminine stereotype" (p. 6) and that anorexic girls struggle to "conform to femininity" (p. 7). This is the explanation that many theorists produced when the impact of culture was first begun to be associated with anorexia. Boskind-Lodahl (1976) states that anorexics' "obsessive pursuit of thinness constitutes not only an acceptance of this [feminine] ideal but an exaggerated striving to achieve it" (p. 346) and that anorexics have "devoted their lives to fulfilling the feminine *role*" (p. 347). This rather simplistic view of femininity—as well as anorexia—has been rejected on several occasions.

MacLeod (1981) offers a more complex rationale about the meanings and implications behind femininity. MacLeod (1981) writes that because of the social brainwashing to which women have been subjected, their appearances become their most important qualities. The emphasis placed on being slim and pretty in Western culture has come to represent women's entire selves and they are defined primarily by their outward appearances. Moorey (1991) recognises the impact the feminine ideal has upon women's psyches, but rejects the earlier theory of anorexics conforming to this ideal. Moorey (1991) believes the opposite, in fact: that anorexics actually reject femininity and all that is associated with it. He writes that eating disorders are "seen as political choices, or statements, ultimately connected with our society's view of, and treatment of, women" (Moorey, 1991, p. 13). So while anorexia focuses on the body and issues surrounding weight, it can be also be seen as a resistance to the enormous pressures on women to validate their self-worth through their appearances (Moorey, 1991). By making themselves *too* thin and therefore *un*attractive, women with anorexia refuse to be valued according to their appearance.

Perceiving anorexia as an act of rebellion to femininity is an idea that has been taken up and expanded by Bordo (1997a) in her extensive theorising on the body. Bordo (1997a) sees anorexia as a "solution" (p. 102) that has developed out of the practice of femininity itself (p. 102). The anorexic woman's refusal of food is an unconscious protest against a culture that "disdains and suppresses female hunger, makes women ashamed of their appetites and needs, and demands that women constantly work on the transformation of their body" (Bordo, 1997a, p. 98). The anorexic's literal obedience to the rules of femininity exposes its absurdity. Indeed, "the emaciated body of the anorexic…immediately presents itself as a caricature of the contemporary ideal of hyperslenderness for women" (Bordo, 1997a, p. 95). To see anorexia as an effective means of rebellion, however, remains problematic. Besides being either unaware or unwilling to be seen as making a political statement, "employing the language of femininity to protest the conditions of the female world…will always involve ambiguities" (Bordo, 1997a, p. 99). So although the feminine ideal for women in the West can undoubtedly be credited for contributing to the onset of anorexia, the interpretations of how the anorexic girl responds to it remain somewhat varied. As Moorey (1991) puts it, anorexia "may be seen as either an extreme act of conformity to such pressures, or an act of rejection and rebellion" (p. 41).

4.2.6 Sexuality

If anorexia is to be seen as a rejection of the stereotypical feminine role, then the rejection of sexuality is a further refusal to be part of that norm. Sexuality, specifically heterosexuality, is a large part of what it means to be feminine in the West, and can often be intimidating for a young girl to be socialised into. Anorexia is oftentimes a means of avoiding sexuality altogether. Given the rules, ambiguities and double-standards surrounding sexuality, it is no wonder that even healthy young girls have problems learning to integrate it into their lives. Orbach (1989) writes that "sex was definitely bad for girls and good for boys…for the girls there was no way to win" (p. 182). Until recently, girls were expected to "save" themselves for marriage, and any desires they might have were left unacknowledged. Against this background, then, "it is hardly surprising that young women are terribly confused about their sexuality, seeing it as evil, dangerous and explosive on the one hand and powerful, glorious and desirable on the other" (Orbach, 1989, p. 182). For the anorexic—and, indeed, for most women—sexual identity is a part of gender identity, so to reject one is to reject the other. By controlling her desire for food, she thinks she can also somehow control her sexual feelings (Orbach, 1989).

At first, becoming slim contains the same implications for sexuality as it does for femininity: that the anorexic is conforming to the norm. MacLeod (1981) recognises the difference between a "typical" woman who wants to lose weight and the anorexic girl, however: it is that the former wants to be more sexually attractive and the anorexic wants to shed the burden of womanhood. Sexuality is another aspect of the feminine role, similar in many ways to motherhood. The woman is expected to be subordinate in all aspects of the role, and the anorexic is not wrong in what she believes to be in store for her as a woman: "a passive role, a position of helplessness, a loss of self" (MacLeod, 1981, p. 78). In this light, the anorexic's refusal of sexuality can be seen as her refusal to become an adult (Orbach, 1986).

The idea of controlling one bodily desire in order to stifle another, especially that of sexuality, is a common one. Parker and Mauger (1976) recognise the symbolism attached to eating and how it is often associated with sexuality. To inhibit one is to inhibit the other. Indeed, "psychoanalysts for a long time interpreted eating disorders as an expression of an internalized sexual conflict" (Parker and Mauger, 1976, p. 8). Bordo (1993) sees this the other way around, however. She says that "eating is not really a metaphor for the sexual act; rather, the sexual act, when initiated and desired by a

woman, is imagined as itself an act of eating" (Bordo, 1993, p. 117). This perspective would certainly help to explain why women's sexuality is so contained, because "they threaten to deplete and consume the body and soul of the male" (p. 117). Anorexics cope with these feelings of consuming and being consumed by reducing their intake of food, as they come to realise that "sexual desire...disappears with severe weight loss" (Parker and Mauger, 1976, p. 8). By making their bodies undesirable, anorexic girls and women seek to remove their bodies from this marketplace.

4.2.7 Anorexia Nervosa and the Body

There has been extensive feminist theorising about the body (see Chapter 2), and when these theories are applied to anorexia, common themes arise. Chernin (1983) and Lawrence (1984) are two theorists who make the obvious association between anorexic bodies and the fear of being fat. In the West, fat people are used by society as an emotional dumping ground—we project bad qualities onto fat people and think that if we can just avoid being fat we will be safe from the worst parts of ourselves (Lawrence, 1984). The idea of dieting to solve non-bodily problems is a recurrent one in both feminist and anorexic theory. Orbach (1989) is well aware of this connection. She agrees with Chernin's (1983) assertion that there is a common myth in society that women's problems, whether having to do with emotion, sexuality, family, relationships, or work, can all be "fixed" through the transformation of their bodies (Orbach, 1989). Orbach (1989) believes that the body is a proper area for political concern, because it is the bodies of women that have come to stand for larger problems. Orbach (1989) recognises just how much "our eating and non-eating behaviours are attempts to stifle inner conflicts we feel; how our pre-occupations with the body are manifestations of our desire to work things out in the arena we have been given" (p. 24). Women's bodies have come to represent their selves, and women, especially anorexic ones, use the body to communicate their frustrations—it is, after all, "the object with which they negotiate the world" (Orbach, 1986, p. 36). All women have learned this to some degree, and anorexic women have perhaps learned it best of all; Bordo (1993) writes that anorexics do not "misperceive" their bodies but, rather, they have learned all too well the "dominant cultural standards of *how* to perceive" (p. 57).

For Bordo, the body is a limited and limiting expression of women's selves. Bordo (1997b) advances her idea of "materiality," which she sees as "our inescapable physical locatedness in time and space, in history and culture, both of which not only

shape us…but also *limit* us" (p. 181). For Bordo, then, the body is not only a corporeal container, but also that which binds women to specific cultural meanings. Bordo (1997b) writes that "we are standing in concrete bodies, in a particular time and place, in the 'middle' of things, *always*" (p. 191). Bordo (1997a) sees bodies as the site on which cultural roles are played out, so it is not surprising that she sees anorexic bodies as texts—"a text that insists, actually demands, it be read as a cultural statement, a statement about gender" (p. 94). Inhabiting an excessively thin body creates a message that speaks in a powerful way, but Bordo (1993) realises that the anorexic girl "cannot simply decide to make slenderness mean whatever she wishes it to" (p. 67). Anorexia will never be successful as a bodily critique of society's demands on women because it will never be able to escape its prescribed meanings; its being female will always colour its interpretations because no one can exist outside of culture.

4.2.8 Mind versus Body

The theories surrounding women's bodies become even more important for anorexic women when it is realised how great an impact the mind-body dualism has on them. Many theorists agree that anorexia is an attempt to control the body with the power of the will (Lawrence, 1984; Chernin, 1983; Dally and Gomez, 1990; Slade, 1984; Bordo, 1993, 1999b; Selvini-Palazzoli, 1974; Lintott, 2003). Lawrence (1984) writes that anorexic women take the mind-body dualism literally; that is, they wish to completely control their bodies with the power of their wills. Originating from Descartes, who is credited for identifying the dualism, Bordo (1999b) writes that the dualism identifies the body and soul as being mutually exclusive, and for the anorexic this is especially true. Rejecting food and, in essence, rejecting the body, demonstrates "an ability to 'rise above' the need to eat [which] imparts moral or aesthetic superiority" (Bordo, 1993, p. 62). Bordo argues that the anorexic girl or woman seeks to transcend her situation in life by attempting to transcend her body. The situation she may wants to leave behind is that of stereotypical femininity and the restrictions her female body have bound her with. Transcendence into the "male" sphere, or mind, has the promise of admission to the privileged public world, a world associated with hardness of will, autonomy and rigour (Bordo, 1993). Bordo (1993) recognises the anorexic girl as wanting to leave behind the subordinate role of women—which is associated with the body—and to become part of the male, mind-dominated world. She writes that the anorexic's claims of not feeling

hunger—or not giving in to it—demonstrate the "ideal" of a perfectly managed and regulated self.

The anorexic woman's desire to transcend her female body and be regulated purely by her mind has been recognised as necessarily self-defeating. Slade (1984) writes that the anorexic, by depriving her body, thinks she has "moved into a physically and morally superior form of existence that is a vindication of her self-control" (p. 10). She identifies herself with her inner life, and her body is merely a symbol of her inner strength, which defines her. Lintott (2003) notes that the goal of an anorexic woman is complete perfection—total domination of the will over matter. But the constant struggle to dominate the body with the power of her will is not only futile, it is also exceptionally draining. Dally and Gomez (1990) realise that for the anorexic woman "to live in order to diet, to reach for an idealized state of thinness, to be continually threatened in the mind by gluttony and the possibility of becoming fat, is indeed a hellish state. The mind is never at peace and the anorexic can never allow her body to rest" (p. 25). Selvini-Palazzoli (1974) identifies the anorexic as being afraid of her body, for if it grows her "person" will therefore start to shrink. The anorexic woman experiences food intake at the expense of her ego, and the fight against her body is thus a desperate fight against the depletion of self-hood. To fight her bodily hungers is, however, paradoxical, for the anorexic woman fights not on a spiritual plane but on a purely material one: that of her own body. Selvini-Palazzoli (1974) goes on to point out that, for the anorexic woman, her body does not merely contain the bad object but *is* the bad object; she sees her body as "all-powerful, indestructible, self-sufficient, growing and threatening" (p. 87). Anorexia, from the perspective of the mind-body dualism, has come into existence because anorexic women have chosen to identify with the mind at the expense of the body. Chernin (1983) writes that "anorexia is, above all, an illness of self-division and can only be understood through this tragic splitting of body from mind" (p. 47). The level of willpower that the anorexic exerts over her body and mind reveals her desire for ultimate control.

4.2.9 Control

The amount of self-control and willpower required for women with anorexia to attempt to "transcend" their bodies by the power of their minds is phenomenal. Control, for the anorexic, is not only what she strives towards but is also what she excels at most. The various interpretations of why she is obsessed with being in control are important for a further understanding of anorexia. Lawrence (1979) was one of the first to identify

anorexia as an issue of control; she writes that "controlling weight is used by many women as a substitute for controlling the real issues in their lives over which they feel they have no control" (p. 94). Later on, Lawrence (1984) writes that obsessive thoughts tend to follow when we are faced with a conflict which we cannot find any way of resolving. The anorexic usually becomes obsessed with her body and controlling it when she is faced with conflict in her life. Many theorists (Dally and Gomez, 1990; Lawrence, 1984; Parker and Mauger, 1974; Bruch, 1974; Chernin, 1983; Orbach, 1989; MacLeod, 1981; Bell, 1985; Brown and Jasper, 1993a; Brown, 1993b; Dalgleish et al, 2001) see anorexia as a way of controlling one's life; the conviction grows that if she can control her weight she can control her life; indeed, anorexia can be seen as "gendered articulations of women's efforts at self-regulation" (Brown, 2007, p. 113). This conviction is one that exists among women in general but is, of course, much stronger for anorexic women, partly because they believe they *can* control their bodies.

The anorexic woman's attempt to control her body can also be seen as an attempt to control her life. Parker and Mauger (1976) write that anorexic women's rigid control of their eating habits is a desperate attempt to gain control of their bodies and to be self-directing. Boskind-White and White (1983) write that anorexia represents a pathetic attempt to assert control over their lives and "also over the lives of others" (p. 35), but most theorists would argue that a woman with anorexia is concerned primarily with her own self and body, not those of others. Bruch (1974) writes that the "main issue is a struggle for control, for a sense of identity, competence, and effectiveness" (p. 251), but only for oneself. Starvation becomes compulsive partly because it conceals a sense of helplessness and a conviction that complete loss of self-control is just around the corner. The physical aspects of anorexia do not appear until well after the mental decision has been made to get in charge of one's life. The control anorexics seek to exact on their lives is manifested through their bodies. Bruch (1974) writes that "the frantic preoccupation with weight is an attempt to counteract this fear of losing control; rigid dieting is the dimension through which they try to accomplish this" (p. 277).

It is this loss of control over the self with which anorexics seem most concerned. The feeling of being in control is extremely powerful. The illusion of control helps people handle extremely stressful situations; therefore, believing they can control their bodies may relieve some of the stress in their lives (McKinley and Hyde, 1996). Controlling their outward appearance is a skill that gives anorexics a sense of competence that they do not want to give up. MacSween (1993) writes that the real struggle for

anorexic women is the struggle for autonomy, self-sufficiency and a sense of self. But because this struggle for true autonomy in the outside world is "unwinnable," the anorexic woman internalises the struggle into one with her own body. As we have seen, it is women's bodies that come to represent their selves and identities, so it is not surprising that women "choose" their bodies as the objects of their control. The obsession with trying to control one's life and one's self is often misinterpreted as a woman's simple desire to control her body. But as we have seen, for all its seeming triviality, "this compulsive urge to reduce the size of the body is nothing less than a struggle to gain control over a universe that threatens us with abandonment and annihilation" (Chernin, 1983, p. 151).

4.2.10 The Avoidance of Self and the Creation of an Alternative Identity

For Chernin (1983) to write that anorexics want to control a threatening universe is a powerful way of saying that these women do not know where they belong in the overall scheme of things. Chernin (1983, 1986) strongly believes that anorexia is fundamentally about an identity crisis, as do many others (MacLeod, 1981; Edwards, 1987; Garner, 1991; Moulding, 2005), which Erikson (1968) describes as a necessary turning point, or crucial moment, in development. Chernin (1986) argues that "one would rather almost anything than face directly the awesome difficulty of becoming one's self" (p. 149). Chernin (1986) does, however, question why women experiencing an identity crisis express their turmoil through food. She arrives at the explanation that food is never very far from our struggle to establish an identity, and given the long history women have had with domesticity and their problematic relationships with their bodies, it makes sense. Food, in Western culture, has also come to represent comfort and love when these things cannot be found elsewhere. Chernin (1986) writes that "much of the obsessive quality of an eating disorder arises precisely from the fact that food is being asked to serve a transformative function it cannot carry by itself" (p. 167). As Chernin shows, food is inextricably tied up with identity formation and the lack thereof. Anorexia, or any obsession with food, is always an expression of some attempt to bring about "either profound personal transformation or an entry into collective life" (Chernin, 1986, p. 168).

It is this entry into the world and the formation of identity that create some of the most significant precipitating factors of anorexia. It is no coincidence that anorexia usually occurs during adolescence, a time when identity is in flux and a girl is about to become a woman. Adolescents' changing bodies are associated with a changing position

in their worlds and create feelings of confusion, fear, and powerlessness (Orbach, 1989). Orbach (1986) believes that the "most commonly held view of anorexia is that it is the female's refusal to be an adult" (p. 24). Becoming an adult means becoming an autonomous individual, and anorexic girls are often unable to make this transition. There are so many confusing and contradictory expectations for adult women in Western society that it is not surprising teenage girls are afraid of becoming adults. Moorey (1991) writes that "the problem of establishing a coherent sense of self, of female identity, in a culture saturated with contradictory demands on women, is a recurrent theme" (p. 13). Moorey (1991) believes that anorexia is a way of escaping this problem, as well as developing a sort of alternative self; anorexia in and of itself provides a sense of identity for a girl or woman through her "special" thinness.

For anorexia to create a sense of identity for a woman while she avoids a "real" one is a forceful part of the disorder. Dally and Gomez (1990) explains how this works: "the adolescent who cannot cope retreats into herself and withdraws from the outside world. The one who goes on to develop anorexia organizes her life around her body. A conviction grows that if she can control her weight she can control her life" (p. 12-13). The anorexic's focus on her body becomes her identity of sorts, while simultaneously keeping her from developing a real sense of autonomy and individuality. But Parker and Mauger (1976) recognise how false this identity is, writing that anorexia "is the most stringent denial of self, expressed in the most stringent self-denial" (p. 10); that it is a complete confusion of roles, "resulting in emptiness at the core of being" (p. 10). Anorexia is a suppression of life, because the women experiencing it cannot exist until they can identify themselves (Parker and Mauger, 1976). Anorexics create their false sense of self through the control they enact on their bodies, but it is a way to cover up their fears of developing a "real" identity. Malson and Ussher (1997) see anorexia as fading away or disappearing, as an evasion of identity, but that this elusive figure is constructed as an identity itself. It is, at once, an identity and an escape from identity. Boskind-Lodahl (1976) writes that anorexics often have no identifiable sense of self from which to project a real person and that this feeling of not having any identity is not a delusion or misperception but a reality.

The struggle for autonomy is what seems to cause many problems in adolescent girls' search for identity. Becoming one's own person can be a difficult endeavour to undertake. The anorexic cannot be self-sufficient in the real world and so she creates her own feeling of individuality. Paradoxically, however, anorexia can be viewed as both a

retreat from "the developmental task of developing a separate and autonomous adult identity and, at the same time, as a desperate attempt to create the distinct and autonomous sense of self that is felt to be lacking" (Malson and Ussher, 1997, p. 45). Lawrence (1984) warns against perceiving this alternative identity as a permanent state of being, arguing instead that anorexia is "just a phase" (p. 12). Lawrence (1984) wishes to "de-problematize" anorexia and to look at it as being at one end of the continuum that all women are on. But for some women, anorexia becomes the "solution" to a problem which at the time they cannot deal with in any other way. Issues of autonomy, independence and self-esteem have all come to a head in the anorexic woman's life, and she experiences an identity crisis. Many of us experience this kind of crisis at some point in our lives, but it is only when the conflict seems impossible to resolve that we are likely to deal with it by developing a symptom such as anorexia. "Normalising" anorexia in this way is helpful for understanding the difficulties most women have in developing autonomous selves, and why some of them seek alternative methods of coping.

4.2.11 Summary

This section has provided a brief overview of the early theories surrounding anorexia, which will be expanded upon in Chapter 5. Tracing the development of the history of anorexia is important for a more complete understanding of how the disorder first came to be theorised about, as well as to recognise how more recent theories developed out of it. The discussion of the aetiology of anorexia appears first in this chapter, not only because the literature focuses upon it the most, but also because the other disorders, particularly bulimia, are often perceived as resulting from anorexia and many comparisons are made between them. This is not to affirm the supposed "hierarchy" among the eating disorders, but rather to reflect the trends in the literature.

4.3 Bulimia Nervosa

In the literature about eating disorders, anorexia is almost always discussed first. Bulimia nervosa, anorexia's "sister" disorder, is usually mentioned in comparison with other eating disorders, but is rarely theorised about in its own right, as is anorexia. Indeed, it is difficult to conceptualise bulimia without making reference to other eating disorders—as is the case in this section—because it is so often perceived as a corollary to other disorders. Bulimia is also the least visible of most eating disorders, as the woman experiencing it can often maintain a "normal" body weight, unlike the anorexic or

compulsive eater. Due perhaps to its ability to be indiscernible, bulimia has "enjoyed neither the medical nor the popular interest that has been aroused by anorexia" (Cooper, 1987, p. 178). Anorexia, even within eating disorder literature, is described in positive terms due to the power of will exerted, whereas bulimia is often perceived as self-indulgent, dirty, and shameful. Cooper (1987) theorises that bulimia, as a symptom in its own right, has come to be largely ignored partly because "no one can understand wanting to be bulimic" (p. 181). There should be no hierarchy of eating disorders, however, when we realise the extent to which they are intertwined, not only with other eating disorders but also with the experiences of "non-disordered" women.

4.3.1 The History of Bulimia Nervosa

The available information about bulimia nervosa—particularly when it is not compared with anorexia nervosa—is neither as abundant nor as analytical as that of anorexia, and evidence for it is much harder to trace. The Romans' use of vomiting after feasting was a widespread and well-known practice, and scattered historical references suggest bulimic tendencies, such as in some early Latin writings. The earliest English-language case occurred in 1398, with further identifications in the eighteenth century. In 1785, Motherby identified three different types of bulimia, and the disorder was recognised in the 1797 edition of the Encyclopedia Britannica (Stunkard, 1990). In the following century, Gull (1874) and Lasegue (1873), who had made early observations about anorexia, noticed that several of their patients vomited after being forced to eat. Further studies of bulimia were overshadowed by Simmonds' mis-observation of eating disorders as pituitary insufficiencies in the first half of the twentieth century (Blinder and Chao, 1994). In the first half of the last century, several studies (see Binswanger, 1944; Selling and Ferraro, 1945 and Berkman, 1930, quoted in Blinder and Chao, 1994) were carried out, however, although the modern conception of bulimia did not appear until about 1950 with Nemiah's case histories (Blinder and Chao, 1994). As with anorexia, reliable and consistent data about bulimia were not collected until a few decades ago.

4.3.2 Definitions and Characteristics

As more studies were conducted with women with anorexia, more came to be known about bulimia as well. But it was not until the 1970s that focus was turned towards bulimia as its own "disease." In 1976, Boskind-White used the term "bulimarexia" to describe an eating disorder in which the person alternated between

bingeing and fasting, and in 1979 Russell designated the term "bulimia nervosa." For some, the definition is simple: "if a woman vomits regularly to control her weight and there is no other medically defined reason for that vomiting, then she is bulimic whether or not she restricts her diet in between vomiting or has binge-vomiting episodes" (Cooper, 1987, p. 179). Similarly, Bloom (1987) describes the bulimic woman's distinguishing features as "her frequent and regular cycle of bingeing and purging" (p. 103). According to the DSM-IV-TR (2000)—which is often quoted in literature pertaining to eating disorders, but is by no means complete or exhaustive in its understanding of them—the "essential features" of bulimia are binge eating and "inappropriate compensatory methods to prevent weight gain" (p. 589). Like most women with an eating disorder, the woman with bulimia is "obsessed with her food, and has a distorted and self-hating relationship to her body" (Bloom, 1987, p. 103)

Many women with bulimia are generally of a normal weight (Johnson et al, 1982), with a study by Fairburn and Cooper (1982) showing that 83.2% of bulimic participants weighed close to those in the matched population. Blinder and Chao (1994) write that bulimic women are overweight only about 15% of the time. Women with bulimia are more likely to have a history of disordered eating, and many were overweight before the disorder began (Weiss et al, 1994). Purging—through whatever means, although vomiting is used by 80-90% of bulimics (DSM-IV-TR, 2000)—is partly used as a means to control weight gain, usually occurring directly after a binge. A binge is characterised by the "uncontrollable" intake of a high number of calories, typically sweet, high-calorie foods (DSM-IV-TR, 2000). Johnson et al (1982) found that the average binge lasted about from one to four hours, and often included items the women would not typically eat. Half of the women studied binged on a daily basis, and frequently did not eat for a day after a binge. According to the DSM-IV-TR (2000), bingeing must occur at least twice a week for three months for the disorder to be categorised as bulimia, although the variations and combinations of eating disorders cannot be reduced to such specifics.

4.3.3 Statistics

The number of women with bulimia in Western cultures can only be estimated, partly because of its "invisibility" and partly because of its being overshadowed by anorexia. And although the number of reports on bulimia nervosa has increased in the last few years, this increase may reflect a greater attention rather than a true rise in frequency. But when many, if not most, women in our culture are habitually trying to keep their

weight down, it is not surprising that between 2% and 18% of the (American) population is described as being bulimic (DeVito, 2003). The highest occurrences of bulimia are within school and college-aged women, which corresponds to the age of onset usually being in the late teens. Fairburn and Cooper (1982) show that the average age of onset in their participants was 18.4 years, and Johnson et al (1982) record it as 18.1 years. Bloom (1987) claims that 95% of bulimics are women, which would indicate that the remaining 5% are men, but although the number of men with bulimia is currently unknown it is assumed to be growing (Lintott, 2003).

As with anorexia, it was originally believed that women with bulimia were generally white, single, college-educated, upper- to middle-class, with a strong orientation to academic achievement and traditional life-styles such as marriage (Boskind-White and White, 1983). After further research, however, it was revealed that this is not necessarily the case. Dolan (1991) criticises researchers for failing to survey cross-cultural and socioeconomic groups adequately, and Cooper (1987) found that bulimic women do not generally come from one type of background or one social or economic grouping. Bulimic women are not as similar to each other as are anorexic women, and are "not necessarily academic achievers, the products of enduring marriage, athletic or likely to begin their bulimic episodes at a particular age" (Cooper, 1987, p. 179). However, some relatively common features of "bulimic women" may include a greater propensity to be depressive (Russell, 1979; Johnson et al, 1982), be impulsive (Polivy and Herman, 2002), to experiment with alcohol or drugs (Russell, 1979; Johnson et al, 1982), or to attempt suicide (Russell, 1979).

4.3.4 The Invisibility of Women with Bulimia

One of the most salient features of bulimia is how it can remain hidden, and thus unknown, for a long period of time. A woman with bulimia often does not physically show her problem and, "due to this and to the lack of knowledge on the part of the medical and mental health practitioners, she can go unnoticed and remain very isolated" (Bloom, 1987, p. 103). This status of "invisibility" often creates the feeling of being split into two women for the bulimic: the competent external one, the "normal" one she presents to the world which is a façade, and the hidden, secret one which is messy and bad (Dana, 1987)—the one who will cheat and lie to binge (Boskind-White and White, 1983). A woman with bulimia is frequently ashamed of this behaviour, thinking it "dirty, self-abusive and nasty" (Cooper, 1987, p. 180). She does not want people to see this side

of her, and fears the loss of their opinion of her as a "nice" and "clean" woman (Cooper, 1987, p. 180). The shame bulimic women feel about this side of themselves is common. They feel guilty about their behaviour and are constantly afraid they will be found out. And since bingeing and purging are usually done in secret, the feeling of hiding and of having to keep a large part of their lives secret causes stress. The bulimic woman feels she cannot confide in anyone and thus isolates herself from friends and family (Weiss et al, 1994). This secretiveness reinforces the invisibility of the disorder, which has also been considerably overshadowed by anorexia.

4.3.5 Comparisons between Bulimia and Anorexia

Bulimia is almost always conceptualised alongside anorexia, not only because of their similarities as eating disorders but because it is often regarded as a "failed" kind of anorexia. Johnson et al (1982) certainly add merit to this theory, as 52% of the bulimics in their study were previously anorexic. Until quite recently, bulimia was usually considered to be a variant of either compulsive overeating or anorexia; it was thought to be merely a way of controlling weight in the face of overeating (Dana and Lawrence, 1987). Indeed, it was not "officially" recognised as its own disorder until 1980 in the DSM, several years after anorexia had begun to be formally theorised about. It has often been assumed that an understanding of the dynamics of anorexia entails an understanding of bulimia, although the two disorders and the people they affect are quite different. For Garner (1991), the most obvious difference is absolute body weight, but the simplicity of such a quantitative explanation bears witness to its ignorance. Bulimia is in fact a much more internal and mental disorder than usually imagined, although it is often too surrounded by stereotypes and misconceptions for this to be recognised. Whereas both bulimia and anorexia have much to do with control—and the loss of it—anorexia is viewed as a public act that others admire and bulimia is a private act that others pity (Cooper, 1987). Cooper (1987) perceives anorexia as saying something loudly and publicly, and bulimia as a position taken in order not to have to say something. Cooper (1987) writes that "while it is the cultural position of women in the West which connects the two problems, the difference in their expression reflects clearly the different needs that they fulfill" (p. 184-85).

Anorexia, as we have seen, is often perceived as a rebellion against the gendered, cultural position in which a woman is situated. Bulimia, on the other hand, is felt by some to not be a rebellion, "but an attempt to accommodate oneself to resolve the problem"

(Cooper, 1987, p. 185). Bulimic women often feel they have found the perfect private solution to the pressure to be thin since they can eat as much as they like, control their weight, and please others, although this "solution" is as ephemeral as it is for anorexia. Brown (1993b) writes that "bulimia conforms more to social expectations of women, as bulimic women's behaviour remains hidden and secret, and their emotional turmoil is obscured from others' vision" (p. 62). In this way, bulimia is perceived as more compliant than anorexia, which is seen as more defiant (Gordon, 2000).

As the woman with bulimia may be seen as capitulating more to her emotions than the woman with anorexia, she is also therefore perceived as being more closely in touch with her problem. Anderson (2001) argues that the bulimic person is much more likely to have an awareness of her problem while experiencing both a loss of ability or will to stop. Bulimics acknowledge the body, explicitly and violently. The bulimic attacks her body but she does not deny it; the bulimic impulse is more realistic than the anorexic because it understands that the body is "*inescapable*" (Hornbacher, 1998, p. 93). That bulimia is seen as more physical and anorexia as more cerebral (Hornbacher, 1998) ties into the parallel beliefs about control. Anorexia is often perceived as using the power of the mind to control the body and being very much about discipline, whereas bulimia is seen as a loss of control (Cooper, 1987). Anorexia "exudes an aura of self-denial, of silent suffering and self-control in pursuit of subjugation of the flesh" (Cooper, 1987, p. 180) and bulimia is "the descent into the flesh. It is the apparent indulgence of the flesh, followed by its manipulation and self-abuse" (Cooper, 1987, p. 181). This indulgence is culturally viewed as a lack of self-control, and because the concept of control relies on choice the bulimic woman is seen to have less power than the anorexic.

In many respects, bulimia and anorexia may seem at opposite ends of the eating disordered spectrum, and although differences must be acknowledged and respected, the connection between the two is unavoidable. Ultimately, both disorders are each reacting to similar cultural situations, but manifest their discontent in different forms. As Boskind-White and White (1983) put it, "in searching for 'magical cures' for their existential crises, both groups—preanorexics and prebulimarexics—focus on *The Diet* as their ticket to success and happiness" (p. 35). Indeed, although there has been much criticism for not considering bulimia as a separate disorder, there have also been arguments claiming that they should be considered alongside each other. The "core symptoms," which Polivy and Herman (2002) describe as body dissatisfaction, preoccupation with food, weight and shape and certain ego deficits, do "not necessarily distinguish [anorexic] from [bulimic]

patients, even if the diagnostic criteria for the two [eating disorders] differ" (p. 188). The "spectrum hypothesis" (VanderHam et al, 1997) considers eating disorders as one syndrome with different manifestations. There is evidence that many anorexics engage in "bulimic" behaviour, such as bingeing and purging, which further links the two disorders (as well as blurring their boundaries) (Polivy and Herman, 2002). The fact that many anorexic women develop bulimia in the later stages of their experience is also indicative of their overlap. It has been estimated that 40% of anorexics become bulimic or bulimarexic (Garfinkel et al, 1980), and 34% felt that their bingeing began after restrictive dieting (Johnson et al, 1982). Abraham and Beumont (1982) report that nine out of the 32 patients in their study had previously been treated for anorexia. This fact may be part of the reason that binge eating is becoming more common than anorexia (Casper, 1983), with some evidence showing that bulimics outnumber anorexics by at least two to one (Polivy and Herman, 2002). With such a high prevalence of bulimia nervosa in our society, it is imperative that we consider it both distinct from and together with other eating disorders.

4.3.6 Bulimia as a Coping Mechanism

Anorexia has often been contextualised as a coping mechanism (see Chapter 5), and bulimia is sometimes, although not as frequently, considered in this way. Control and coping are closely related, and although the woman with bulimia is perceived to not be successful at either she is in fact attempting to do both. After a binge a woman feels out of control and uses purging as a coping mechanism (Weiss et al, 1994). Mizes and Lohr (1983) sees the bulimic as generally deficient in self-control coping strategies and relies almost exclusively on bingeing as a coping skill. The ineffectiveness of the binge-purge cycle to cope with life, however, further exacerbates the disorder. But once a woman begins the binge-purge cycle, she becomes preoccupied with food, continually experiences hunger, and feels guilty when she binges (Russell, 1979). Many bulimics binge in response to stress, but the binge does not alleviate the negative feelings, except maybe temporarily. Abraham and Beumont (1982) reported that while all of the bulimics they studied ate to reduce tension, only two thirds of them reported feeling less anxious after a binge. Jade (2002) writes that bulimia is an illness which may start out as a useful strategy to control weight gain but rapidly develops into an addictive illness, which engulfs the sufferer and becomes a way of coping with emotional difficulties. It is mainly

her approach to coping with life that separates the bulimic woman from the anorexic woman, as they both seek asylum from difficult-to-deal with aspects of life.

4.3.7 Summary

The analysis of bulimia nervosa in its own right should be more valued in the literature on eating disorders, if only because of the sheer number of women in Western societies who suffer from it. The fact that 95% of bulimics are women, a statistic which is equal to or greater than anorexia, provides further indication—if more were needed—that eating disorders are primarily a female domain. Bloom (1987) writes that "we must see this statistic and this dramatically painful and potentially harmful adaptation to life as a scathing criticism and a raging silent protest of what it means to be a woman today" (p. 104). Many women develop bulimia feeling they have found the perfect "solution" to the thinness paradigm: they are able to eat as much as they want and still stay slim. Bulimia can also provide an outlet for unwanted or disturbing emotions with which the woman is unable to deal. Indeed, "the involvement, tenaciousness, power and importance of this symptom lies in the fact that it is functional and accomplished much for [a woman] in her attempts to reconcile the anguishes of her inner and outer past and present worlds" (Bloom, 1987, p. 105). The fact that bulimic women outnumber anorexic women by about two to one reveals the constant struggle many women experience to maintain a balance between emotion and control, feeling and reason.

4.4 Compulsive Overeating

The relative dearth of information about bulimia as compared with anorexia is not nearly as insubstantial as the available literature on compulsive overeating. This eating disorder, which is often mistaken for obesity, is usually excluded from most studies that focus mainly on anorexia and bulimia. Compulsive eating, compulsive overeating, or binge-eating disorder, is usually classified—if at all—as an "eating disorder not otherwise specified" (DSM-IV-TR, 2000, p. 594), as it is not perceived as deserving its own analysis. However, within the spectrum of eating disorders, and eating in general, it is important to consider this disorder in its own right, as its tendency to be ignored further alienates its sufferers. Overeating is far too quickly dismissed as not relevant because of the opposing body shape to anorexics and many bulimics, but the mental processes have many similarities. The fact must not be obscured that many overeaters have a long history

of excessive dieting or weight loss (Garner, 1991); it is often only the manifestation of the use of food that separates this eating disorder from others.

4.4.1 The History of Compulsive Overeating

The eating disorder which is now known as compulsive overeating is, although not the same as, related to obesity, which existed in most primitive and ancient societies. According to Kaplan and Sadock (1998), obesity is characterised by the excessive accumulation of fat, when body weight exceeds the standard weight by 20%. There are degrees of obesity, from moderate to morbid, but "fundamentally, obesity is a result of overnutrition" (Blinder and Chao, 1994, p. 22). Attitudes towards body size have varied throughout history; in primitive times being fat was rare and was thus viewed as a sign of distinction (Fox, 1990). Obesity was looked upon as a mark of enhanced fertility in women, their capacity to bear children, and ability to endure extreme weather conditions (Bruch, 1974). Perceptions of obesity began to change during classical times, and from the middle ages gluttony was seen as one of the seven deadly sins (Canon and Einzing, 1984; Orbach 1989). During the Victorian Age, obesity was associated with lower class status and poverty, but until the first half of the twentieth century society allowed people—especially women—to be rounder and more curvaceous (Fox, 1990). In current Western societies, as we know, "only 'thin' is good and beautiful" (Fox, 1990, p. 9). Fatness is seen as a sin and a failure, and those who are deemed fat by society's ever-stringent standards are discriminated against, ostracised, and ridiculed. In Western societies where food is plentiful, the struggle to become—or remain—thin can be very difficult. Indeed, in our current capitalistic and materialistic culture, food has become a pervasive symbol of affluence and pleasure, and virtually every activity has become an occasion for eating. Food is marketed with all the tools of modern consumerism, and it has become a medium for fashion (Gordon, 2000). With the overabundance of food that is readily available to most people in the West, and with the relentless way it is advertised to women as providing comfort and love, it is understandable how many women can eat "too much."

4.4.2 Definitions and Characteristics

The categorisation of compulsive overeating as its own distinct eating disorder is not usually recognised; in the DSM-IV-TR (2000) it would fall under the last section of "eating disorder not otherwise specified" (p. 594), classified as "binge-eating disorder"

(p. 595). Only anorexia and bulimia are listed as meeting the criteria for an eating disorder. Compared with the lack of theory about bulimia, literature about compulsive eating is almost non-existent, perhaps due in part to the concern with thin images (Jade, 2002). Indeed, obesity and compulsive eating are often grouped together if they are categorised at all, but the distinction must be made that although the behaviour of compulsive eating can often lead to obesity, obesity can exist without compulsive eating. It is the "disordered" behaviour with which this section is concerned. Some theorists (Crow and Mitchell, 1994; Alexander-Mott and Lumsden, 1994) have attempted to define compulsive eating, usually in very basic terms. Crow and Mitchell (1994) describe compulsive eating as a "pattern whereby typically overweight patients binge but do not purge" (p. 219-220), and Alexander-Mott and Lumsden (1994) as simply bingeing but not purging.

4.4.3 Fat Oppression

In a society that emphasises slimness in almost every facet of life, those who "fail" at being slim are constantly reminded of how they are "supposed" to look. The pressure placed on people—mainly girls and women, but increasingly men as well—to become slim, or to maintain it, often distorts the definitions of "thinness" and "fatness." Indeed, "the distinctions between 'overweight,' 'obese,' 'plump,' 'chubby,' and so on slowly died, eventually leaving only two categories—fat and thin" (Seid, 1989). Any room for flexibility is quickly being eradicated from Western culture. Similarly to how thinness indicates positive personal attributes (see section 4.2.5), fatness is depicted as a person's lack of self-discipline and moral failure. Overweight people are routinely described as ugly, disgusting, sloppy, weak-willed, and self-indulgent (Gaesser, 2002). These descriptions often lead into moral judgments, with "lacking in self-respect" (Gaesser, 2002, p. 27) being one of the most common. By placing the responsibility for their size back upon overweight people, they are more likely to be stigmatised (Grogan, 1999). Imposing character flaws onto physical attributes has therefore reinforced Western culture's abhorrence and, indeed, fear of fatness.

We now live in a culture that has a palpable fear of fatness. Lawrence (1984) writes that we are literally tyrannised by a fear of fatness and that in our culture, "an individual needs a very firm sense of self and a very high self-esteem to be able to resist the social pressures to be thin" (p. 42). Chernin (1983) expands this idea of fatness being the enemy, especially for women. She writes that accepting the conventional explanations

of culture, "which hold that a woman's fat body is responsible for everything that is lacking in her life" (p. 69), is true for most women, not just anorexics. There is an overwhelming societal belief that "significant relief from her personal and cultural dilemma is to be found in the reduction of her body" (Chernin, 1983, p. 101). MacInnis (1993) argues that women's preoccupation with weight and the current ideal of thinness have to be examined within the context of fat oppression if we are to understand the sociopolitical factors that perpetuate weight preoccupation and weight prejudice.

The origins of fat oppression can be traced to the turn of the twentieth century. Aesthetic, religious, and athletic precedents for hostility to fat helped shape the cultural shift in the anti-fat movement (Stearns, 1997), but this shift is usually attributed primarily to two factors: the influence of the medical establishment, and the fashion industry (Gaesser, 2002; Stearns, 1997; Grogan, 1999). Gaesser (2002) writes that "the medical establishment has been largely responsible for our anti-fat crusade, giving it the imprimatur of science and thereby legitimizing it" (p. 28). Indeed, nearly every medical and health organisation in the United States has taken the position that obesity is a major health hazard. We are told that most of us are too fat, and that this is very bad. "No wonder most of us believe that thinner is better, obesity is a disease, weight loss invariably improves health, and a 'fat' person cannot, by definition, be 'fit,' since body fat is intrinsically bad" (Gaesser, 2002, p. xvii). Rothblum (1990), however, argues that there is no conclusive evidence that being moderately overweight is bad for health, and that this concern is grounded in cultural prejudice rather than on realistic health risks. Grogan (1999) agrees, arguing that "the belief that slenderness is more healthy than moderate overweight is not borne out by medical research" (p. 13), but is based on culturally based aesthetic preferences as well as health concerns. Having more than one basis for grounding fat oppression helps to solidify the prejudice, as doctors can cite fashion standards, fashion writers can cite health concerns, and advocates of physical fitness can cite and be cited by other groups, all in their defense of the anti-fat campaign (Stearns, 1997).

Fat oppression, the fear and hatred of fat that result in discriminatory practices, is so commonplace in Western cultures that it is rendered normal. Evidence exists in abundance to suggest that society hates fat, particularly on women, and persecutes women who do not meet or are not actively striving towards the ideal of thinness (MacInnis, 1993, p. 70). Indeed, there is more pressure on women to look "good;" only recently have men's bodies begun to be objectified. Grogan and Wainwright (1996) write

that "there is still a wide gap in the presentation of the male and female body in mainstream media, and the cultural meanings of the messages associated with the portrayal of men and women" (p. 666). In a society where 80% of women have dieted before the age of 18 and 76% consider themselves too fat, it is safe to conclude that fat oppression exploits almost all women (MacInnis, 1993). This hatred of fat has become internalised by women, regardless of their body size, and has become a form of social control. Fat women are marginalised, stigmatised, and devalued. Even if a fat woman does accept her body size—and it is becoming increasingly difficult to believe that she can—she must still live in a society that hates it (MacInnis, 1993). Gordon (2000) writes that "we do not simply want to be thin, nor is our desire to reduce only a positive impulse towards 'health.' We *hate* our fat" (p. 148).

Until recently, fatness was not considered in feminist analysis; in fact, feminism was seen as perpetuating fat oppression. The feminist assertion that society and not individuals have to change was not extended to fat women. MacInnis (1993) credits Orbach (1989) with bringing fat into the realm of feminist thought, although Orbach still gave the impression that fat is abnormal and that women choose their body sizes. MacInnis sees Orbach as reinforcing the cultural standards of attractiveness, construing fat as pathology, and failing to recognise that what makes fat a problem is society's hatred of it (MacInnis, 1993). The "terror of becoming fat" (Gordon, 2000, p. 140) is such that we not only oppress fatness and those who are fat, but we openly discriminate against them. The consequences of fat oppression have blatant, negative impacts on the lives of those who are overweight.

4.4.4 The Cultural Implications of Fatness

The oppression and negative stigmatising of people who are fat that exists in Western cultures has now become routine and, therefore, naturalised. The oppression towards fat people has direct implications not only for how they are commonly perceived, but also for their lifestyles and ability to succeed. Overweight people are less likely to be accepted into higher education, they have lower salaries, are less likely to date in adolescence, and are less likely to get married (Jade, 2002). Fatness is often compared with racism; indeed, "the obese have become a despised underclass" (Gordon, 2000, p. 148). However, it must be remembered that the dominant attitudes towards fatness in Western culture are, indeed, culture-specific. Grogan (1999) writes that there can be no doubt that the idealisation of slenderness varies depending on cultural factors; "poorer

cultures (where thinness may signify negative factors such as poverty and/or disease) are more likely to value plumpness; whereas affluent cultures (where thinness may be associated with self-control and self-denial in the face of plenty) are more likely to value slenderness" (p. 20). Of course, as the world becomes increasingly "Westernised," taking on more cultural values that began in the West, it follows that attitudes towards thinness and fatness will also be perceived in similar ways.

It is claimed that white women are more affected by the fear of fatness (Blinder and Chao, 1994; Buchanan, 1993). Blinder and Chao (1994) summarise a multitude of American studies which reveal that black women and women of other minorities are not as obsessed with being thin or losing weight. Between 1960 and 1990, the prevalence of obesity among white women grew by 3%, and in black women by 7% (Blinder and Chao, 1994). In most of the minority groups, the incidence of obesity is substantially higher than in white people, especially among women. This difference may point to socioeconomic differences more than cultural ones, however, as differences in opportunities for regular exercise, the cost of healthy food, and health care can play a major role in weight. But although it is dubious that weight preoccupation is not a central concern for many Black women, "weight is one among many factors that preclude Black women from attaining 'beauty' according to the cultural archetype" (Buchanan, 1993, p. 37). Similar results resulted from a 1997 study by Neff et al, which found that significantly more (41%) white girls than black girls (29%) considered themselves overweight, and that "a greater percentage of white girls [express] the desire to lose weight" (p. 463). White girls were six times more likely to use diet pills and vomiting to control their weight, and 3.8 times more likely to diet or exercise. Neff et al's (1997) study seems to reinforce the strong associations that exist "between overweight and socio-economic status, age, gender, race, and geographic location" (p. 460).

There are increasing numbers of studies, however, which reveal that the stigma of being fat, and the rewards of being thin, are spreading beyond white women. In a study by Robinson et al (1996), it was found that Hispanic and Asian girls may be at greater risk for body dissatisfaction than had previously been recognised. Hispanics were found to have a greater body dissatisfaction than white girls, with Asian girls in between. The three ethnic groups did not differ significantly in their choices of desired body shape, which reinforces the emerging belief that "body dissatisfaction is not limited to middle-class and upper-class white girls" (Robinson et al, 1996, p. 391). Further evidence that body issues among women are not limited to race or class is shown in the study by

Grogan and Wainwright (1996), which found that eight and thirteen-year-old girls had very similar perceptions about their bodies to those of adult women, thus revealing that the implications of fat oppression also reach to children. Grogan and Wainwright (1996) suggest that "these young women have learned about the acceptability of the slim body in Western society (and the unacceptability of the body that does not fit the slim ideal)" (p. 671) at an age that is sure to shape their perceptions of self for the rest of their lives. And although the issue of anti-fat prejudice has been introduced into the mainstream, and a few positive overweight role models have emerged (Grogan and Wainwright, 1996), fat oppression and the concrete negative implications for people—especially women—who exist outside the "norm" nevertheless remains the dominant attitude in current Western culture.

4.4.5 Self-Induced Failure

The oppression, and oftentimes discrimination, which overweight people must endure, can be seen as having an impact on the disorder of compulsive eating. When fat bodies are perceived in such negative ways, these perceptions are often internalised by the woman herself and her fat body is seen as representing everything that is wrong with her life. Indeed, "women are encouraged to look at their large bodies as the source of failure in their lives" (MacInnis, 1993, p. 75). Blaming their bodies—while removing their "selves" from this equation—for all that is wrong with their lives is sometimes used as an excuse for why they are not "succeeding" in life. This is similar to Adler's (1998) theory about the "inferiority complex"—that sometimes people make themselves "ill" as a defensive strategy; if they are ill, no one expects anything from them and they are given a respite from the problems of life. Baumeister et al (1990) writes that "for some people, obesity may be a self-handicapping strategy that creates obstacles for them so that they have ready excuses for various anticipated or feared failures" (p. 121). Orbach (1989) also notes that a woman's fat is often used an excuse for failing in life, as well as hiding from the world; she is, in fact, stuffing down her problems.

4.4.6 Self-Sufficiency

The separation of self from body in order to blame the fat for causing problems in life is exacerbated by the overeater's desire for self-sufficiency. Selby (1987a) writes that "self-sufficiency is a denial of other people. The woman who eats compulsively denies that she has a real need for emotional nourishment from other people" (p. 88). Desiring

others brings up the problem of dependency, and the overeater turns to food as an outlet, or a way to feel fulfilled. One of the most prominent features of the compulsive eater is her feelings of being inadequate, unloved, and insecure. But it is not "being fat" which makes her feel all this; "being fat reinforces it, makes it possible, apparent and felt. It is her state of utmost need which makes her feel inadequate and insecure. The fat merely obscures it" (Selby, 1987a, p. 91). As much as she would like to, the overeater cannot separate her fat from her self; it is she who is fat but she wants to deny being involved. For Selby (1987b), "compulsive eating is a denial of being engaged, involved" (p. 230). Like the anorexic and bulimic, she seeks control, because control is dependency in reverse (Selby, 1987a), but cannot attain it. And although she may realise that it is human contact she longs for, the compulsive eater cannot risk her self-sufficiency by making herself vulnerable.

4.4.7 Lack of Emotional Fulfillment

No matter how self-sufficient the woman who compulsively eats tries to become, she is usually aware that something is lacking in her life, which she tries to satisfy by reaching out for food. Dana and Lawrence (1987) write that "she is aware that she needs something, that something is lacking, but instead of finding out what these needs are and attempting to meet them, she swamps herself with all sorts of things that she doesn't really need at all" (p. 194). The overeater usually does not eat out of hunger; she knows it is not food she lacks and is not physical hunger that she tries to satisfy. The woman who eats compulsively uses food in a way that indicates she has little internal knowledge of what she wants to eat, when she wants to eat it, where, how much, or when to stop. Dana (1987) writes that "there will be little or no connection between her physical needs, her bodily demands and her food intake. Most of the time she will eat not out of hunger, and actually there are only very rare occasions when she can even detect physical hunger. She will usually eat according to emotional needs, or what is called 'mouth hunger' rather than 'stomach hunger'" (p. 55). Similarly to bulimia, the compulsive overeater does not stop to think what she wants to eat, or for what kind of food she is hungry; "there is no attempt on her part to listen to internal cues about eating. She feels she is taken over by some force bigger than herself which draws her to eating" (Dana, 1987, p. 57). She experiences a feeling, a bodily sensation, which is immediately translated into wanting to eat. But what she cannot see is that "nothing and nobody can totally fulfill her desire"

(Selby, 1987b, p. 231). Her belief and hope that her desire should be satisfied frustrates her, and she eats to smother this feeling, thus perpetuating the cycle.

4.4.8 Other Eating Disorders

Compulsive overeating may be one of the less-recognised eating disorders, although there are others that remain more obscure and new ones that are emerging. The variations of the existing disorders, however, is what produces the greatest number of unaccounted for cases. As Polivy and Herman (2002) state, "the prevalence of partial [eating disorders] is at least twice that of full-syndrome [eating disorders]" (p. 190). The DSM-IV-TR (2000) has grouped all these "uncategorised" disorders under the heading "eating disorder not otherwise specified" (p. 594), which includes variations of anorexia and bulimia, as well as identifying a disorder called "binge-eating." Other eating disorders which have not yet reached the mainstream literature are "activity anorexia," or "anorexia athletica" (Gordon, 2000, p. 161), which is similar to anorexia in most ways except it uses physical activity, such as running, to discipline and regulate the body. Also emerging is the use of the term "othorexia" to describe an eating disorder in which the sufferer adheres to stringent eating plans in the name of "health" which imply weight loss and which mask a profoundly unhealthy relationship with food (Jade, 2002). Othorexia, similarly to the DSM's final classification, provides a sort of catch-all for eating disorders that refuse to be neatly categorised in the "standard" ways. It is important to recognise, however, that every eating disorder is unique and cannot be absolutely defined, as each person who experiences one is individual, which is one of the reasons eating disorders are so hard to understand and treat.

4.4.9 Summary

It is necessary to include compulsive eating if we are to have a more comprehensive knowledge of eating disorders in general. Far from being on the other end of the eating disorders spectrum from anorexia, compulsive eating is, rather, a reaction to similar problems in life but manifested through food in a different way. Fatness and slimness represent different qualities in a person in Western societies, which may factor into the "choice" of eating disorder implemented, but all eating disorders represent similar mental, cultural, and generational problems. Being overweight in our culture is perceived as being out of control of ourselves, or a projection of our dysregulated appetites, and the avoidance of fatness often becomes the sign of achieving a unique

identity (Gordon, 2000). Any eating disorder, whether it be bulimia, anorexia, overeating, or any combination of these, is often an unwitting incorporation of these perceptions, for as MacInnis (1993) writes, "our preoccupation with weight and body size is not neurotic; rather, it is a reflection of our innate understanding of how we are valued" (p. 78).

4.5 Conclusion

The various theories and interpretations of eating disorders show a definite progression from the early clinical perspectives to the current, more integrated approach. This chapter has traced the history and early developments of anorexia nervosa, bulimia nervosa, and compulsive overeating. To achieve a fuller comprehension of eating disorders it is important to understand the origins of its theory. The early focus on biology and the physical aspects of the disorders, particularly anorexia, provided a narrow view of why women developed eating disorders, but at the time it seemed logical to treat them as a medical dysfunction as they manifested themselves so clearly through the body. Theorists such as Bruch, Crisp, Slade, Selvini-Palazzoli and others must not be criticised too harshly for their relatively one-dimensional perceptions, for they were attempting to develop theories about illnesses that were both new and baffling. It was not until the 1980s that a more cultural hypothesis was formed, due in no small part to the development of feminism. Chernin, Orbach, Lawrence, MacSween, and Bordo offered new theories about women's relationships with their bodies and femininity that illuminated the increasingly complex perceptions of eating disorders. The complicated ways in which women interact with their cultural surroundings and the expectations placed upon them by society were important factors that had to be considered. But it was not until these relationships were examined more closely that the reasons behind women's actions began to be revealed.

Anorexia is the most commonly cited and most well-known among the eating disorders, and compulsive overeating the least; the physical manifestations of these disorders usually place them on opposite ends of the disordered eating continuum, but this chapter has sought to reveal their connections. Indeed, all forms of disordered eating are much more interconnected than general knowledge acknowledges. The current situation of women in the West, the restrictions of the gender imperative for women, the struggle for control, and the thinness paradigm are important components of all eating disordered experiences for women; it is how these experiences are filtered and lived in individual contexts which determine the particular disorder. This chapter has highlighted

the foundational theories and characteristics of eating disorders, which will be developed in the following chapter. Chapter 5 provides a close examination of the literature surrounding more current theories and debates of eating disorders that are important for further understanding their causes, as well as for providing additional background for the present research question.

CHAPTER 5: LITERATURE REVIEW: CURRENT THEORIES OF EATING DISORDERS

5.1 Introduction

In the previous chapter, aetiologies of anorexia nervosa, bulimia nervosa, compulsive eating, and other eating disorders were traced and defined. It is necessary to have a firm understanding of the original theories which surrounded eating disorders, in order to locate the current debates in the field. The literature about eating disorders is still relatively new and many theories are just that—ideas that have yet to be proven. There are many difficulties researchers must confront in their attempts to find solid evidence about eating disorders, such as the problem of finding consistent patterns among women with eating disorders, even within the same eating disorder. Polivy and Herman (2002) admit to this trouble, writing that "the difficulty of doing proper research, along with the relative infancy of this field of research, should make us tolerant of these shortcomings" (p. 191). The explanatory achievements to date are modest; empirical data to confirm certain theories are incomplete and inconclusive at this point.

As we move into almost the fifth decade of research on eating disorders, what seems to be emerging is a more encompassing and inclusive outlook, replacing the more one-dimensional theories of a few years ago. Recently, researchers have become more willing to consider many different factors in the causation of eating disorders, as they are increasingly considered to be multi-faceted. Indeed, perhaps the multi-dimensional nature of eating disorders is one of the few things upon which theorists can agree. Waller and Calam (1994) claim that "no single cause model will be adequate to explain more than a small proportion of cases" (p. 61), but even this may be an over-statement. Polivy and Herman (2002), Jade (2002), and Saunderson and O'Kane (2003) all provide long lists of the possible causes for eating disorders: "recent conceptualisations and explanations of anorexia nervosa have been variously rooted in sociological, biological, cultural, feminist, psychosexual, socio-political, psychological, and medical frameworks and models" (Saunderson and O'Kane, 2003, p. 312). The most prominent of the theories that have emerged in contemporary times are discussed in this chapter, in order to show the progression from earlier theories, and to highlight where the literature is heading.

5.2 The Continuum of Disordered Eating

One of the most important theories to emerge from current literature about eating disorders is that, far from being separate from the experiences of most women in the West, we are all on a continuum. All women are situated somewhere on the scale ranging from healthy eating to extremely disordered eating, and to perceive eating disorders as at the farthest end of this continuum means that all women's eating behaviours are linked. Many theorists (Lintott, 2003; Dolan, 1994; Bordo, 1993; Brown, 1993b, 1993a; Cohen and Petrie, 2005) believe that most women in our culture are "disordered" when it comes to issues of self-worth, self-entitlement, self-nourishment, and comfort with their own bodies; "eating disorders, far from being 'bizarre' and anomalous, are utterly continuous with a dominant element of the experience of being female in this culture" (Bordo, 1993, p. 57). The average American woman is preoccupied, if not obsessed, with thinness (Lintott, 2003), and almost all women in Western society have a "disordered" relationship with food and bodies, even though we may not all be clinical cases (Dolan, 1994). Edwards (1987) writes that the percentage of women who feel totally at ease with food and their own bodies is probably quite small. Indeed, "eating problems aren't something that are at a tangent to women's other problems, they are integral to so many women's lives that they are almost the normal experience" (Orbach, 1987, p. 7). Women who are not concerned about their weight are the social anomaly, and "only a matter of degree separates those women who diet, work out, and obsess about their body shape and calorie intake from the more extreme behaviours of anorexia and bulimia" (Brown, 1993b, p. 54). Lintott (2003) agrees, writing that eating disorders are at "the extreme end of a continuum of 'normal' human behaviour" (p. 75).

Although eating disorders can be seen as on a continuum that includes all women in the West, there are some distinctions that can be made between the "normal" dieter and the woman with an eating disorder. Even though eating disorders are often thought to arise out of normal dieting practices (Lintott, 2003; Bordo, 1993), it is difficult to pinpoint the precise moment that a diet becomes an obsession and concerns about weight loss grow to be all-consuming. One of the major differences is that the diet begins with a desire to improve one's physical self, but the eating disorder that grows out of this attempt focuses not on the improvement of one's physical self but on the ability to overcome the physical self by an act of will. Whereas a diet usually has a specific goal, "an eating disorder becomes a way of life. The eating disorder is not so much a means to an end but an end in itself" (Lintott, 2003, p. 71). However, the differences between those

who diet and those with disordered eating help to perpetuate the perception of eating disorders as individual pathologies. Brown (1993a) writes that "it is critical that we not separate anorexia and bulimia from the experiences of most women: we cannot view anorexia and bulimia as pathology and condone the weight-preoccupied behaviour of women in general" (p. 126). To separate the social obsession with thinness from eating disorders allows the latter to be treated as individual problems and isolated diseases, disconnected from popular culture in patriarchal society (Brown, 1993b).

To view eating disorders as pathologies that pertain only to the individual who "has" one separates the experiences of eating disorders from those of "normal" women—and this impedes their analysis. Malson (1998) and Malson and Ussher (1996) argue that "by presenting 'anorexia' as something located within the pathologized individual, this perspective limits the extent to which we can explore anorexia as a socially, discursively produced problem" (Malson, 1998, p. xi). Malson (1998) believes that we need to ask why so many women and girls are dieting and how we should understand eating disorders within this context. Bordo (1993) also calls for the analysis of eating disorders as a social formation rather than personal pathology, as they represent a "crystallization" of particular currents within Western culture. At one end of the continuum we find anorexia and bulimia, but it is not only anorexics and bulimics whose lives are led into "disorder;" this is a culture in which rigorous dieting and exercise are being engaged in by more and younger girls all the time. Cohen and Petrie (2005) call attention to the "continuum model" which "underscores the notion that it is not just women with diagnosable disorders who are distressed enough to need the attention of mental health professionals" (p. 30). Analysing eating disorders as situated at one end of this continuum is beneficial not only for recognising the disorders as part of a group pathology, and removes the problem from within individual women. It is also valuable for considering the dominant norms that contribute to all levels of unhealthy eating behaviours.

5.3 Personality Factors

One of the most commonly cited "predisposing factors" in the development of eating disorders is that of certain personality shortcomings. The more clinical or medical research in the area tends to rely on theories of personality more so than on theories of a more cultural nature, with claims that range from "personality significantly predicts the development of disordered eating" (Perkins et al, 2005, p. 32) to the more tentative theory that "temperament has been hypothesised to be one potential predictor" (Klump et

al, 2000, p. 559) of eating disorders, defined by such characteristics as being rigid, emotionally and behaviourally over-controlled, and obsessive. No matter how strong the connection is made between the onset of an eating disorder and personality characteristics, the same qualities are usually listed. Women with eating disorders are reported to have high levels of harm avoidance, lower self-directedness and cooperativeness (Klump et al, 2004). They are also believed to be perfectionists (Cassin and von Ranson, 2005; Polivy and Herman, 2002), obsessive-compulsive, impulsive, and narcissistic. Cassin and von Ranson (2005) write that "consistent findings indicate that both [anorexia] and [bulimia] are characterized by perfectionism, obsessive-compulsiveness, neuroticism, negative emotionality, harm avoidance, low self-directedness, low cooperativeness...these personality variables appear to be integral aspects of [eating disorders]" (p. 907).

Although eating disorders are sometimes seen as being caused by a myriad of emotional problems (Anderson, 2001), perhaps the most frequently cited is that of low self-esteem; indeed, many researchers claim this to be a factor (Hanlon, 1997; Kansi et al, 2003; Showers and Larson, 1999; Brown and Jasper, 1993b). Silverstone (1992) argues that low self-esteem occurs very commonly in patients with eating disorders, and that in some cases evidence for this relationship is so strong that it is even thought by some researchers that chronic low self-esteem is a necessary prerequisite for disordered eating. Hanlon (1997) writes that without a strong sense of identity, adolescent girls begin to feel poorly about themselves, and the manifestation of this self-consciousness is often a factor in dieting and unrealistic expectations for their physical appearance. Jade (2002) writes that there is an epidemic of low esteem, stress, guilt and depression about having a body that falls short of the cultural ideal, and Hanlon (1997) writes that when young girls are insecure about their identity, they often shift the focus from their inner selves to their physical bodies, allowing their physical appearance to become their sense of self. Poor body image is one of the main components of low self-esteem, which also includes insecurity, negative mood and depression, feelings of inadequacy, and unrealistically high expectations, such as "mastery of the external world" (Steinhausen, 1993). It is McKinley and Hyde (1996), however, who note that "research that calls attention to the personality factors that make a woman vulnerable to body dissatisfaction is also useful, but draws attention away from the external forces that shape women's body consciousness" (p. 210). The debate between internal and external forces is what has

received much attention recently, in the conflict between medical and cultural or feminist theories.

5.4 Medical versus Feminist Debates

The debate that surrounds the theories of the formation of eating disorders involves the medical, or biological, argument versus the feminist, or cultural, one. Saunderson and O'Kane (2003) regard this debate as dominating the current theoretical formulations. Historically, eating disorders, particularly anorexia, were conjectured as medical problems, as they seemed to pertain mainly to the body. Polivy and Herman (2002) grant that there is an understandable temptation to look for biological causes of these disorders because eating disorders so prominently involve appetite. Jasper (2007) and others (Lester, 1997; Bordo, 1993) are concerned that the emerging biological narrative "has the potential of eclipsing understandings developed over the last two or three decades" (Jasper, 2007, p. 39), which had begun to lean towards more cultural understandings. Despite sociocultural research, "the genetic model is successively moving the mainstream professional community in eating disorders from a biopsychosocial model that at least acknowledged a significant role for sociocultural factors (albeit with a rather superficial understanding of them) to a model that privileges the biological over the sociocultural and redescribes the psychological in terms of the biological" (Jasper, 2007, p. 41).

Bordo (1993) is equally critical of the medical model of eating disorders, which claims non-sociocultural factors, such as personality traits, as playing an equal role in determining eating disorders. Both Bordo (1993) and Jasper (2007) see the medical model as having a deeply economic stake in continuing its hypothesis of genetic determinants. Jasper (2007) also points out that "what makes the scientific gene story so attractive and worth manufacturing is that it avoids confrontation with the values of Western culture and all the economic and political interests involved, while appearing to be objectively founded on scientific 'facts'" (p. 49); that it is obvious that much of the excitement about discovering genes for the susceptibility to eating disorders is motivated by economics. Jasper (2007) goes on to say that no specific genetic results have even been found in relation to eating disorders, and quotes Moore as saying that genetic factors cannot themselves cause traits, even traits widely thought to be "genetic." Anorexia and bulimia continue to be marginalised as individual pathologies, disconnected from

Western culture, with the bodies of the women who suffer from them seen as nothing more than machines in need of repair (Lester, 1997).

The feminist critique of the medical model has been in existence since the early 1980s, when Chernin, Orbach, and Lawrence began to make connections between the anorexic body and culture. Broadly, the feminist cultural model views the condition as a metaphor for and a manifestation of a multiplicity of sociocultural concerns of the late twentieth century (Bryan Turner, 1992). Feminist condemnation of the medical model has been persistent and unyielding in the belief that the pathology is in the culture, not the individual. This kind of analysis reinvigorated the theorising of eating disorders; it gave a voice to what many women felt for a long time: that "the medical establishment just doesn't get it" (Lester, 1997, p. 481). Lester (1997) argues that the feminist critique opened doors for women, liberated them from feelings of shame and isolation, and deconstructed the notion of the "disembodied" self as impossible and dangerous. Traditional psychiatric treatment of anorexia nervosa had not only disregarded but treated as superficial and immaterial what is in fact the crux of the illness: what it means to inhabit a woman's body in our culture. Lester (1997) argues that anorexia is not about the body, and Malson (1998) agrees, writing that "the biomedical construction of 'anorexia' is profoundly problematic, not because it acknowledges the physicality of the body, but because it constitutes the body and our embodied experiences in a particular way" (p. 79). Malson (1998), however, does not want to deny the physicality of the body or that biomedical research can be useful to us, but rather to point out the limitations of such a one-dimensional rational.

Feminism's main critique of the medical model is that it conceives of the individual as a bounded and fixed entity (Lester, 1997; Moulding, 2005). Edwards (1987) posits that it is possible to explore the psychology of eating disorders without considering the wider social implications, but to ignore or trivialise the fact that up to 95% of anorexics are female would be to fall into the trap which ensnares so many "neurotic" women: to locate the source of all their problems within themselves. Indeed, it is crucial that a feminist perspective is used to analyse anorexia. By examining social constructions of the feminine body, feminist theorists provide an explanation that shows how negative body experience is accomplished in individual women in a way that references to "gender roles" and "media pressure" cannot (McKinley and Hyde, 1996, p. 182). Feminists often perceive the medical model as not only supplying an alternative hypothesis of the causes of eating disorders, but also as actively working against real progress. MacInnis (1993)

claims that "the medical community has played a significant role in perpetuating, if not shaping, pervasive fat-oppressive attitudes" (p. 70), and that it continues to construe fat as an unhealthy, abnormal, and abhorrent state, despite the lack of empirical evidence to validate such claims. It would be difficult to imagine how one could coherently combine a biomedical construction of eating disorders as a biological dysfunction with a feminist construction, as "most feminist perspectives explanations of women's distress in terms of supposed dysfunctions of their bodies (despite the lack of satisfactory supporting evidence) can only be seen as part of that patriarchal oppression" (Malson, 1998, p. 189). To choose to perceive eating disorders as stemming from biological or genetic "malfunctions" is incongruous, not only for lack of hard evidence, but also because the cultural evidence is by now so overwhelming; by itself it "so overdetermines the phenomena, that the hunt for biological explanations…can only be understood as blind allegiance to the medical model" (Bordo, 1993, p. 35).

The feminist model is not without its critiques, however. Cooper (1987) claims that there is more feminist work done on anorexia than bulimia because feminists are more likely to identify with anorexia, as they have a relatively high chance of having themselves once been anorexic, being from similar backgrounds as many anorexic women. Cooper (1987) also writes that "at a gut level, feminists share with other women a sneaking and unwilling admiration for anorexia" (p. 186), as there is a strong inclination within feminist theory to regard women as spiritually superior to men because of the injustice and ill-use they have suffered because of patriarchal society.

The medical and feminist perceptions of eating disorders do overlap in one fundamental area, however; they both construct anorexia as a Cartesian dualism: the medical model treats the self and body as separate and the feminist model contends that anorexics take this to its logical extreme (Bordo, 1993; Lester, 1997). But this flight from corporeality should not be reduced to a simple self-body dichotomy, as it is inescapable that the body of most people with an eating disorder is female. The fact that more women than men develop an eating disorder is never mentioned in the scientific genes literature (Jasper, 2007), a fact that makes eating disorders fundamentally a woman's issue. The medical model, "masquerading as objective scientific discovery[,] depoliticizes and decontextualizes their development in cultures and in individuals" (Jasper, 2007, p. 55), must be considered from a woman-focused, multi-dimensional point of view.

5.5 Modern Western Society as a Cause of Eating Disorders

It has been well documented that the rise in the idealisation of thinness in women paralleled women's increased liberation in society (Wolf, 1991; Dolan, 1994; Brown and Jasper, 1993b). Dolan (1994) writes that "it can not be completely coincidental that trends of idealisation of thinness in the 1920s and 1960s developed in parallel with the emancipation of women and sexual liberation in the West" (p. 4) and, indeed, many would argue that it is not arbitrary. Brown and Jasper (1993b) argue that "today's body ideal emerged through the effects of industrialization, women's entry into the labour force and the public sphere, and feminism and increased social equality for women" (p. 20). The thin body reflects the fragmented and contradictory expectations women experience in Western societies at a time when they have achieved greater equality, yet continue to be oppressed in fundamental ways (Brown and Jasper, 1993b). Wolf (1991) argues that the corresponding rise in the diet industry occurred along with women's "liberation" as a form of social control. The "beauty myth" has grown stronger in order to take over the work of social coercion that myths about motherhood and domesticity can no longer provide; indeed, it seeks to "undo feminism" (Wolf, 1991, p. 11). For Wolf (1991), "possibilities for women have become so open-ended that they threaten to destabilize the institutions on which a male-dominated culture has depended, and a collective panic reaction on the part of both sexes has forced a demand for counter-images" (p. 17).

The overwhelming number of opportunities that opened to women during the 1960s and 1970s were heralded as their much-fought-for liberation. New career opportunities abounded, and women were encouraged to express themselves with more assertion. But the pressures to succeed, along with heightened insecurity, took their toll. Socialisation had conditioned many women to be dependent, passive, and non-competitive, and they were unprepared for new roles (Boskind-White and White, 1983). Bruch (1978) suggests that the increased opportunities for women may be experienced as excessive demands; women were now expected to succeed in both the "feminine" domain of physical attractiveness as well as in the "masculine" world of career and financial gain. Edwards (1987), Dolan (1994), and Cooper (1987) refer to this as the "superwoman syndrome," indicating that women are now expected to succeed in both feminine and masculine spheres. For many women, this was confusing, frightening, and overwhelming. Gordon (2000) writes that "in a period of increased opportunities but also intensified pressures, many have found it difficult to synthesize a 'viable' or 'workable' identity, and

suffer inwardly from a sense of fragmentation, confusion, and self-doubt" (p. 96), because women's roles are changing and expectations are different. It is the ambiguities young women of today face as to their perception of what they are supposed to be like that creates the greatest stress. As Hornbacher (1998) puts it in her account of her own experiences with anorexia and bulimia, "faced with what seemed a staggering number of possibilities, I quit. The ever-expanding sea of thoughts…is, in fact, a bit overwhelming" (p. 55).

Uncertain how to proceed with their lives through a maze of conflicting expectations, possibilities, and desires, many women have attempted to gain control of their lives by controlling their bodies (Brown and Jasper, 1993). According to Moulding (2005), eating disorders emerge in response to fundamental contradictions about femininity in contemporary Western culture. DeVito (2003) agrees, arguing that with a culture that is now so obsessed with material goods as inflections of status and worth, the refusal of food is only the most recent attempt at self-assertion; the body has become the final hope. As a reaction to culture, eating disorders are somewhat more understandable; they can be seen as an attempt to resolve the irreconcilability of individuality and femininity (MacSween, 1993). In this way, eating disorders can be described as a profoundly "culture-bound syndrome" (Swartz, 1985). Far from being incomprehensible, argues Edwards (1987), eating disorders, particularly anorexia, make sense "as long as one pays attention to the experience of being anorexic, and to the social context in which it occurs, anorexia may be readily understood as a complex, overdetermined response to the conflicts face today by an intelligent young woman who was brought up in a traditional, patriarchal family" (p. 69). In keeping with the theory that eating disorders are not individual pathologies, but rather a reaction to culture, we may come to see the problem as not in the psyches of individual women, but at the very core of American culture (Lester, 1997). Indeed, treating eating disorders is now tantamount to treating our culture (DeVito, 2003). But no matter how implicated culture may be in the formation of eating disorders, by itself it is insufficient for explaining them. As Dolan (1994) puts it, "socio-cultural factors are a necessary, but not sufficient determinant of an eating disorder" (p. 9). We must therefore continue our analysis of the "causes" that are seen to contribute to eating disorders.

5.6 Media versus Culture Debates

As part of the dominant culture, the influence of the media is one of the most recognised and cited factors in the prevalence of eating disorders. The frequency of images of thin, "beautiful" women in magazines, film, and television are often held accountable for causing eating disorders, particularly within the public domain, perhaps because they appear to be the most accessible (Margolis, 1988). Ryle (1939) is attributed with first linking eating disorders to the slender fashion ideal, and in current society some theorists claim that "it is now accepted that the media has [sic] a significant role to play in transmitting the currently 'ideal' shape and consequently in perpetuating the slimming craze" (Fox, 1990, p. 9). Magazines continually advise women and young girls on how to "become beautiful," while numerous articles on being successful, choosing a partner and being happy all equate these achievements with being thin (Stuart, 1978). Indeed, the media suggest that women can be anything they desire—as long as they are thin (Boughtwood, 2005).

Garner (1997) overtly blames the media, stating that the intense pressure of women to conform to the ultra thin beauty ideals of the media has lead to dramatically low body images in women and an epidemic of eating disorders. In some cases, it may indeed be the case that anorexia is seen as an extreme version of what most women experience with regard to the media (Hornbacher, 1998). Jade (2002) explores to what extent the media are held responsible for the growth of eating disorders in the UK. She focuses her article around the argument about whether the media shape society or merely reflect current or nascent trends. Jade (2002) writes that we accuse the media of causing an epidemic of eating distress by glorifying the culture of thinness, especially among young women. The media denies culpability, or at least responsibility, for doing anything about it. Jade (2002) acknowledges that there is no doubt that the media provide significant content on body-related issues to young women, and perpetuates the feeling in people who do not have the ideal shape that their life would be better if they were slim. Examples of such content are apparent in almost any issue of any magazine currently for sale.

In a brief overview of contemporary women's magazines, articles about body size are abundant, as well as contradictory, as Bordo (1993) points out time and again. In a single issue of *Closer* (August 5-11, 2006), there were two articles about celebrities' diets, two articles about diet pills or tips, and a letter to the editor by a reader appalled at a previous story about an anorexic woman. In the controversy surrounding Nicole Richie,

opposing stories were run almost simultaneously. In the May 2006 issue of *Glamour* and the 24 April 2006 issue of *Star*, Nicole Richie claimed she was thin but fine. But in the 13-19 May 2006 issue of *Heat*, 15 May 2006 issue of *Grazia,* and June 5, 2006 issue of *Star*, Richie admitted she had an eating problem. Such articles may, however, partially reflect the pressure put on Richie to admit she had a problem in the media's obsession with eating disorders. As Boughtwood (2005) writes, contemporary celebrities are constructed as inevitably prone to anorexia by the immense public focus on their weight. The three models who died recently from heart problems due to anorexia—Ana Carolina Reston in November, 2006, Luisel Ramos in August, 2006, and Eliana Ramos, Luisel's sister, in February, 2007—have certainly received attention from the media, no doubt in part because of their profession.

A popular facet of the media that has been focused upon as a "cause" or implication within eating disorders are the "pro-anorexia" websites that now proliferate in cyberspace. These websites are usually authored by women who themselves have an eating disorder, typically anorexia or bulimia, who offer support and guidance to others with disordered eating. "Pro-Ana" sites are thought to outnumber pro-recovery sites by five to one (Grayson Mathis, 2005), many of which dispute the idea that anorexia and bulimia are diseases, portraying them instead as philosophies of life (Nagourney, 2005; Shimo, 2006). David Giles of Lancaster University (interviewed by Jarrett, 2007) claims that pro-ana sites were of value to sufferers, as they stopped them feeling so alone. These sites offer dangerous tips on how to lose weight (Nagourney, 2005; Rosenberg, 2002), however. Nagourney (2005) writes that it is difficult to prove whether the sites actually make the problem worse, but others disagree. Shimo (2006) argues that they do in fact make treatment more difficult, and Rosenberg (2002) that in the guise of an empowering support network, the pro-anorexia movement actually serves to perpetuate this epidemic example of institutionalised violence against women.

The debate surrounding the influence of media on eating disorders should not focus on whether or not it is the main contributing factor, but rather acknowledge its harmfulness in the context of other factors. Polivy and Herman (2002) argue that idealised media images are at best a background cause of eating disorders: "exposure to the media is so widespread that if such exposure were *the* cause of [eating disorders], then it would be difficult to explain why anyone would *not* be eating-disordered" (p. 192). In a later article, they ask: "do the women who do not internalize the message—or who internalize it less than others do—have less exposure to media messages, or are they

somehow less susceptible to those messages, even if they experience them to the same extent?" (Polivy and Herman, 2004, p. 2). To attribute eating disorders to media influence would, like attributing eating disorders to any other single cause, be entirely too simplistic. Bordo (1993) critiques the limiting of the social analysis of anorexia to the world of aesthetics. Blaming the media for eating disorders is problematic as it positions eating problems as superficial (Boughtwood, 2005). Malson (1998) agrees, arguing that by seeing anorexia as about dieting and vanity, the media positions it in a trivial light, when it is anything but. Indeed, references to factors such as media pressure add little to the analyses of why women are less satisfied with their bodies because they do not explain the psychological processes by which these factors are translated into negative body experience (McKinley and Hyde, 1996). Anderson (2001) agrees, as she too does not believe that society plays a significant role in the development of eating disorders. The images we see can and do encourage many people's lack of acceptance of their bodies, but the individuals who develop eating disorders have far deeper "symptoms;" eating disorders are "disorders of the mind." Boughtwood (2005) writes that it is important to examine this blaming of popular media, as although some media certainly portray an unrealistic image of women, the relationship is not simply cause and effect, but multi-factorial. Eating disorders, as we have seen, are subjective experiences that evade simplistic explanations. Adding to this multi-dimensional perspective is the belief that eating disorders are partially about coping with life, particularly with the cultural pressures we have just examined.

5.7 Eating Disorders as Methods of Coping

One of the most persistent theories surrounding eating disorders is that they are used as a coping mechanism. The term "coping" is frequently found alongside that of eating disorders, particularly anorexia (Edwards, 1987; Polivy and Herman, 2002; Rosenberg, 2002), even if it is not fully substantiated. Edwards (1987) asks "why should an adolescent become anorexic as a way of expressing and coping with her emotional crisis?" (p. 64), and then provides reasons such as how it can be a means of self-assertion and can establish boundaries between self and others. For Edwards (1987), anorexia represents an attempt to resolve certain conflicts in life, which give the women with disordered eating a sense of control. Polivy and Herman (2002) agree, writing that "eating disorders may represent a way of coping with problems of identity and personal control" (p. 187). Edwards (1983) even goes so far as to claim that anorexia is now

widely understood as a desperate way of coping with the problems in becoming a self-respecting, autonomous person. Anorexia is not always the eating disorder which is associated the most with the idea of coping. Cooper (1987) sees anorexia more as a political issue, an attempt to alter the balance of power between the woman with anorexia and others; "bulimia, however, is an attempt to cope, an attempt by the bulimic to *maintain* self-control despite being under great stress in her life" (p. 191). Cooper (1987) perceives anorexia as an attempt to change a woman's life, and bulimia as an attempt to allow her to carry on. Indeed, the bulimic feels she has discovered the perfect solution: "she can carry on 'coping.' However, as it is not the real problems that are addressed, this solution can do little more than provide temporary relief" (p. 190). It is relief, after all, that is sought through the "use" of an eating disorder, whether it be from problems of life, issues of self, or any number of difficult to deal with factors, some of which we have examined. The desire to seek relief from certain problems can sometimes be strong enough to want to not cope with them at all, but rather to escape from them.

5.8 Eating Disorders and Distraction

To recognise eating disorders as a coping strategy in relation to identity is to see that some women have difficulties addressing many areas of life in general. Coping mechanisms often come about when we need to protect ourselves from some of the painful implications of particular conflicts (Lawrence, 1984). Several theorists (Orbach, 1989; Moorey, 1991; MacLeod, 1981; Crisp, 1980; Bruch, 1974) recognise eating disorders as methods of coping, but few rarely theorise that they can be methods of distraction. A woman with an eating disorder can be seen as not actually solving her problems, but **as** using the all-consuming activity of being obsessed with food and not eating to divert her attention away from problems in her life. Eating disorders can thus be seen as methods of coping with these issues by *not* coping with them; that is, they require so much attention and focus on eating and not eating that there is no time or energy remaining to think about problems in life. Several theorists (MacSween, 1993; Crisp, 1980; Lawrence, 1984) recognise anorexia as arising within an existential context, but they still see it as a coping mechanism.

5.8.1 Distraction: Beyond Coping

Overt comparisons between anorexia and distraction are few in the literature as it is not usually considered as more than a coping mechanism. Concepts similar to

distraction, such as escape, numbness, or avoidance, are more typically discussed (Warah, 1993; Zerbe, 1995; Wolf, 1991; Thompson, 1994; Hornbacher, 1998), although some theorists note how difficult the anorexic woman finds it to focus "on a world beyond her plate" (Wolf, 1991, p. 197). Anderson (2001) recognises that life for the anorexic revolves only around the disorder, and that these practices "numb and distract" them from emotional pain. It is the distortion of the body image, as well as problems in life, that Anderson identifies as providing this distraction, because by distorting reality the anorexic woman is making an "unconscious attempt to mask themselves from whomever or whatever their fears might be." Beyond traumatic childhood events, Anderson (2001) does not explicitly mention the problems in life from which a woman might seek asylum. Warah (1993) identifies the lack of a definite identity as creating a sense of emptiness within a person. This overwhelming sense of emptiness or purposelessness can create a very strong desire for escape. The anorexic woman wants to "run away from her existential emptiness" (Warah, 1993, p. 96), or at least to numb herself from it.

Purgold (1992) would agree, describing eating disorders as the craving for "something not clearly definable except as the filling of an aching void. For that is what the feeling is: an emptiness, of which the hunger of an unfilled stomach is only the physical manifestation" (p. 47). Polivy and Herman (2002) write that becoming invested in a "perfect" body can become a sort of existential project. That is, focusing on one particular thing gives their lives the illusion of meaning, coherence, and emotional fulfillment that are otherwise lacking. Hornbacher (1998), Thompson (1994), and Zerbe (1995) all describe eating disorders as an avoidance of something else, something worse; Hornbacher (1998) writes that "eating disorders, at any level, are a crutch. They are also an addiction and an illness, but there is no question at all that they are quite simply a way of avoiding the banal, daily, itchy pain of life…they are distracting" (p. 280-81). As an existential project, then, eating disorders serve mainly as a means of avoiding the crisis of meaning, instead of directly confronting it. As Brown and Jasper (1993b) put it, for women with eating disorders, "focusing on 'improving' their bodies in order to feel better about themselves distracts them from the actual sources of their discontent" (p. 17). Eating disorders will continue to abound in our culture until the sources of women's problems are faced; the difficulty of doing so is what presents the biggest problem.

5.8.2 Eating Disorders and Escape

Polivy and Herman (2002) liken the immersion into obsessive thoughts with food and weight to dissociation, which can be seen as similar to distraction. Dissociation is another method of escape, as "traumatic elements are split off from focal consciousness" (p. 200). Polivy and Herman (2002) hypothesise that dissociation may be a profound tactic used by anorexic women, although there is not much evidence for this theory. It is much more common to come across references to escapism (Malson and Ussher, 1997; Gordon, 2000) which, although comparable with distraction, is not exactly the same. When Gordon (2000) argues that anorexic women utilise their disorders as "defenses that enable them to escape from—and achieve some sense of control over—unmanageable personal distress, most of which revolves around issues of identity" (p. 12), he identifies the means by which some women foster their escape—and why they need to escape—but he does not make the progression to distraction. That is, escaping is the way in which distraction is facilitated. Escaping into anorexia or another eating disorder is how the distraction begins; how it ends is a different issue. The logical end of escaping into an eating disorder is death, for as Malson and Ussher (1997) point out, "escape and death are closely connected" (p. 53). Whether she is escaping the mundane oppression of prescribed femininity or evading her identity, the woman with anorexia is attempting to fade away or disappear. By fading away, or dying, the anorexic woman is escaping her lot in life through the process of self-destruction. This extreme form of escape can be seen as the ultimate form of distraction for the anorexic woman, and indeed it is often the goal. As one of Malson and Ussher's (1997) participants notes, "the perfect anorexic's a dead one basically" (p. 55).

5.8.3 Eating Disorders as a "Solution"

Eating disorders, particularly anorexia, have often been identified as a "solution" (Wolf, 1991; Edwards, 1987; Malson and Ussher, 1997; Gordon, 2000; Pennycook, 1987; Lawrence, 1984) perhaps arising out of the common belief that solving the problem of one's body will also solve other problems. In our current society, many women believe that if they lose weight or look a certain way, all their problems will be solved (Millman, 1980; Orbach, 1989; Hanlon, 1997). Anorexics and bulimics, however, latch onto dieting for a different purpose than "normal" women; they seek to give their lives direction, to avoid pain, or to solve problems of self (Gordon, 2000). As we have seen, what is offered to any young woman is a set of impossible, inhuman dilemmas, "and it is the anorexic

who, in her own way, finds a solution, which is at one and the same time a return to the 'ideal,' creative world of childhood and a stand against the mould into which she, as a woman, has been set" (Pennycook, 1987, p. 75). From this perspective, eating disorders are not the problem, but the solution; they are the solution to a problem which at the time is impossible to deal with in any other way (Lawrence, 1984). Anorexia may be seen as "solving" the problem of womanhood, or an overwhelming future, and bulimia is often seen as a solution to "recovered" anorexics, faced with the problem of having to eat again. Edwards (1987) writes that it is "such a neat solution, the answer to so many of her problems" (p. 69), although it is not a permanent solution unless one dies. As a living "solution," however, eating disorders can be seen to work by providing distraction from other aspects of life. The way they best provide distraction is by consuming a woman's thoughts with food, hunger, and methods of avoidance.

5.8.4 Eating Disorders and Time

The obsession with thinking about food that is noted by many theorists (Polivy and Herman, 2002; Wolf, 1991; Fredrickson et al, 1998) was expanded into a study by Sunday et al (1995). They found that 74% of patients with eating disorders spent more than three hours a day thinking about their obsession, and 42% spent more than eight hours a day. Constantly thinking about food and weight and body size takes typical female self-surveillance to a new extreme; most women in the West's "appearance monitoring" is known to "limit the mental resources available for other activities" (Fredrickson et al, 1998, p. 270-71)—the anorexic women can think of nothing else. Eating disorders take up too much time and energy to contemplate any other aspect of life. One anorexic woman in the stories related by Shelley (1997) claims that while the average person thinks about food 20% of the day, an eating disordered one thinks about it 90-100% of the time, which "leaves no time, energy or space in the mind to think about anything else and so the problems of the world disappear. They have been pushed out by food. Simple. Straightforward. Easy" (Shelley, 1997, p. 13). Rosenberg (2002) agrees, writing that when every ounce of one's intellect and creativity is channelled into weight-loss and self-deprivation, there is no time for developing unique talents, cultivating interpersonal relationships or becoming active in one's community. The vast majority of Fairburn and Cooper (1982) and Johnson et al's (1982) participants (81.9% and 90.1%, respectively) report intense preoccupation with food and eating, to the point that their concentration and everyday activities were impaired.

5.8.5 Bulimia and Distraction

Bulimia can also be understood as an all-consuming practice. The binge-purge cycle is an "all-encompassing symptom and pervades almost every aspect of the bulimic woman's daily existence" (Weiss et al, 1994, p. 168); they are not behaviours that interfere only peripherally with a woman's functioning. The bulimic is constantly thinking about food and planning her next binge. This preoccupation with food results in the deliberate or inadvertent neglect of other areas (Weiss et al, 1994). In addition to the time spent planning a binge and then actually bingeing, the depression and fatigue that are associated with bulimia result in limited energy to give to other activities. As one of Weiss et al's (1994) participants put it, "it's hard to concentrate on anything else when you are always thinking about food" (p. 169). Being "obsessed with her food" (Bloom, 1987, p. 103) can be seen as a distraction from other parts of life, much like it is for the woman with anorexia. Being consumed with thoughts of food leaves little or no time to contemplate anything else. Weiss et al (1994) write that women use bingeing to cope with a variety of negative feelings, as well as to "escape or avoid difficult situations" (p. 170), as well as to numb hurtful emotions or to fill an emptiness.

Bulimics frequently use additional methods of coping or distraction, such as drugs or alcohol (see Chapter 4), but the failure of these methods usually leads to further bingeing. Food is more frequently turned to instead of alternative means of distraction partly because it is more readily available to young girls and women than drugs or alcohol might be, and a woman can binge at night and still get up in the morning. Eating disorders are also a more "socially acceptable" way to self-destruct (Thompson, 1994, p. 102). Additionally, the intake of a lot of calorie-dense food acts as a sedative, lessens anxiety, and induces sleep (Thompson, 1994). Many women seek to binge as a way to "stop thinking" (Weiss et al, 1994, p. 170), but its cyclical nature necessitates a return to consciousness at some point. Unlike anorexia, which can be seen as a continual evasion or submersion into numbing or distracting behaviour, the negative emotions from which the woman with bulimia tries to avoid with her binge return to her after she has purged. Furthermore, writes Cooper (1987), "each time she uses a bulimic episode to help her 'cope' with important but problematic areas of her life, the bulimic feels more of a fraud, more ashamed and less able to deal with the issues behind the need for the behaviour" (p. 182). So although bingeing can be seen as providing temporary distraction from anxiety, it can in turn cause additional tension, thus perpetuating the vicious circle of behaviour.

5.9. Summary

This section has provided a brief overview of some of the contemporary debates surrounding eating disorders. Many of the current theories developed out of a reaction against earlier theories, such as the feminist opposition to medical theories. The emphasis placed on the influence of the media is another theory that requires close examination, as often the emphasis on physical appearance is very strong when considering the causes of eating disorders. This section, and indeed this whole chapter, has been an attempt to present the primary themes and discussions that revolve around factors in the causation of eating disorders, but it must be remembered that many of these theories are simply that: theories that have yet to be entirely proven. Due to the multi-dimensional nature of eating disorders, it is extremely difficult to point to any few causes, but instead we must continue to consider different approaches as further research is carried out. One of the areas in which much research has yet to be completed is in the cultural context of the country of Ireland, with which this study is especially concerned.

5.10 Eating Disorders in Ireland

In comparison with the amount of research already conducted in the rest of the West, that in Ireland is severely lacking. There are few available studies that pertain only to Irish women with eating disorders, or even that have an Irish component. It is not just literature about anorexia, bulimia, and compulsive overeating that is scarce, as general information about the prevalence of these disorders is also difficult to find and, indeed, in many instances does not exist. It is obvious, however, to close observers of women in Irish culture, that eating disorders are on the rise and that much more attention needs to be paid to them. At present there is a shortage of resources available to women—and men—experiencing eating disorders, which is probably a partial reflection of the lack of research. As part of the ever-expanding European Union, and as a burgeoning Western country in itself, Ireland is in great need of further research about eating disorders. This section illustrates the lack of knowledge of the area, highlighting what is known, which, as is apparent, pales in comparison with the previous literature.

5.10.1 Statistics

Official numbers of women with eating disorders within Ireland do not currently exist, as limited research has been completed in the area. Established in 1995, Bodywhys is perhaps the foremost eating disorder support group in Ireland, and estimates that up to

200,000 people in Ireland have an eating disorder (quoted by Condon, 2006), but it remains an estimate because "no official research has been done into the prevalence of eating disorders in Ireland" (Catherine Joyce, CEO of Bodywhys, quoted by Healy, 2007). In another article, it is claimed that 30% of the Irish population was reported to be suffering from some sort of eating distress (Condon, 2005), but this figure is incongruent with the Bodywhys statistic as the current population of Ireland is roughly over 4 million. Ring (1999) reports that one in every hundred young women between the ages of 15 and 25 in Ireland suffers from some form of eating disorder, and that as many as one in ten adolescent females are bulimic. The website www.goodhealthinfo.org.uk reveals that 1,700 people in Northern Ireland have anorexia, and 17,000 have bulimia. These statistics are, however, both inconsistent and unreliable, as no major study has been conducted to justify them.

Bodywhys has completed internal research within its organisation and found that of the people (both men and women) who contacted their support group in 2004, 32% were bulimic, 20% were anorexic, 18% were both, 15% had binge-eating disorder or compulsive overeating, 14% had all eating disorders, and 1% had obesity. In 2004, Bodywhys received 2,500 calls to its helpline, 1,600 of which could not be answered due to lack of resources (www.vhi.ie). Jennie O'Reilly, the CEO at the time, stated that "without official statistics, it is difficult to know whether eating disorders are on the increase or whether the increase in awareness has encouraged more people to seek support. What is certain is that we have never experienced such demand on our services" (www.vhi.ie). In 2006, the group received a 38% increase in calls, which is more than 3,000 (Healy, 2007). Approximately 5,000 people visited the website each month, which shows a 20% increase in the number of people accessing its services in 2006 alone. Similarly to Jennie O'Reilly, Catherine Joyce, the current CEO, is unsure of the reasons for the increase; it maybe be due to increased awareness of the service, or it could mean that more people need help to deal with these conditions (Healy, 2007).

Public knowledge about eating disorders remains unknown. In the Changing Minds Campaign, reported by www.irishpychiatry.com (1999), 64% of the general public claimed they knew nothing or little about eating disorders, although younger people claimed to know more. There also remains the tendency to blame the media for causing eating disorders, as reported by Condon (2004). In a poll by www.irishhealth.com (2004), over 40% of people were said to believe that the media and fashion industry are to blame for rise of eating disorders, and only 9% said they were not to blame. Experts in the area,

such as Marie Campion of the Marino Therapy Centre, state that the blame on the media is "over-used" (Condon, 2005), but the belief persists.

5.10.2 Eating Disorders Services and Support Groups

The number of support groups, treatment centres, and facilities in general for people suffering from eating disorders in Ireland is extremely low. In Dublin, Bodywhys, as mentioned above, is one of the most active support groups in the country, offering online support to women and men with any form of eating disorder. The Marino Therapy Centre, run by Marie Campion, offers counselling and therapy. Campion has also founded Iceberg, a new awareness group, which is affiliated with the Marino Therapy Centre. In Northern Ireland, there is one self-help group in the southern part, two groups in Belfast and one in Derry. There are about a dozen hospital programmes and treatment centres in the Dublin area, the majority of which are outpatient programmes and require referrals from a doctor. There are also individual psychotherapists and counsellors who specialise in eating disorders.

When the availability of services provided for those suffering from disordered eating is compared with the estimated number of people who require these services, there is a large gap to be filled. In a 2004 article on www.irishhealth.com ("Eating Disorders Services Poor"), it is reported that there are particularly inadequate services in Ireland for children and adolescents with eating disorders, and the existing health care services are rated very poorly. The health care professionals state that they currently receive little and inadequate training to treat eating disorders, although they are interested in learning. In a 2005 article on www.samaritans.org.uk ("Eating Disorder Funding is 'A Drop in the Ocean'"), eating disorders services are reported to have received 750,000 Euro of the 25 million Euro allocated to mental health services in Ireland that year. Kate Ganter, chairwoman of Irish College of Consultant Psychiatrists, described it as "drop in the ocean" for eating disorders. Ganter stated that "a figure of less than 8 million Euro does not meet the capital costs and revenues needed for one of the four promised inpatient units for under 16 year olds." The article also claimed that eating disorders are not taken seriously in Ireland, despite the number of young sufferers doubling between 2003 and 2005. A Vision for Change, the government's national mental health polity, recommends that 24 beds be available nationally but there are currently only three such beds (Healy, 2007).

5.10.3 Irish Studies about Eating Disorders

There have been relatively few studies completed about eating disorders within Ireland, especially in comparison with the numbers of North American and British endeavours. Some of the authors of the following articles were contacted in order to learn of additional literature, and in each instance the reply was that there *is* no additional literature. In 1985, two brief articles appeared in the Irish Medical Times, both in the same month. Both revealed a hazy understanding of eating disorders; in the first, Galbraith claims that anorexia is a polar opposite from bulimia, and although she recognises the dangers of dieting—"the increasing preoccupation with dieting and food lays down a set of rules and obligations that are more tyrannical than the old time religion" (p. 20)—she is also therefore subscribing to the old adage that eating disorders are simply a diet gone too far. In the article that appeared two weeks later, Gibney focuses on overweight people, claiming that "the obese should always be helped" (p. 22). Although he does state that "our obsession with ideal body-weight is unjustified and pressure on the slightly overweight to shed pounds for dubious benefits must be balanced against the difficulties that that entails and the frustration and guilt of failure" (p. 22), he nevertheless goes on to discuss diets for weight loss purposes and advocates the use of "slimming clubs." Directly underneath Gibney's article is an advertisement for Ionamin, a weight loss pill, which is entitled "The Simple Answer to a Big Fat Problem" (p. 22).

Fox (1990) conducted a study about attitudes towards body size and shape in four post-primary schools in Sligo. In addition to completing a questionnaire, one in every five girls was weighed and her BMI was taken, and 40 randomly-chosen girls completed food diaries. The results from studying these 437 girls were "worrying" to Fox (1990), as she found that the majority of subjects, irrespective of age, body size or social class were acutely conscious of body size with more than half of them wishing to look like the anorectic type—and attempting to lose weight. Fox (1990) concludes that the findings of her study suggest that because of the promotion of the cult of thinness and the ideal body image, the adolescents surveyed were acutely conscious of body size and shape. These results are in keeping with, although occur much later than, international reports.

O'Connor et al (1997) completed a study about the influence of fashion on young Irish adults, clearly stating that there is relatively little information on this subject, "particularly in Ireland" (p. 135). O'Connor et al (1997) examined the relationship between fashion consciousness and body image in a comparative study carried out on 36 disordered eating patients attending psychiatric units in Galway, Cork, and Dublin. They

found that there is a relationship between weight concern and fashion images, and that "boredom played an important role in influencing the eating habits in both the general population and those with eating disorders" (p. 139). O'Connor et al (1997) argue that it is important to consider this inter-relationship when accounting for health education, particularly because there is also little relevant Irish research to date on changing fashion trends as important potential influences on health-related behaviours of the adolescent population.

Although there has been no overarching study completed on the prevalence of eating disorders in Ireland, Shinkwin and Standen (2001) did examine trends in anorexia between 1977 and 1985, using national registers of psychiatric and general hospital admissions to see if there was an increase in the incidence rate. Of the 1510 cases they studied, 91.3% were female, and 60% were in the 15-24 age group. Shinkwin and Standen (2001) found the prevalence rate to be decreasing in this age group, which is at odds with other studies. In general, Shinkwin and Standen (2001) found a small but significant decrease in hospital admissions over the studied period, but are forthright in admitting several possible flaws with their research, some of which are recognition and definition of an eating disorder, preparedness to treat, referral patterns, availability of treatment facilities, and changing attitudes to mental disorders. Bulimia may have been formerly coded under anorexia, which could be a factor in the decreasing number of anorexia cases. Also, in cases of dual diagnosis, anorexia may have been coded as secondary and thus irretrievable. Considering the fact that 56 cases of anorexia were reported in people over 55 years, and 14 cases in people under age 7, it is entirely plausible that misdiagnoses frequently occurred. Indeed, "the accuracy of the diagnosis in the registers is questionable" (Shinkwin and Standen, 2001, p. 270). The decrease in general hospital admissions could signify a change from the conceptualisation of anorexia nervosa as a somatic disease to understanding it as a psychosomatic illness, or it could be that more patients than were identified were privately referred by psychiatrists to beds in private general hospitals. Shinkwin and Standen (2001) state that "as with all studies of this nature, it is difficult to generalize from these results as to what is happening in the community as those patients managed in general practice, psychiatric out-patients and private practices are not included" (p. 273). The results are, therefore, unreliable at best, and difficult to compare with international reports. The most pertinent result was the evidence for the need for future research in the area. The authors admit as much: "while the aim of this study was to review trends in anorexia nervosa in Ireland,

the process highlighted the limitations of nationwide registers in epidemiological research" (Shinkwin and Standen, 2001, p. 274).

The most recent study completed in the area of eating disorders in Ireland is that of Darcy and Dooley (2007), who looked at the use of online support through Bodywhys. BodywhysConnect was launched in 2001 as an online support service for young people with eating disorders; of the 138 participants in the study, half had bulimia, 26% had Binge Eating Disorder (BED), and 22.5% had anorexia. The study aimed to explore the clinical characteristics, such as anxiety, depression, and body dissatisfaction. Darcy and Dooley (2007) are well aware of the need for any kind of research into the area; they acknowledge Bodywhys' (2003) claim that there is a general lack of resources dedicated to eating disorders in Ireland, as well as a lack of specialist training for healthcare professionals. And what specialist knowledge that does exist is difficult to access. Darcy and Dooley (2007) write that "significant limitations exist at all levels of care" (p. 193), and reiterate that "there are just three publicly funded specialist ED inpatient beds for the entire country" (p. 186). These beds, along with all specialist outpatient and day patient services, are only available in Dublin (Bodywhys, 2003). The strength of this article lies not so much in the findings of its intended study, but rather in its recognition of and admittance that there is a clear deficiency of knowledge surrounding eating disorders in Ireland.

5.10.4 Summary

These few Irish studies, coupled with the lack of reliable Irish statistics, make it very obvious that much more research needs to be done on eating disorders in the country. Compared with the proliferation of literature in North America and the United Kingdom, Ireland has an embarrassing paucity of information. It is unclear why so little research has been completed, as it is obvious that there are many people with various forms of disordered eating in the country. The scarcity of treatment facilities is perhaps a reflection of the lack of research, as hospitals and private clinicians rely on studies for attracting more funding. With a population of over 4 million, it is, however, significant that there are only three beds specifically set aside for eating-disordered patients. Much more attention needs to be focused on this ever-increasing "problem," for a lack of proper identification in the literature does not imply non-existence.

5.11 Conclusion

This chapter has built upon the previous one in order to provide a further understanding of the implications behind women's problematic gendered position in Western culture in order to comprehend eating disorders more fully. The desperate need to control the problems in their lives, created mostly by the society in which they live, is something that cannot be underestimated. Controlling an aspect of the self when all else is felt to be out of control plays an enormous part in disordered eating. The search for self and identity is daunting for most, if not all, girls and women and the "solution" to this problem can be intoxicating. It is not difficult to understand why the desire to control the self is manifested through the body when we realise the extent to which women's bodies are dictated by society at large. The image of the perfect female form is everywhere—sexualised, criticised, disciplined, and always substituted for female identity. Women's appearances have come to represent the entirety of their beings, so it is no wonder the anorexic woman seeks to control her self through the control of her body. But as we have seen, the emphasis on appearance through the influence of the media has been exploited and misperceived as the primary influence in eating disorders, when it is but one element in a multi-factorial problem.

Many theorists heretofore have described eating disorders in terms of its causes and implications and have, at most, perceived it as a coping mechanism. Their insights have been invaluable for the origins and understanding of these disorders, but there are important aspects that have yet to be considered. Eating disorders are often perceived as a way of coping with situations in life, but they can also provide a method of escape, or distraction. Chernin believes that we would rather face anything than the difficulty of becoming ourselves, but she takes this to mean that we use anorexia as a means of creating a false sense of self in order to contend with these difficulties. Anorexia, as well as bulimia and overeating, can be seen in a different way, in the sense that sometimes a girl or woman will lose herself in the disorder in order to forget about all aspects of her life that are troubling her—not to consciously form any other sort of identity, but simply as a way to escape her situation. When her entire life is consumed with thoughts of how to avoid food she is unable to contemplate any other issues in her life. It is this idea of anorexia as distraction that will be investigated further. Perhaps it is a testament to the overwhelming situation with which women are faced that they seek asylum in an alternative "disorder," if only to distract themselves temporarily. The prevalence of eating disorders continues to rise in the West, which points to the contributing factors

getting worse, not better. Wolf (1991) writes that eating disorders are spreading because they work; they "solve" the dilemma faced by the young woman in present times. It is concerning this dilemma on which research needs to focused, particularly, as we have seen, within Ireland.

The previous and current chapters are necessary for identifying the original and contemporary theories surrounding eating disorders, in order to trace the progression of ideas. Chapters 2 and 3 also examined possible factors in the cause of eating disorders—women's problems with gender and identity, and how current capitalist Western society can create a feeling of meaninglessness in women's lives from which they may seek to distract themselves—and examines them in their own right. The results and discussion in this research combine these theories with the collected data to refute or validate these theories, as well as to reinforce the present research question about eating disorders as being a distraction from self and life. The following two chapters describe the methodology that was developed and implemented in collecting these data.

CHAPTER 6: THE DEVELOPMENT OF THE PRESENT STUDY

6.1 Introduction

The methodologies implemented in this research have gone through several stages of development. As with many studies of this proportion, the original methods planned went through a process of evolution before the means of data collection was finalised. This chapter traces the path taken in adopting the methods and, more importantly, explains *why* those methods were decided upon. To quote Alasuutari (1995), this chapter "offers the reader 'field notes about the development of one's thinking'" (p. 192). The means by which the data were collected reflect their capacity for generating information to answer the research question of this research: do some women use eating disorders as a means of distraction from problems with their identities or lives? In order to effectively contextualise this question, it was imperative that the surrounding experiences of the women were also discussed. If eating disorders are used as a means of distraction, it is important to understand from what women are distracting themselves, as well as the relative effectiveness of eating disorders as an escape from difficulties. The original method was both qualitative and quantitative: questionnaires with both finite and open-ended response sections were to be mailed to participants. This method, however, was dismissed as insufficient, and semi-structured interviews were decided upon. This chapter explores how the present question was explored as the research progressed, and how the particular methods used to generate data about this question altered with those developments.

6.2 The Purpose of the Research

6.2.1 The Research Question

The research methods used in this study were formulated as a practical means of exploring the research question. The question itself has changed very little since it was first developed, the primary alteration being an expansion to encompass all eating disorders, rather than anorexia alone. The idea that eating disorders could be seen as providing distractions arose from what was perceived to be a rather large gap in the theory surrounding the disorders. The question was formulated out of the observation that eating disorders are often a response to an existential crisis, that they are more than "coping mechanisms"—which is how they are usually conceived of in the literature—and can instead be attempts to *not* cope or deal with situations. It is hypothetical that the girl

or woman who is "using" an eating disorder does not do so in order to help solve her problems, but rather to escape them. It has been found, as reported earlier in this thesis, that women who experience eating disorders often have their entire lives consumed by devising methods of how to deal with food and how to control their bodies; they often do not have any time or energy left over to contemplate growing up, becoming adults, or dealing with their sexuality. Beyond this, they have no time for thinking about larger issues of existence and meaning. The research question was extended to include the corollary that while eating disorders can be perceived as distractions from problems of identity, they can also be distractions from issues of meaninglessness, because the two are inextricably linked with one another. The difficulties women face in becoming feminine, in becoming autonomous individuals, or in growing up in general, can all be extended into existential issues. We cannot consider what it is to be a woman in this world without wondering—however briefly—why it is we have to be this way: what is the *meaning* behind who we are and what we do?

6.2.2 Feminist Approaches to Research

The decision about which methods to use in this research was greatly influenced by feminist analyses of already-existing methods. There are no feminist methods which are completely separate from other, more traditional approaches; feminist methodology is, in fact, "a perspective on an existing method in a given field of inquiry or a perspective that can be used to develop an innovative method" (Reinharz, 1992, p. 241). Feminism challenges the traditional perception that gathering data is carried out by "objective" researchers and presented in an impartial manner. The paradigm of objective or positivist research methods requires the researcher to be objective, detached, and in a hierarchical relationship with the participants (Oakley, 1981). Positivism even goes so far as to suggest that "in any occurrence there is one true set of events—the 'facts'—and that this 'truth' can be established only if the researcher follows particular procedures" (Stanley and Wise, 1983, p. 193). Feminism disagrees with this perception, claiming instead that "truth is meaning which is established or constructed through the research process" (Daly, 2000, p. 63). This idea that knowledge is created is part of the ongoing feminist struggle to expose the absurdity that any exchange between people can be "objective." Through revealing this flaw in positivist methods, feminist methodology seeks to promote the favourable aspects of subjectivity. By "making the invisible visible, bringing the margin to the center, rendering the trivial important, putting the spotlight on

women as competent actors, understanding women as subjects in their own right rather than objects for men" (Reinharz, 1992, p. 248), feminist research aspires to not only give women a voice, but also to create social change.

6.3 The Methodological Approach

6.3.1 Development of Methods

When the research project was being designed, it was decided that questionnaires would be a viable method for gathering data. It was assumed that women who had experienced eating disorders would appreciate the relative anonymity that a self-administered questionnaire would provide. In late 2004, questions were created that were relevant to the hypothesis and that would generate salient information. Issues surrounding questions of identity and self-esteem were deemed important, matters that would establish the "identity" of the participants were necessary for establishing background context. Sources of questions included Rosenberg's (1979) "Self-Esteem Scale," Neemann and Harter's (1986) "Importance Ratings," and Crumbaugh and Maholick's (1969) "Purpose in Life Test." These questionnaires were re-formatted into a Likert style format and re-worded into the past tense. These adapted questions were preceded by questions concerning marital status, education, occupation, and other demographic matters, and were followed by original questions about eating disorders.

The way in which most of the questions were conceived, of which I take full ownership, was to think about issues surrounding eating disorders that I found intriguing but that were not the focus of most studies on the subject. Many articles concerning eating disorders, particularly anorexia, are dominated with statistics concerning the body (see McKinley and Hyde, 1996; Klump et al, 2000; Fredrickson et al, 1998; Dalgleish et al, 2001; Showers and Larson, 1999)—such as changes in the Body Mass Index (BMI). It was felt that the measures used in these studies, particularly those aimed at establishing how women felt about their bodies (the Body Shame Questionnaire, the Self-Objectification Questionnaire, the Sociocultural Attitudes Towards Appearance Scale, and others) were at best inconclusive and at worst grounded in assumptions and formatted in such a way as to exclude any opportunity for women to express how they actually felt. Studies such as these seemed to be missing the point entirely; in their attempts to find out more about eating disorders they had in fact obscured it even more by trying to categorise and label an experience that cannot be reduced to the physical.

Endeavours made by the medical profession to understand eating disorders have also tended to dismiss other, more qualitative aspects of their complex nature.

Upon further discussion and reflection, the use of questionnaires as the main method was substituted for semi-structured interviews. The substance and range of the questions were assumed to provide sufficient coverage of women's experiences, but it was quickly realised how much more in-depth and revealing the information would be if gathered through face-to-face dialogue. The questionnaire was then re-formatted into an interview schedule (see Appendix iii).

6.3.2 The Multiplicity of Eating Disorders

The hypothesis developed for the present research study was originally directed at women who had experienced only anorexia nervosa, and excluded other eating disorders. The original questionnaire consisted of inquiries that dealt only with the specific experience of women who had severely restricted their eating and had subsequently lost a great deal of weight. After talking with professionals in the field and completing more extensive research into the subject of all eating disorders, it was realised that they are much more closely linked than had been previously imagined. There is a common misperception that compulsive overeating is very different from anorexia, but in reality it is primarily the women's attitude towards food that constitutes the biggest difference between them. Furthermore, it is often the case that women with eating disorders experience more than one type of eating disorder. It is a frequent occurrence for women who initially experience anorexia to also experience bulimia (Casper et al, 1980; Johnson et al, 1982). It also became evident that studies which focus on only one eating disorder are far less useful than those which make connections among the different kinds of disorders. It was fortunate that this fact was realised before the interviews began, although it would probably have been discovered early on in the research.

6.3.3 The Use of Multiple Methods

6.3.3.1 Qualitative versus Quantitative Methods

The two primary means of collecting data in the social sciences are quantitative and qualitative. They are distinct for several reasons, but the most salient feature which sets them apart is that qualitative research tends to focus on words rather than numbers as the units of analysis (Denscombe, 2003). This seems an overly simplistic means of categorising these methods, but they are often reduced to it. Qualitative research refers to

the meanings, concepts, definitions and characteristics of things, whereas quantitative research refers to counts and measures of things (Berg, 1998). But although the approaches provide data on different aspects of society (Mason, 1994), it is how data are elicited by each method that truly differentiates them.

Several theorists have argued that qualitative data only become qualitative through the means by which they are interpreted (Denscombe, 2003; Silverman, 2005; Holstein and Gubrium, 2002). Because qualitative methods usually include such techniques as interviewing or ethnography, direct contact is made between the researcher and the respondent. According to Denscombe (2003), the data only become data when they are analysed: "the data do not exist 'out there' waiting to be discovered, as would be the case if a positivistic approach were adopted, but are *produced* by the way they are interpreted and used by researchers" (p. 268). When considering the range of individual experiences and the various ways people express themselves, and having these recorded and analysed by someone else, it makes sense that some level of evaluation and analysis are applied to the data. After all, "no data can be untouched by human hands" (Silverman, 2005, p. 120).

Quantitative data, on the other hand, are usually perceived as being more "objective," because they deal primarily with numbers and therefore imply precision. Quantitative research is more closely associated with the traditional paradigm of positivism, which assumes that "the social world is inherently knowable and that we can all agree on the nature of social reality" (Esterberg, 2002, p. 10). The desire to know the social world is closely related to the control of it, for if we understand human nature then we can predict it and therefore control it (Esterberg, 2002)—but neither complete knowledge nor control is possible.

6.3.3.2 Qualitative and Quantitative Methods: Advantages and Disadvantages

Both qualitative and quantitative methods of research can be propitious when they are used to gather the appropriate data. There are, however, strengths and weaknesses of each method. Qualitative research is best employed when richness and detail are sought, or when the data are "grounded in reality" (Denscombe, 2003, p. 280). When the researcher is open to the prospect of alternative explanations, rather than concrete answers or information, qualitative methods often provide such opportunities. But where qualitative methods may supply in-depth insights into respondents' lives or experiences, this focus on detail may be too specific. That is, by homing in on particular elements of a

few respondents, there can often be a lack of breadth or quantity. Qualitative data, therefore, may be less representative of the subject being studied (Denscombe, 2003). One of the major disadvantages of qualitative research is its frequent inability to produce results that are generalisable beyond the actual sample of people that has been studied.

As was discussed earlier, qualitative analyses are based on the subjective interpretation of the data. Although it is true that no research can be separated from the researcher's own subjective position, this lack of neutrality can present problems with analysis of the data. When a researcher examines a response to an open-ended question, there is the possibility of decontextualising the meaning of the response (Denscombe, 2003). In quantitative research, the questions are standardised and there is a finite selection of answers which can be chosen, therefore eliminating the need for the researcher to overly impose her or his own meanings onto the answers. The strengths of each method are revealed when it is appropriately applied to the gathering of data.

6.3.3.3 Qualitative and Quantitative Methods as Not Mutually Exclusive

Despite the seemingly conflicting elements of quantitative and qualitative methods, they are not, in fact, completely dissimilar. The distinctions made between them are often too simplistic, and "the assumptions associated with the two approaches are frequently shared, frequently overlap and basically do not fall either side of a clear dividing line" (Denscombe, 2003, p. 231). That is, although each method deals with different types of data, and yields different types of analyses of those data because of its approaches, they both seek to create meaning from the social world in which we live. In this sense, "qualitative and quantitative are not distinct" (Dabbs, 1982, p. 32).

The difficulty that exists because of the various differences between the two methods lies not with the decision of which to choose and apply to the study at hand, but rather with how to integrate and adapt aspects of each method for gathering particular data. Upon beginning a project, researchers must consider "which questions each data set, or type of data, could address, and what mix of data [is] appropriate to particular issues" (Mason, 1994, p. 107). Beyond that, the most important challenge in integrating quantitative and qualitative data involves "developing mechanisms to ensure that [the researcher is] asking sensible, meaningful and appropriately limited questions of [his or her] data sets" (Mason, 1994, p. 108). The best way to both access and analyse data often involves the combined use of both kinds of methods.

6.3.3.4 Using both Quantitative and Qualitative Methods

The present research might at first seem to be best accessed through qualitative methods. Because it is individual women—and their experiences with eating disorders—who are the subjects of this study, a qualitative approach seemed to fit well with the objective. It was decided to use semi-structured, open-ended interviews as the means of gathering the data. But because the original research method had been questionnaires, which would have had finite response choices, it was realised that the data could be more fully accessed if a combination of both qualitative and quantitative methods were implemented. Three short questionnaires were therefore included at the end of the interviews, in order to support and amplify the individual verbal responses. As Berg (1998) puts it, "each method...reveals slightly different facets of the same symbolic reality. Every method is a different line of sight directed toward the same point, observing social and symbolic reality. By combining several lines of sight, researchers obtain a better, more substantive picture of reality" (p. 5). The particular blend of interviews and questionnaires used in this research reflects the intention of gaining as full a picture as possible. It must be noted, however, that it is the qualitative results and ensuing discussion that is of greater importance in the overall analysis, and the quantitative results primarily provide a supportive function.

6.3.4 Qualitative Semi-Structured Interviews

There are several different types of interviews, which range from very rigid and structured to not structured at all. The amount of structure in an interview reflects the degree of control the researcher wants, and can also depend upon the topic area being considered. In semi-structured interviews, "the goal is to explore a topic more openly and to allow interviewees to express their opinions and ideas in their own words" (Esterberg, 2002, p. 87). The researcher, or interviewer, creates an interview schedule of questions that she or he wants to ask, but is prepared to be flexible in terms of the order in which the topics are considered and, "perhaps more significantly, to let the interviewee develop ideas and speak more widely on the issues raised by the researcher" (Denscombe, 2003, p. 167). Because interview questions are almost always open-ended, the respondent has to answer in her or his own words. By prompting participants to form their own responses, open-ended interviews allow them to express their own views of their experiences. Indeed, the main objective in using interviews is to "understand what life is like from perspectives other than our own" (Esterberg, 2002, p. 87).

The benefits of learning about people's experiences through their own words may persuade many qualitative researchers to use interviewing techniques. The level of in-depth insight into a topic that is provided by fine details from a relatively few participants can also be an attraction for researchers. There are other distinct advantages to interviews: the investigator can check for accuracy as the interview progresses, through the clarification of details with the participant. There is also a much higher response rate with personal interviews than with other methods (Denscombe, 2003). The "downside" of interviews, however—and what usually discourages researchers who are interested in qualitative methods—is that they can be extremely time-consuming. Not only does the actual interview process take considerable time, but the amount of data analysis can be almost infinite.

Beyond the common perception of interviews being seen as a guided conversation, and therefore more "natural" than other methods, it must not be forgotten that they *are* structured, and that they are (or should be) carried out by researchers who have relevant interest and knowledge. Largely because the interviewer is physically present with the participant, she or he "is not neutral, distant, or emotionally uninvolved" (Rubin and Rubin, 1995, p. 12). This feature of interviews does not taint or invalidate the data, but rather provides alternative ways of approaching them. As Holstein and Gubrium (2002) put it, "the goal is to show how interview responses are produced in the interaction between interviewer and respondent, without losing sight of the meanings produced or the circumstances that condition the meaning-making process" (p. 124-25). That is, data do not appear directly after the interview; data are created through the interaction between the researcher and the participant. An interview is a "specific form of human interaction in which knowledge evolves through a dialogue" (Kvale, 1996, p. 125).

6.3.4.1 Feminist Interviewing

Interviewing is a favoured technique among researchers in feminist studies. Since the empowerment of women is the ultimate goal of feminism, and since research is a vital tool for achieving it (Daly, 2000), the method of research must be conducive to this empowerment. Open-ended interview questions give women a chance to voice their opinions in their own words, an asset that is "particularly important for the study of women because in this way learning from women is an antidote to centuries of ignoring women's ideas altogether or having men speak for women" (Reinharz, 1992, p. 19). This

form of qualitative research has proved itself to be one of the most effective ways in which women's perspectives can be recorded. In fact, "the use of semi-structured interviews has become the *principle* [sic] *means* by which feminists have sought to achieve the active involvement of their respondents in the construction of data about their lives" (Graham, 1984, p. 112).

Feminists continue to use interview methods to uncover information about women's lives, even though the lack of "objectivity" that is advocated in other disciplines can present problems. No interviewer can ever be truly neutral or objective and, in traditional interviewing paradigms, the interviewer must pretend to not have opinions so as not to "bias" the interview (Oakley, 1981, p. 36). Feminist researchers recognise this need to not influence their participants, but they also know that developing a rapport is an important means of gaining information. Personal experience is sometimes seen as contaminating the results, but "in feminist research, by contrast, it is relevant and repairs the project's pseudo-objectivity" (Reinharz, 1992, p. 258).

6.4 The Role of the Researcher

6.4.1 The Responsibilities of the Interviewer

The common belief that interviews are little more than conversations with a purpose lends a misleading air of simplicity to the method and to the role of the researcher. The challenge which faces the interviewer involves a complex combination of listener, interpreter, director, and analyst. Although the interviewer will have prepared a set of questions to be asked, she or he must "adapt the standardized questionnaire to the unstandardized respondents" (Riesman, 1958, p. 305). The interviewer must pay close attention to each participant's individual and distinct nuances so as to know how best to approach the participant, and therefore elicit the fullest answers. When it is claimed that all interviewers have to do is sit back and listen, it is not realised that besides concentrating on important phrases and ideas, they must also observe "non-verbal cues that indicate emphasis and emotional tone" (Rubin and Rubin, 1995, p. 7); sometimes it is more important to follow up on projected feeling rather than the content of the answer. The interviewers must do more than actively listen; interpersonal skills are a crucial part of their success (Esterberg, 2002). Besides being attentive to the participant, the interviewer must be sensitive to his or her feelings, be able to tolerate silences, and be non-judgmental about the given answers (Denscombe, 2003). As mentioned above, no researcher is without opinions, but a good interviewer is able to suspend judgment in

order to obtain more complete, unprompted responses, as well as to make the participant feel more comfortable. Ideally, "qualitative interviewers are more interested in the understanding, knowledge, and insights of the interviewees than in categorizing people or events in terms of academic theories" (Rubin and Rubin, 1995, p. 6).

The interviewer's ability to withhold appraisal is not without its complications, however. The very act of an interview means that decisions are made on the part of the researcher, and these decisions do give some form of structure and purpose to the data generation process (Mason, 1996). Often, these decisions are made as reactions to the cues given by the respondent, and are not pre-meditated. A skill which all good interviewers must develop is the ability to "'think on their feet' in the interview itself. They have to do this quickly, effectively, coherently and in ways which are consistent with their research questions" (Mason, 1996, p. 43). The interviewer, therefore, is faced with the deceptively simple task of conducting semi-constructed conversations, out of which unbiased and unprompted responses must be produced. The role of the interviewer is anything but simple, and the data produced through the interview process depend largely upon the researcher's relative success at the multiple demands made of her or him.

6.4.2 Being an Insider: My Own Experience

The complex role which an interviewer is expected to fulfill is greatly affected by her or his own personal background and involvement. The traditional ideal of "objective" data is exposed by its being both unrealistic and a hindrance to data generation. Feminist research methodology claims that a personal investment in qualitative research is actually an advantage. Oakley (1981) states that "the goal of finding out about people through interviewing is best achieved when the relationship of interviewer and interviewee is non-hierarchical and when the interviewer is prepared to invest his or her own personal identity in the relationship" (p. 41). Rogers (1961) calls this method "client-centred" therapy, in which he refers to the need for interviewers and interviewees to become involved in a dialogue, and not to pretend that some "objective" assessment is possible. Traditional research methods would be concerned about the possibility of influencing the participants with the particular circumstances of the interviewer, but feminist researchers argue that building up a relationship, or rapport, with the participant produces more complete responses. This rapport serves to "establish an atmosphere in which the subject feels safe enough to talk freely about his or her experiences and feelings" (Kvale, 1996,

p. 125). By revealing personal information about him or herself, the connection is strengthened between interviewer and interviewee, thus reassuring the participant that her or his answers are valued.

When women interview women, there is already an implicit bond between the researcher and the participant. Finch (1993) writes that "the ease with which one can get women to talk in the interview situation depends not so much upon one's skills as an interviewer...but upon one's identity as a woman" (p. 171). Participants are, of course, more likely to provide candid responses to researchers they perceive to be similar to themselves, but it often goes beyond being of the same sex. Denscombe (2003) argues that "the *sex*, the *age* and the *ethnic origins* of the interviewer have a bearing on the amount of information people are willing to divulge and their honesty about what they reveal" (p. 169). It would follow, therefore, that the more similarities that exist between interviewer and interviewee, the more genuine and straightforward the interview. If the interviewer possesses almost identical characteristics as the sample selection, her or his insider status should garner better results. Being an "insider" of the experience may enable the researcher to understand what the participants have to say "in a way that no 'outsider' could" (Evans, 1979, p. x). However, being a "stranger" has benefits too. Participants may be more open with people they are not likely to see again, especially with someone who is professional and has guaranteed that the conversation will be kept confidential (Reinharz, 1992).

For the present research, I was in the rare situation of possessing very similar characteristics to my participants. Like the majority of them, I too am white, middle-class, well-educated, and from the West (and although not originally from Ireland, had lived in the country for a total of four years at the time the interviews took place). More significant than these qualities, however, is the fact that I too had an eating disorder from which I recovered. As a teenager I experienced anorexia for roughly an eight-month period. My personal familiarity with the subject of study has undoubtedly helped me connect with my participants, and to understand their experiences. I was, of course, careful not to regard my own experience as normative, but it made me able to comprehend and appreciate their situations. Unless asked directly, however, I did not initiate a discussion of my personal experience with an eating disorder.

6.5 Initial Concerns and their Resolutions

The possibility of several methodological problems was anticipated. The original decision to use questionnaires was based in part upon the cooperation of eating disorder support groups, as they were the medium between the participants and me. Several such groups had been approached with the intention of gaining their assistance in both finding possible participants and in sending them the questionnaire (so as to keep their identities anonymous). Obviously, such reliance upon third parties was less than desirable, as it placed far too much responsibility on those who did not have as great or immediate an interest in the research. Besides, another concern at the time was that the eating disorder support groups which had already tentatively agreed to help might subsequently refuse. Several places (especially hospitals) presented ethical reasons for not being able to pass on the questionnaire.

When the methodology changed from questionnaires to a combination of interviews and questionnaires, much more control over matters emerged. Assistance was still required from some support groups to generate initial contact with possible participants, but once the contact details were made available to the women, the support groups did not have further involvement. Centre B allowed me to place my Call For Participants Advertisement (see Appendix i) on their website, and Centre A circulated my details verbally.

6.6 Ethics

6.6.1 Ethics in Feminist Research

There are matters of ethics to consider in any kind of research that involves human participants. In any study, whether it be qualitative, quantitative, or a combination of the two, there are basic ethical obligations a researcher must consider. Rubin and Rubin (1995) claim that these obligations "require avoiding deception, asking permission to record, and being honest about the intended use of the research" (p. 94). These requirements may seem obvious and second nature to many researchers, but they are an essential first step towards protecting the rights of the participants. In feminist research, the ethical boundaries expand to not only ensure the confidentiality of individual participants, but also of women as a whole. Feminist researchers must be vigilant in ensuring that the data they collect—while they could reveal important information about individuals—must not be detrimental to the larger group that is studied. Finch (1993) states that collective, and not merely individual, interests are at stake. The latter may be

relatively easily secured with guarantees of confidentiality, anonymity, codes of ethics and so on. It is far more difficult to devise ways of ensuring that information given in interviews will not be ultimately used against the collective interests of women. This means that the data produced should not serve to perpetuate negative stereotypes or misconceptions about women. In the present research on women with eating disorders, it is important to be alert to the ways in which the presentation and analysis of individual women's experiences could possibly serve to depict eating disorders in a manner that might be harmful to women who currently suffer such disorders.

6.6.2 Method of Approach

In order to abide by the basic tenets of researcher-participant boundaries, it was necessary to devise a suitable approach for gaining access to possible participants. Since it was important that the women did not feel any pressure about taking part in the research, relevant information was given about the study so that any woman who was interested could email, telephone, or text me. In this way, the decision to make initial contact was entirely up to the women themselves; none of the women were individually approached.

The Call For Participants Advertisement (see Appendix i) was originally posted on Centre B's website, as well as circulated throughout Centre A. The research and hypothesis had previously been discussed with both of these eating disorder support groups, and their approval had been gained. Having the CFP Ad affiliated with these established support networks reinforced the status of the research, offering reassurance to possible participants that the study was legitimate. Additionally, the women who came across the CFP Ad through these support groups were more likely to have either sought, or be in the process of seeking, professional help with an eating disorder. The interviews, therefore, would have less of a chance of causing damage to the participants.

6.6.3 Informed Consent

In the Call For Participants Advertisement, general information about the nature of the study was provided. It was stated that the study involved learning about women's individual experiences with eating disorders, and examining the reasons behind their developments. The specific hypothesis about distraction was not, however, expressly defined. It was felt that this would be too "leading" and would influence the participants' responses; it was desired that the information the participants gave not be framed by this

hypothesis. Some of the participants did inquire about the hypothesis, which was sometimes discussed after the interview had been completed.

Prior to beginning each interview, each participant was asked to read and sign the Letter of Consent (see Appendix ii). This letter informed them of the nature of the study and assured them of confidentiality. Each participant was given a copy of the letter to have for their personal records, as well as to have both my (and my supervisor's) contact information. The participants were informed that they were free to stop at any time, or to skip questions they did not want to answer. They were then asked for their consent to have the interview tape-recorded (which a few refused). Each woman was comfortable in the environment before beginning the interview.

6.6.4 Keeping it Confidential

Upon initial contact, each participant was assigned a code number, based on the order in which they contacted me. The real identity of each participant was kept in a locked box, so that no one could accidentally gain access to this information. Each cassette tape with a recording of an interview was labelled with the participant's code number and the date of the interview, and was also kept secure. The code numbers that were assigned to each participant were subsequently changed to pseudonyms when an excerpt of the interview appeared in the text. There is an ongoing aspect of confidentiality with this study, as Dublin is a relatively small place, and it has on occasion happened that a participant has been encountered. When this occurs, it is left up to the participant to acknowledge me or not.

6.7 Conclusion

The evolution of the methods used in this research has been outlined. By providing justification for the choice of methods, it has been illustrated why they are best suited to generating data about the research question. Consideration of the advantages and disadvantages of qualitative and quantitative methods helped in deciding that the use of semi-structured interviews, combined with short questionnaires, would yield the most in-depth and meaningful data. Feminist perspectives about methodology are instrumental in arguing that no research method is "objective," and to acknowledge that this need not result in less valuable data. In this study, forming a rapport with the participants was essential in gaining their trust and therefore garnering more comprehensive responses. My genuine interest in each woman's experience, as well as the ethical precautions,

reinforced my position as more than just a casual observer; I became someone who had a vested interest in both the accounts told to me as well as the practical change that might result from the research. As a whole, the methods used in this study were carefully chosen to both accurately generate and portray the information provided by women who had eating disorders, and to implement the data in a way that will propagate knowledge about these disorders.

CHAPTER 7: METHODOLOGY

7.1 Introduction

In this chapter, the implementation of the methods described in Chapter 6 is presented in some detail. Each aspect of the process is outlined to reveal the exact ways in which the study was undertaken, in order to confirm the decisions made prior to their execution. The design of the study provides an overview of the procedure, and how the research functions as a means of generating data about the research question. The sample chosen to develop these data was of particular relevance to the topics being addressed, as the women who participated in the study provided the means of accessing the data. A detailed account of the participants' characteristics, and how they were located, describes the steps taken to ensure the women's relevance to the research question. A description of the format and structure of the interview and questionnaires is given. Providing a specific summary of how the actual methods were completed establishes a solid foundation on which the method of the analysis of the data is based. It is the results of the data that are the substance of the research (as they are in every study), and this chapter provides a comprehensive account of the methods employed to obtain these data.

7.2 The Sampling Procedure

The methods by which the information was gathered in this research were implemented in order to generate ideas about eating disorders. Reviews of the literature provided a basis for exploring the research question, but first-hand evidence was necessary to further investigate it. Semi-structured, one-on-one, face-to-face interviews were combined with three short questionnaires as the methodology of this research. Identifying, locating, and interviewing participants was thus one of the most important parts of implementing the methodology.

7.2.1 Identifying the Sample

The sample in the present study consisted only of women who had either "recovered" from having an eating disorder, or were on their way to recovery. It was believed it would be less difficult for women to discuss an experience that they were no longer actively going through. It was left to the women themselves, informed of the content of the study, to decide if they were recovered enough to participate. There are many stages of recovery from an eating disorder, and if a woman felt comfortable being

interviewed at an early stage, then her judgment was trusted. The various stages of recovery which the participants were in are reflected in the results (see Chapter 8).

The women had to be living in Ireland at the time of the research, but could be of any national, racial, or ethnic origin. They could also be of any age, or of any economic or educational background. With regard to specific eating disorders, it was decided to include the three major ones (anorexia nervosa, bulimia nervosa, and overeating), their variations (reduced eating, purging by means other than vomiting), as well as any combinations. The women were self-diagnosed; if they believed they had an eating disorder they were eligible to participate. For the purposes of inclusion, and not wanting to label women's experiences, each woman identified her own particular eating disorder, or disorders. The term "disorder" was used with caution, as it often has negative associations. It was made clear that the intention was not to classify experiences into pre-existing categories, but that the term was used for simplicity.

7.2.2 Locating the Sample

In order to locate the sample, local eating disorder support groups were approached to gain access to possible participants. After conducting preliminary internet research, all the support groups, counselling services, and private therapists who specialised in eating disorders in Ireland were contacted. Many of the therapists and eating disorder clinics associated with hospitals were unable to assist me for ethical reasons, but nonetheless provided me with some valuable information. The primary means of finding a suitable sample was through support groups that focused exclusively on eating disorders; after making contact through emails and telephone calls, two centres, A and B, agreed to further discuss the research.

7.2.3 Accessing the Sample

The sample was located through already established support groups; Centre B posted the Call For Participants Advertisement (see Appendix i) on their website, and Centre A circulated my Ad within their support group. The patronage of these two groups was indispensable for publicising the research. In addition to advertising through these two groups, the CFP Ad was placed on the Trinity College online noticeboard, as well as physically posted around the campus. Many of the participants—in addition to colleagues with whom the research had discussed—passed on my contact details to others they thought might be interested in participating. It must be acknowledged that conducting

interviews with "self-selected" participants perhaps yielded different results than if the participants had been sought in an alternative manner; however, for ethical purposes this approach seemed best.

7.2.4 Contacting the Sample

After posting the Call For Participants Ad—which included my mobile number and email address—it was left up to potential participants to make initial contact. When an email, telephone call, or text message was received, the woman's information—including her name, her contact details, the date she first contacted me, and any other relevant facts—was immediately copied onto a card and assigned a code number. These code numbers were assigned according to the order in which each participant made contact, and a pseudonym was assigned to each participant. A reply was then made as soon as possible to each woman, inquiring about a possible date and time to conduct the interview. She was further informed of the nature of the interview itself, in order to make sure she knew what to expect. This usually included a variation of the sentence "as for the interview itself, it focuses on your specific experiences with an eating 'disorder'—why you think you developed one, what was going on in your life at the time, why you think you've 'recovered,' etc." When the participant again replied, further arrangements to set up a date and time for an interview were established. After the interview, each participant was informed that the results would be made available to her after publication. Many of the participants expressed an interest in this before it was mentioned. Further contact with each participant was then left up to each woman upon completion of the interview.

7.2.5 The Size of the Sample

The size of the sample was largely determined by the level of interest demonstrated in the study. The original aim was to interview at least 30 women who fitted the criteria noted above, but as the research progressed and interest continued, 40 interviews were completed. At the end of 40 interviews, a wide range of experiences had been gathered. It was felt to be more important to understand the process, rather than try to represent a population (Mason, 1996). After discussing the same themes in great detail with 40 women, valuable data had been generated. Although over-arching observations or conclusions about eating disorders will never be able to be made, the focus on detail in the few in-depth completed studies would provide a great deal of insight. The findings

from interviews are often critcised as not being generalisable because there are too few subjects (Kvale, 1996), but it was not the aim to create vast generalisations; the purpose of this study is to learn about individual women's perspectives. The size of the sample was ideal for providing the opportunity to hear about these experiences in a comprehensive manner. The specific characteristics of the sample can be found in Chapter 8.

7.2.6 The Lack of a Control Sample

Initially, it had been proposed to interview both women who have previously experienced an eating disorder (the primary sample), as well as women who had not (the control sample). After piloting the study and completing forty interviews with the first group, however, it was realised that a control sample of women would not be necessary for the purposes of this research. There are a few reasons for this, the most important one being that the research has become one of comparisons *within* the disordered eating group. It had originally been thought that it would be useful to provide comparisons between sample groups of women, but as the research progressed and shifted, it was realised that far more in-depth and relevant ideas would be yielded if comparisons were maintained within the disordered eating sample.

It is really only the thoughts and ideas of women who had eating disorders that are of relevance, because a control sample, or women who have never had an eating disorder, presents more problems than benefits. Firstly, although a woman may never have had an eating disorder this does not necessarily mean that she has a healthy attitude towards food; on the contrary, most women in current Western society have a rather *un*healthy relationship with their bodies and food (Bordo, 1993; Brown, 1993b). It can be argued that most women are on a continuum when it comes to how they perceive food and eating; women with eating disorders are merely at one extreme. This leads into the second point, which is that an accurate counterpart of a woman who has had an eating disorder (that is, a woman who has had the same experiences in life but has *not* had an eating disorder) would be extremely difficult to locate. Therefore, the control sample would not reveal any major insights into why some women develop eating disorders and others do not. The reasons for women developing—and maintaining—eating disorders are extremely complex, and comparing them with non-disordered eating women was not going to aid the testing of the hypothesis.

7.3 Materials: The Structure of the Interview and Questionnaire

7.3.1 The Interview Framework

The structure of each interview remained the same for each participant. Before the interview process began, the interview schedule was finalised (see Appendix iii). Each interview was with one participant at time, in a private room where we sat facing each other. I interviewed each participant once, for approximately one hour. The shortest interview lasted for half an hour, and the longest for an hour and a half. All interviews were taped using a dictaphone, except for five women who did not feel comfortable being recorded. Detailed notes of the participants' responses were made on the interview schedule as they spoke, which were typed up after the interview. At the end of each interview, the participant was given the three-page questionnaire for them to complete. This usually took about five minutes. In all, 40 interviews and 40 questionnaires were completed, from the beginning of April, 2006 to the end of July, 2006.

7.3.2 The Interview Format and Structure

The interview (see Appendix iii) was divided into eleven sections, which began with basic background questions such as the age of the participant and where she grew up—before it directly addressed her experience with an eating disorder. Beginining with more general and benign questions is, of course, a common technique meant to facilitate rapport and trust between the participant and the interviewer (Esterberg, 2002). The questions were organised so that some of the more categorical aspects of the participant's experience were discussed before she was asked about how she felt about these experiences.

The first section about eating disorders established the age of the participant when she first began to develop the physical manifestations of an eating disorder, how long it lasted, and how long she had been recovered. The next two sections were about body image and the pressure to adhere to feminine standards of beauty, which were included partly as a means of comparison with other studies. These questions provided a foundation for questions that more directly addressed the present hypothesis. The hypothesis itself was focused upon in the next three sections, in which enquiry was made about possible events or feelings in the participant's life which could have triggered an eating disorder, why she believed she developed one, and if she thought that eating disorders provided an escape or a distraction from her life. In the remaining sections, the participant was asked about her recovery and if she thought her experiences with an

eating disorder changed her identity or self in any significant way. The scope of the questions was then broadened to ask her opinion about eating disorders in general, and how she regarded their depiction in the general population and media.

For most questions in each section (there were a total of 47), there were also one or two "sub-questions," or alternative ways of phrasing the question should the original one not prove sufficient. All of these questions were worded in such a way so as not to lead or direct the participant's response. They were open-ended in order for the participant to describe how she perceived a certain situation or feeling. The questions were designed to explore the participants' views of reality, and to elicit their own ideas, thoughts, and memories in their own words (Reinharz, 1992).

7.3.3 The Questionnaire Format and Structure

The format of each of the three questionnaires (see Appendix lx, lxi, lxii) which were included at the end of each interview was similar. Questionnaire A, "Importance Ratings," had ten questions with responses that ranged in a Likert style from "not important at all" to "extremely important" on a scale of one to seven. Questionnaire B, "Self-Esteem," also had ten questions, but the responses were ranged from "strongly agree" to "strongly disagree," also on a seven-point scale. In Questionnaire C, "Purpose in Life," there were twelve questions, and the response for each one was different, but still in a Likert style with a scale of seven. The three questionnaires were presented to each participant in the same order each time, starting with the one about importance, then the one about self-esteem, and ending with the one about existence. They were organised in this order for reasons similar to those of the interview: to establish some foundation before exploring matters deeper and more significant to the present research.

7.4 Procedures: Interviewing the Participants and Distributing the Questionnaire

7.4.1 The Pilot Interview

The first completed interview was used as a means of piloting, or testing, the interview questions and how to ask them. The selected participant for the pilot interview was the first participant with whom a date was organised on which to meet. She fitted the sample criteria perfectly, and the interview provided a solid basis for the remaining interviews, as well as generating important data. Because the style in which the questions were asked did not alter (neither did the content of the questions themselves to a

substantial degree after this initial interview), it was decided to count it towards the overall quota of participants.

During the pilot interview, it was decided to omit or re-phrase a few of the questions in the schedule. These changes were implemented *during* the pilot interview, so all 40 participants were asked the same questions. In Section D, in which participants were asked about possible triggers, Question 7 was omitted, as it was felt to be redundant and just another way of asking the previous question about what was going on in the participant's life before having an eating disorder. In the following section, E, the fourth question was omitted, because the answer was provided in response to other questions. The second questions in Sections E and H were also left out, as they asked the participant to pinpoint a single reason they became or recovered from an eating disorder. It was felt that if a single primary reason was the cause for their behaviour, the participant would emphasise it when asked the more general question about those experiences. In Section J, the single question was broken into three, keeping the established question as the first, and then asking about media representations of eating disorders, as well as what the participant thought needed to be told to the general public about eating disorders.

7.4.2 Rapport with the Participants

With each participant, a rapport was attempted before the interview began. This was usually done on the walk to the venue, as each participant was met at easily located areas. Many of the participants were interested in finding out more about my background, such as details about my PhD, the Women's Studies department, and where I was from, since I had not mentioned that I was not from Ireland in previous contact. This initial bit of conversation established a connection between myself and each participant, and helped ease us both into the interview process. As Esterberg (2002) writes, the participants "may not be willing to talk honestly or discuss intimate details about their personal lives if they do not feel some level of trust" (p. 91). The reassurances of confidentiality and anonymity, as well as my expression of genuine interest for their welfare encouraged the participants to believe that I could be trusted. It was also beneficial to be a stranger to the participants, as they felt they could more easily confide in someone they did not have to meet again.

In order to sustain the rapport developed with the participants, it was necessary to accept their statements and encourage them to share their ideas (Reinharz, 1992). It was important for them to know that I believed them and that I valued their responses. To do

this, I tried to reduce the "objectivity" that is expected of many research methods by expressing personal interest in the participants' responses, while at the same time not revealing anything about myself that might inadvertently influence their responses. I wanted to have a good rapport with the participants, but was careful to avoid "overrapport," which occurs when an interviewer gets too close to the participants (Converse, 1974, p. 54).

7.4.3 The Interview Process

After meeting and establishing some rapport with the participants, they were given two copies of the Letter of Consent (see Appendix ii). They returned one signed copy, and kept the other for their own records. Before the interview began the disclaimer was made that they were free to stop at any time if they felt uncomfortable, or to skip a question they did not want to answer (which none did). The order and process of the questions was explained to them and their consent sought, in order for them to feel more at ease. It was ensured that the participants approved the recording of the interview on the dictaphone. After asking the introductory questions about demographics and background, the term "disorder" was qualified (see section 7.2.1).

The structure of the interviews (see section 7.3.2) was designed as "semi-structured," but although there were themes that I wanted to discuss, the actual shape and development of the structure of each interview was largely determined by the individual participants. The interview schedule had been organised in order to create a progression from more superficial themes to those of greater substance and insight, but this progression was more to provide a guideline rather than an imperative. In most instances, the lead of the participant was followed; the only instances in which I went through the questions according to their specific order was when certain women were reticent with information and therefore required more provocation. Most of the time, after being asked the initial question, the participant would talk for quite some time, telling everything she could think of about her experience. When this happened, I would let her talk for as long as she liked, and then go back through what she told me and pick up on themes that were relevant to the interview schedule. Subjects that seemed important to the participant were also followed up, even if they were not directly related to the interview questions. The participants were encouraged to enlarge upon details that were not part of the interview schedule, as it was felt that this additional information would give a more complete picture of their experiences. The flow of the questions almost always differed from the

original interview schedule, but the themes were still able to be addressed. There was also a great deal of flexibility with changing the order of questions if a participant's response to one question introduced a subject which was to be asked later in the interview. If I was unsure of what the participant meant by a particular response, she was asked for clarification. Close attention was paid to the nonverbal cues of each participant, and sometimes changed direction if she appeared uncomfortable. When a participant was upset or cried (which only happened a few times), she was asked if she would like to stop, and was given time to compose herself.

At the end of each interview, the participant was asked if there was anything else she would like to discuss that she felt had not been fully addressed, or if she had anything to add that we had not talked about. I wanted to make sure that the participants felt that I was genuinely interested in their accounts, and not just my own research, and that they had the chance to say everything that they wanted to. Many of the participants did want to discuss in more detail some of the themes which had been inquired about, which gave further insight into their experiences. The three questionnaires were then given to the participants to complete, which took only a matter of minutes. If they had questions about how to fill them out, I could answer them at the time.

7.4.4 The Participants' Responses

The overwhelming response that was received from the participants was one of gratitude and relief. Many of them had never spoken about their experiences at all, and for all but four, this was the first time they had discussed it with someone who was doing research on the subject of eating disorders. In the beginning, I was surprised by their willingness to divulge so many personal details of their lives. Part of their eagerness to talk to me was because most of them knew very few people who would listen and understand. Perhaps, as Finch (1993) claims, they "had found this kind of interview a welcome experience, in contrast with the lack of opportunities to talk about themselves in this way in other circumstances" (p. 168). The subject of eating disorders is still relatively taboo in Irish culture, which many of the participants acknowledged. Because of the relative silence on the subject, several of the participants were surprised at how many women were being interviewed, as they did not realise eating disorders were so prevalent. But almost all of them agreed that it was something that should be discussed more openly, especially in an educational setting.

7.4.5 How the Interviews Affected Me

The effect of the research on the interviewer herself is not something that is usually considered, either in quantitative or qualitative research. In this study, however, because the subject matter was related to such a personal—and painful—experience, and because I had an intimate connection to it, I could not help but be affected emotionally. I was often surprised at how the participants could tell their accounts in such a matter of fact manner, and I would sometimes feel upset on their behalf. I had to remind myself, as Thompson (1990) puts it, "that the woman's ability to retell a traumatic story meant she had already survived the worst of the pain" (p. 27). I had not extended my fears about triggering old feelings in the participants to my own feelings. But instead of reliving my own experience in a distressing way, it was, in fact, cathartic to hear other women's stories that were so close to my own. I found I could relate to at least a little bit of each participant's experience, which both strengthened my involvement in the research, as well as my resolve to effect some change.

7.5 Method of Data Analysis

7.5.1 Questionnaire Analysis

Questionnaires A, B, and C (see Appendix lx, lxi, lxii) provided quantitative results to the research question being explored in the current project. The majority of the findings are generated from the qualitative research, but the responses from the questionnaires provide an opportunity for triangulation; that is, to "view the same phenomemon from different angles" (Willig, 2001, p. 30). The questions in each questionnaire had responses that ranged from one extreme to the other, and the participants circled the one that best described how they felt. The results from these questionnaires were entered into an SPSS programme and processed for their descriptive statistics. The most relevant information garnered from these results was to look at the mean, or average, to see if a trend existed across the participants. In addition to this, the participants' responses were compared with the more qualitative responses they gave about similar subject matter. However, it must be noted that the findings from the three questionnaires were designed primarily as a means of corroboration for the qualitative results, and by themselves are not of outstanding significance.

7.5.2 Transcript Analysis

The integration of both qualitative and quantitative methods generated different types of data. From the interviews, field notes and cassette tapes were collected that required much organisation and analysis. The questionnaires produced clearly defined, pre-coded responses. One of the most important aspects of analysing the data produced from interviews is deciding how to transcribe the tapes. Transcripts are sometimes thought of as the literal, written version of the verbal narrative. But "transcribing involves translating from an oral language with its own set of rules, to a written language with another set of rules. Transcripts are not copies or representations of some original reality, they are interpretive constructions that are useful tools for given purposes" (Kvale, 1996, p. 165). The decisions in how the tapes were transcribed would both reflect on, as well as create, the meaning of each interview.

Instead of transcribing each entire interview, it was decided to do partial transcripts of key excerpts from each interview. However, in actual fact the majority of each interview ended up being transcribed, as almost all of the material was relevant. Excerpts that illustrated different points of view were especially recorded. It was realised that these excerpts would not provide proof of the arguments, but would be a useful means of illustrating each point. Each excerpt was contextualised as much as possible without revealing identifying characteristics of each participant.

The method of transcribing these excerpts was also important for the meaning that would be produced from them. For stronger points to be made, and for the meaning to be clear, mannerisms of speech that overshadowed this meaning were edited out, such as the overuse of "um," "er," "like," and so on. The content of each interview was of the greatest importance, so it was not felt to be necessary to transcribe non-linguistic features of speech (Willig, 2001). But because the "meaning in the spoken word is often conveyed through gesture, tone of voice and emotional expression" (Kelly, 1988, p. vii), methods were developed for coding significant nuances. Words that the participant emphasised were italicised, an ellipsis was used to indicate that the participant had trailed off, and square brackets around an ellipsis to indicate that a section of the text was left out. Punctuation was used as deemed appropriate. Pauses, laughter, and crying were also indicated. The focus was more on getting across what was being said than how it was being said, as accent and intonation are difficult, if not impossible, to accurately transcribe. As DeVault (2002) puts it, "no transcription technique preserves all the details of the respondents' speech" (p. 103).

7.5.3 Content Analysis

The transcription of the tapes provided a means from which to proceed with the remainder of the data. The tapes were listened to in full several times, and the notes that had been taken during each interview were made more detailed. An SPSS computer programme in which to enter all the data from each interview and questionnaire was then designed. As many of the questions were difficult to quantify, this programme was not relied upon as the basis of the analysis, but rather as a means of referral. For the primary method of content analysis, it was decided to look for common themes among the participants' responses (Mason, 1994).

Each set of notes for each interview was carefully gone through several times, as well as each group of transcript excerpts, to mark each theme. The participants' responses were coded if they pertained to any of the three major themes: subjects that related to the existing literature, subjects that were relevant to the questions I had posed, and topics that the participants introduced. The set of notes for each participant was analysed for any response that was relevant to these themes, which generated more than 600 different sub-themes. Each of the sub-themes were assigned a number, and then grouped together with other similar responses. Collecting together similar answers and perceptions provided a concrete way of observing trends in thought patterns among the participants. After this procedure had been completed, the collection of sub-groups were then categorised under main headings, such as "body and appearance," "control," and "family life." Eleven of these main headings emerged, which were a direct result of what the participants had talked about in their interviews. As Willig (2001) points out, "qualitative data collection techniques need to be participant-led…they need to be open-ended and flexible enough to facilitate the emergence of new, and unanticipated, categories of meaning and experience" (p. 15). This is one of the main reasons that semi-structured interviews were chosen as the primary means of data collection; interviews provide an opportunity for the participants to talk about a particular aspect of their life or experience (Willig, 2001). Many of the categories directly related to the interview questions, of course, but several topics were introduced by the participants themselves, such as "addiction," "perfectionism," and "rebellion." The responses that pertained to more than one heading were carefully cross-referenced. The participants' responses were also what provided the data that were entered into the SPSS programme, and what was then presented in tables (seen in Chapter 8 and in the Appendices).

The purpose of categorising each theme and examining them together is to make sense of the data, and to look for meaning. In order to do this, it was important to be careful not to reduce each response to how it fitted with each theme, but to ensure it remained contextualised, individual, and personal. The point is not to find the lowest common denominator; it is not so much to unite as to congeal, with "each element retaining its integrity and value, stuck together for a particular purpose" (Aptheker, 1989, p. 251). Within this framework, the meaning of the data is actively created. The data and their implications are not "uncovered;" my active involvement in what information is revealed and how it is linked together is part of the production of the data. The concern, however, lies not in the knowledge that I am a factor in the creation of the data, but how I can make sense of the data and express its significance. In the analysis of the content of the research information, it must be considered how viable and convincing the explanations are of the hypothesis because, "in the final assessment, everything comes down to what you do with your data" (Silverman, 2005, p. 310).

Thematic analysis of the collected data in this research was used in order to facilitate meaning, particularly in the meanings attributed to events by the participants themselves (Willig, 2001). By paying close attention to the participants' responses, and recording themes that they introduce and feel are important, they are given as much a voice of their own as possible. The equal emphasis upon the participants' topics, as well as the current and previous literature about eating disorders, aims to fulfill the objective of qualitative research, which is "to describe and possibly explain events and experiences, but never to predict" (Willig, 2001, p. 9). The results and analyses that are presented and discussed in Chapter 8 reflect this objective, as well as the objectives of the current research: to hear and represent the participants' stories, to illustrate and investigate the current research question, and to substantiate or refute existing theories. The discussion integrates all three of these objectives, and thematic analysis is the most comprehensive means by which to group, compare, and explore each of the participants' responses to these objectives.

7.5.4 Reflexivity

The description and justification of thematic analysis of the data collected from semi-structured interviews must necessarily involve a reflexive aspect. In section 6.4.2, "Being an Insider: My Own Experience," my personal situation and involvement with the current research was described, which is an important consideration in doing qualitative

research. My personal experience with eating disorders undoubtedly helped shape the questions I explored with the participants, as well as had an impact upon the interpretation of the data I collected. But, as Willig (2001) points out, "all qualitative methodologies do recognize that the researcher is, in one way or another, implicated in the research process" (p. 13). It is how this subjective involvement is recognised as being part of the process of analysis that is crucial. Indeed, "reflexivity requires an awareness of the researcher's contribution to the construction of meanings throughout the research process, and an acknowledgement of the impossibility of remaining 'outside of' one's subject matter while conducting research" (Willig, 2001, p. 10). Throughout the designing of the interview questions, the actual interviews themselves, and the subsequent thematic analysis of the participants' responses, I remained cognisant of the fact that although I was researching a question with which I was personally involved, I was careful not to have the main research question about distraction appear as more important that other questions in the interviews. But it follows that because I was the sole facilitator of each interview, it would be impossible to completely ignore what I found to be the most interesting and meaningful. Willig (2001) goes on to argue that "reflexivity ensures that the research process as a whole is scrutinized throughout and that the researcher continuously reviews his or her own role in the research. This discourages impositions of meaning by the researcher and thus promotes validity" (p. 17). By constantly examining and re-examining the approaches I took in the creation, implementation, and analysis of the research, I was careful to consider alternative perspectives to my own and to the existing literature, and to pay particular attention to the participants' words and experiences. As Willig describes, this constant self-evaluation helps to ensure the validity of the analysis.

7.5.5 Validity and Reliability

The reflexive practice that was utilised throughout the current research is only one of the ways by which the research was rendered valid. Validity can be defined as the extent to which research describes, measures, or explains what it aims to describe, measure, or explain (Willig, 2001), and it is felt that the themes discussed during the participant interviews addressed the three main objectives of the project: to give the a participants a voice about their particular experiences, to explore the current research question, and to examine existing theories. Through giving the participants the chance to express their own views, and to introduce their own themes, the strength of the data was

reinforced, as the participants were not "led." Willig (2001) writes that "qualitative data collection techniques aim to ensure that participants are free to challenge and, if necessary, correct the researcher's assumptions about the meanings investigated by the research" (p. 16), which they certainly did during the current research. During the course of each interview, the participants not only challenged the themes I introduced, but I also continually repeated their words back to them and asked for clarification. This was an immediate form of member checking; although the transcripts of each interview were not given to the participants to look over, this was felt to be unnecessary because of the constant clarification during each session.

In addition to the immediate and continuous clarifications during each interview, careful records were kept of the interactions with each participant. From initial contact, when each possible participant's details were written down on a card, to the preservation of any email exchanged, the hand-written and typed notes, the tapes and their transcriptions, a form of audit trail was generated and maintained, should any of the presented data in this research ever be questioned. Throughout each of these documentation stages, quality was ensured as best it could, by being aware of my own reflexivity in the process, making sure the generated data fit the research by remaining aware of how the participants interpret the research, and "continuously seek[ing] to extend and modify emerging theory" (Willig, 2001, p. 142). One measure that is sometimes taken for the analysis of semi-structured interviews is the use of a second coder, or another expert in the field, to interpret the collected data in order to validate—or refute—the primary researcher's findings. For this particular project, which is a doctoral thesis in the humanities, a second coder was not viable for several reasons.

The employment of more than one "coder" is of course quite common in social-scientific studies—common, but not inevitable. The reliability concerns that typically suggest the need for another set of eyes on data that require some classification or interpretation are not as marked in some circumstances as they are in others. In the present case, the identification of themes was so obvious—and so consistently presented—across the transcribed interview data, that the "grey areas" of interpretation that profit most from inter-coder discussion and from some sort of "averaging" approach to the establishment of reliability proved to be very few indeed. It is also the case that the oral interviews that gave rise to the thematic interpretations provided a rich and nuanced backdrop, one that, in the entirety of the interpersonal interview situation, was obviously available only to the principal investigator. The broad similarities that immediately stood

out across respondents' data sets—clear, and typically not necessitating any closely argued or nuanced interpretation—also testified to single-coder efficacy in this case. Beyond this, however, some practical issues could also be noted. Finding suitable individuals with the necessary background in eating disorders would have been very difficult in the contemporary Irish context, something that became increasingly clear over the progression of the research study. There is also the matter of the adequate remuneration for what would have been a labour-intensive task: funding was simply not available here. Overall, then, there would have been real difficulties in finding and employing an appropriately-trained assistant. But more importantly, the nature of the undertaking, the evolution of the methodology, and the emergence of powerful and obvious themes all suggest that such assistance was not a vital requirement here.

Although the results generated from the data in the current research may be seen as the interpretations of only one person, the measures described above have illustrated the care that was taken to ensure validity. As such, issues of reliability and representativeness are also important to consider. Measurements are reliable if they yield the same answers on different occasions, but qualitative researchers are are sometimes seen as less concerned with reliability because they are usually exploring a particular, and oftentimes unique, phenomenon or experience in great detail (Willig, 2001). However, roughly the same results ought to be generated if the same data are collected and analysed by different researchers using the same methods. The reasons for the absence of a second coder in this study are noted above, so a true test of reliability within this research cannot be known. But the additional data collected from the pre-coded quantitative questionnaires helps to triangulate the overall results, as the answers to these questionnaires strengthen the more qualitative participant responses. And, when themes emerge across a number of interviews, the researcher does not have to rely on any one transcript as the sole source of what is "real" or "correct" (Denscombe, 2003, p. 187). A recurrent theme in interviews indicates that the idea or issue is something which is shared among a wider group, and therefore the researcher can refer to it with more confidence than any idea or issue which stems from the words of just one individual. Willig (2001) refers to this as representativeness, for even though we do not know who or how many people share a particular experience, once we have identified it through qualitative research, we do know that it is available within a culture or society. Although the participants in the current research have 40 individual experiences with eating disorders,

the similarities that are found among the discussed themes—and the differences—are perhaps the strongest indicator of the validity of this research.

7.6 Conclusion

This chapter has provided a detailed account of the methods implemented to generate the necessary data to investigate the present research question—to find out, through women's own perspectives, if eating disorders are used as a means of distraction from self and life. To this end, it was important to uncover individual perceptions of why some women think they developed eating disorders. What was going on in their lives at the time? Was there any particular reason or situation in their lives that may have caused the onset of an eating disorder? How did they feel about life in general? The identity of the sample and how it was located, as well as the chosen methods and how they were applied, reveal the detailed methodology. By maintaining a consistent approach with each participant in each interview, a method was established which yielded data that could readily be compared. The participants in the study are, of course, unique individuals and had to be treated as such, but the same general approach was used with all of them. The combination of qualitative and quantitative methods, together with non-confrontational means of contacting and interviewing participants, proved very effective in generating data. The following chapter presents the results of the present study, and these are then discussed in Chapter 8.

CHAPTER 8: RESULTS AND DISCUSSION

8.1 Introduction

The primary purpose of the present research was to learn about individual women's experiences with eating disorders, and to trace their experiences before, throughout, and after the course of their illness. The questions put to them were designed to explore the level of awareness they had regarding the causes and life experiences surrounding their eating disorders. Inquiries into family life, events, feelings, and attitudes that may have been contributing factors were made (see the Interview Schedule in Appendix iii). This was done in order to contextualise the main question: are eating disorders used as a distraction? It was necessary to get a detailed picture of a woman's life in order to understand this question, and to be careful not to focus solely upon her disordered eating. The chronology of each participant's experiences is not as important as identifying how factors coalesced to manifest as an eating disorder. In order to weave a coherent narrative of the participants' lives, and the patterns that exist between them, the results are organised around several major themes. The results of these themes are here presented according to the questions that were asked in each interview, as well as the data collected from the three questionnaires. The quantitative data is presented first, but it is the qualitative analysis of the interviews that is of greater importance, as it is the participants' voices and discussion of ideas that are of significance to this research.

The results showed that having an eating disorder was helpful to many of the participants' lives in various ways. Instead of assuming that eating disorders are negative, it is important to consider the ways in which they can provide relief, however temporarily, from other problems or situations in women's lives. Brown (2007a) argues that we need to explore the meanings that eating disorders may have for a woman; "overprescribing to an approach centered on fighting against anorexia and bulimia is a prescription against listening to anorexia and bulimia" (p. 284). From the perspective of a distraction, eating disorders can be seen as positive, as ways of helping women contend with—or avoid—difficult parts of their lives. This chapter analyses the situations and feelings from which the women sought to distract themselves, why they felt the need to do so, and how eating disorders function as a form of distraction. External and internal factors are considered as potential influences on the women's behaviour, the interaction between culture and self being of particular relevance. Identity and culture are the foremost considerations in the cultivation of—and distraction from—eating disorders,

and it is how they come together to create particular experiences for women that is significant.

This chapter is organised around the main themes that were discussed in the interviews and that are of importance to the main research question. The main findings for these themes were presented in the preceding chapter, but are here analysed and discussed in relation to the literature, the other themes, and the research question. The chapter discusses possible reasons why a woman might develop an eating disorder, through the participants' voices. The hypotheses surrounding the causes of eating disorders are multiple (as seen in Chapters 4 and 5), and are what dominate almost all the literature. Trying to find exactly what causes eating disorders is the focus, either overtly or not, of almost everything written about them; the present research is concerned with contributing to this endeavour. It is the perspectives from which these attempts are made that determine their relative value, and this research is concerned with existential theories. That is, eating disorders can be seen as a means of numbing oneself, avoiding situations in life (or life itself), or as a way of escaping certain predicaments or feelings, which have often been theorised as methods of coping. This research focuses specifically on what the forty women interviewed were avoiding, or escaping. Did they feel the desire to distract themselves, and if so, from what?

In order to have an understanding of eating disorders, it is crucial to think of them contextually. Focusing on one or even a few aspects of a woman's life when attempting to develop any hypothesis about the disorders would not only be naïve but also futile. If anything is known about eating disorders, it is that they are extremely complex and multi-dimensional; to look at a woman's experience with eating disorders is to look at her life as a whole. Eating disorders do not just "happen" one day but "crystallize," to use Bordo's (1993) term, out of a relationship with culture, identity, gender, the body, personal relationships, how a woman feels about herself, and countless other components of life. Women's bodies are the object with which they negotiate the world (Orbach, 1986), and thus their bodies are the link between their self and the world. Culture is heavily implicated in the production of self, and the current climate of consumerism that has exploded recently in Ireland cannot be overlooked. Through the relationship with the family, the construction of personality, and the images in the media, culture is "not simply contributory but *productive* of eating disorders" (Bordo, 1993, p. 50). There are numerous other factors involved in the formation of eating disorders, but the importance of the specific culture in which they are fostered cannot be underestimated. The women

in this research are Irish or have lived in Ireland for some years, and the particular context of their surroundings must be taken into account.

This chapter seeks to explore the idea that eating disorders can be a means of distracting oneself from the perceived meaninglessness of life, while simultaneously attempting to give life meaning by creating an alternative identity. In order to facilitate the discussion about meaning and the distraction from it, it is also important to consider what these existing meanings are, as well as how eating disorders create new meanings. Women's gendered identities and the norms of femininity can themselves be seen as forms of distraction from individuality, as women are expected to adhere to a prescribed mode of behaviour. As shown in Chapter 2, women's identities are strongly linked with their physical appearances, and little space is allowed for the discovery of an individual self. Eating disorders can be seen partially as some women's attempts to create an alternative sense of self through their disorder, or as a means of abandoning the prescribed norms of womanhood. For many women, eating disorders are a way of escaping what has been set out for them, as well as creating new meanings about life for themselves.

To explore eating disorders in terms of distraction requires a consideration of the term itself; that is, "distraction" implies a temporary existence, or impermanent state that provides a diversion from one's "normal" state of being. A distraction usually gives relief to normal circumstances, but it can also be an activity that is painful but still a diversion because it provides an alternative focus. It is important to differentiate between a distraction and a solution, as eating disorders often do not provide lasting resolutions to the problems that exist in a woman's life. The fact that most of the forty participants in this research have "recovered," or are in the process of recovery, implies that they have ceased to distract themselves—at least through the use of an eating disorder. Listening to women's stories of how they recovered is as important as attempting to decipher possible causes of their eating disorders; often the reasons are related. In many instances, recovery is a returning to consciousness, or the cessation of distraction, and it is to what they are returning that is important for the participants. Knowing what is important in each of the women's lives is crucial for learning more about eating disorders as a whole; although it is necessary to consider each woman's experience as unique, it is equally essential not to view eating disorders as individual pathologies (Malson, 1998). The connections made among the participants' experiences in this research are analysed in order to confirm the presented themes, particularly the question about distraction, but also may be seen to

unite their experiences as a whole. It is the similarities among the individual experiences which will reinforce or reject existing theories surrounding eating disorders, as well as advance the knowledge about them, particularly in Ireland. The present query about distraction seeks to advance this knowledge through providing insight into the most important question surround eating disorders: what are they really all about?

8.2 The Participants' Backgrounds

For women to seek relief, either consciously or not, from problems in their lives—and whether the relief is better than or just a different kind of pain from these situations—suggests the need for a more complete understanding of these problems. It is important to consider external factors that could conceivably cause a woman sufficient pain for her to seek refuge in an eating disorder. The circumstances that surrounded each participant prior to the onset of her disordered eating experience are important to take into consideration, if not as a partial cause of her disorder then as part of the context in which the disorder arose. For an overall view of the participants' basic characteristics, see Appendix iv.

Each interview with the participants in this study was contextualised within the existing knowledge of eating disorders in Ireland, of which relatively little is known. The lack of communication about these disorders in general was apparent from the beginning. When each of the participants was asked if she had ever discussed her experiences in a formal setting before, only 12.5% had (see Appendix v). More than half (52.5%) had discussed their experiences with friends and family, but 7.5% had never discussed their experiences before with anyone (see Appendix vi). The level of difficulty the participants felt in discussing their experiences varied, although 35% felt comfortable with doing so (see Appendix vii).

8.2.1 Characteristics of the Participants

To try to make a general profile for women who develop eating disorders is a tempting endeavour; finding demographic similarities between them can be seen as providing valuable insight into *whom* eating disorders affect. The statistics that depict eating disorders as predominantly female disorders are reflected in this research's focus on women. Of the 40 participants, all of whom are female, 45% were in their mid to late twenties at the time of the interview, with only 5% over age 38 (see Appendix viii). 75% of the participants grew up in Dublin or another Irish county, and of those who were not

originally from Ireland (see Appendix ix), most had been living in the country for several years (see Table 8.1).

Table 8.1 Length of Time Lived in Ireland

Length of Time in Ireland	Number of Participants	Percent of Total
Whole life	30	75.0
Less than 1 year	2	5.0
1-5 years	5	12.5
6 or more years	3	7.5
Total	40	100.0
Total	40	100.0

The fact that all of the participants are Caucasian and from a Western country also exemplifies the prevailing theories about women with eating disorders, although it must be observed that this research focuses only on women living in Ireland; 25% of the participants were not born in Ireland, but only 3% had lived in Ireland for less than one year at the time of the interview. Most of the participants reported being in good health (80%), although a few had minor health problems resulting from their eating disorders (see Appendix x). 70% were not sexually active before developing their illness (see Appendix xi).

Of the 40 women studied in the present research, 20% self-classified as experiencing anorexia only, with a further 47.5% experiencing anorexia and then bulimia. Only 7.5% were compulsive overeaters, although some of the participants overate as part of another form of disordered eating (see Appendix xii). The age of onset for 60% of the participants was between 13 and 17 years of age, with the average age being just under 15 (see Table 8.2). Almost half (42.5%) of the participants had an eating disorder for between 5 and 10 years, with only 2.5% experiencing it for only 1 year (see Appendix xiii).

Table 8.2 Age of Onset

Age (years)		Number of Participants	Percent of Total
3		2	5.0
9		1	2.5
10		1	2.5
11		3	7.5
12		1	2.5
13		5	12.5
14		6	15.0
15		3	7.5
16		5	12.5
17		5	12.5
19		2	5.0
20		3	7.5
24		2	5.0
Total		39	97.5
Missing	Missing	1	2.5
Total		40	100.0

N	Valid	39
	Missing	1
Mean		14.74
Std. Deviation		4.363

Being aware of background statistics such as these is important for gaining a broad view of the participants' history, but it is necessary to know about each woman's story for a more accurate portrayal of individual's experiences with an eating disorder. Bordo (1993) writes that eating disorders are appearing in increasingly diverse populations of women, reducing the likelihood of describing a distinctive profile for each. It is important to notice the similarities between the participants, but also to note the differences, as that may be where opportunities for further insights occur.

8.2.2 The Relationship with the Family

The age at which the participants first developed the physical symptoms of their particular eating disorder is revealing for several reasons. Not only does it inform us of their stage of development, it also tells us what they were doing at the time, and with whom they were living. 95% of them were at school or college when it began (see Appendix xiv), and lived mostly at home (80%) (see Appendix xv). 87.5% of the participants had grown up with both their mother and father (see Appendix xvi), and 97.5% of the participants had siblings (see Appendix xvii). 60% were in a relationship at the time of the interview (see Appendix xviii), but only 7.5% had children (see Appendix xix). The participants' relationships with those with whom they were living was almost equally described as good or as bad (see Appendix xx).

Of all these factors, the relationship each participant had with her family often seemed significant. Many of the women described their relationship with their family as bad, stressful, or that they had to act like a parent (or a partner, when the father was absent). Edwards (1987) has described the family as a microcosm of patriarchal society, in that the roles within the family setting reproduce the same feelings of being overwhelmed that current Western culture produces through the norms of femininity. Girls are dissuaded from being angry, assertive or aggressive, and the avoidance of conflict reinforces passivity and makes it difficult to form a clear personal identity, "thus creating a crisis during adolescence which may be 'resolved' by turning against the self" (Edwards, 1987, p. 66). Indeed, many of the participants felt a lack of support from their families, and sought to resolve this internally:

> I think that there was definitely the issue of my father and my family. My family life at home was really, really tough for a while. I think...I don't know if anything was conscious, but I think being able to do that for myself and having control over that side of my life and to be able to have it...my parents couldn't do anything about it, basically. [...] (Rebecca).

> [...] I was looking for perfection, and my family was everything but perfect. So I guess I wanted a new identity, and maybe having a new body was part of this new identity (Suzanne).

Suzanne's desire to separate herself from her family through the reduction of her body reflects her yearning to forge her own identity, which she identifies as separate from her family. Her quest to be separate from them means, to her, that she must also be better than them, which links into her obsession with being perfect. When asked why she wanted a new identity so much, Suzanne replied:

> Because I was not happy like that. I was not happy, I was unhappy with my family, and I felt like they didn't love me. I can't really say why, I've just always felt different from them, from my sister, from my brother. I've always felt inferior to them, so I wanted to be better (Suzanne).

Suzanne's experience of not feeling loved by her family was particularly strong, perhaps exacerbated by the death of an elder sibling as a child, and her family's subsequent unwillingness to communicate. The lack of emotional support Suzanne received from her family was not uncommon among the participants, although it was sometimes discussed specifically in relation to the mother.

When asked in particular about their relationships with their mothers, most reported it as bad or negative in some way (see Appendix xxi), although 17.5% described it as good. Aline said:

> I am really close to her she is probably one of my best friends. Both my parents are very young and I am very close to my mother (Aline).

But Isabella said:

> [...] she was always right and [...] neurotic [...] she upset me. I was very sensitive. She was always [missing] and everything was a problem [...] I do know that she was loud and everything was a problem. Nothing was simple. [...] (Isabella).

Hannah said:

> [...] my relationship with my mother would have been a big thing, too. I wanted her to be a warmer mother. On the one hand she's been brilliant because she's pushed us to our capacity, and she has facilitated my education. And I know that she loves us in her own way, but she was never a tactile mother or an emotional mother or she didn't want to have emotional conversations. Part of me wanted her to open up, so I do think part of it was for attention. I wasn't so much aware of it when I was 16, 17, but I know that when I was 23, 24 there was one stage that I *know* what I wanted was her attention. I wanted to look so ill that she would remember that I was...that I was her *child* [cries] (Hannah).

Hannah's longing for her mother to notice her and to be more loving is reminiscent of one of the earliest theories surrounding anorexia, which Chernin and Orbach elucidated in the 1980s. Orbach (1989) writes that many anorexics (and compulsive eaters) feel that their mothers express enormous ambivalence about their existence, and Chernin (1986) believes there is a great deal of rage at how some women feel they have been mothered. Mothers help to reproduce the gendered norms in their children; Selvini-Palazzoli (1974) writes that mothers in families with daughters who have an eating disorder are often submissive, conservative, and have low self-esteem. From such mothers, daughters learn

a model of womanhood based upon self-sacrifice, submissiveness, dependence, and consideration before self. Indeed, several of the participants described their role in the family as making others comfortable at the expense of the self:

> [...] I felt responsible for my parents getting on in their marriage. [...] I really felt that this was my fault so it was up to me to be all things to everybody. So that sort of thing, and I suppose the fact that...the lack of communication in my family. Not being able to genuinely express the level of distress that...the way my parents are, they're actually causing that level of distress. I don't think parents do that intentionally, but I think that for some children...none of my other sisters have an eating disorder so why it affected me and nobody else—partly because [missing] and I was the eldest. [...] (Victoria).

> [...] I was all about keeping up appearances. So to somebody else...my focus, or my way of being in the world was about making other people comfortable, and being perky, an entertainer. But myself, I was actually quite shy throughout all of that. So it was sort of like my mask that had just become, this is the way I have to be (Marjorie).

> [...] I said a little while back that I saw myself in the family home as a conductor. All my family, because I was the youngest, would take things out on me. If my mother was annoyed, it was me she'd come to, she'd holler. If my brother was annoyed, it would be me, because I was weaker. They knew I couldn't fight back. I don't think they did it purposefully, but I seemed to be...the conductor, basically. So, I decided that my purpose in life—this was when I was really small, in primary school—that my purpose in life was for them to take things out on me, but that I'd absorb them and then they'd be free of the worry. That was my role. And that role was taking too much responsibility, and it was obviously very stressing [missing]. When I was sick, or when I was too vulnerable or sick, they left me alone. Maybe I felt that they wouldn't take things out on me then (Meghan).

The responsibility these women felt as children and adolescents to deny their selves for others' needs, coupled with obeying the norms of femininity, could sometimes lead to rage, supporting Chernin's (1986) argument, against the limitations of the female role which the mother sets up for the daughter, as well as guilt about surpassing the traditional roles of motherhood. Increased conflict arose in many young women in the West when opportunities became available to them with the advent of women's liberation but who were brought up in traditional, patriarchal families. The ambiguities which many young women face can create a great deal of stress. Many feminists have discussed the problem of the double-bind of contemporary Western femininity, in which a hierarchical dualism exists between a physical feminine appearance and controlled masculine will (Moulding, 2005). Attempting to resolve this conflict can cause more than stress; for many of the

participants they were left feeling as though they did not fit in, and that losing weight was initially a partial attempt to be accepted on one level:

> [...] I would have done anything to fit in with the popular crowd. [...] (Sarah).
>
> It's something that I think I would always have to deal with because I kind of always knew that I was little bit uptight and stuff when I was growing up. I just felt that I did not fit in for some reason. I couldn't put my finger on it (Katherine).

Vivian said she just "never seemed to fit," and as a result felt "like an island" and on her own. As many of the participants reported feeling this way, it is not surprising that several (10%) of them were also bullied, particularly at school:

> [...] I was ridiculed and bullied at school for being fat yet it didn't strike me as anything other than some people got bullied and that was it normal [...] (Cara).
>
> [...] I was bullied, basically, by my friends, so it was hard (Sandra).
>
> [...] There was this one girl and she didn't like me, and she turned all the other girls against me. Being honest, I was bullied. Because they constantly followed me, called me names. [...] (Samantha).

Heidi also said she was bullied, and could not cope with the situation. Being intimidated by their peers certainly did not help the women feel good about themselves as adolescents although, interestingly, the bullying often did not interfere with their academic success.

Understanding the particular living situation for each of the participants is important, as the relationship with the people they were living with was often influential on how they felt about themselves. As most of the participants were living at home with their families, it was necessary to understand how they fit in with that particular dynamic. It is also crucial to know what the participants were doing at the time they developed eating disorders, in order to understand other external pressures on their behaviour.

8.2.3 The Influence and Effects of Scholastic Success

The high levels of education which many of the participants had reached also seems to reflect the stereotype surrounding women with eating disorders, although it is important to consider that 20% of the participants did not pursue education after completing the Leaving Certificate exams. The Higher Education Authority (2004) in Ireland reports that in 1992, only 36% of 18 year olds went on to higher education, and in 2003 this statistic had only increased to 53%. It was estimated that in 2006-2007, 57.4% would go on to higher education. The 80% of participants in this research who continued on to higher education is therefore much greater than the national average (see Appendix

xxii). Almost half of the participants were students at the time of the interview, with a further 7.5% both working and studying (see Appendix xxiii). When asked if they did well at school, 67.5% said they did (see Appendix xxiv). It is interesting that almost twice as many participants reported doing well at school as those who reported enjoying it; many of the women described feeling pressure to achieve academically.

The fact that almost all (95%) of the participants had been in school or college (see Appendix xiv) when their eating disorder first began to be noticeable reveals more than just their age and the probability that they were living at home. School itself, as a cause of stress or the location of difficulty, was enquired about and discussed during the interviews. A third (35%) of the women said they enjoyed what they were doing at the time (this includes the 5% of women who were working when their eating disorder began), but 15% said they did not, and a further 15% said they hated it (see Appendix xxv). These figures are interesting when compared with the large number of women who reported doing well at school (67.5%); even though many of them did not enjoy what they were doing they were still successful. Academic success was very important to most of the participants; in the first questionnaire (A), which is taken from Neeman and Harter's (1986) "Importance Ratings" (see Appendix lx), three-quarters (75%) of them had reported it was extremely important to be smart and to do well at school. It is revealing that more of the participants rated being smart above physical attractiveness, which indicates that they value their intellectual worth over their physical appearance, thus undermining the dominant ideology.

Some of the participants described the stress they felt in relation to academic achievement, particularly when writing exams for the Leaving Certificate (final exams in secondary school):

> Yeah. I think a huge reason for my eating disorder was the Leaving Cert. My family are quite high achieving and I would be as well. I let study completely take over, completely and utterly. For a year and a half, that's all I did. I play a lot of music and I play sport, but the first thing was study. [...] (Monique).

Diana said that it was during the Leaving Cert that the first obvious signs of her eating disorder appeared; Heidi said almost exactly the same thing, adding that she could not cope with the pressure and used food to numb her feelings. The stress these women felt about doing well on their final exams, usually admitted to be self-inflicted, is in keeping with their "model child" personae; most of the women had been obedient, quiet, and high-achieving children. The Leaving Cert, for many people, represents the opportunity

to prove what high-achievers they can be; the exams are also extremely important for ensuring a good place in college the following year. For many women, education represents the key to liberation, to autonomy, and perhaps to at least partial freedom from the gendered norm. It is no coincidence that most women who develop eating disorders are highly intelligent, for they have realised that scholastic success can enable them to leave behind traditional female occupations. Baumeister (1991a) writes that, in our society, it is the high-achieving women who are most vulnerable to bulimia and other eating disorders. The stress that ensues when so much is dependent on this success, particularly when success is defined by a few exams in the case of the Leaving Cert, is therefore elucidated.

8.2.4 Perfection and Achievement

The pressure to do well academically often coincides with the manifestation of an eating disorder; indeed, they can run in parallel. Although this pressure cannot be held solely responsible for causing the eating disorder, it must be considered as a possible factor. Indeed, many of the participants compare their desire to succeed at school with their desire to succeed at an eating disorder:

> I suppose I thought it [her eating disorder] went hand-in-hand with academic success. [...] It was going hand-in-hand with timetables that I'd made for myself, study-wise. I was making timetables, I was making food plans, and at the same time I was making timetables. All these really rigid timetables (Hannah).

> Noël: [...] I just wasn't perfect. And I wanted to be perfect.

> EE: Wanted to be perfect how?

> Noël: Well, you know, in every way [laughs]. Specifically, this was something I could actually do something about. I was always an over-achiever at school and all that kind of thing. I wanted to be able to have the power to correct something that I saw was imperfect about myself, while at the same time having an excuse to hurt myself. [...] It was like I kind of got addicted to it. I kept wanting to do it. [...] I still like having a quantifiable mark of achievement. I really like academic work as well because you have that number as well.

Noël's wanting to be perfect was one that was shared by many of the women, many of whom related academic success to physical success. Several of the women also described their experiences with an eating disorder as helping to alleviate the pressure to be perfect:

> I think I was just supposed to be the perfect A1 student that always did everything right and never got drunk or never did drugs or never messed around. Just Little Miss Perfect really (Aline).

> I think because I always was very anxious about things. Just having to have everything perfect and stuff like that. And because that carries such an amount of worry and anxiety with it. This was one way of stemming it off a little bit (Gabriella).

> I wanted—for me this is part of the disorder—I wanted to control everything. Like, school was really important for me and I was the equivalent of a perfect student. [...] I always wanted things to be perfect. Everything has to be perfect or not to be. [...] The idea of perfection. This is really important. I wanted to be perfect, but I had not the perfect body. [...] (Suzanne).

Suzanne's quest for "perfection," which she mentions over and again, is implicit in the conception of both her body and mind, as she cannot be perfect in one without being perfect in the other. For Suzanne, "losing weight was like reaching perfection;" both were ways of measuring achievement in her life. Being successful in both the stereotypically masculine and feminine spheres—academia and being thin—can at first be seen as an attempt to resolve the conflict which many women face in today's society. It is how these achievements grow beyond this attempt that is significant. The feeling of achievement was strong in several participants who had often not felt secure or happy with themselves prior to their eating disordered experience:

> [...] It made you feel good, like you'd achieved something. (Sabrina)

> [...] I felt I was achieving something, I felt I could be looked up to. [...] (Frances).

Achieving "something," which was usually expressed in rather vague terms, was embedded in descriptions of problems with their identities for Sabrina and Frances. Both women wanted some attention, to be looked up to, and have a way of expressing their selves. They both had anorexia (and Sabrina's later developed into bulimia), which was seen by the women as an identity that is an improvement on their feelings of being lost, isolated, and self-conscious. Losing weight is regarded by many women as one of the most direct means of gaining a more valued place in society. One of the primary ways in which the concept of thin is associated with positive attributes such as achievement and control is through images in the media.

8.3 The Influence of the Media

The media are often perceived as being a large contributing factor to the development of eating disorders, and the present study was partially concerned with discovering to what extent this was true for the 40 participants. Questions were asked to find out how much of an impact the pressure from the media and society to be thin has upon the formation of eating disorders. As part of the objective to either refute or substantiate existing theories, as well as to contextualise their experience, the participants were asked if they experienced any pressure to look a certain way, and from where this pressure came. Most participants mentioned that pressure came from themselves (45%), their families (20%), their peers (37.5%), and society in general (25%) (see Appendix xxvi). When trying to decide if the pressure came from within herself or from external factors, Sabrina said:

> Yes. Both. I have probably internalised the standards that are prevalent in society in one way. I probably have objectified myself from those standards. [...] (Sabrina).

The participants were then asked more explicitly about whether or not popular images of thin celebrities or women in advertisements affected how they perceived themselves, to which many (45%) responded positively, although they tailored the question to their own experiences, such as by claiming that the influence of the media was subconscious, or that they do not influence them any more (see Appendix xxvii). Some older participants pointed out that the impact of the media was not as prevalent when they were growing up. Further inquiry into whether or not the participants thought the media did a good or bad job of accurately portraying eating disorders to the public revealed that 42.5% of the participants thought they did not (see Appendix xxviii).

Examining the external influences that are exerted upon women to be thin in Western culture is clearly an important part of understanding the relationship that the thinness paradigm has with the cultivation of eating disorders. The media are frequently blamed for putting undue pressure on women to conform to this paradigm, but it would be too simplistic to attribute eating disorders only to the desire to be slim. For women with anorexia, it is often assumed that they have merely taken a diet too far; that they are simply attempting to conform to the norms of femininity (Orbach, 1989). This theory continues to be pervasive, and some of the participants did attribute pressure from the media and society as having an impact on their eating disorders:

> [...] I've been completely conditioned to think thin equals glamour [...] (Noël)

Marnie feels there is pressure to be socially acceptable and to look "perfect," and Diana says that there are no good role models for teens. Both the influence of the media, as well as how they portrayed eating disorders, was perceived by most of the participants to be negative. The predominant view was that the media do not have a good understanding of eating disorders:

> I would say they are ignorant about the problem. Totally ignorant (Anastasia).
>
> [...] No understanding. [...] They just focus exclusively on weight and not on what's going on behind that (Penelope).

Even the few participants who claimed that the media have a good understanding of eating disorders qualified their statements to reveal that this understanding was not in fact very comprehensive:

> I think there is a good understanding. But in some ways I think there's too much focus on it. I kind of think I never would have become bulimic if I didn't know what bulimia was. If I hadn't read magazines and articles saying this girl kept her weight down by making herself throw up (Sabrina).
>
> Monique: I think it's a pretty good understanding now, among our society. But there wouldn't be among all facets of society.
>
> EE: What do you mean by "our" society?
>
> Monique: I mean well-educated society. That's the only context we hear it in. For people who mightn't be educated, all they'd see are these pictures and no doubt they affect attitudes. [...] So in select areas of society there is a good understanding, but I don't think it's an overall knowledge really.

Sabrina and Monique's explanations of what a "good" understanding entails reveal just the opposite; that these portrayals of eating disorders are in fact quite damaging. The pictures seen in magazines of very thin women seemed to be the most cited medium in which eating disorders were depicted; indeed, it has been noted that television is not as influential as magazines, in which the disorders are often glamourised (Gordon, 2000). Many of the participants, like Sabrina, note how magazines provide a didactic function, in that they give "tips" on how to be anorexic or bulimic:

> [...] I'd say the magazines were very bad because you'd be looking at them and think my next step is to look like that. In regards to their stories on other people's eating distress, they were the most...they gave so many tips. There were so many triggers in them. [...] (Meghan).
>
> [...] In some ways I think if I had never actually read my mother's Cosmo when I was small or whatever I don't think I would have actually known about bulimia. I

> mean, you have to be aware of it as well, but sometimes it's like these things can give people ideas as well (Aline).

The damage that can be caused by magazines, and other aspects of the media, therefore goes beyond simply a misportrayal of eating disorders as being primarily about body size and weight. Young girls like Sabrina, Meghan, and Aline learned dangerous habits from articles that may have meant to be educational, but instead exacerbated the pressure put on women to be as thin as possible.

Diana said that society has a lot to answer for, and is not giving great examples of people, mentioning Victoria Beckham and Nicole Kidman as being poor role models for teenagers. Celebrities were frequently mentioned by the participants to illustrate the mixed messages which the media give:

> [...] Nearly the front page of every magazine has got Victoria Beckham's latest skinny scare and then you've got the likes of, let's say, Dawn French with a couple of pounds on her or whatever, but she's got a healthy, well, happy life and she's made it up there. [...] You've got McDonald's one minute and then you've got the likes of Special K being advertised two seconds later. [...] (Elizabeth).

Elizabeth's description of the mixed messages in women's magazines was also noticed by quite a few of the other participants (12.5%), many of whom expressed anger about this confusion. Aline said:

> [...] you are going through 'Heat' and there's some woman on the beach. Charlotte Church and she has put on too much weight and then you turn three pages and it's Nicole Richie has lost too much weight and you turn four pages and it's how did you get into your summer bikini? And then you turn another page and it's...they have a report on the rise of anorexia and bulimia and it's just so conflicting. It's just an oxy moron at this stage. It's just so paradoxical. Juxtapose the two together and it's really ironic in some ways [laughs]. So it's really confusing if you're looking at it and like what am I suppose to be? What is the perfect body if this person is too thin and this person is too fat? (Aline).

Although the messages which the media send may be conflicting, they all revolve around physical appearance. The idealisation of being thin in order to be attractive has become so pervasive as to become the norm in many ways; to not be slim is to "otherised." Society has become obsessed with thin celebrities, an obsession which "becomes at its farthest extreme so powerful as to render any other ideas or life-projects meaningless" (Bordo, 1993, p. 159). Many of the women in this study were acutely aware of the pressure to achieve a certain body shape, which has become increasingly prevalent in Irish society.

8.4 The Thinness Paradigm

The questions about the influence of the media were asked to establish the extent to which societal demands on women to be thin had an impact on the participants' development of an eating disorder. The impact of the importance of being thin is also reflected in their attitudes towards their bodies. When asked how they felt about their bodies before developing an eating disorder, only 15% responded that they felt good about their bodies prior to developing an eating disorder. Many participants responded negatively, stating they felt self-conscious about their bodies, they did not want to grow up, and that they hated their bodies (see Appendix xxix).

Expressing dislike for their physical selves becomes important given the connection women's bodies have with their inner selves, or sense of identity. Further clarification of their attitudes towards their bodies was sought, as well as comparisons between how they felt about their bodies before and after developing an eating disorder. When asked how they currently feel about their bodies—which was, for most of the participants, after they had recovered from an eating disorder—the term "acceptance" was used most frequently in response, followed by claims that their bodies still had to be "worked on," with some even wishing they were thinner (see Appendix xxx). Chloë said:

> I know it's okay, you know that kind of way? I know I'm grand. [...] It's just my stomach [laughs]. The usual things. I eat healthily. I watch what I eat and exercise. [...].

Indeed, many (30%) of the participants expressed the desire to be thin, or thinner, as a partial cause of their eating disorder, even when they had "recovered" (see Appendix xxxi). This result is an important one to consider more fully, as it would appear at first to reflect the dominant perception that eating disorders are primarily about losing weight to adhere to the feminine ideal. Continued exploration into the possible reasons women developed eating disorders were therefore necessary, as well as further attention to body issues. The participants were asked if they considered themselves overweight before developing an eating disorder, to which 20% responded yes, and 37.5% responded no. A further 30% replied that they thought there were at the time but, in hindsight, realised that they were not in fact overweight (see Appendix xxxii).

It is important to see here that the participants who felt themselves to be overweight, but actually were not, realised these misperceptions, and closely linked their internal unhappiness with that of the dislike they felt towards their bodies. The correlation between physical appearance and feelings of self-worth was explicitly probed.

When asked how they felt when their weight began to change, either with a loss or a gain, most participants (62.5%) perceived weight loss as a good thing, describing it as an achievement or increase in control (see Appendix xxxiii). Monique said:

> Really happy.
>
> EE: Yeah? Why is that?
>
> Monique: Because I'd finally figured out how to be happy with my body. [...]

Eating disorders are commonly misinterpreted as an over-zealous attempt to control our bodies, as a diet gone too far in women's attempts to conform to femininity. "Being thin" has become synonymous with positive attributes in our society; a slim body is generally perceived as signifying control, intelligence, and achievement. Many theorists believe that the intense pressure on women to conform to the ultra thin beauty ideals of the media has led to dramatically low body images in women and an epidemic of eating disorders (Landwerlin, 2001). Indeed, wanting to be thin is still often cited as one of the main reasons for women to develop an eating disorder, particularly anorexia. Bordo (1993) writes that it "*begins in*, emerges out of, what is, in our time, conventional feminine practice" (p. 178). The belief that anorexia, and often bulimia, begins with the desire to simply lose weight, a desire that many women in the West share, is pervasive; indeed, many of the participants believed this themselves:

> [...] It starts as nothing more than a way to lose weight (Georgina).
>
> [...] Maybe because of the society that we live in, to be thin...that's the way that it's brought about. [...] (Aline).
>
> [...] I did put on maybe half a stone, not a lot of weight, and that's what kind of triggered the starting of it. [...] (Danielle).
>
> [...] I just wanted to be thin and more attractive than I thought I was. [...] (Abigail).
>
> [...] I just remember, I just wanted to be thin. That was it (Isabella).
>
> Looking back, at the time I just wanted to be thin (Sabrina).

MacSween (1993) also thinks that anorexia starts from social meaning, but that it transforms, rather than affirms the existing definition of the feminine body. Meghan notes how her eating disorder began as a means to lose weight but quickly became something else altogether:

> Meghan: [...] it's funny, you'd be losing the weight and you'd be delighted and you'd be thinking, I get to wear lovely clothes and it'll be great. But then you

> keep on losing and those kinds of things go out of your head and it's not about that anymore and you're so deep into it that it doesn't matter what other people think. You don't even care what you look like. It's not about weight anymore. That's when you realise it isn't. But getting there all right, it was.
>
> EE: So just sort of the initial descent…
>
> Meghan: It starts off about weight but when you keep on going down you kind of realise it isn't.

These women realised that being thin is equated with other "positive" attributes in our society, and believed that if they were thin, or thinner, they would succeed in other areas as well. If these statements were to be taken on their own and decontextualised, it would appear that these women began their eating disorders only out of an aspiration to be thin, which would be affirming the popular theory that external pressure to be thin is the major cause in the development of eating disorders.

It is crucial to take into account how many of the above quotes are framed from the perspective of hindsight; most of these women went on to clarify that they have since come to realise that many other reasons that contributed to their eating disorders. It is easy to understand how so many women initially believed that all they wanted was to be thin, when so many of the theories revolve around the physical aspect of the disorders. The female body in Western culture is socially located as an object that is to be beautified, improved, and disciplined. Jackson and Scott (1998) write that bodies have no meaning, no significance apart from cultural context, social situation, and interaction with others, and one of the most meaningful attributes of women's bodies in our current cultural context is that of being thin. The paradigm of thin-as-good has been normalised to such an extent that "it often appears to be an unquestionable prescription of some law of natural aesthetics; that fat *is* ugly and thin *is* beautiful" (Malson, 1998, p. 106). For women especially, to be thin represents a degree of success in the striving to emulate the feminine ideal on a physical level, but it also signifies positive internal attributes.

> […] society gives out that impression that if you're slim and pretty you're confident, and you'll get further, and you're more attractive. And you'll be accepted better. And if you're bigger you're obviously lazy (Olivia).

The large percentage (62.5%) of participants who felt better about their bodies and their selves when they began to lose weight further reinforces the dominant perception of thin as good. When asked how they felt when they began to lose weight, some of them replied:

> Great. I got almost a euphoria from it. I felt great. The thinner I got, the more control…I was so happy at the end of the day if I had managed not to eat that day. I felt just fantastic. […] (Hannah).

> Oh, I thought it was brilliant. Brilliant. My motto was, "you can't be too thin." (Chloë).

> […] I had lost weight and I was happy with that. I was much more slim, much more…I guess I was happy with that. I felt much more pretty, much more slim, I felt okay with my body, with my self. […] (Suzanne).

The pleasure derived—at least temporarily—for these women from losing weight illustrates the power of the thinness paradigm, and how it is has become ingrained in their minds that thinness is synonymous with control and feeling good about oneself. Subscribing to this notion is a process that is shared by many, if not most, women in current Western culture.

8.4.1 The Continuum of Disordered Eating

The desire that women with eating disorders have to become thin or thinner places them on the continuum that includes most women in the West: "one of the things which unites women in the West is their almost universal desire to be thinner than they are" (Lawrence, 1987, p. 218). Eating disorders are frequently perceived as belonging to individual women, outside of culture and other women's experiences, but it is important to appreciate their wider cultural relevance. Malson (1998) argues that eating disorders are a socio-cultural phenomenon which is manifested in individual women; that they should not be individually pathologised because most women exist somewhere on the spectrum of disordered eating. Bordo (1993), Lintott (2003), and Dolan (1994) argue that women in general have a "disordered" relationship with food, and that most women, to some degree, are concerned with food and weight. Some of the participants also believe this:

> […] I do think that there are very few people that have a completely normal healthy approach to food anyway because of society today. […] (Aline).

> […] When I see images I automatically see them as…I know there are people out there who can look at these images and not…Although I'd say that's the minority, because every single woman I know, every single woman I know, has problems with the way she looks. […] (Noël).

Diana said that there are very few people who are happy with their weight; it is interesting that all these women implicitly refer to the continuum of disordered eating,

which raises the question why most women, exposed to the same pressure from the media and society, do not develop an eating disorder. Polivy and Herman (2002) argue that if media images were as influential in the causation of eating disorders as they are often believed, then it would be difficult to explain why everyone does not have an eating disorder. For an eating disorder to develop, therefore, other factors must be involved, as "the obsessions with food, the control of the appetite, and the size of the body have begun to involve women of every age" (Chernin, 1986, p. 23).

8.4.2 Physical Appearance and the "Solution" of Internal Problems

It is a common belief among many Western women that achieving the physical ideal in our society will also solve internal problems, that if they can conform to the ideal, "life's major problems will magically be solved" (Boskind-White and White, 1983, p. 58). By aligning themselves with the thinness paradigm, many women, both eating disordered and not, believe that many problems of self will also be improved or resolved. Certainly many of the participants indicated that they believed this:

> [...] I thought that if I was going to be thinner, well then, the thinner I am, the better a life I'm going to have (Chloë).

> [...] They [people with eating disorders] think that once they would be slim then all their problems would be resolved. [...] (Anastasia).

Indeed, some of the women claimed that they could not be happy unless they were thin:

> [...] I think it made me feel...better. There's this one thing I need to do to stay happy. I need to be thin to be happy. Work didn't make me happy. So this is one thing that I need to do (Georgina).

> The skinnier I looked, the happier I was. [...] (Sophia).

> I felt better when I was thinner (Sandra).

> [...] I've always been obsessed with people who are thinner than me. I'm convinced that they're happier and more confident and more successful than me. It's still in my head even though I'm recovering. I still have to battle that thought. [...] (Olivia).

Hindsight played an important part in the dispelling of the myth that internal problems could be solved through the reduction of the body, however. Sophia went on to say:

> [...] But the thing is, the more weight I lost, I still wasn't skinny enough to feel good about it. And it's interesting, because today when I look at photos of when I was in the hospital, I'm horrified, literally horrified, seeing my body as it was

> then. And I remember in my mind, looking at myself in the mirror then, I was still not good enough (Sophia).

Some of the other participants also recognise a discord between self-worth and appearance. When asked if losing weight made them feel better about themselves, they replied:

> [...] I did lose weight but I didn't feel better about myself, so my feelings of worth didn't necessarily improve. No matter how much weight I lost, I still didn't think it was enough or still didn't think I was good enough. So they didn't necessarily improve with the weight loss (Madeleine).

> Well, not in reality but I thought it did. But the truth was I didn't feel good about myself. But it wasn't about the way I looked. [...] (Frances).

Neither Madeleine nor Frances had previously claimed that their anorexia began out of a desire to be thin; they both cite deeper, more psychological reasons as possible factors. They both also had the benefit of several years of hindsight, during which time they undoubtedly came to realise non-bodily aspects of their disorders. Other participants point to the same sort of realisation when they describe themselves as disappointed when they did not feel the kind of happiness they thought their thin bodies would bring them:

> [...] I was very cold all the time, absolutely perished. It was kind of ridiculous because I had thought this would cheer me up, to be thin and to be happy, and I'd want to go out, but I was completely miserable. I was frozen with the cold. I looked miserable because I was so cold. No one would come near me with a ten-foot pole because I looked such a state. I looked gaunt, like a ghost or something. And then I didn't like going out. I was very irritable. I wasn't a nice person to be around at all (Victoria).

The disappointment felt when Victoria's experiences with both anorexia and bulimia did not provide her with the happiness she had hoped it would provide partial reasoning for continued weight loss; the perpetual desire to lose more weight can be seen as affirming the myth that happiness awaits only the very thin. After first claiming that she had felt "really happy" when she lost weight, Monique went on to say that:

> [...] I wasn't thin enough, in my head. I know that sounds like such a typical statement, but I'd stand in front of the mirror and not think I was thin enough even though my clothes were falling off me. That was the worst time. [...] (Monique).

The belief that significant relief can come from the reduction of her body is one that many of the participants initially prescribed to, but later came to realise as futile. Orbach (1989) argues that our eating and non-eating behaviours are attempts to stifle inner conflicts and that our preoccupations with the body are manifestations of our desire to

work things out in the arena we have been given by translating life problems into food problems or body problems. For so many women to give credence to the power that becoming thin can have over the rest of their lives indicates the force of the feminine ideal as a disciplinary practice.

8.4.3 The Disciplining of Women's Bodies

For the thinness paradigm to affect most women in the West is hardly surprising when we consider that biologically, historically, and culturally, women's bodies have been closely linked with their identities; women are portrayed as though their bodies were capable of representing their selves. Realising that they are often evaluated on the basis of their physical appearance, many women have learned to internalise an objectifying observer's perspective on their own bodies (Fredrickson et al, 1998). Bartky (1997) implements a Foucauldian analysis to describe how women discipline their own bodies; she writes that "a panoptical male connoisseur resides within the consciousness of most women: they stand perpetually before his gaze and under his judgment" (p. 72). The participants in this research have learned to be their first and harshest critics:

> [...] I know myself that I can't afford to let myself go because if I do it'll start the habit with the brain. It's a constant thing to be watching all the time (Chloë).

Even though Chloë has been "recovered" for about ten years from both anorexia and bulimia, she still experiences the need to regulate her body. Chloë reveals that she has internalised the thinness paradigm, and that she has attempted to discipline her own body to achieve the prestige that is awarded to thin women. Regulating one's own body is an important part of how an eating disorder functions; the constant surveillance of the intake and purging of food is a form of discipline over the mind. Isabella contradicts herself when she attempts to claim that she does not discipline her own body. At the end of her interview she says that:

> [...] I don't really go along with surveillance and Foucault. [...] I think it has more to do with very sensitive people being pre-disposed to [eating disorders]. [...] (Isabella).

But earlier she had claimed that pressure to look a certain way did not come from family, media, or general society; that it was just something she put on herself. Isabella's contradictory statements are revealing because they indicate her desire to believe that she has more control over how she regards herself, instead of allowing that society can in fact function as a means of discipline for women.

The constant need to control the body serves not only to discipline the self, but also as a means of distraction. By focusing on the seemingly meaningless details of calories, other aspects of life can be warded off; this can "be read as an attempt to erase meaning from one's life, as an (a)voidance of any meaningful subjectivity" (Malson, 1998, p. 169). Producing a "docile" body (Foucault, 1975) may at first appear to align with the thinness paradigm, but over the course of the interviews it was revealed that the discipline that is exacted through eating disorders is an attempt both to create and erase meaning.

The meaning that is typically bestowed upon women in the West is identified through their bodies; their selves are defined by their physical appearances, and their worth is decided by how closely they align with the feminine ideal. Butler (1990) asks, "to what extent is 'identity' a normative ideal rather than a descriptive feature of experience?" (p. 16). It is no coincidence that trends of thinness in the 1920s and 1960s paralleled the emancipation of women and sexual liberation in the West (Weinreich, 2003), because the thinness paradigm functions as a means of subordinating women. By focusing a large amount of their time on improving their appearance, women are effectively distracted from considering issues of deeper meaning. Gordon (2000) writes that "the marketing of extreme thinness is only one component of a much broader assault on women's consciousness by an industry that is determined to divert their thinking from more relevant issues about themselves" (p. 213), that the hidden agenda of beauty industry is the control and enslavement of women. Wolf (1991) agrees, stating that "dieting is the most potent political sedative in women's history; a quietly mad population is a tractable one" (p. 187). It is fighting against the distraction which women's gendered identities present to them with which eating disorders are partly concerned.

8.4.4 Rebellion Against the Gendered Norm

To view eating disorders as simply an over-adherence to the thinness paradigm would be to overlook many other significant factors which pertain to the disorders. Because women's bodies have been set up as representative of their identities, it makes sense that it is through their bodies that they express their confusion about "what it means to be a woman in the modern world" (Chernin, 1986, p. 17). There are many theorists who reject the idea that women with eating disorders are conforming to the feminine

ideal; they see them as, in fact, rejecting femininity and all that is associated with it. Some of the participants described their experiences in similar terms:

> It's like I needed a change. I needed something, I don't know. [...] I was always good at everything I did, like at school. I was always the goody-goody and whatnot, and I think I just needed to put my foot down and be like, I don't always want to be the goody-goody, I'm sick and tired of it. I just wanted to be perceived some other way (Sophia).

> [...] It gave me that little bit of independence; it was kind of a rebellious thing to do (Rebecca).

Being a "goody-goody," as Sophia puts it, is, as Wolf (1991) describes, being obedient, not only in regard to physical appearance, but also in terms of behavior, conduct, and accomplishments. Moorey (1991) writes that eating disorders are seen as political choices or statements which are connected with society's perception of women. By making themselves *too* thin and therefore *un*attractive, women with anorexia refuse to be valued according to their appearance. Becoming as thin as possible, and therefore "over-conform[ing]" (Malson and Ussher, 1997, p. 45) to traditional femininity, the anorexic woman fades away to make her body less available to the disciplinary observation and surveillance that all women are subjected to in our culture. Unable to express how she feels with words, the woman with anorexia uses her body to indict a culture that suppresses female hunger and demands that women constantly work on the transformation of their bodies (Bordo, 1997a). Madeleine expresses how eating disorders are a means of crying out for help, when they could not be verbally articulated:

> [...] You can fix a symptom but a person can still have difficulties with themselves. Really, they're crying out for help.
>
> EE: What kind of help?
>
> Madeleine: To be shown love by people, in whatever form, such as acceptance, or unconditional positive regard.

Here, Madeleine refers—either knowingly or not—to Rogers (1961) idea that if we always and forever received only unconditional love and "regard," we would not develop various sorts of pathologies. Madeleine and other women with anorexia are not the only ones who can be seen as rebelling against the gendered norm; overeating can be seen as a direct outcome of rebellion against food restraint (Jade, 2002). The anorexic mocks the social norm by becoming as thin as possible, and the overeater mocks it by becoming fat. When women's bodies—and therefore selves—have become so narrowly and powerfully

defined, eating disorders sometimes appear as the only escape, the only way to avoid these parameters. Women with eating disorders are often attempting to take themselves "out of the game," to not be recognised and judged by their physical appearance. As the culturally-prescribed restrictions of women's physical appearances grow stronger as women gain more "liberation," more women turn to eating disorders as an "escape from the confines of femininity" (Malson and Ussher, 1997, p. 56).

8.5 Identity and Gender

To see the norms of gender as restrictive and therefore something to be rebelled against indicates that identity is a problem for many women who experience eating disorders. Women's gender roles can be viewed as a distraction from contemplating deeper issues of self, as well as narrowly defining female identity. Women who develop eating disorders are sometimes rebelling against a defined identity and attempting to create an alternative one. Identity is closely linked with meaning; indeed, "identity is the problem of unity and purpose in human life" (McAdams, 1997, p. 60). Everyone wants to make sense of her or his world, and a fundamental aspect of this process is the striving to make sense of one's self (Weinreich, 2003). For many women, the problem of creating a meaningful life is expressed as a problem of identity. Eating disorders, which may begin as a means of creating an identity outside the usual parameters, can both produce and destroy identity. Bruch (1978) writes that "by controlling their eating, some feel for the first time that there is a core to their personality and that they are in touch with their feelings" (p. 4), but the disorder can be a forceful means of abandoning one's original self by being distracted from it.

Identity is important to women who develop eating disorders, perhaps because they often do not feel they have a solid one prior to developing a disorder. According to MacLeod (1981), "the anorexic has sufficient sense of identity to know that identity is something to be fought for—by whatever means" (p. 65). We have seen how many of the participants have internalised the paradigm of thinness as good, as well as the conception that a thin body can "solve" non-bodily problems. How the women feel about their bodies is therefore directly linked with how they feel about their selves. Meyers' (2002) assertion that to know one's self is to know one's body indicates that body and self are intertwined; women's gendered identity relies upon this link. Women with eating disorders can be seen as attempting to escape this definition; they seek to undermine this naturalised connection by desiring to focus solely upon the mind.

8.5.1 Appearance and Self-Worth

As seen in the preceding sections, how the participants felt about themselves was often directly related to how they felt about their bodies. When asked how much their feelings of self-worth were affected by their physical appearance, 62.5% replied that their feelings of self-worth were very influenced by their appearance, with only a few participants claiming there was no association between the two factors (see Appendix xxxiv). Penelope said:

> Well, they were directly proportionate to my weight loss and how I felt about myself. I suppose superficially I felt better but deep down I was absolutely miserable. [...] (Penelope).

It was not just what they thought of themselves that mattered, however; how other people regarded them was also of importance. In response to the question "did you care what other people thought of you?" the majority (70%) of participants said yes (see Appendix xxxv). This response might at first appear to support theories about women wanting to abide by the thinness paradigm; being seen as attractive by others meant being accepted as well as impacting on their self-esteem. When asked if other people made comments about their appearance, 90% said yes (see Appendix xxxvi). When asked if she cared what people thought about her, Olivia replied:

> Yeah, always, very much. I was paranoid, I suppose. I always imagined the worst. It was so shallow. I was always thinking people were judging me by my appearance. Because I'm big I'm not attractive and people wouldn't be interested in me. It's always the skinny girls that get the boys. The popular ones.
>
> EE: Where do you think you got that idea?
>
> Olivia: Just society in general. Every group I hang around with are always tall, skinny, attractive, confident. We'd go out and I'd always be left on my own because all the fellas would be interested in them. [...]

Olivia's awareness that it was "shallow" to be judged by her outward appearance did not prevent her from wanting to be accepted by her peers; she indicates her recognition that her value as a person is revealed through her physical body.

When the participants were asked how they felt, in general, directly before developing an eating disorder, only 17.5% reported feeling content. 25% said they felt sad or lonely, and 10% mentioned that they did not feel that they "fit in" (see Appendix xxxvii). As with the majority of the interview questions, this query was left open-ended, so it is revealing that a quarter of the women reported feeling sad or lonely, which is

evocative of alienation, or feeling like an outsider. Even those participants who report feeling content would often qualify their statements; Sophia said:

> Before it began? I think I was very happy, but I felt a lack of something. [...] I just remember, at Christmastime, looking at myself in the mirror and being like, for my New Year's Resolution I should lose some weight (Sophia).

Here, Sophia reveals not only her ambiguous feelings about being happy, but also connects these feelings to her body. The following discussion reveals the awareness, both explicit and implicit, which many of the participants had about how closely their bodies are linked with their identities. Just as the responses to the preceding questions provide preliminary insight into possible factors in the development of disordered eating, so the following results permit further understanding about the impact of identity problems.

8.5.2 The Development into Womanhood

It is revealing that several (15%) of the women mentioned that they had not wanted to grow up, or develop a woman's body. This reluctance to inhabit a particularly female body shows the inherent difficulties that the current gender norms present for women in the West. Becoming a woman, and all that it entails, can indeed be a frightening prospect for any young girl; the confusing role expectations in Western society have contributed to the "superwoman" syndrome: Dolan (1994) writes that "a woman is expected to be a mother, have a career, be a dutiful wife, an exciting mistress, be romantic but also be independent—and stay in control of all of this" (p. 5). Additionally, womanhood is associated with a loss of identity: what the anorexic girl believes to be in store for her as a woman is a passive role, a position of helplessness, and the loss of self (MacLeod, 1981). Chernin (1983) notes that it is precisely at the moment they are about to develop into womanhood that these girls are seized by the anorexic longing, because "fat stands for maturity and maturity implies a meaningless existence" (p. 69). Faced with the difficulty of this development, it is no wonder that some of the participants expressed reservations:

> [...] I think my whole body image, I was just, I think a lot of it was just fear. I was afraid of everything, afraid of growing up [...] (Chloë).

> I know definitely I didn't want puberty to happen. I know that much. I really was dreading it. [...] I didn't want any of those growing-up things to happen. [...] the eating disorder was most likely a distraction or diversion away from the realities of having to grow up (Ruth).

Marnie stated that she explicitly stopped eating so she would not develop so fast. These women express fear and dread about becoming a woman, situated in the context of their bodies. They have realised that becoming a woman equals a loss of identity; that as women their lives will be regulated according to the norms of femininity, which is profoundly at odds with the deep internality of identity. Malson (1998) writes that 'femininity' (as appearance) becomes the other of identity" (p. 149). Femininity is an image; it is only skin-deep and thus an unlikely place for any serious identity to develop. Hannah described her panic about being a woman in both a physical and societal way:

> Hannah: I just thought it was completely gross to be a woman. I didn't want anything to do with it. My earliest memory is my mother having a conversation to me about your period, and you'll be getting your period as you turn a teenager, et cetera. I didn't want to know *anything* about womanhood whatsoever. It just completely freaked me out. That's when I started…as my body started to change as a teenager, I just…I thought it was disgusting, I hated it. I think part of me wanted to be dissociated from it and still be a child and not have to deal with the body parts of being a woman.
>
> EE: Was it more than the body parts, or was that the main thing?
>
> Hannah: No, and also the societal parts as well. I didn't want anything to do with men or boyfriends or…I didn't really have any interest in going out clubbing. I did go out and I did socialise but I would never have worn revealing clothes. I had no interest in make-up. I just wanted to not be noticed. I didn't want anyone looking at me.

Hannah's desire to remove herself from what she believes womanhood to be reveals her attempt to retain her "self" by attempting to ignore her (distinctly gendered) body, which reinforces the parallels between the mind-body dualism and anorexia. Women with anorexia often believe that by "transcending" the body they can concentrate solely on the mind, thus proving the control they have over the self. But their attempts to leave their bodies behind are self-defeating, because the process through which they ignore it—by not feeding or nurturing it—is continuous. The body must not be fed every day; it is an ongoing process of annihilation, a constant struggle for transcendence. Lintott (2003) writes that the goal of an eating disorder is complete perfection—total domination of the will over matter, but that no one can accomplish this, at least not permanently. The repetitive nature of an eating disorder is evocative of Butler's theories about gender performance; women must be in the constant process of performing their gender in order to constitute the proper effect. Similarly, women with eating disorders, particularly anorexia, must constantly deny their hunger and elevate the mind over the body in order

for it to be "successful." But because, like gender, an eating disorder is always at risk of failing—that is, giving in to hunger—the woman experiencing it must constantly deny her body to feed her self. Lintott (2003) writes that the anorexic woman does not lack an appetite, but "is painfully aware of it, and fights to control and deny it every day—all day. In fact, her appetite, her hunger, is her raison d'être. Without an appetite and an awareness of her hunger, she would lose the defining feature of her life" (p. 70).

8.5.3 Identity as Performance

The assumption that gender is a natural result of biological sex is one that underlies the basis of many feminist debates, as the naturalised inferiority of women's bodies has formed the basis for ensuing arguments that place women in a subordinate position. The theory that gender is a performance which women put on and enact through their bodies exposes femininity as an endless repetition of a manufactured mode of behaviour. Butler (1990) argues that gender passes itself off as reality through a series of performances, which are ultimately located in the body. If we accept that gender is a false naturalisation, borne out of the patriarchal desire to keep women subordinate, we must therefore question our identities as a whole; that is, if we come to realise that femininity is not inherent, we must also wonder to what extent our identities are also produced. Butler (1990) does not believe that we have a "core," a part of ourselves that exists before culture, because we are always already cultured. Women with eating disorders seem to have particular difficulties with their identities, which often arises out of feeling that they are not "performing" femininity correctly. Many of the women expressed confusion about who they were, and that they were uncomfortable with their identities before developing an eating disorder:

> What I really couldn't do was be comfortable with me, and accept who I was. [...] So that sense of worth wasn't there. [...] (Marjorie).

> [...] I don't know who I am really. [...] I don't know what normal is anymore. [...] No, I didn't [have a firm sense of self] because I had very low confidence, very low on self-esteem. [...] (Olivia).

Both Diana and Heidi claimed that they did not know who they were, and Diana said that she never understood her self. Not understanding the self is a particularly gendered problem for women, as the self and body are so closely connected. It was common for the participants to interchange one for the other. When asked how she felt about her body, Madeleine explained:

It was certainly something I hated. I really did hate my body.

EE: And why was that?

Madeleine: It was more having to do with the circle of friends I was involved with in school, who would have been quite body-conscious. One or two of them would have known I was conscious about my own body. But I think it was really the hatred I had of myself in general. I kind of focused it on my body.

EE: Why did you think you hated yourself?

Madeleine: It was low self-esteem, I think, not feeling good enough, not being as good as other people, wondering why I didn't fit in when other people did. Bit of confusion about who I was. Sure, I was very young anyway.

The preceding dialogue with Madeleine is revealing for several reasons. The awareness she has—that her hatred of her body was tied in with the confusion she felt about her identity—exposes the particularly female association between the two. Madeleine's claim that she focused her dislike of her self on her body shows that she subscribed to the "solution" myth—that she believed her body could solve identity issues.

The discontent the participants felt with themselves was perhaps one of the most pervasive themes among the interviews. How this dislike for the self gets translated into dislike for the body, and ultimately an eating disorder, is an extremely gendered process. Aline shed some light on this:

I don't know. I never thought that I was unattractive. I think maybe it was more my personality I found difficult sometimes.

EE: Maybe you could tell me more about that?

Aline: I've never thought…like some people go through this thing of "I'm so ugly, I'm horrible"—I never really went through that. It was just that I didn't like myself as a person rather than in a physical sense.

EE: What didn't you like about yourself?

Aline: I don't know, it's like twenty million different things [laughs]. I felt maybe fake in some ways. I think maybe for me I felt that my physical appearance actually was the only thing I had to offer. That in any sort of relationship with guys I didn't think that my personality wasn't attractive enough in order to gain respect. I think I used my physical appearance more as my way of winning people around.

It is clear that many (62.5%) of the women made a connection between their physical appearance and their feelings of self-worth, which can be analysed in a specifically gendered context. It is significant that Aline uses the word "fake" to describe herself,

which implies that she thinks there is a more real self she should have. To feel fake also suggests a performance of sorts, that Aline is attempting to emulate what she believes femininity ought to be—and not succeeding. Gender, as Butler (1990) argues, is performative in that it constitutes the identity it is purported to be, but "there is no gender identity behind the expressions of gender; that identity is performatively constituted by the very 'expressions' that are said to be its results" (p. 25). Not liking oneself, and not having a firm sense of identity, can in part be attributed to the unnaturalness of gender norms for women.

8.5.4 Insecurity and Low Self-Esteem

Rosenberg's (1979) self-esteem scale (Questionnaire B) was administered to the participants (see Appendix lxi) in order to further understand how they regarded their selves. Many of the women did indeed feel poorly about themselves (45% strongly agreed that they were "no good at all"), which at first seems to further reinforce previous hypotheses. A small majority of participants leaned towards negative perceptions of themselves. 20% responded that they agreed they had a number of good qualities, but another 20% disagreed. Similarly, 12.5% strongly agreed they were able to do things as well as most people, 12.5% disagreed, and 22.5% were neutral. The results that were most heavily weighted on one side pertained to how they felt about themselves, with 45% strongly agreeing that at times they thought they were no good at all, and 30% strongly disagreed they were satisfied with themselves.

Rosenberg (1979) writes that when self-esteem is low, one's perceived weaknesses predominate, and one sees oneself as a seriously deficient person who is inadequate and unworthy—this, it is claimed, predisposes young people to many problems (Owens, 1994), not just eating disorders. Self-esteem, however, is only one component of the self-concept, which itself is only one part of identity, and therefore only a partial feature in the overall picture of eating disorders. It is tempting to analyse self-esteem as an independent characteristic, but it must be kept within the larger context of self, body, and the larger world.

Almost half of the women attributed at least part of their eating disorder development to issues such as not knowing how to deal with particular emotions, or being overly sensitive. Although feelings of insecurity were not directly enquired about, many of the participants placed importance on its connection with eating disorders:

> I suppose it was because I was so personally kind of insecure. See, I would have been quite secure within the home, but outside the home it was a different story. I was just not very confident at all, and not very adept socially. I was just too shy, too reserved (Abigail).

Diana discussed in depth the need to feel secure and happy, and that her reduced eating was very connected to a loss of security and ability to express self. Cara, a participant who had been a compulsive overeater for most of her life, attributed a great deal of her eating disorder to the insecurities she felt, and the emotional emptiness that resulted. The insecurities these women felt in their selves contributed to feelings of low self-esteem and over-sensitivity:

> I probably had bad, very low self-esteem. [...] I think myself that my low self-esteem and possibly it affected me more because of my sensitivity. [...] I think it's mostly to do with being super-sensitive (Isabella).

> [...] Maybe just about the personality traits. I know for me I would have been very sensitive. [...] (Mary Lew).

Heidi described herself as "hyper-sensitive," and Vivian attributed her anorexia partially to her personality, claiming that people react to circumstances differently depending on who they are and her sensitivity made her more open to the "controlling thing" of anorexia. Penelope also partially attributed eating disorders in general to "the kind of disposition the person might have." Feeling insecure and having low self-esteem are commonly cited as potential reasons women develop eating disorders; in medical discourses about eating disorders, personality factors are usually cited as a predisposing factor. Silverstone (1992) even goes so far as to argue that low self-esteem is a necessary prerequisite for the development of eating disorders.

Questionnaire A, "Importance Ratings," (see Appendix lx), was also used to further explore the connection between how the participants felt about themselves and the development of an eating disorder. It is interesting to note that less than half (45%) of the women felt it was "extremely important" to be good looking, while three-quarters (75%) of them felt it was "extremely important" to be smart and to do well at their studies or job. The findings from this questionnaire complement those of the Rosenberg questionnaire in that although many of the participants may have felt poorly about themselves, they sought to improve themselves intellectually rather than superficially. That is, although at first several of the women expressed their development of an eating disorder in terms of aligning with the thinness paradigm, most of them went on to claim that it was how they felt about their selves that was of greater consequence:

> I think really it's about how the person feels about themselves. It's not to do with their body and their weight, although that's how it manifests itself. [...] (Madeleine).

> [...] it's not about weight. It's not about weight. It's a lot deeper than that. That it's the person themselves. It's a psychological disorder. It's a form of depression. [...] (Sophia).

For so many of the participants to point to aspects of the self as being implicated in the development of their eating disorders reinforces the theory that identity is inextricably linked with meaning; "fundamentally, it may be the most important object in the world" (Rosenberg, 1965, p. 9). Rosenberg (1979) argues that few activities engage our lives so profoundly as the defense and enhancement of the self. How women feel about their selves is an integral part of their experiences with eating disorders.

8.5.5 Emotions

Experiencing low self-esteem, feeling poorly about oneself, and attempting to establish a more solid sense of identity can all be seen as contributing to the development of an eating disorder for some women. Eating disorders can thus be viewed as a means of helping women deal with their inner struggles; sometimes these disorders are helpful in that they provide an escape, or distraction, from these problems of self. Using an eating disorder, albeit subconsciously, to contend with painful emotions or feelings of unworthiness are sometimes interpreted as methods of coping, which are awarded much credence in the causing of eating disorders. Indeed, for many of the participants, eating disorders did seem to provide a means of managing issues of identity, particularly emotions and feelings that they did not know how to handle:

> [...] Compulsive overeating, I think people do think, oh you just need will-power. You just need will-power. I suspect I must have heard that along the way, from my mother, my grandmother. Oh, you don't need that, you're not hungry. No, you're right, not physically hungry, but hungry for something I'm not getting somewhere else (Sarah).

> [...] I would be very much an emotional eater, and we [she and her boyfriend] were breaking up constantly, and getting back together. It was like it was an excuse for me to keep eating (Zoë).

> Well, I think first and foremost it's stuffing myself to fill an *emotional* hunger or pain. It's *emotions*, I think, that are the problem. The way my brain has been conditioned from a very small age, neglect maybe, or a [missing] loving parental upbringing, and I turn to food and animals, I think. [...] I think stuffing myself with food at that time was the only way I could get my emotional hunger filled,

> but I didn't realise it at the time. I was called a pig for stuffing myself, I was called greedy, all the usual things. [...] (Cara).

Sarah, Zoë, and Cara's recognition that they used food to deal with emotional problems is significant, not only because Sarah and Cara do not consider themselves recovered yet, but also because they are all overeaters. All three women allude to food as a means of providing fulfillment on some level, fulfillment that they are painfully aware was lacking in other areas of their lives. Chernin (1983) writes that "what I wanted from food was companionship, comfort, reassurance, a sense of warmth and well-being that was hard for me to find in my own life, even in my own home...I was hungering, it was true; but food apparently was not what I was hungering for" (p. 11). The emotion that is typically felt to be absent is that of love; Sarah describes how this works:

> [...] I'm certainly getting something out of it or I wouldn't do it anymore. Now what is that something I don't know. [...] I would say more likely what I would've gotten out of it would've been this when food is love. I'll treat myself, I deserve it or whatever. This substitute...you know, that's probably what it is. Whatever substitute for love, substitute for sex, substitute for intimacy, substitute for...who knows. Somehow it becomes a substitute I think (Sarah).

Dana and Lawrence's (1987) similar description of a compulsive overeater as someone who is aware that something is lacking, but instead of finding out what those needs are and attempting to meet them, she swamps herself with all sorts of things that she does not really need. Other participants, who experienced bulimia or anorexia, also mentioned how their particular eating disorder helped them when they were feeling emotionally empty:

> When I'm needing or needy in other areas, like love or encouragement or support, and don't feel I'm getting it. My comfort is basking in anorexic thoughts (Penelope).

> [...] I definitely used to binge when I was upset. It was like being sick instead of crying. It was nearly like another way of expelling something upsetting from your body but through food. It's only now that I've become self-aware. You introspect a lot more. But if I actually take time to let myself cry the urge to cram all the food in, it goes. Now I look back and think I definitely was bingeing when I needed to cry. [...] (Ruth).

It is apparent from these quotes, and indeed from the several of the interviews in general, that eating disorders have much to do with how women feel, and how they cope with—or deny—these feelings. Several of the women describe eating disorders as emotional disorders and, as the above participants suggest, their individual forms of eating disorders were their way of dealing with emotions or feelings they did not know how to control or

experience. Some of the participants went beyond attempting to deal with their emotions, however; having an eating disorder ensured that they would not have to face or deal with their emotions:

> [...] definitely if something upset me I would I would use it. Like if a comment was made. I'd get this sick feeling in my stomach and think well it's the only way to get rid of that feeling (Ruth).

> [...] when I think back I can't feel anything. I think I really shut down all my feelings. [...] I didn't know what I was feeling or how to talk about it. [...] (Frances).

Marnie said that her anorexia and bulimia was her "survival mechanism," which meant she did not have to deal with her emotions. She was not able to express how she felt about anything, and she used her eating disorders to detach from life. Ruth, Frances, and Marnie all relied upon their anorexia and bulimia not as a way to deal with difficult emotions, but to escape from them. In many instances, the difficulties of dealing with emotions, low self-esteem, and becoming a woman are avoided when the disordered eating identity takes over. Anorexia, bulimia, and overeating can all provide both an escape from, as well as an alternative means of, identity.

8.5.6 How an Eating Disorder Creates Identity

A partial objective of the present study was to comprehend the extent to which eating disorders can be seen as projects of identity. That is, how much are eating disorders about creating an alternative identity to the one dictated through the norms of femininity? Do eating disorders provide an alternative identity for women? This section reveals how the participants felt about their identities before, during, and after their experiences with eating disorders, and how their attitudes shaped their experiences. The results also show how an alternative identity is often created through the use of disordered eating.

Because the links between the reasons the women developed and sustained an eating disorder and how they felt about themselves were closely related, it was important to note how their attitudes changed towards their identities after they had recovered. When asked if they thought their experiences had changed them in any significant way, 70% reported that it had (see Appendix xxxviii). Some of the ways in which their eating disorders had changed the participants were that they were more accepting of themselves

and others (5%), they had more empathy for others (37.5%), and were more self-aware (37.5%) (Appendix xxxix).

That so many of the participants felt that their eating disordered experiences had altered their identities indicates the possibility that an alternative sense of self was created through their experiences. When asked if they felt they were a different person because of their experiences, 30% of the women said they were (Appendix xl). Noël said:

> There was a person before all of that. I don't know who that is. I've had a person A, a person B, a person C, and at the moment I'm person C who's gone through all of this stuff. [...] But I don't know if the good things that I've recovered under the sediment of all the problems that I've gone through—if those attributes are the same attributes as I had in the beginning Noël).

Eating disorders were often an enormous part of the participants' lives, as well as identities, and how they perceived their experiences is important. When asked if they regretted their experiences, more than half of the participants said they did not (Appendix xli). 22.5% claimed that their experiences with eating disorders had made them who they currently were, and some (5%) had learned to accept themselves for who they were (see Appendix xlii).

By focusing on the details of food and weight which constitute eating disorders, a woman can avoid painful emotions and feelings. The attention to detail which many of the participants express through the function of their eating disorders both obliterates as well as produces identity (Malson, 1998). The struggle to govern the body with the mind becomes such an all-consuming practice for many women with eating disorders that the disorder itself became their identity. That is, while trying to focus so completely on their identities, they create a new one through the process. Many of the participants confirmed this:

> I think it had become my identity. It was such a big school. I went from, say...in fifth year I started losing the weight, and by the time I was in sixth year I was known for being thin, tall, with long blonde hair. I had left behind the nerdy, chubby image that I'd had. I liked the identity of being considered a pretty girl that I'd never really had before. [...] (Rebecca).

> [...] I felt that all of that stuff, me hating myself and wanting to punish myself, was the very kernel of my personality. That she [the GP] was trying to force me to dissolve that and that my whole self would dissolve. [...] it was just another part of my personality. It was just the way I dealt with things. In the same way as I used to write or I used to paint (Noël).

Diana said that her disorder of reduced eating was just a part of her; it was who she was. Many of the women seemed pleased with having their problems defined as eating

disorders; some of them felt relieved to be able to put a label to what they were going through. When asked if her eating disorder helped her, Marjorie replied:

> I'd say it did, because it gave me an identity. Once there was a label, once there was a term. Yeah, it did (Marjorie).

When discussing her recovery from anorexia and bulimia, Mary Lew commented:

> Mary Lew: [...] I think the hardest thing to accept—it took me a while to accept—that I was recovered.
>
> EE: Why do you say that?
>
> Mary Lew: I think because of the label that's attached to it. It's letting go of...I'm no longer whatever label anyone has on me.
>
> EE: Whether it's good or bad?
>
> Mary Lew: Yeah.
>
> EE: Did you think the label was good or bad?
>
> Mary Lew: Definitely bad. But it's been part of your identity for so long.
>
> EE: Would you say it was a huge part of your identity?
>
> Mary Lew: I felt it was.

Having a definable identity, even if its connotations are negative, can be seen as providing relief for some women with eating disorders, as they finally have a more firm sense of self. Eating disorders can provide an alternative, or replacement, sense of self when the "original" one is unknown, uncertain, or misunderstood. Malson (1998) states that "the construction of 'anorexia' as identity suggests not only that one has an (anorexic) identity but also, conversely, that without 'anorexia' one would have no identity at all" (p. 147). For several of the participants, their eating disorder provided them with a firm sense of identity, as well as a distraction from the knowledge that they did not have a firm sense of self without the eating disorder. Baumeister (1991a) writes that "perhaps the ultimate form of escape from the self is reflected in the wish to become someone else" (p. 175). The alternative identity which an eating disorder can provide for a woman can thus be a welcome relief, regardless of the negative associations that can accompany the disorder. Indeed, oftentimes being defined by an eating disorder could make a woman feel special.

The idea that eating disorders can be positive, or helpful, is not the typical way in which they are viewed; they are usually perceived as destructive and without value. Brown (2007a) seeks to point out that demonising eating disorders erases the usefulness, the creativity, the resistance, and the ways that eating disorders are not simply monsters or murderers, but make sense in women's lives. She writes that we need to see eating disorders as not entirely negative; that they can help women. In the context of identity, eating disorders can certainly be seen as helpful, as they can provide an alternative, or solid, sense of identity for a woman who might otherwise feel unsure of her self. At the same time, eating disorders can provide an escape from identity because to focus on anorexia, bulimia, or overeating necessarily results in the denial of the original part of the self.

8.5.7 Alternative Identity as Special

Creating an identity out of an eating disorder not only gives a woman a more firm sense of self, it is often also a positive one, particularly in the instance of anorexia. Incorporating both the thinness paradigm as well as the mind-body dualism, a woman's thin body signifies a powerful identity; "it is produced as beautiful and feminine, but also, conflictingly, as powerful, controlling and independent" (Malson, 1998, p. 135). Embodying both "feminine" and "masculine" characteristics often generated a feeling of specialness in the participants, particularly when they had anorexia:

> Noël: I think it was a way of making me feel special. Do you know what I mean?
>
> EE: Yeah. But special in what way though?
>
> Noël: I had this problem, but it was this really beautiful problem that nobody knew about. Not that nobody else had but…I almost liked being troubled and isolated. It almost made me feel better than other people.
>
> EE: And did you still feel that way when you became bulimic?
>
> Noël: No.
>
> This is going to sound completely warped, but having an eating disorder actually made me feel a little bit special. […] It sort of gave me a problem that was purely mine and nobody else's. […] (Zoë).

Noël and Zoë's feeling of being special affirmed their sense of eating disordered identity, because not only was it definable it was also distinctive and difficult to both achieve and maintain. Slade (1984) writes that the woman with anorexia has moved into a physically

and morally superior form of existence that is a vindication of her self-control and she can be quite disdainful towards those who fail to appreciate this supreme form of control.

To replace one's identity with an eating disorder, or at least centre much of it around food and the body, can be helpful in providing a firm sense of self, as well as an escape from other aspects of self. Malson and Ussher (1997) recognise that anorexia in particular is both an identity as well as an escape from a predominantly gendered identity; the woman with anorexia's disappearing body is an evasion of the mundane oppression of prescribed femininity. The specialness that some of the participants felt, their refusal to become women, as well as their dissatisfaction with life in general can all be seen as their attempts to escape their feminine identities. The need to escape from these confines is often implemented when a woman feels she cannot cope with or control certain aspects of her self.

8.6 Control

Controlling the body, and therefore the self, is implicitly connected with the production of identity. Eating disorders are produced as something that are a woman's own; they are "*her* control and *her* property that marks *her* identity" (Malson, 1998, p. 146). Similarly to the theory that bodies can help solve internal problems, feeling good about losing weight is closely related to the conviction that if a woman can control her weight she can control her life (Dally and Gomez, 1990). The concept of control is especially important for women with eating disorders; indeed, it is synonymous with feeling good about themselves. The sense of achievement, or satisfaction, that many of the women reported feeling after losing weight is closely linked with the sense of control they felt they had gained over their bodies and selves.

When asked how in control of their lives they felt, 42.5% replied that they were not in control, but 20% reported that they felt in control during the course of their eating disorder (see Appendix xliii). Christina said:

> [...] I wasn't in control, I wasn't in control of anything, I wasn't in control of my self (Christina).

The amount of control that the participants felt they had over their lives is important for understanding how the perceived lack of control impacted upon other areas of their lives. The more out of control the women felt, the greater desire they had to take action to make themselves feel more in control. Almost half of the participants had felt they were not in

control at the time their eating disorder developed, but often described their eating disorders as a way to control things:

> [...] When I feel out of control in other areas I latch into food and rules and mistakes. [...] (Penelope).

> I think the control thing was a big symptom. [...] The sense of control you have over your life is so...like you don't need other people. [...] (Abigail).

> You realise that it's a control thing, and that other things in your life are out of control (Gabriella).

Vivian said that people can only control themselves, and not even that sometimes, and that she attempted to compensate for the lack of outside control. Hannah explains this is in more detail:

> I think things were just changing so much. Your life changes so much. When you're 15, 16 your body changes, your life changes, you're doing really serious exams and you're aware of the fact that you're going to university. Your relationships are changing. I just felt like I'd been thrown from one world into another, and I wanted control over it. I felt that control over what I ate equalled control over lots of other things as well. It meant that I was in control over what I was doing at school. It just meant that I controlled me and nobody else controlled me (Hannah).

The desire to be in control is usually thought to be stronger in women with anorexia than other eating disorders; indeed, Penelope, Abigail, and Hannah all had anorexia. Brown and Jasper (1993a) and Brown (1993b) echo Hannah's explanation for control when they write that by controlling food and weight women with eating disorders are exercising some degree of control over their lives. Control is a necessary element of distraction, because the rigour, management, and time that are spent on an eating disorder contribute to directing attention away from other parts of life. Control is a form of self-discipline and relates to the myth that the body can solve non-bodily problems; by controlling themselves through the use of an eating disorder, many of the participants believed they could control other aspects of their lives as well. The research shows that is was not just women with anorexia who experienced the need for control; the following quotes are from women with bulimia, or anorexia and bulimia:

> [...] I had no control over [other parts of her life] but I had control over this. [...] (Isabella).

> Prior to starting bulimia, prior to that I felt out of control. Just where food was concerned, and that was my way of expressing control (Molly).

> [...] With an eating disorder you have the ultimate control (Katherine).

> [...] I don't know if anything was conscious, but I think being able to do that for myself and having control over that side of my life and to be able to have it...my parents couldn't do anything about it, basically. [...] (Rebecca).

The control these women express having through their eating disorders was not a fixed feeling, however, as although many of the participants describe being in control in this respect, they also described uncertainties:

> Noël: I completely felt both [in and out of control].
>
> EE: How do you mean?
>
> Noël: I was out of control in every way but this. And even this...I gradually realised that the control I had on this was out of control. But I did feel like everything else was a mess.

> I thought I was in control but I wasn't (Lucy).

Marnie described herself as in control "in her head," and although several of the participants initially described themselves as being in control, some continued to explain how their eating disorders quickly became out of control:

> [...] I came home and the dieting started and didn't stop. I couldn't stop it; it was out of control (Penelope).

> It went well beyond my control so fast that it got to the point where I realised it went well beyond my own control. And it scared me, it really did, because I could feel that I was in this downward spiral. And I just needed to be able to get this hook over the edge of the spiral to pull myself out and I couldn't. I could not fight it, at all. However much I wanted to, I couldn't (Sophia).

Sophia described how she felt in control when her anorexia began but how "it became an illness so quickly." The anorexia is seen as taking her over, as having a life of its own; eating disorders may have begun for many of the women out of the desire to exert control over their lives, and when they realise that the eating disorder is often controlling them, they can find it overwhelming to fight against. The initial desire for control can be seen as running parallel with the desire for distraction; both are required to divert attention away from other problems or aspects of life:

> [...] I think it's probably a big control thing. I was doing so much study as well. It was kind of having little boxes in life you could tick off. They were all managered. And probably because of the chaos around me in terms of parents and stuff. So maybe it's like your own little thing you can keep—you can have control of that. [...] Use it to take your mind off something or focus on something.

> Definitely I know I don't think about much when I'm in that zone or mentality. It's like a kind of tuning out. [...] (Ruth).

Ruth's attempt to control her self through the use of both anorexia and bulimia can be seen as a means both of organising her life and of distracting herself from other parts of it. Her desire for "tuning out" from the world around her indicates that she uses her eating disorders to distract herself from certain aspects of her life or self. Whether they were successful or not, many of the other participants wanted to control their lives in a similar way; it is therefore necessary to further explore from what they needed both control and distraction.

8.7 Stress and Other Precipitating Factors

Given the highly sensitive nature of many of the participants, it follows that they often felt a great deal of stress and anxiety in their lives. When asked if they enjoyed what they were doing at the time they developed an eating disorder, 30% said they did not, and 10% reported being bullied during this time (see Appendix xxv). Being able to identify a definite factor in the development of their eating disorders was, however, fairly rare. In response to the query if anything unusual or stressful was going on in their lives at the time, 32.5% of the participants replied negatively (see Appendix xliv), although some replied that they wish something had occurred to trigger their disordered eating. Lucy said:

> No. The reason why it was such a shameful thing to have was because I could never...I wanted a reason why I had this condition. You hear about people being abused and things like that. It's been harder for me to accept because I didn't feel like anything really stressful happened to me to make me this way (Lucy).

40% of the participants fell into the "other" category for this question because their individual responses ranged from moving, getting married, to the separation of their parents. For the participants who could name possible factors, enquiring into how they felt about their bodies, selves, and life in general shed some light on why they believed they developed an eating disorder. Most participants alluded to, or overtly stated, reasons why they thought they became anorexic, bulimic, compulsive overeaters, or variations of these before they were asked directly. Many of the women (45%) admitted that it was only in hindsight, after recovering, that they were able to identify any possible reasons (see Appendix xlv). When asked if she was aware of why she developed an eating disorder, Marjorie said:

> At the time, no. Especially the early days. I didn't see it as even fulfilling a purpose. At the time, it was simply in order to get a job, to be liked, to feel more in control, to be skinny (Marjorie).

Some of the main reasons cited for developing an eating disorder were to be thin (30%), to get attention (22.5%), to have more control (42.5%), to deal with emotions (20%), or for coping purposes (10%) (see Appendix xlvi). Attempting to control these feelings is often cited as a factor in the development of eating disorders; they are sometimes used as an outlet for stress. Some of the participants admitted as much:

> Yeah. Definitely if I was upset or very stressed out or…having problems with a relationship […] (Molly).

> […] I suppose in one way it gave me an avenue to channel all of my worrying and my stress […] (Zoë).

> […] I was always very anxious about things. Just having to have everything perfect and stuff like that. And because that carries such an amount of worry and anxiety with it. This was one way of stemming it off a little bit (Gabriella).

> […] When there's too much going on, like when things seem overwhelming. […] (Frances).

The factors that caused the stress felt by these women could sometimes be traced to particular situations and events, such as Zoë's parents' separation and her father's alcoholism. But Gordon (2000) argues that "the events that typically trigger the onset of anorexic dieting are just those experiences that challenge the adolescent's sense of independence and self-worth: the first heterosexual relationship, the loss of a friendship, an illness, death, or separation from a valued family member, or moving away from home" (p. 98); any incident that presents a challenge to autonomy. A lot of the time, however, there were no concrete reasons for the participants to feel the way they did. Many of the women even felt stressed about this lack of substantial cause for anxiety and subsequent development of an eating disorder. When asked why they think they developed one, some of them replied:

> […] no one really knows. Not even myself, who has suffered from it. I can't really explain because I don't know why. I don't know why I developed this disorder. So if myself can't explain what it is to be how I feel about that, I can't expect people to understand. […] (Suzanne).

> […] I felt a lack of something. I don't know. To be honest, I don't remember. […] Why am I like this? What happened to me? (Sophia)

> […] something happened. I'm not really sure what it was. […] (Katherine).

The vagueness which these women felt over what may have caused their eating disorders was often a source of disappointment to them. Lucy even describes her anorexia and bulimia as "shameful" because she cannot trace their inception to any specific event or feeling. This lack of definite cause can be partly attributed to the overwhelming number of possible precipitating factors for eating disorders, or that they do not have to have a concrete "cause" at all. MacLeod (1981) writes that "a feeling of helplessness and hopelessness can in itself be a precipitating factor...Sometimes there is one identifiable precipitating factor; sometimes the precipitating factor is the sum total of her life itself" (p. 181). Women who felt unaware of what might have caused the eating disorder—if indeed anything can be said to "cause" it—also felt similarly unclear about what perpetuated it, in many cases for many years:

> [...] I'm certainly getting something out of it or I wouldn't do it anymore. Now what is that something I don't know. [...] (Sarah).

> [...] it was giving me some kind of a rush. I don't know if it was adrenaline or what it was, but something was driving me to keep doing it. [...] (Katherine).

Diana and Christina discussed how their eating disorders turned into a "vicious circle," in which the initial causes became confused with what perpetuated their behaviour. This seeming lack of awareness about a specific cause of eating disorders can be misleading; as we have seen, problems with identity, gender, family, and school can all contribute to feelings of stress and the desire to escape from it. The failure to be able to attribute their eating disorders to any definite reason can also be explained by the surrounding context; that is, the culture in which these women live can be seen as contributing to the development of their eating disorders, while simultaneously echoing a lack of meaning in their lives. Thinking about the broader context of the world in which they live, and how they view themselves situated in it, is crucial for understanding the meaning which these women placed upon their lives and how they experienced these meanings.

8.8 The Meaning in Life

In order to gain further understanding of the participants' perceptions of life and how they felt about their situation in it, only 2.5% reported being excited by life's prospects (see Appendix xlvii). Regarding how they felt about their future, 15% said they did not think about it, and again only 2.5% were excited about it (see Appendix xlviii).

The posing of these questions attempted to elicit a sense of the participants' attitudes towards the meaning of life in general, and how they perceived their situation in it.

In the third questionnaire (C), adapted from Crumbaugh and Maholick's (1969) "Purpose in Life" questionnaire (see Appendix lxii)—which poses more existential questions—the results were also quite varied, with a small majority tending to view life as meaningless. 15% reported finding no mission or purpose in life, and 25% only a bit of purpose in life. 27.5% always felt numb or empty inside, and 35% often felt numb or empty inside. 35% also felt their personal existence to be "neutral," with only 5% finding it very purposeful and meaningful. Life was, for 50%, a degree of "routine," 12.5% reported wishing they had never been born, with 27.5% feeling "neutral" about their existence in the world.

The meaning which the participants felt to be present in their lives was expressed through their attitudes towards life, how they perceived the future, and how they responded to questions about distraction. Only one participant responded that she was excited about life in general, and many, if not most, of the women showed that they had thought about the meaning of their lives at some point. Berman (1981) argues that "the fundamental issues confronted by any civilization in its history, or by any person in his or her life, are issues of *meaning*" (p. 16). We have seen that women's identities are one of the primary ways in which they create meaning for themselves. Trying to create, or even know, what is meaningful in one's life can be an extremely difficult process and can cause a great amount of anxiety. For many, life is, in the end, essentially meaningless; it acquires meaning only through our own actions. We face the meaninglessness of life and, through this confrontation, both construct social reality and are constructed by it (Fontana, 1984). For many of the women in this research, eating disorders became the focus of their lives, providing them not only with an identity of sorts, but also with a sense of purpose and meaning. During her interview, when Suzanne discussed why she may have developed anorexia and bulimia and how they are understood, she goes beyond claiming that her eating disorders were a way of life to describe them as the purpose of her life:

> [...] Even the nurses at the hospital, they didn't understand. They didn't understand that it's something that makes you suffer, but something that makes you feel you are alive. It's like a purpose in life. [...] (Suzanne).

Suzanne's claim is not a difficult one to believe when we realise the extent to which her identity was in flux at the time; her eating disorders can be seen as providing a focus to

her obsession with both physical and mental perfection. Devoting "every minute" of her day to thoughts of food and how to escape it provided a much sought-after stable centre in Suzanne's otherwise chaotic life. For Suzanne to feel that her eating disorder provided a focus to her lives, and a purpose to her life, indicates that she experienced a lack of meaning in her life.

Many of the other participants felt a void in their lives, which the results from the third questionnaire verify. This questionnaire, based on Crumbaugh and Maholick's (1964) "Purpose in Life" questionnaire, was originally designed to measure an individual's sense of purpose or meaning in life. Frankl (1969) believes that failure to attain this meaning in life leads to an existential vacuum, or a feeling of emptiness in life. Several of the participants in this research responded negatively to these questions: 37.5% reported their existence had not much meaning, very little meaning, or was utterly meaningless. Only 5% claimed their lives were very meaningful. and an overwhelming 72.5% said they sometimes, often, or always felt numb or empty inside. For the majority of the participants to respond to this questionnaire in negative ways supports Frankl's hypothesis that a lack of meaning in life can lead to an existential crisis. When asked how they felt about life in general during the interview, several of the participants reinforced their pessimistic outlooks:

> Well, I really didn't like it. I hated it. I was starting to feel at that point, what is the point of life? Which developed more as I got more into the eating disorder (Madeleine).

> I just felt I was in limbo-land. Existing, kind of thing. [...] I was there, but that was it. [...] I just felt I couldn't go on anymore. The day-to-day stuff was just such a struggle. I didn't want to get up out of bed to go to work in the morning. Just the basic stuff took so much out of me just to carry on (Mary Lew).

> [...] I just felt like I was going through the motions. [...] (Lucy).

> [...] I was very good at the pretense...I was very good at giving off the pretense of living. [...] I was so afraid of being vulnerable, I would very quickly put that mask on again. People would see glimpses of it, but I'd be very quick to put it back up again. It would be sort of like a bandaid. [...] (Marjorie).

Diana said she did not see the point of doing anything, and that she would not care if she died. She described her reduced eating as a slow form of suicide, because eating is survival and if she has no drive to survive then why should she bother to eat. Like Diana, the women quoted above at some point during our lives most of us consider the reason we are here and the meaning behind it. Munitz (1993) and Kekes (2004) believe that we

often begin to question our existence when there is a disturbance to our lives, such as that which occurs during adolescence. Looking for meaning in one's life necessarily involves examining one's identity, as it is our situation in the world of which we seek to make sense. Matley and Smith (1992) and Blocker (1974) note that we believe that life ought to have a meaning; we tend to assume that meaning is an inherent part of reality. Existentialism purports that there is no intrinsic meaning to be found in life, which many people find unbearable. Meaninglessness, or nothingness, can be terrifying to contemplate, and so we attempt to create meaning where often there is none. As Blocker (1974) argues, everything we experience of the world is interpretation by us. Sometimes, however, people fail to create a firmer meaning for themselves and are left with a void in their lives. Experiencing an emptiness within oneself can be extremely alienating, as well as frightening, and, in the absence of being able to create meaning, can often lead to the desire to escape this feeling of emptiness. Eating disorders, for many of the participants, arose at a time in their lives when they questioned their selves and their world around them. Not being able to create any solid meaning for themselves, many of the women sought to escape. In current Western culture, meaning is something that is becoming increasingly further from our everyday contemplation, as we focus more upon superficial aspects of life.

8.8.1 Consumerism and Current Irish Culture

Although we may all exist "inside" culture, it is important to consider our specific culture when contemplating its effects. Capitalism has been in existence for several centuries, but it is mostly within the last few decades that technological advancements have enabled capitalism to turn Western societies into societies firmly based on consumerism. Consumerism creates the desire for needless objects, which essentially distract us from contemplating more meaningful aspects of life; "mass culture functions as a placebo that relieves any real social anxieties through the repression of all that is negative and the false promise of social harmony" (Lisa Lee, 2005, p. 39). Current Western culture has grown increasingly superficial and further away from the self and, therefore, meaning, as meaning is often implicated within the self. Products are bestowed with the power to solve one's problems, or at least improve one's life, but as Western culture focuses almost exclusively upon the superficial aspects of life, the "solutions" these products offer are unfulfilling.

Over the last twenty years, the economic boom, or "Celtic Tiger," in Ireland has drastically altered its cultural position. Although Ireland has usually been considered part of the West, it has only recently begun to espouse more superficial characteristics. Some of the participants are old enough to notice the changes that are occurring in Ireland:

> Molly: I'd say that society as a whole needs to stop bombarding people with images. People need to stop focusing so much on shallow things. How we look, how much money we have, what we do for a living. We need to focus more on nurturing each other, I suppose. One particular thing in Ireland...all people really seem to care about is what kind of house you have, what kind of car you drive, what kind of clothes you're wearing, what do you look like, what brand of lipstick you're wearing—it's a very shallow society.
>
> EE: It is. Are you saying that in comparison to other countries, or just Ireland in general?
>
> Molly: I'd say in comparison to some other countries, definitely yeah. Ireland has become very shallow at the moment. [...]
>
> [...] when we're talking about media, there's such an omnipresence, and again in Ireland, there's sort of a cultural mentality disposition. Particularly in Ireland, we lend ourselves to falling into being led by things. [...] I think there's a different kind of mentality here. Guilt is so on-hand for us, it's just so there. Even the whole thing of women here, I think it's very, you know, woman as mother, as nurturing, has no boundaries in Ireland. Even the whole church thing, sex, self-expression, all that...the sixties didn't happen, there wasn't a liberation, there wasn't really a breath of fresh air. This new wealth is just a different kind of entrapment. It's not religion, but a similar thing is happening. It's not actually bringing any more freedom, really. Not real freedom (Grace).

Interestingly, it is a woman who was originally from the States, Sarah, who thought that Ireland was not as "celeb-driven," that Irish women could be more "squidgy" and that they did not care about being "emaciated." Sarah, who is an overeater, was relieved to find Ireland more relaxed than her home country, although Molly and Grace, who are both from Dublin, are clearly concerned with the changes in Irish society. The increasing focus on appearance and superficiality in Irish society cannot be ignored as a possible contributing factor to the rise of eating disorders in the country. The paucity of reliable statistics regarding the prevalence of eating disorders in Ireland makes comparisons between countries difficult, but the responses from several of the participants in this study make it clear that the burgeoning consumerism affects both how they perceive their bodies as well as how they feel about life and its meaning. When talking about her anorexia, Gabriella notes:

> [...] it's not really about the behaviour, it's just about the way that you think about yourself, the insecurities. Some of the insecurities are caused by the kind of lifestyle now, the consumerist lifestyle. And the pressure, I suppose, on material success (Gabriella).

The growing numbers of women who are developing eating disorders in Ireland—at the same time that the economy has experienced rapid growth, with all that that entails—is a fact that must not be ignored. As we have seen, media representations of the feminine ideal have had negative influences on the women, but it is also important to consider the more insidious consequences that a consumerist culture can have on individuals. Berman (1989) writes that "we have inherited a civilization in which the things that really matter in human life exist at the margin of our culture" (p. 341), that we are moving farther away from what matters in life. Meaning, of course, is entirely subjective, and what matters to some might not matter to others. It is evident, however, that the search for meaning is problematic for many women who develop eating disorders. Dana (1987) writes that "most women with eating problems have problems around knowing what they really want and getting it, or even acknowledging what they don't want and rejecting it" (p. 58-59). The desire to escape the problems surrounding meaning, which are exacerbated in current Irish culture, can often lead to attempts to numb oneself from these issues.

8.9 Eating Disorders and Distraction

The primary question with which this research was concerned was to discover whether or not eating disorders provide a distraction from problems in life. If so, from what are women distracting themselves? How do eating disorders function as a distraction? Are eating disorders helpful or harmful?

In order to understand the participants' responses to these questions, it was necessary to learn of other possible reasons they might have developed an eating disorder, some of which were presented in the previous sections. It was also directly asked of the participants if they thought that having an eating disorder would help them in some way. 22.5% responded that it did—and an additional 12.5% said they used it to avoid parts of life—but 15% said it did not, and 5% said it made things harder to deal with (see Appendix xlix).

8.9.1 The Numbing Effects of Eating Disorders

Among the many responses given when asked if eating disorders helped them in some way, a dominant theme emerged among those participants who responded positively to the question. Eating disorders were frequently described as methods of avoidance, numbness, withdrawal, and as a means of forgetting. Several of the participants mentioned the concept of "numbing," which was a topic they introduced themselves:

> [...] Where life just seems so unbearable, because of the sensitivity and because of the responsibility, people with eating distress think they need something to numb themselves from it all. It's overwhelming (Meghan).
>
> They numb you a bit, to be honest. It numbs you (Penelope).
>
> [...] You're completely numb. It's like taking a drug. You're completely numb. You don't care about the lads, you don't care about your relationship or your friends. All that you worry about is where the next bit of food is going to come from. Are you going to get sick. Everything else—whatever, you don't care. You're caught up in this little world. While it's not safe or enjoyable, you don't have to deal with the real world. And that's my problem now. I'm on the road to recovery and actually having to deal with the real world. [...] (Olivia)

Heidi also used the word "numb" throughout her interview, claiming that she used food to numb her feelings, usually so she did not have to confront her emotions. The concept of numbing oneself in order to avoid or make easier other aspects of life is one that Malson (1998) relates to identity. The desire to numb oneself, or to be empty or voided, can be seen as an attempt to escape from emotional and meaningful "internality" (p. 168). Being empty of food can be paralleled with the attempt to empty oneself of identity problems. Identity exists within both the body and the mind, and the tension between the two is acutely felt by many women with eating disorders. The dualism between the body and the mind is internalised to a large degree by many of the participants who, on some level, recognise that their bodies are "in the way" of realising their true self, the self that exists solely in the mind. As Bordo (1993) argues, the body is the locus of all that threatens our attempts at control; it overtakes, it overwhelms, it erupts, and it disrupts. The concept of control is crucial to understanding why some of the women wanted to numb themselves, because numbing, or avoiding, painful parts of their existence was a way they could manage overwhelming feelings or situations. Some of the participants linked the concept of numbing with that of avoidance; not having to deal with certain problems provided a desensitisation of sorts:

> Well, I think I was trying not to face this issue [of not being in control of her emotions], that's why it happened. [...] It was the other way of abusing some activity to avoid internal problems or emotions (Christina).

> [...] with bulimia when you go on a binge you turn off. You just completely go blank and you avoid everything else (Noël).

It is interesting to note that Christina and Noël experienced both anorexia and bulimia, which indicates that both types of eating disorders are capable of providing a means of avoidance for some women. Anorexia is more frequently associated with methods of avoidance; indeed, the disorder revolves around how to avoid food. It is through the avoidance of food that the avoidance of self is also affected: "by focusing on the minutiae of one's life, emotionally significant or threatening meanings can be warded off, fragmented into an array of seemingly meaningless details" (Malson, 1998, p. 169). By focusing on the seemingly meaningless details of calories, fat content, and weight, anorexic women can be seen as attempting to erase meaning from their lives, as avoiding any meaningful subjectivity (Malson, 1998). Bulimia also provides a kind of avoidance, or distraction; Baumeister (1991a) writes that binge eaters avoid meaningful thought about broad personal issues, such as what life is all about, and they avoid thinking about their problems. Bulimic women, like Noël, often use food to numb hurtful emotions, or to fill an emptiness (Weiss et al, 1994). The means by which this is done, for all eating disorders, are, as Malson (1998) suggests, through the intense focusing on food and its avoidance.

The desire which some of the participants felt to avoid or numb themselves from certain aspects of their lives was not typically something they were aware of at the time, which is in keeping with how many of them only realised reasons for their developing an eating disorder in retrospect (45%). Many of the participants described themselves as being in their own world, or as withdrawing from the outside world:

> I was just so ensconced in worrying about food and weight that life was going on around me and I wasn't even aware or cognisant of it (Ruth).

> I think I was very much in my own world. I wasn't really engaging with other people at home (Frances).

> [...] It was like having a glass wall around you, and nobody could get in it, and it was good at the time (Meghan).

> [...] when I felt or feel pain in other areas I probably by default go into it. That world, the anorexic world (Penelope).

Vivian remarked that her anorexia was a withdrawal from the world and Marnie described herself as never being present with people and that she did not have to make choices. Frequently, the women were not conscious of what exactly they were trying to avoid or numb themselves from, although some of them did provide valuable insight into this matter:

> EE: [...] What do you think you're actually trying to avoid?
>
> Meghan: I suppose myself, obviously. When people looked at me, I'd think it was because of me, I was a terrible person. It would be one thing to have an argument with a person and it not be your fault, and you beat yourself up over that anyway, but if you did do something then you felt you deserved to die for it, you know. It was very extreme.
>
> EE: So you wanted to escape from the worst parts of yourself?
>
> Meghan: Yeah. [...]
>
> Well, from today's point of view it seems to me that I was just very confused and developing not just eating disorders, actually, some other ways to deal with my problems, to deal with life. Maybe not to deal with it; I was trying to avoid dealing with it. [...] (Christina)
>
> [...] I didn't have to face reality (Madeleine).

Heidi said that it was just easier to numb with food than express anger or other feelings about herself; Chernin (1986) argues that we would rather almost anything than face directly the difficulty of becoming our self, a large part of which are difficult to deal with emotions. Women with eating disorders can therefore be seen as numbing themselves to avoid their selves, as well as from the lack of meaning in their lives. They numb themselves to avoid the void, as well as to avoid subjectivity. These strategies are common among women with eating disorders, although they are typically expressed in terms of coping.

8.9.2 Eating Disorders as a Method of Coping

Withdrawal from the outside world, numbing oneself, or avoiding aspects of life can all be seen as methods of coping, which is one of the predominant theories in eating disorder literature. Anorexia, bulimia, and overeating have all been described as "coping mechanisms," often recognised as "modes of being" or "lifestyles" (Moorey, 1991, p. 13). They are seen as attempts to resolve certain life conflicts, when no other method is

known for how to cope with life (Edwards, 1987). Many of the participants referred to strategies of coping of their own volition:

> [...] I was finding it very difficult to cope and started making myself sick in those two years. [...] (Grace).

> [...] it was just a coping kind of thing (Gabriella).

> [...] I've often looked in the mirror afterwards and felt like I can cope. After doing what I've done, I can cope better now. It definitely felt like it helped. But I'm not quite sure why. It just did feel like it helped (Lucy).

Heidi said that she just could not cope when experiencing a great deal of pressure from her exams and in her home life, and Marnie discussed her detachment from life, and how her anorexia and bulimia were her ways of coping with life. When asked one of the concluding questions about what the media should tell people eating disorders are really about, some of the participants said:

> [...] it's a way of coping, and it's not about the food, or whatever the behaviour of choice is (Mary Lew).

> I suppose the sensitivity, definitely. If I was able to cope with what was going on around me, then I wouldn't need control, I wouldn't need a list. I wouldn't need to live up to other's people's standards, or what I thought were other people's standards. I would just be happy with myself. I needed distraction from my thoughts at the time. It was how I perceived things, it was how sensitive I was to things around me (Meghan).

> [...] [work] was very pressurised and I was probably half-starved and couldn't cope really (Isabella).

It is revealing that several of the women described their experiences in terms of coping, since had not been explicitly asked about it. Because the concept of coping is so frequently associated with eating disorders, it is possible that many of the participants internalised this idea and used it to explain part of their behaviour. The stories and experiences of these forty participants did not occur, after all, outside of culture, but rather as part of the continued story of women with eating disorders. No one exists outside of culture and personal experiences often involve the internalisation of dominant social stories (Brown, 2007c), which are often pathologised as individual problems. Because coping strategies are so often applied to the theory surrounding eating disorders many may assume that is the extent of their use; this research differentiates between coping and distraction, hypothesising instead that women who "use" eating disorders have gone beyond attempts to cope with situations and want to avoid them altogether.

Meghan says that she "needed distraction from my thoughts at the time," and Diana says how she is trying to prove a point, in that she cannot cope with a situation—she has moved past coping and seeks an escape.

8.9.3 Escape and Distraction

The perception that eating disorders can be helpful is not one that is typically subscribed to, and further clarification was needed after this question was asked. The participants were thus explicitly asked if their eating disorders helped them escape or distract themselves from problems in their lives, to which the vast majority responded positively; many qualified their answers to adjust to their own perceptions of distraction, and only one woman (2.5%) said that eating disorders did not help her escape (see Appendix l).

When asked if their eating disorders helped them in some way, many of the participants replied that their disorder enabled them not to have to deal with other aspects of their lives (12.5%), that they used their disorder to avoid problems (12.5%), or that they were numbing (2.5%). 22.5% of the women simply responded in the affirmative (see Appendix xlix). Several of the participants introduced the idea of escapism before it was explicitly mentioned. Heidi commented that her experiences of three eating disorders were a "funny way of coping," that they were about escapism as she just did not want to feel. Heidi discussed her overwhelming feelings, and how she wanted to escape them. She did not want to think; she just wanted to escape. Frances also talked about her feelings when asked what she might be escaping from:

> Frances: Feeling of isolation, that there was no one there for me. The kind of overwhelming feelings of…that I wanted to get rid of.
>
> EE: And did it work?
>
> Frances: Yeah, I must have been so exhausted because I didn't eat. That was part of the feeling. All these feelings were coming in and I felt them inside in my body and there was a lot of energy attached to them. And it felt obsessive, you know, and I felt like I couldn't deal anymore. If I ate I'd have even more energy. […] I didn't really have to deal with that if I didn't eat and didn't have enough energy. I just felt I couldn't take it any more (Frances).

The strong desire Frances felt to escape from her overwhelming feelings, and to feel that she could not "take it anymore" indicate that other areas of her life must be very painful. Anderson (2001) writes that eating disordered practices numb and distract women from emotional pain. However, emotions are but one problem or part of life from which some

of the women wanted to escape. As we have seen, experiencing an unstable identity, feeling constricted by the norms of femininity, and experiencing a lack in one's self in general can all contribute to cravings to escape. Baumeister (1997) believes that the burden of selfhood is stressful, and that efforts to escape self-awareness generally involve narrowing the scope of selfhood. Baumeister (1991a) writes that to escape from the self means to forget who we are—at least for a while. He is careful to make the distinction between escape from self and escape from problems, claiming that they are not the same: "escaping the self is a response to problems associated with how people feel about themselves" (p. 14). Initially, some of the participants only recognised the desire to escape from problems:

> [...] once I'm faced with a problem and it seems like a major problem, if I binged and was sick, it just didn't seem that big of a problem. It did make the problem a little bit...
>
> EE: Go away?
>
> Lucy: Yeah. Yeah.
>
> Yeah, from life, from the difficulties with relationships that I'd always had with my peers, difficulties with family. It *was* my life; I didn't have to face reality (Madeleine).

Christina, however, recognised how the external problems in her life were inextricably linked with emotional difficulties:

> Christina: Well, from today's point of view it seems to me that I was just very confused and developing not just eating disorders, actually, some other ways to deal with my problems, to deal with life. Maybe not to deal with it; I was trying to avoid dealing with it. [...] I didn't develop this kind of skill to recognise my own emotions. [...]
>
> EE: So you said that you used your experiences of eating disorders to avoid dealing with life. What exactly do you mean by that?
>
> Christina: Well, I wasn't able to realise my emotions maybe, my problems, to face them and solve them like that. That was one of the problems. And moving to the other town. From today's point of view, it must have been very difficult to me but I wasn't aware of that so I didn't want to face the problem of maybe disappointing my parents, maybe disappointing myself somehow. And that was the way to pretend that I'm able, I'm dealing with it somehow. But actually I wasn't dealing because I wasn't aware of the problem, I wasn't aware of the reasons.
>
> [...]

> EE: What about everyday problems that were going on in your life at the time? Were they easier or harder to deal with?
>
> Christina: I think easier, actually. I was using both school and work, or studying, as one of the ways to escape from other problems as well. It's hard to say if it was easier. [...]

It is significant that Christina makes the connection between external and internal problems, as well as recognising that she was avoiding these problems rather than dealing with them. Avoiding or escaping problems in life or of self are perhaps many women's method of dealing with these problems; by distracting themselves with an eating disorder they do not have to face other parts of their lives. Berman (1989) argues that our lives are filled with activities designed to cover up the emptiness we feel at the core of our beings, and eating disorders prove especially useful at providing a distraction from this emptiness. For Meghan, an eating disorder made life easier:

> It made life simple.[...] I didn't worry about...when I look back on secondary school, I had an eating distress for nearly 8 years since school, but in school in particular it was...I don't remember it being complicated. It was just easy. It was just study and food, and as long as I was losing weight, it was simple. [...] (Meghan).

Part of the reason that Meghan's anorexia and bulimia made things simple was because it provided her with a focus in life, and a way to shut out other aspects of her life. All her energy was focused only on food and its avoidance, which essentially distracted her from thinking about anything else. Danielle, Abigail, and Georgina describe a similar focus:

> When you've so limited energy, and you focus it all on eating...I mean, I wasn't thinking about anything else. I'd get up in the morning and start planning the one sweet I was going to eat at ten o'clock that night. You focus on that the whole day so you can ignore having to do anything else (Danielle).
>
> [...] I didn't think I had any other problems, because I thought I'd mastered this issue. Your thinking is so, so disordered. You think that things are great. [...] Because you can focus on this entirely, and it just makes the rest of your life seem much easier, more stream-lined [...] a way to not really worry about other stuff (Abigail).
>
> Everything was planned around it. [...] Like how much it influenced every part of your life. It just seeps into everything. You would give up hours with friends so you could binge. It really just seems to take over. [...] (Georgina).
>
> [...] because you just focus on food and weight, so you don't...everything is irrelevant. Clothes don't matter anymore, boyfriend don't matter, friends don't matter. [...] (Suzanne).

By focusing so much on their anorexia, Danielle and Abigail could forget about other parts of their lives that may have been stressful or difficult to deal with. Suzanne and Ruth also were able to forget about other parts of their lives:

> It helped me forget about everything, problems. I did not care about my family, I didn't care...Because if I was not eating, it was cool. [...] (Suzanne).

> [...] I definitely did use the whole thing as a way of taking my mind off something else. I wouldn't think about anything. I tried one night to remember what my thoughts were during a binge and I actually couldn't isolate any thoughts. [...] It really takes over. It's like a switch. Once I get into that mood I can't get out of it until I've done everything. And then I feel so bad. [...] (Ruth).

By providing a focus and means of forgetting, eating disorders essentially gave many of the participants something to do. As a method of avoidance, Heidi believed it was quite effective; she says that she did not have to deal with life or face the situation, that she was not really dealing with the situation. Many of the women admitted to feeling bored, and how their eating disorder alleviated this boredom. Frankl (1959) writes that "the existential vacuum manifests itself mainly in a state of boredom" (p. 111), and in today's culture boredom is represented as something to be avoided at all costs. Some of the women describe how their eating disorders arose out of, or were exacerbated by, the need to assuage this boredom or feeling of emptiness:

> Even as a child, I was very uncomfortable with sitting and doing nothing. Just because I felt that I needed to be doing something. [...] When I look back and say it was fulfilling something, it was giving me something to do (Marjorie).

> Sometimes I think it became a habit so if I became really bored or if I had nothing to do it was like here we go (Aline).

> It depends on your mood. If you're happy you don't think about food. If you are not feeling that great, or if you feel bored, lonely, then you start to think about food (Anastasia).

For so many of the participants to use an eating disorder as a means of alleviating boredom, providing a focus in their lives, or forgetting about parts of their lives indicates the strong need they felt to escape or distract themselves. Attempting to escape parts of one's life can therefore be seen an attempt to escape the self; by focusing all one's energies on an eating disorder the design is often to shut out the problems in one's self. Baumeister (1991a) argues that escaping the self requires rejecting meaning, thereby creating a kind of mental vacuum; we therefore have to constantly distract our selves to not resume meaningful thought. By focusing all of one's time and energy on food and

weight it becomes increasingly difficult to contemplate other matters of existence, leaving only the obsession of an eating disorder. Baumeister (1991a) explains that "as the web of meaning is cut away, only the body is left: the problems and worries and emotions and stresses were based on the *meanings* of the self" (p. 59). Women with eating disorders can therefore be seen as distracting themselves not only from problems of identity and life, but also the meanings that are implicit in each. For those participants who believed that their experiences did provide a distraction and were helpful, such meaning could be avoided. It is important, however, to also consider those participants who claimed—at least initially—that their experiences did not provide them with a distraction.

8.9.4 Eating Disorders as Not Providing Help or Distraction

Although most of the participants felt that their eating disorders had provided them with a distraction, or were helpful in some way, there was a minority of participants who claimed that their eating disorder did not help them (15%), or made things harder to deal with (5%). When asked if their eating disorder helped them in some way, some of them replied:

> I don't think so. I can't think how it would. I don't think it did. [...] I don't know if it was escapism but I'd be more aware of what I was eating when I wasn't eating, when I was already stressed. [...] I think I'd be more likely to not be eating when I was stressed but I don't know if it distracted me (Josephine).

> I think it made things more of a problem, to be honest. [...] Just everything became huge. Everything. Little issues became tremendous. And that's all I could think about (Sophia).

> I don't think so, no. To be honest, for me it was just like another problem. Especially with the bulimia because again it was so obvious there was no denying it. It was just another thing that I had to deal with and worry about. Like how was I going to stop it or control it. So I don't think it made my life easier really (Aline).

> There was a time when it made it easier. But then after it continued for a certain period of time it actually made it a lot harder (Mary Lew).

The above responses to the main question in this research are important because they show how the idea of eating disorders as providing a distraction can be disconfirmed. Sophia and Aline said that their eating disorders were just another problem, and Mary Lew said that after a time her eating disorder made her problems more difficult, not easier. It is interesting to note that Josephine and Aline said elsewhere in their

interviews that they were bored, and having an eating disorder gave them something to do. Within this context, Josephine and Aline's eating disorders therefore gave them a focus, not a distraction, although the eating disorders could be seen as a distraction from boredom. Here, however, it is important to recognise that these women are rejecting the idea that eating disorders provided a distraction for them.

Disconfirmation of this idea has to do with the definition of distraction that has been established in this research. A large part of what constitutes a distraction, especially in terms of an eating disorder, is the level of preoccupation it provides a woman. Josephine, Mary Lew, and Sophia all report thinking about other things while they experienced their eating disorders, such as dancing, friends, and sports. In itself, this is unusual, as the majority of the participants reported thinking primarily about food. The distraction hypothesis could have been disconfirmed if these participants, and others, had consistently rejected the idea that their eating disorders provided them with a diversion or escape from problems in their lives, if they had claimed that they rarely thought about food, and if they said they thought about other activities just as much as their eating disorders. But because all four participants said they thought about food "all the time," "twenty-four seven," and "constantly," their rejection of the distraction idea is weakened. This is not to say that any of the participants' responses to this particular question can be manipulated to suit this research, but rather that their own words, in part, reinforce the definition of distraction. Mary Lew, Josephine, Aline, and Sophia are four women who express negative responses to the idea of distraction, which are imperative to consider as possible disconfirmation of the research question, but they must also remain contextualised. Of course the question presented here can be disconfirmed, as described above, but within the experiences of the forty women interviewed for this research, partial negations—but not total rejections—were found.

It is important to observe that although some of the participants simply claimed that their eating disorders did not help them and did not provide an escape or distraction, they often went on to qualify their original statements, thus revealing that their eating disorder did, at least temporarily, provide some relief. Some of the participants knew that they may not have been conscious of the effects of their eating disorders, claiming that they may have only provided a distraction on a subconscious level:

> Definitely not consciously, but subconsciously, yes (Penelope).
>
> Well, probably. On a conscious level, I don't know. On a subconscious level, I think that's quite possible [...] (Sarah).

Mary Lew was also careful to make clear her interpretation of distraction and how it functioned in her life. She distinguished between distraction and escape, and the effectiveness of her anorexia and bulimia:

> I wouldn't say distract, but escape, yes.
>
> EE: And do you think it was effective?
>
> Mary Lew: It was for a time, and then came a time when it didn't work anymore. [...] I suppose when I was in the behaviours it was easier to put up a mask and pretend that everything's grand, even though it's not. As you recover, that mask starts to disintegrate (Mary Lew).

Mary Lew's cautious differentiation between distraction and escape, as well as when it worked and when it did not, reveals her realisation of the ephemeral nature of eating disorders, as during her recovery she realised that her problems were not completely solved. This realisation does not work against the theory that eating disorders provide a distraction; rather, it helps to reinforce the distracting power of eating disorders, as it is only upon recovery that Mary Lew felt things to be "a lot harder." Similarly, Chloë's claim that her problems were harder to deal with after she recovered proves that they were in fact easier to deal with while she experienced anorexia and bulimia:

> EE: So would you say that you ever used disordered eating to escape from problems in your life?
>
> Chloë: No, I don't think so. Not to *escape* from problems. To deal with them, but not to actually escape from them.
>
> EE: And did it work, for a little while at least, to deal with them?
>
> Chloë: No, because the problems are still going to be there. Basically, you're just making things harder for yourself.
>
> EE: Harder to deal with later on?
>
> Chloë: Yeah.

Chloë contradicts herself in the above exchange, for although she claims her eating disorders did not provide an escape from problems, and that she was actually dealing with them, her confirmation that those problems were still in her life after she recovered indicates that she was not actually dealing with them. Earlier in her interview, Chloë stated that her eating disorders had in fact helped her:

> Oh yeah. At first it was like a friend, kind of [...]. Then it turned into a monster. But it did, yeah. [...] (Chloë).

The negative light in which Chloë described her eating disorders may be partially responsible for why she does not perceive them as escapes, as an escape is usually seen as providing some relief from circumstances. For Chloë, her anorexia and bulimia may have prevented her from focusing on other parts of her life, such as the stress of the Leaving Certificate exams, which may still be interpreted as a distraction—as her way of "dealing" with problems. Similarly, some of the other participants who initially disagreed that their eating disorders helped or provided an escape for them went on to illustrate that they *were* a distraction; this was due perhaps to the misinterpretation of the question, or the belief that distracting oneself is not helpful. An exchange with Molly illustrates this:

> EE: Did other problems in your life start to fade away, or did they remain as prevalent?
>
> Molly: They were still there.
>
> EE: They were still there, but did it make it easier to cope with them, would you say?
>
> Molly: Probably not, no. It just makes you forget about them for a while; it doesn't make them go away. You just don't deal with them. You sweep them under the carpet and focus on something else.

In essence, Molly defined her experience as a distraction; it is the fact that she does not identify this distraction as helpful that is misleading. It is important to recognise that escape and distraction can be beneficial to an individual, in that they can be seen as providing temporary relief from problems. However, it is also important to realise that "escape is neither inherently good nor bad" (Baumeister, 1991a, p. viii). For the majority of the participants, however, eating disorders were helpful in that they provided a distraction from distressing parts of their lives—or selves—and can therefore be seen as at least partially beneficial to individual women. How they function is an important part of realising their effectiveness.

8.9.5 How Eating Disorders Function as Distraction

There were many variations of responses about how eating disorders provided—or did not provide—a distraction from parts of life, and these led into the posing of the supporting questions. When asked how much time they spent thinking about food and avoiding it during the height of their eating disorders, 72.5% of the participants

responded "all the time," and 17.5% said "a lot" (see Table 8.3). Only 5% said they did not think about food very often.

Table 8.3 Time Spent Thinking about Food

Time Spent Thinking about Food	Number of Participants	Percent of Total
All the time	29	72.5
A lot	7	17.5
Not very much	2	5.0
Other	2	5.0
Total	40	100.0

Focusing all of one's conscious energy and thought on to one area necessitates that little or no leftover time is spent thinking about other facets of life. Certainly, food is but one occupation with which a person could focus so greatly upon; there are endless other subjects which could also provide distraction for people. Within the context of eating disorders, however, it is food and its avoidance that takes up the majority of a woman's time. Compared with Sunday et al's (1995) study, in which they found that 74% of eating disordered patients spent more than three hours a day thinking about food, and 42% spent more than eight hours a day, the women in this study indicate a much larger amount of time, although they were not asked to quantify their response in terms of hours. The vast majority of the women claimed they thought about food and avoiding it either "all of the time:"

> [...] It occupies huge mental time. [...] (Victoria).
>
> [...] It takes a lot of the time. Hours of the day can be gone, and if you had an evening planned before you know it you've overeaten and you can't go because you've made yourself sick and your whole face is swollen afterwards. [...] (Georgina).
>
> All day, every single day. All day long (Hannah).
>
> [...] it took up so much time of your life. It could actually take up your whole entire life. [...] It took over my every waking moment [...] (Samantha).
>
> All the time. All the time (Elizabeth).
>
> All the time. Twenty-four seven. I don't think there was a moment I didn't (Madeleine).

The vast amount of time most of the participants spent thinking about food is crucial for understanding how an eating disorder functions as a distraction; when the women put the majority of their time and energy into thinking about food and how to avoid it they have little time left for contemplating other aspects of their selves and lives. This finding was reinforced by the answers to what other things the participants thought about during the time they experienced an eating disorder. 12.5% responded "nothing," indicating that they only thought about food and avoiding it. 47.5% thought about school and 20% thought about work (see Appendix li), but most other activities mentioned came well behind thinking about food. Hannah was asked:

> EE: So you said food and work were the only things you were thinking about. Was anything else on your radar—would anything else have come close to being as important as those two things?
>
> Hannah: No. It was work—college work—and food.

The responses to the question about how much time the women spent thinking about food revealed that almost all of them were constantly engaged with what they ate, were going to eat, or should not eat. On a fundamental level, eating disorders can be seen to provide distraction by being a completely consuming activity. Purgold (1992) writes that "eating is an everyday thing happening not just once but several times each day (at intervals which to those with a problem about it seem so brief that the subject can never be forgotten)" (p. 52); not eating is a continuous process. The amount of time spent thinking about food and its avoidance is significant because of what they are *not* thinking about. That is, when all their time and energy is focused on food, the women had little or no time left to contemplate other areas of life. Samantha went on to say that:

> [It was] very difficult. Not impossible, but very difficult [to think about other aspects of life] (Samantha).
>
> Didn't want to have energy to think (Vivian).

Sandra remarked that she did not want to think about anything else, and Gabriella, when discussing the good aspects of her eating disorder, said:

> The feeling of not being able to think about other things as well. At the time…I can only say that looking back now. At the time I wouldn't have known I was trying to block out anything else (Gabriella).

Being unable to think about anything else because all of their time is spent thinking about food and its avoidance is similar to how the norms of femininity are instilled in women through the use of disciplinary regimes, regulated primarily through the use of time.

Foucault (1975) theorises how power and discipline are inscribed on the body; he writes that "power is articulated directly onto time; it assures its control and guarantees its use" (p. 160). The regulation of femininity is inscribed onto the female body through the constant surveillance and self-surveillance of appearance, gestures, and enactments, which involve a large portion of women's everyday lives. For the woman with an eating disorder, the time spent thinking about food regulates her behaviour, restricting it primarily to the realm of food and weight. In this way, eating disorders are a form of discipline that "produce" a particular kind of behaviour in a woman, in that the large amount of time she spends thinking about food, how to avoid it, how much she weighs, and what her body looks like all culminate in a very regulated and restricted kind of existence. Shelley (1997) writes that this leaves no time, energy or space in the mind to think about anything else and so the problems of the world disappear because they have been pushed out by food.

For many of the participants, their worlds became narrowed to only the spheres of food and weight, in their most simple forms. When asked what they thought about other than food and its avoidance during the height of their eating disorder experience, studying came in second for almost half (47.5%) of the participants:

> [...] It was a real perfectionist streak. I wanted to be as thin as I could, to be the best at being thin. I wanted to be the best at school. If I wasn't being sick, literally I was studying. That was it. That was all I was doing, really. Just working and thinking about food. [...] (Ruth).

> [...] I was so focused on it. And because my life was just study and weight and there really wasn't much else. [...] It was a simple existence. [...] (Meghan).

For Ruth and Meghan to think only about food and studying means that there was very little else going on in their lives, or that was important to them. Academic endeavours may have, in a way, provided the only distraction from the distraction of the eating disorder; Crisp (1980) writes that "one of the few things which may temporarily drive thoughts of food out of her mind is her school work" (p. 16). The level of distraction school work could provide, however, was not nearly as consuming as that of an eating disorder. By Ruth's own admission, schoolwork came second to focusing on food; indeed, the binge-purge cycle is an all-encompassing symptom and pervades almost every aspect of the bulimic woman's daily existence (Weiss et al, 1994). The women who experience eating disorders are so preoccupied with food that they deliberately or inadvertently neglect other areas; their distraction can often become an obsession.

8.9.6 Eating Disorders as an Obsession

The amount of time some women devote to thinking about food during the course of their eating disordered experiences reveal the extent to which they are distracted from contemplating other parts of their selves or lives. In one way, this constant focus on food can be described as an obsession. Indeed, several of the participants referred to their eating disorders in terms of obsession:

> It was the only thing I had. It was the centre of my life at the time. It was the only thing in my whole entire life that I was interested in. I was totally obsessed about it. [...] (Katherine).

> [...] you're totally ensconced in this way of thinking. It really takes over. You're just immersed. It's all I was thinking about. And just studying and not eating. I was nearly obsessed with that as well. (Ruth).

> [...] Being so obsessed with your food, you didn't actually think about anything else. You didn't think about going out enjoying yourself, you didn't think about getting a boyfriend, you didn't think about buying nice clothes. That was all you thought about: the food, and work. You didn't get distracted, you were completely focused on what you were doing (Hannah).

It is interesting to note that both Hannah and Ruth include studying in their obsession, although at first they both claim that food is all they thought about. Academic success, as we have seen, is often an activity on which women with eating disorders place a great deal of importance, but it is the eating disorder itself with which they are primarily obsessed. Hannah notes that she "didn't get distracted" from her distraction; that her thoughts were completely taken over by food and schoolwork. Chernin (1983, 1986) frequently refers to eating disorders as obsessions for she believes that an eating disorder is a serious form of identity crisis and that an obsession with food is always fundamentally an attempt to bring about either personal transformation or an entry into life in general. The first of these is certainly true for many of the women in the study, as their obsessions with food at least partially arose out of problems of self; fittingly, their obsessions also made eating disorders a large part of their lives, and therefore their selves.

> It had become part of my life. [...] (Hannah).

> [...] it was the way of life because I didn't really spend a lot of time eating [...] it was really a way of life (Suzanne).

To describe their eating disorders as part of their lives, or a way of life, indicates not only that they were obsessed with their disorders, but that the behaviour had also become a habit, and a rather addictive one at that. Several of the other participants describe their experiences in these terms:

> [...] It's an emotional need, but it's such a deep, ingrained need that now I've got to break the habit of many, many years of doing it. [...] (Cara).

> [...] It is very addictive as well. I used to look forward to getting home so that I could [binge]. (Noël).

> [...] I liked who I was becoming, what I was becoming, so you want more and more. More perfection, more...And then it's a routine, it's part of you, you can't come back to what you were, and I didn't want to. That's why it took me a long to react at the hospital [...] (Suzanne).

> Well, I couldn't stop as well. That was something. It's very, very addictive. [...] (Chloë).

The addictive and obsessive qualities that are associated with eating disorders for many of the women reinforce their power as distractions; by becoming completely immersed in the behaviour the women were truly unable to think about anything else. Indeed, many of them seemed pleased about this effect and actively sought to perpetuate it. Distracting themselves provided them with relief from difficult, confusing, and oftentimes meaningless aspects of their lives, and avoiding these aspects was welcome. It is important to remember, however, that a distraction is not a solution; as Fromm (1960) puts it, escape does not solve the underlying problem. Eating disorders do not actually resolve issues for women, but divert their attention away from them. Noël notes the ephemeral nature of her anorexia and bulimia:

> [...] It is successful in terms of a way to deal with stress, but it's only successful for a very short period of time. [...] (Noël).

Mary Lew also notes how her eating disorder work for a time as a form of escape, but then "came a time when it didn't work anymore." But although the effectiveness of eating disorders as a form of distraction may be short-lived, there are a multitude of reasons why recovering from an eating disorder is often an extremely arduous and long-term process. The results presented in this section explicitly pertain to the research question, which are important not only for expanding the understanding of possible reasons why women may develop an eating disorder, but also for a more complete comprehension of the recovery process.

8.10 "Recovering" from an Eating Disorder

In order to get a more complete picture of the participants' experiences with eating disorders, it is as important to find out the ways in which they recovered as much as it is to learn how they developed in the first place. Indeed, it is crucial to learn if in fact recovery from an eating disorder is possible. What needs to occur for recovery to take place? Is full recovery possible?

For most, if not all, of the women in this study, "recovery" is a complex and rather vague concept. Defining what recovery means is an individual and personal matter for each woman. Most of the participants had been recovered for 2 or more years at the time of the interview (see Appendix lii) although a quarter (27.5%) of the participants described themselves as still in the process of recovery (see Table 8.4).

Table 8.4 Recovered

Recovered?	Number of Participants	Percent of Total
Yes	29	72.5
No	11	27.5
Total	40	100.0

On the continuum of recovery, inquiry was made into what constituted "recovery" and what it meant to individual women. A third of the participants characterised a change in behaviour as necessary for recovery to occur, and 15% recognised that an alteration has to happen mentally (see Appendix liii). Recovery was an attitude, and was difficult for many to achieve and sustain. For many, their disordered eating behaviour was self-perpetuating, because it was a vicious circle (10%), a habit (15%) or hard to get out of (15%) (see Appendix xlvi). Hannah said:

> It had become part of my life. Once I stopped eating certain foods...once I completely reduced how much I ate I couldn't go back to eating normally again. [...] I felt that because I had restricted it for so long that I actually couldn't go back to being normal, because I wouldn't know how to be normal and I'd abuse it (Hannah).

Although the answers varied in response to what constitutes a recovery, most of the women believed that a mental change of attitude was necessary for it to occur. Coming out of an eating disorder is an extremely difficult process, and a quarter of the participants had received no treatment to help them (see section 8.10.5). This is similar to

Johnson et al's (1982) finding that 56% of their sample had not sought professional help. Many of the women had had an eating disorder of some kind for a large part of their lives, and although they may have wanted to get better, the eating disorder had become a part of their identities; for many, recovering from an eating disorder equalled losing a part of themselves. Brown (2007a) notes that although eating disorders may limit their lives, at the same time many women often cannot imagine living without them. Hornbacher (1998) describes eating disorders as a crutch, and some of the participants describe their eating disorders in this way, as well as their unwillingness to let it go:

> You know I think that is really whether you want to make a go of it or not. I think in some degrees I'm not fully ready to totally. I have to a huge degree, but I'm not sure. In a way it's a bit of a crutch. It's a part of your personality. Well, not so much as part of your personality but it is part of your life for so long it's extremely hard to say well, you know to completely leave this go. [...] (Aline)

> [...] It fitted really well with how I lived. It was something that really helped me, like a crutch or something. [...] I wonder if I should have given therapy more of a chance, but I just didn't want to let it go. Maybe these things run their course, I don't know. You use it for a certain time for what you need [...] (Ruth).

> [...] [after coming out of hospital] Nearly a week after I came back I was back to square one, because inside I didn't really want to get better. [...] (Samantha).

Because eating disorders have provided both a distraction as well as an alternative identity for these women, often for a very long period of time, learning to let them go can be frightening. Pennycook (1987) believes that having to immediately relinquish an eating disorder would mean that a woman is left with an "intolerable void" (p. 82), as she has used her eating disorder for so long as the focus and meaning of her life. In addition to this, women with eating disorders often feel a sense of empowerment from refusing food (most often in the case of anorexic women), and this is "critical to understanding why an anorexic patient will defend her starvation so radically, as if her life depended on it" (Gordon, 2000, p. 196). Indeed, in some ways her life does depend on her eating disorder, as it is what she has centred her self around for so long. In several instances, an eating disorder was regarded as a creation, not a loss, and "recovery" from the disorder is perceived as a loss of this construction.

8.10.1 "Recovery" and Identity

For many of the participants, their experiences with eating disorders had been a large part of their lives for several years; in many instances, their disorders had

constituted a substantial part of how they defined and identified themselves. Although many of the women had used their eating disorder, knowingly or not, to distract themselves from a lack of solid identity, the alternative identity they experienced through their disorders helped create a more firm sense of self in their recovery process. Many of the participants feel that their eating disorders played an important part in forming their current identity, and in making them who they are today:

> [...] I am who I am because of what I went through, and I love the fact that I'm a stronger person for having done it, but I wish that I hadn't had to go through it to be this way. [...] (Zoë).
>
> [...] This makes me who I am. [...] (Suzanne).
>
> [...] I don't know what I would have been like had I *not*, you know that kind of way? [...] But then, I don't know, it kind of makes you the person you are. [...] (Chloë).

For some of the women, their eating disorders had been such a large part of their lives that they found it impossible to imagine that they could be any other way. Similarly to feeling that their experiences made them who they are, they feel that their eating disorders are as much a part of their selves as anything else:

> Oh god, it's been around for so long that I can't answer that. It's unfathomable that... [...] I don't know how it would have made me, how I would be different. I have no idea (Sarah).
>
> [...] I don't know what I would be like otherwise; I can't imagine it wouldn't have an effect. [...] Josephine)

For Sarah, who has been an overeater almost all her life, her eating disorder is as much a part of her as any other aspect of her identity. Her overeating did not "change" her in that it was too present in her life at all times to alter a previous sense of self. Differentiating between various identities or experiences of self is something that many of the participants could recognise; many could even pinpoint stages through which their identities evolved:

> It's like there are different selves. Me before, me while I was anorexic, and me now, bulimic. I guess the self I liked was when I was anorexic, so I guess I'm still trying to be this one again. [...] I don't really know who I am anymore, I don't know what I want, I don't know what kind of life I want. Each different [Suzanne] has different aims in life [...], different aspirations, different desires. So it's constantly like, who am I, actually? Which one I am? [...] (Suzanne).

Having experienced so many different forms of self, it is no wonder that both Suzanne and Noël feel confused about what is their "true" identity. For them, their anorexia and

bulimia altered who they felt themselves to be to such a degree that after they had recovered they were left without a firm sense of self, because their "original" identity had been drastically altered by their eating disorders, and the self they experienced during their eating disorders could no longer be recognised. However, this was not true of all the women, as some of them felt that their experiences had not had a considerable effect on their identities:

> [...] It's not you, it's not who you are. [...] I think I am who I've always been—one doesn't change from one day to the next. But I think that confidence has grown. I feel like I know more of what I want. I can say I like this, I don't like this, whereas before it was just...I didn't know myself so well (Sophia).

> [...] I'm much more myself than I was a year ago. [pause] Just the fact that I had to go through all those serious discussions I had to go through with family and friends is bound to change anybody, but in essence I'm still me (Monique).

> Regardless of your shape, height, whatever, it just doesn't affect the person you are or people's perceptions of you. Well, it might change some people's perceptions. [...] (Elizabeth).

> Zoë: Not in a hugely significant way. It's given me more of an insight into how I operate. The older I get, the more able I am to understand why I do the things I do. So it hasn't changed me as such, but it's just helped me to understand me a little bit more.

> EE: So you don't think that you've become a different person, then?

> Zoë: Well, actually I have taken more responsibility for myself and I have become better for it. I have become more positive for it. Having come through it and out the other side, now even though I'm still going through it, but being able to overcome it to a certain extent has had a very positive influence on me.

It is notable that even when Sophia, Zoë, and Monique initially claim that their eating disorders did not affect their personalities, they go on to qualify these statements, saying in fact that their eating disorders did in fact have some influence on who they felt themselves to be. Zoë actually contradicts herself, stating at first that her eating disorder has not changed her, and elsewhere claiming that "I am who I am" because of her experiences. Elizabeth also indicates that she could change her mind, as she does about other people's perceptions of her. From these excerpts, as well as the ones in which the women explicitly state that their eating disorders made them who they are, it is obvious that identity, and knowledge of the self, are heavily implicated in both the formation of, and recovery from, eating disorders. As we have seen, not having a firm sense of self can

be a predisposing factor, and identity can be just as involved in recovery from eating disorders.

8.10.2 How an Eating Disorder Alters Perceptions of Self

Many of the women "used" an eating disorder to escape from problems of self, and in turn their eating disorder provided an alternative sort of identity for them while they were experiencing it. Identity, therefore, is also implicated in the recovery process, because a woman must come to terms with who she is in order to heal. Oftentimes, the women were not truly aware of their selves until after they had begun to recover. When asked if her bulimia and reduced eating experiences had changed her, Marjorie said:

> I'd say the journey of recovery, not the eating disorder. Letting go of it does play a role, yes, but the real identity formation was the recovery (Marjorie).

Marjorie believed that it was only in the last ten years that she had come "to grips with really knowing who I am," indicating that while she was in the midst of her eating disorder she did not really understand herself. For Marjorie, recovery is about finding out who she really is, and creating a firm sense of self. For many of the other women, recovery is a re-learning, or re-discovery of aspects of their selves that may have existed prior to their eating disorder. Lawrence (1984) argues that the process of recovery is one of re-discovering oneself, and indeed, some of the women felt that they could not recover unless they knew their selves:

> [...] You need to get to know yourself, your limitations and obviously all the good things that are in everyone. [...] (Gabriella).

> [...] I had to find out what I wanted, or what I liked. It was very frustrating. It's very hard to recover when you don't even know who you are (Meghan).

The process of re-discovery is described as very difficult and rather painful by many of the participants. When they were in the midst of their eating disorder they oftentimes did not develop as they otherwise might have, as the alternative identity associated with their disorder was predominant. As a result, many of the women felt that they had not matured as quickly as their peers; that while they experienced their eating disorder identity they did not progress as "normal" women their age might have. Consequently, as they began to recover, they discovered that they were emotionally behind their peers:

> [...] I woke up some time in my twenties and I was like, oh God, all these people are way ahead of me, emotionally (Rebecca).

> [...] I had the body of a 22 year old but the emotions of a three year old. [...] (Grace).

> [...] I think I would be a lot further ahead today if food hadn't got in the way. [...] (Cara).

Feeling that they are emotionally behind other women their age means that for many of them, recovery is also about re-learning:

> [...] I had no emotional resources. [...] the last six or eight years, I've made so many mistakes that I should have made in my twenties. [...] I think I wasted my twenties. [...] It's like I had to re-learn everything. [...] (Abigail).

> I'd have to reject anxious thoughts, and most importantly I'd have to replace the negative self-image I've had of myself since I was probably born with a positive one. [...] It's re-conditioning (Penelope).

Vivian says she would have to re-learn, like a baby, and Marnie says that she spent so much time thinking about eating that when she got better she did not have any life-skills, that she had to re-learn them. In addition to re-learning things that they may have already known before developing an eating disorder, several of the participants also felt that they learned a lot from their experiences. Most of the women described what they learned and took away from their experiences in positive terms:

> I think I've grown through it and now be more aware of myself and who I am as a person. [...] (Isabella).

> Not to be so hard on myself. And that I've got more to offer than my physical appearance (Georgina).

> I've learned quite a bit from it, but I wouldn't recommend it now as a way to learn those kinds of things. If it means that I am going to take care of myself from now on, then okay, maybe it was a hard way to learn it but I am trying to take some kind of positive from it. [...] (Ruth).

> Yeah, I think I'm stronger, definitely stronger (Chloë).

For these women to describe what they learned in constructive ways indicates that their eating disorders were not a waste. That is, at least on one level their experiences were helpful to them in that learned more about themselves and what is meaningful to them. Molly said:

> I'd say that I've learned that a) bulimia does not work. It [won't] make you thin and is therefore quite pointless. I've also learned that being thin isn't really the be-all and end-all of life. Being healthy is more important. When you're healthy, when you take care of yourself, when you exercise, then you're going to feel good anyway. That's what people should be focusing on (Molly).

Learning what matters in their lives is an integral part of recovery. Eating disorders had been constructed as meaningful for a long time in many of the women's lives, and many of them have to re-prioritise their values. As Anastasia put it:

> [...] You realise what is important and what isn't. [...] Hardship makes you distinguish what is important and what isn't (Anastasia).

For many of the women, meaning takes on a wider scope than the self; many of them described becoming sensitive to others' needs:

> [...] More aware of other people, and that what you see isn't necessarily what you get. People have a lot of depth to them. More understanding as well, I suppose, of other people and their problems and their feelings (Chloë).

> [...] It's given me more empathy towards other people as well. [...] (Georgina).

> [...] I think they've helped me have a lot of empathy for people, like a genuine empathy and, I suppose, and understanding of distress and what it does to people. [...] (Victoria).

Learning to re-create meaning in their lives, and to see beyond themselves made it easier for several of the participants to look back at their eating disordered experiences without regret. In fact, only 27.5% of the women reported feeling regret, while more than half of them claiming they would not take back their experiences. Of those who felt regret for the time they had an eating disorder, some of them described their experiences as a waste of time:

> [...] It made me feel annoyed that I wasted so much time. [...] (Rebecca).

> Well, recovery is having the awareness that it was wrong, that it was a waste of time... (Isabella).

> It was more...I knew I had to get better for myself. It had gone on long enough, and the way I looked at it was, I'd wasted 13 years of my life and I'd end up wasting my life. I wanted to be...the word I used was "normal." [...] (Samantha).

Elizabeth said that:

> [...] it's done nothing really for my life. Apart from maybe giving me a bit more confidence when I feel thinner or healthier, but I don't think it's done anything. It's just made me feel bad or good, but not my life. I don't feel it's changed my life (Elizabeth).

It is interesting to note that Elizabeth's statement was made when she was still in the process of recovery, and that she makes a close connection between her physical self and her life. Her words indicate that she expects something from her eating disorder; indeed

she goes on to say that "this is my escape or comfort whenever something goes wrong." As has been shown, many of the participants in this research relied upon their eating disorders as a form of escape from problems in their lives; recovery, therefore, means that for these women they must return to or address what they were attempting to escape. Coming to terms with their identity and what is meaningful in their lives were important aspects of the recovery process for many of the participants; ceasing to use an eating disorder as a means of distraction was also integral for several of the women. Dally and Gomez (1990) argue that "the natural course of anorexia nervosa is towards recovery, despite a reputation for relapsing" (p. 16), which further reinforces the hypothesis; distraction is only a temporary diversion, not a solution, so for recovery to be inevitable means that eating disorders were only ever a provisional escape. Indeed, recovering from an eating disorder can often require the implementation of another form of distraction. In essence, a woman must distract herself from the distraction of an eating disorder.

8.10.3 Distraction from Eating Disorders

For some of the participants, even those who did not think that they used their eating disorder as a form of distraction, they had to be distracted *from* their eating disorder in order to recover. That is, the distraction provided by the eating disorder had to be broken in order for them to begin to get well:

> Recovery for me has been getting my focus back. Just the ability to read something and not get distracted by the thoughts of food or my appearance or something else. Being able to get up in the morning and not be concerned about planning what I'm eating for the day. Getting up and if I'm hungry, I eat. [...] (Katherine)

> [...] I think that I was so distracted then and maybe when the habit was broken, just even for two months I went, I can do this, I know I can do this now (Aline).

> [...] The four years of college, although I was a lot underweight, I was still functioning okay. Then after college I moved to Germany and then I wasn't functioning so well. I was getting too weak to do normal things. I was completely obsessed with food, whereas at college you had exams, you had a social life, you had other things to distract you. I didn't have that when I was working in Germany. (Danielle)

These quotes form Katherine, Danielle, and Aline illustrate the power of the distraction which anorexia and bulimia provided for them. Eating disorders, for many of the women, are an extreme form of both escape and distraction, and breaking the hold that they have

over the women is part of the recovery process. Katherine describes how she attempted to distract herself from the diversion of anorexia and bulimia:

> [...] To distract myself from all the stuff, from eating and everything, I used to hold down two jobs. I would do everything just to keep myself busy, busy, busy so I wouldn't have to think about food, to keep myself occupied. But not stuff that I would have to think about, just stuff that I could do. [...] (Katherine).

The distraction that eating disorders can provide for some women can be extremely powerful and all-consuming, as has been shown. Most of the women did not realise until after they had begun to recover that eating disorders had such a strong hold over them, but part of their recovery was to break this distraction and think about other things. Eating disorders had provided a very narrow focus, usually including only food and weight in its immediate scope, which essentially shut out other aspects of the women's lives. To recover means, in part, to return to a consciousness that includes thinking about other aspects of life, particularly the ones from which the women may have originally been seeking escape. Indeed, changes in both the topics and patterns of thought during the recovery process indicate that the women thought differently during their experiences, which further confirms that they were distracted. Many women with eating disorders do not recover (see Rosenberg, 2002; Polivy and Herman, 2002; Malson and Ussher, 1997), but those who do must alter their way of thinking.

8.10.4 How Women Recover From Eating Disorders

Describing recovery as a mental shift indicates that the experience of disordered eating itself provided an altered form of thinking, which reinforces the question about distraction. The stages of change in thought are similar to those of identity; there is a sense of a before, during, and after, with the before and after being closely linked. For many of the participants, recovering meant facing the original problems which they had attempted to escape through the use of an eating disorder. The process of recovery itself, however, was described as difficult, and the way in which it occurred was explained in vague terms. Inquiry into the specific causes for their recovery, and how they recovered, produced varied responses. 12.5% responded that the support of others had been instrumental in their recovery, and 5% wanted to be healthy again (see Appendix liv). Of the 72.5% who described themselves as recovered, 30% responded that they had experienced some form of relapse, but 37.5% did not (see Appendix lv). Monique said:

> I don't think I ever could go back the way I was. It took up...it was all-consuming. I couldn't ever be like that again (Monique).

Attempting to define the process of recovery is almost as difficult at trying to explain what causes eating disorders in the first place; the links between the cause and the solution are a probable explanation for this. There is a far from a clear or straightforward way in which women recover from eating disorders; indeed, the process seems almost as indefinable and incomprehensible as the reasons for which they are developed. Besides ceasing to distract themselves, or turning to another distraction to replace the one that disordered eating provided, there are other issues that must be faced. Some of the comments the participants made about their recoveries provide important insights into the process, however, not least of which is the difficulty they faced:

> [...] I started fighting it, which was extremely hard. Because every time you get knocked down, you don't want to get up again. And you get knocked down so many times, it's like every time you fail you give up. And I kept giving up, and giving up, and giving up. And then...I actually don't know what changed. I think what happened was...I think you have to hit the bottom to come back up. I couldn't go any further, get any worse than I was (Samantha).

Samantha's vagueness about what actually triggered her recovery is not obtuseness on her part; she really did not seem to know what had made her decide to get better. She had claimed that she had wasted 13 years of her life and just wanted to be "normal;" perhaps she was tired of being locked in the cycle of food and weight obsession. Like she said, Samantha had "hit the bottom." She does not give a very clear picture of just how she managed to recover, and indeed she might not be aware of how she succeeded. Many of the other participants expressed similar ambiguity about the process of recovery, although almost all admitted to the difficulty of trying to understand. Penelope said:

> [...] All the hard work was after hospital. One of the hardest things is when someone is sick with an eating disorder and wants to talk about what happened at lunch yesterday or breakfast yesterday. The hardest part is trying to unravel what's behind all of that. [...] (Penelope).

Penelope's comment shows how linked her recovery is to her development of eating disorders in the first place. Not having a firm idea of what originally caused her anorexia—other than having low self-esteem and feeling unloved—made it difficult for Penelope to recover. For many of the women, this lack of knowledge may be one of the foremost reasons that they will never be completely recovered:

> [...] I don't think you'll ever be 100% recovered from an eating disorder. Ever. [...] (Samantha).

> [...] I feel like the bingeing and compulsive overeating is never going to go away. [...] (Sarah).

> [...] I've changed a lot in how I view myself, my perspective, but there are still...It's like a little gremlin that's still there. I can't shake it off completely. [...] (Ruth).

For Samantha, Sarah, and Ruth to feel that their eating disorders will always be present in their lives means that are unable to make a firm connection between how to recover and what caused their eating disorders or, if they are, they are unable to resolve these initial problems. For many of the women, recovery means facing their original problems:

> [...] some of the issues that I didn't solve before eating disorder I'm actually solving now, or I had to solve them in therapy. Problems from before the eating disorder (Christina).

> [...] When I finalised my recovery, it wasn't the food. [...] The symptoms, the behavioural food stuff, was not so much an issue. What was, was panic and anxiety. As I started eliminating and letting go of that disordered thinking around food, what I was actually left with was huge anxiety. Which, when I really started to think about it was, God, I remember being like this at four years old. [...] (Marjorie).

> [...] You're caught up in this little world. While it's not safe or enjoyable, you don't have to deal with the real world. And that's my problem now. I'm on the road to recovery and actually having to deal with the real world. [...] (Olivia).

> I think I was happy living a lie, actually. I didn't really want to face up to it; I didn't really want to take responsibility for what I was doing.[...] I was just never willing to face up to what I was doing (Zoë).

Facing their original problems can often be the most difficult part of recovery; indeed, oftentimes their eating disorder arose when they could not face these problems. Having realised that their eating disorders provided only a distraction, and not a solution, to their problems, many of the participants became conscious that they finally had to address their problems. The women did not realise until the process of recovery had begun that there were even problems which they needed to address:

> See, I wasn't conscious that there were other problems in my life. [...] (Frances).

> [...] I suppose because I didn't like to admit that there were any problems, so I wouldn't have spent much time thinking about them (Gabriella).

> [...] actually I wasn't dealing because I wasn't aware of the problem, I wasn't aware of the reasons (Christina).

Christina's belated awareness that there were problems in her life which she needed to address was, although extremely difficult to admit and even harder to deal with, perhaps what made her so adamant that she would never go back to eating disorders. She says:

> [...] Once you realise something you can't forget it. [...] (Christina).

Monique expressed a similar viewpoint:

> [...] I don't think I ever could go back the way I was. It took up...it was all-consuming. I couldn't ever be like that again (Monique).

Both Christina and Monique realised that anorexia and bulimia did not provide the solution to their problems that they had unconsciously hoped would disappear. Once they realised that their eating disorders were only a temporary distraction—albeit one that could last for several years—they set about finding alternative means of resolving their problems. Zerbe (1995) writes that "ultimately, the individual clings to the eating disorder to avoid something worse. It is only as the person recognizes what that 'something worse' is and finds new and more adaptive ways of coping that she can be free to make the choice to give up the symptoms. In essence, she must find some other salvation" (p. 322). Although it is tempting to at first see the woman who recovers from an eating disorder as exchanging one distraction for another, it is only when she honestly confronts the problems in her life and self that she can leave behind distraction completely.

8.10.5 Eating Disorders Treatment Centres in Ireland

The process of recovery was not always helped by the participants' involvement in therapy or a hospital programme; indeed, oftentimes treatment hindered their recovery. In general, however, it was beneficial for the women to receive formal treatment for their disorders. 25% of the participants received no therapy of any kind for their eating disorders, while 22.5% had been to the Centre A, 5% had used Centre B, and 3% had received therapy while in hospital (see Appendix lvi). 15% had received therapy for problems other than disordered eating (see Appendix lvii), and 30% had been hospitalised. Of all the participants, 15% had been in hospital for less than 4 months and 5% had been in hospital for more than 6 months (see Table 8.5). These participants had been in many different hospitals, both in Ireland and other countries.

Table 8.5 Time Spent in Hospital

Time Spent in Hospital	Number of Participants	Percent of Total
No time	28	70.0
Less than 4 months	6	15.0
4-6 months	3	7.5
More than 6 months	2	5.0
Don't know how long	1	2.5
Total	40	100.0

Finding out how it is possible for some women to recover from an eating disorder is just as important as discovering what causes them to develop one, as the reasons are often inextricably linked. The process of recovery is an extraordinarily difficult one for many women for several reasons. Not only does full recovery—if that is indeed possible—require healing both the body and the mind—as well, of course, as dealing with problems that were so difficult to face that the eating disorder began in the first place—but also because there is a general lack of understanding about the disorders, which can often hinder the recovery process. A quarter of all the participants did not receive help of any kind, and those who did receive counselling or hospital treatment had limited treatment facilities from which to choose. Time and again in the interviews, the women who had received treatment in Ireland noted the lack of facilities available, as well as the poor quality in some of these centres, particularly the hospitals:

> [...] There's very little help and support in the country. I know of a lot of people who've had to go to the UK and even the States for treatment. And that the treatment they have here...I don't know, I can't speak for [hospital A] but in [hospital B] I do think it's too lenient. The focus is just on gaining weight and getting people to put on weight and discharging them but that's not solving the problem. [...] (Olivia).

> [...] There are so few treatment programmes available. I know there's one in [hospital A] and [hospital B], but if you're down the country and don't take VHI there's very little. I've seen girls in the general hospital, and they just do not have the skills to deal with eating disorders. Their way of coping is simply re-feeding and trying to feed the child as much as possible. [...] Just realising how few services are there and how limited the numbers they can take on. I think that's something that's huge that will need to be addressed, most definitely, with research by people who are experts in that area to really understand the extent of the problem. [...] (Victoria).

Vivian commented on the destructive quality of hospitalisation, saying that it takes away one's self-worth, that she was threatened with it while anorexic, and that she was given sedatives and drugs while in hospital which she did not want or need. Several of the participants related negative experiences of being force-fed while in hospital, and how the emphasis was solely on food and body weight. Lawrence (1984) writes that if the problems of anorexia and bulimia are a response to feeling out of control of one's life, deliberately taking control away from women through practices that included forced bed rest, hospitalisation, re-feeding, and the relentless gaze of supervision are likely to exacerbate the problem. In many instances, the women got worse when they were released from hospital, as they felt a strong desire to re-gain control of their lives and subsequently lost weight again. Olivia's two years in and out of four different hospitals, where she was tube-fed and forced to gain a certain amount of weight—which she promptly lost as soon as she left the hospitals—illustrates the lack of understanding and proper care given to her.

Some of the women felt that if they had received early and effective treatment that their disorders would have been pre-empted before they took a firm hold over their lives:

> [...] I do feel like it could have been nipped in the bud a long time ago. But the fact that they [her parents] didn't talk about it all makes it feel more shameful. Like it was a secret. They can't even talk about their own daughter, what she's doing. They're embarrassed or ashamed. So I am quite angry with them. [...] (Ruth).

Ruth attributes her lack of early treatment to her parents' avoidance to admit she had a problem. Heidi also says that her three eating disorders were "never nipped in the bud," and built up over time. Heidi relates this to the high cost of available treatment in Dublin, which caused her to be "inconsistent" with her therapy. Several of the other participants commented that it was difficult to be eligible for treatment in Ireland, that they felt they had to be very sick in order to receive therapy or medical care:

> [...] People are so convinced it is about weight. I don't think I'm alone in regards to the...Especially in Ireland, when they have so few beds, and when you really, really have to be physically sick. I mean, you can be mentally sick and not look physically sick...But you really have to be on death's door to get help, to get hospital help. Not everyone can afford a private clinic (Meghan).

Meghan's feelings that she was a terrible person who did not deserve help were exacerbated by difficulties she faced in accessing help. Even her sixteen years of having an eating disorder did not make her feel she qualified for professional help; she did not consider herself sick enough to warrant this help:

> [...] they [magazine articles on eating disorders] gave the long-lasting impression to me that you had to be very sick to get help. That you had to be so sick-looking that somebody had to come and take you. I never knew that I could ever ask for help. To be honest, I never felt that I deserved help. They just gave this impression that it was all about the physical and that if you didn't look the part, if you didn't look that sick, then you didn't deserve to get help (Meghan).

It is interesting to note that it was Meghan's physical appearance which she felt was the determining factor in her receiving help or not. This is evocative of the prevailing belief that eating disorders are about the body, not the self; the medical establishment (as we have seen) often regards eating disorders as a biological problem. Jasper (2007) writes how a genetic or biological explanation for eating disorders, which has been recently been receiving more attention, is largely about economics and does not implicate culture. The woman with an eating disorder is seen as individually defective, not as reacting to the values of Western culture, which makes medical care for eating disorders appear "more likely to be effective, less expensive, apolitical, and objectively based" (Jasper, 2007, p. 51). For Meghan to have bulimia for a large part of the sixteen years she experienced eating disorders means that her illness was not overly visible, as anorexia would be. Her trouble with accessing treatment revolved around the misconception that she was not physically ill enough to alert people to her disorder. Meghan discussed the invisibility she felt while experiencing bulimia:

> [...] I remember consciously thinking, during the whole binge and purge cycle, where I kind of looked relatively normal, I remember thinking that if I keep going on like this I could be going on forever, until something internally bleeds to death or whatever. I was thinking this could go on forever unless I look physically sick. And yet I could never just go out and ask for help. I had to show it. I had to show people by my physical [being] that I was sick and that propelled me to either restrict, or binge and purge more. [...] (Meghan).

Meghan's belief that she did not deserve help was not aided by her reluctance to ask others for help; her illness was extended by her refusal to do so, as well as by the general lack of knowledge and open discussion that surrounds eating disorders within Ireland. Some of the other participants noticed this silence as well:

> [...] In Ireland, it's hidden. You're nearly meant to feel ashamed that you have this, or had it. It's very hard to find help in Ireland. In Dublin, it's hard enough, but in Mayo there's nowhere, and you're meant to feel ashamed for having it (Samantha).

> I think there is such a lack of knowledge and understanding in this country of psychological illnesses. And I think to have some publications that might be accessible—books or novels or research that has been done would really help

> people who may be in that situation because it's so incognito going to a therapist. Putting a hood on, you know. [...] (Penelope).

The predominant belief among the participants that it is difficult to find help in Ireland for eating disorders and that there is a paucity of dialogue about these disorders was poignantly illustrated by the number of women who had never discussed their experiences with anyone other than me. 87.5% had never talked about them in a formal context, and 15% had never even discussed them with friends or family. Aline expressed her reluctance to discuss her experiences with most people:

> I sometimes feel that if I start talking about it that people think that I am supposed to educate people and I don't really feel that's my place to do that. My personal experiences aren't exact. Just because that's what happened to me doesn't mean that that's what would happen to anyone else. So I don't like to pretend that I am an expert on it. No, I wouldn't talk about it that much (Aline).

Aline's rationale for not wanting to talk about her experiences reveals that she does not believe her experiences can be strongly linked with other women's, and that she her five years of being anorexic and bulimic do not qualify her as an "expert" on the subjects. Although a general campaign may not be possible, it is imperative to link the eating disordered experiences of not only the women in this research, but with other women's experiences as well, in order to come to a more complete understanding of the disorders. The taboo and silence that surrounds eating disorders in Ireland is exacerbated by the lack of knowledge and comprehension that exists in the media and general public, and breaking the silence that surrounds eating disorders and dispelling some of the myths are some of the objectives of this research.

8.11 Further Understandings of Eating Disorders

The presented results in this chapter have presented and discussed data about the participants' specific experiences with disordered eating, and it was also relevant to learn of their perceptions of eating disorders in general. What do eating disorders mean to individual women? Are their experiences similar enough for a general campaign to be created?

Many of the participants were well aware of the paucity of knowledge surrounding eating disorders in Ireland and in the West in general; when asked if they thought the general population had a good understanding or a poor understanding of what

eating disorders were really about, 85% replied negatively (see Appendix lviii). Penelope said:

> Shocking. Desperate. No understanding (Penelope).

Most of the participants responded to this query with a similar answer, thus emphasising the disparity between the popular misconceptions of eating disorders and what they are "actually" about. In order to contribute to the understanding about eating disorders in Ireland, the participants were asked to imagine that the media were hypothetically to begin a campaign explaining what was of concern in relation to eating disorders and for them to specify what should be explicated. Many participants (22.5%) were adamant that eating disorders were not about food, and 20% described the eating disorder as a symptom of something else (see Appendix lix). Many of the women had valuable insights, and several of them began with what eating disorders were *not* about; often, this included firm statements that they were not about food and weight:

> [...] I don't think it was about losing weight. [...] (Josephine).

> That it's not always obvious. And that a lot of the time it's obviously not about weight. It's about the issues a person has that may be very individual. It would be hard to develop a general campaign because I don't think there's any one particular issue. [...] (Sabrina).

> [...] I think people probably look on the eating disorders as an issue about weight and food and I really don't think that they are. I think they're more like symptoms of something else, but it's just manifested through food. [...] (Ruth).

> That it's a way of coping, and it's not about the food, or whatever the behaviour of choice is. Maybe just about the personality traits. I know for me I would have been very sensitive. So I believe I was very vulnerable to not necessarily an eating disorder, but something. [...] (Mary Lew).

> [...] It's not about food. Food is the manifestation (Suzanne).

It is interesting that Ruth and Suzanne refer to food as the manifestation of deeper problems; Marnie described eating disorders as "a manifestation of self-destruction." Ruth also described eating disorders as a symptom of something else, as do some of the other women:

> I would say that they are a symptom of greater or lesser psychological issues, which might or might not turn into something. You know, perhaps need some kind of outlet. You could be lucky and find some way that can resolve things for you, or else [...]. I would describe it as a symptom, definitely (Abigail).

> I think people in general think it's about food but I think the main thing is that the eating disorder is a symptom of something else. It's because something is going

> wrong, because something is going on in your life and it's expressed in how you view your body and gets translated into eating habits (Rebecca).

Sophia is especially adamant that eating disorders are not about weight and that they signify deeper problems. She elucidated this in her comparison with other illnesses:

> That it's not about weight. It's not about weight. It's a lot deeper than that. That it's the person themselves. It's a psychological disorder. It's a form of depression. It was interesting, actually, because the hospital I was in had different wards, for different things, substance abuse, depression, whatnot. And we had a common room, and everyone there, whether they had attempted suicide, substance abuse, alcoholic, anorexic, bulimic, whatever, same symptoms, same things. It's just the way that the individual gets it out of their system and it's reflected (Sophia).

When asked what some of these symptoms might be, Sophia replied:

> Same thing, same feeling of emptiness, same feeling of not knowing what to do. Getting caught up in their minds, but just taking it out in a different way (Sophia).

The broad range of manifestations for these feelings of emptiness which Sophia describes indicate that there are less specific indications for the cause of eating disorders than might be hoped; it also signifies that a much larger number of people could be affected by these symptoms. Indeed, some of the participants note how eating disorders can affect anyone, regardless of background or upbringing:

> [...] It could happen to anyone. [...] I had everything going for me, parents who loved me, a family, very comfortable living situation, a very good school, everything going for me, and yet I ended up putting myself in that situation (Sophia).

> It can affect anybody. Absolutely anybody. Of any age or background or intelligence. It's not something that you choose; it's something that afflicts you. And it's a nightmare to go through. It's not an easy route, it's not an easy way to deal with weight issues or any other kind of issues (Zoë).

Sophia and Zoë's feeling that their eating disorders were not choices, that they were something that happened to them, was common among the participants. Gabriella said:

> [...] It's conveyed as a choice people make. But it's not like that at all.
>
> EE: So you didn't think you had a choice in the matter, it just kind of happened?
>
> Gabriella: Definitely I didn't have a choice.

Many of the participants felt that their eating disorder was something that happened to them, that they had no control over its development. Indeed, some of the participants felt that having an eating disorder was an inevitable part of their lives; that it was bound to happen. Katherine said:

> To be honest, I think it was always on the cards. In a way I count myself really lucky that the triggers that caused it happened early in life when I was young and I got it out of the way. A lot of people consider themselves messed up in their teens and I did it royally. I'm really, really grateful that I dealt with a lot of stuff while I was young and now I can get on with my life. [...] (Katherine).

Although Katherine believed that her experiences with anorexia and bulimia were "always on the cards," she goes on to wonder why she developed those particular disorders, instead of perhaps turning to drugs or something else. It is interesting to note how many of the participants made a similar type of comment about why they developed an eating disorder instead of turning to drugs or alcohol. Without being asked directly, many of the participants compared eating disorders with alcohol or drug abuse. 10% wondered whether—if they had not had an eating disorder—they might have had a drug or alcohol problem. Mary Lew said:

> Because if it hadn't been food it would've been something else.
>
> EE: What do you mean by that?
>
> Mary Lew: Just some other kind of addiction. I don't think it would have been drugs or alcohol, but I would have used some kind of behaviour.
>
> EE: And do you think for the same reasons?
>
> Mary Lew: Probably, yes.

Berman (1989) cites the use of drugs and alcohol as a common means of distraction from emptiness we feel at the core of our beings, although many of us back away from this route and focus on more socially acceptable activities such as pursuing careers, watching television, or even raising children. Many of the participants said if they had not had an eating disorder they would have had something else:

> [...] But I sometimes do wonder that. If I didn't have this, would I have something else? [...] Would I have been a drug user, would I have been an alcoholic, would I be a pot smoker, would I be somebody who takes dare-devil risks and goes bungee-jumping down in South Africa, jumping out of airplanes and doing extreme sports? (Sarah).
>
> If it hadn't been anorexia it could have been drink or depression. I think everyone carries something [...] (Penelope).
>
> [...] If I hadn't developed an eating disorder I would have got something else; it was just a way of coping. [...] (Frances).

The "something else" that was thought to be a possible alternative to eating disorders was usually drugs or alcohol, and many comparisons were made between these disorders:

> Eating disorders are a way of compensating. Sometimes I feel like when I have a binge-eating crisis I'm a bit like a drug addict or an alcoholic (Anastasia).

> [...] It's not about food. Food is the manifestation. Usually I try to compare anorexia or bulimia with alcoholism, drug addiction, cigarette addiction. [...] I would say the same with bulimia; when you feel you're going to need food you can do anything, you can lie. [...] (Suzanne).

Marnie said she used her anorexia and bulimia as a means of detaching from life, which is similar to other addictions; perhaps one of the major differences is that eating disorders, according to Thompson (1994), are more readily available than drugs or alcohol for most young women, and are thought to be easier to control; "a socially acceptable focus beyond their pain" (p. 97). Being "addicted" to drugs or alcohol, as well as an eating disorder, are not sanctioned or normalised modes of distraction in current Western culture, although drugs and alcohol are certainly more understood than are eating disorders. Marnie's "choice" of detachment reveals the distinctly gendered and complicated nature of her disorder; retreating into anorexia and bulimia provides a different, and perhaps more consuming, distraction than do drugs or alcohol. Vivian can relate to Marnie's claim about detaching from life, saying that while others might escape through drugs, anorexia is a withdrawal from the world. This statement fits with her earlier claim that she "didn't want to have energy to think." Vivian effectively points to the different degrees of distraction that various activities can provide; drugs and alcohol have more temporary effects, whereas eating disorders are more time and thought consuming. Baumeister (1991a) argues that avoiding meaningful thought "can be difficult, requiring continuous exertion or an external damper or distraction. When the alcohol or drug wears off, you'll need another dose, or the undesired thoughts will resume" (p. 74), but an eating disorder provides a more constant means of distraction from thoughts and meaning.

Comparing symptoms of various "disorders" often led into discussions about how mental illnesses are perceived in general within Ireland. Penelope said:

> I think there is such a lack of knowledge and understanding in this country of psychological illnesses. [...] (Penelope).

The lack of available services for treating people with eating disorders was of particular note to a few participants. The lack of treatment facilities for eating disorders within

Ireland is no doubt connected with the lack of communication and knowledge about these disorders. But although most of the participants agreed that the media, and society in general, have a poor understanding of eating disorders, they did not automatically attribute this lack of knowledge as a predominant factor in the development of the disorders. Perhaps this is because, as we have seen throughout this chapter, that eating disorders are the complex manifestation of many different factors.

8.12 Summary

The analysis of themes throughout this chapter reveals the multitude of interconnections among different aspects of eating disorders, as well as different women's experiences. It is important to relate the participants' stories of anorexia, bulimia, and overeating, not only to expose possible factors in their development, but also to relate these experiences to disordered eating in general. The characteristics of each participant are important for understanding their thoughts and attitudes towards their experiences with eating disorders and how these perceptions support the question about distraction. Learning about women's individual experiences was also important for lending validity to—or undermining—already existing theories about eating disorders.

In the results for the questions about the impact of the societal ideal of being thin for women, more participants (45%) attributed pressure to look a certain way as coming from themselves, rather than from society (25%). The influence of the media was recognised by almost half (45%) of the participants, although it was not perceived as the greatest determining factor in the cause of eating disorders. The minority (15%) of women had felt good about their bodies before developing an eating disorder, although only 20% described themselves as being overweight.

How the participants felt about their bodies ties into how they felt about their selves, and only 17.5% of the participants reported feeling content with themselves. The three questionnaires given at the end of each interview reinforced the participants' descriptions of low self-esteem and feelings of apathy towards life in general. Some of the possible reasons some of the women felt this way were presented. Most of the women (80%) had been in secondary school before the onset of their eating disorders, and concern with academic success was a factor for many of them.

In section 8.9 the results of the specific question about distraction with which this research is primarily concerned is presented, with only a few of the participants claiming that eating disorders did *not* provide a distraction. Variations and clarifications of the

term "distraction" itself were implemented by the women, which was reinforced by 90% of the participants stating that they thought about food all or a lot of the time. Distraction and other possible reasons that the participants developed eating disorders are closely linked with possible reasons that the participants recovered.

The results for how the participants defined recovery, and if they thought it was possible, were presented, and although most (72.5%) of the participants consider themselves recovered, or mostly recovered, it was seen to be an extremely difficult process. Most (70%) of the participants had not been admitted to hospital during the course of their eating disorder, although three quarters (75%) had received therapy of some kind during or after their experience. The insufficient number of appropriate treatment facilities in Ireland was mentioned by several participants, which reflects the lack of general knowledge about eating disorders that is pervasive in both the media and society. Understanding what causes an eating disorder is integral to treating a woman who wants to recover, as the reasons are often linked.

In the final section, the participants' responses to how eating disorders are perceived by the general public were given. 85% thought the general public had a poor understanding, and when asked what they thought eating disorders were really about, many (20%) described them as a symptom of a deeper issue. Discussions of how eating disorders are understood and represented in Ireland were presented, with almost all of the participants who mentioned Ireland referring to it in a negative way. The lack of understanding that currently exists in Ireland has a damaging effect on those women who have experienced, or are about to experience, eating disorders, as these women desperately need their voices to be heard. Noël expresses her disappointment with those around her:

> [...] I don't think you can get people to understand it, or expect people to understand it. Because I think the first people who I told, I did expect them to ask all the right questions and comfort me in just the right way. And that's not fair to expect (Noël).

The lack of comprehension on the part of those around her perhaps exacerbated Noël's experience with anorexia and bulimia; perhaps if she had received the comfort she desired her eating disorders would have abated. Her belief that it is "not fair to expect" non-disordered people to understand what she is going through is one that many theorists would argue against; until there is a greater knowledge of what causes eating disorders they will continue to exist. This research has been partly concerned with breaking the

silence that surrounds eating disorders in Ireland so that this knowledge can be attained. Understanding the individual experiences of the forty participants in this research has been crucial for aiding this endeavour; similarly, many of the participants expressed the desire to help others in comparable situations:

> [...] I want to help others who have it. [...] (Anastasia)

> I think it's interesting that when you come through it you want to save people from falling into it. [...] (Grace).

These women's sharing of their stories—no matter how painful it was for them to re-visit—shows their compassion for other women who have experienced similar experiences, and their desire to use their knowledge to prevent others' pain. This endeavour was important to many of the participants, several of whom felt a strong connection with other women who had gone through what they had, and know first-hand the effect it has upon their lives. Noël was especially cognisant of the interconnectedness that disordered eating has among all women, and how the problems we face must be opposed as a group:

> I do think it's good it's falling under the department of Women's Studies as opposed to under medicine. I really do think it's important because...it is a woman's problem primarily. [...] We need to ask why and try to change that, because it's an epidemic. I think as well, in terms of the general population, the seriousness of it, it's really important. Problems with eating and body image affect 99.9% of women, if not 100%. That's half the population. It's such a big deal. [...] (Noël).

CHAPTER 9: SUMMARY AND CONCLUSIONS

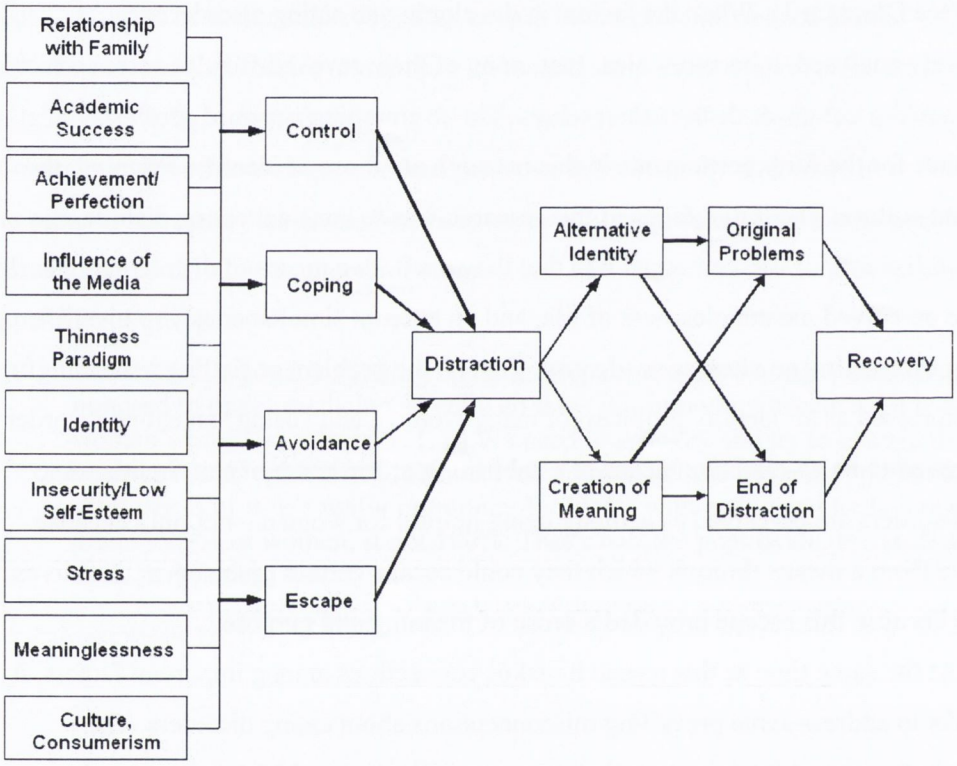
9.1 Introduction

The question which this research seeks to address has been discussed in detail in the previous chapter. Attempting to find evidence for the question about whether or not eating disorders provide some women with a viable means of distraction from problems of self and life proved, in fact, to be a complex and intricate endeavour. The causes of eating disorders are multifaceted, and the exploration does not reflect any desire to replace this complexity; rather, it aims to clarify the connections among reasons and causes (see Diagram 1). When the factors in developing an eating disorder are collectively analysed, it becomes clear that many of them reveal difficulties from which women seek to escape or distract themselves. The overarching issues of greatest importance for the forty participants in this research are those of identity, meaning, the body, and culture. The initial focus of this research was to consider eating disorders as a source of distraction; what emerged was that they are both a means of distracting oneself from the perceived meaninglessness of life, and an attempt simultaneously to give life meaning by creating an alternative identity. That is, the problem of finding a meaningful life is expressed as an identity problem for many women, and "using" an eating disorder often proved to be an effective means of establishing a firm sense of self. In this way, eating disorders are perceived as actually being helpful for women—not only because they give them a means through which they could escape certain problems in their lives, but also because this escape provided a sense of meaning and purpose.

At the same time as this research makes connections among important factors, it also seeks to address some prevailing misconceptions about eating disorders. The paradigm of thinness that is so prevalent in current Western and Irish culture has been given far too much responsibility for causing the disorders, and this was challenged by many of the participants. Several of the women admitted that their experience with an eating disorder may have begun as an attempt to become thin or thinner—because society presents being thin in positive ways—but their success at being thin soon took on its own meanings. The control these women exerted over their own bodies has been shown to provide an escape from the gendered norms of feminine bodily performance, as well as creating an alternative identity. What may have started out as a simple means of gaining positive regard by their peers or families often evolved into a means of "forgetting" one's self, as well as the gendered body women are expected to demonstrate. Many of the

participants in this research attempted to leave behind the restrictions of womanhood by focusing all their energy on anorexia, bulimia, or overeating, and it is the relative effectiveness of their endeavours with which this research was primarily concerned. Additionally, this study examined the larger context of women's place in society, and traced their experiences with eating disorders in order to better understand from what they are distracting themselves.

Diagram 1 Key Themes in the Production of Eating Disorders as a Distraction



The above diagram visually illustrates some of the connections that can be made among several of the main factors in the creation and perpetuation of eating disorders in women. The possible precipitating factors, such as the thinness paradigm and insecurity, include some of the reasons that can contribute to the development of an eating disorder, when a woman is looking for a way to control, avoid, or escape the factors that cause her problems. In many instances, and has been shown in this research, oftentimes when a woman is attempting to control or escape her problems, the "solution" manifests itself in the form of an eating disorder, which can distract her from her problems. The participants' accounts of their experiences during an eating disorder reveal, in many

instances, that by thinking primarily about food and its avoidance they were able to ignore the factors in their lives that had been causing them difficulty. For some, distraction was not a viable means of explaining their experiences, and they expressed their experiences in terms of it being an additional problem. Eating disorders can also lead to the production of identity and meaning in a woman's life, even if these are centred upon her "disorder." Sometimes, the alternative identity and meaning that a woman generates through her eating disorder can replace—or provide—such a strong distraction in a woman's life that recovery can be extremely difficult. It is not until a woman faces her original problems that she tried to deal with using an eating disorder and realises that eating disorders are not a solution to her problems, that she will begin the process of recovery. In terms of distraction, it is not until the woman ceases to distract herself with an eating disorder that she will get better. As so many of the participants discussed the changes they went through in the recovery process in terms of dealing with the issues that were the precipitating factors in their eating disorders, added strength is given to the proposition that eating disorders can provide a distraction for many women. The remainder of this summary further points to the ways in which the main features of the above diagram relate to the research question about distraction.

9.2 The Participants' Backgrounds

The descriptive characteristics of each participant were described at the beginning of the Results and Discussion chapter, in order to provide the context for the women's perceptions and experiences. Although it is not possible to generate an overarching, general profile for women with eating disorders as a group, it is important to recognise the similarities that exist among them, as well as the differences. That the majority of the women are white, well-educated, and from the West reinforces the dominant theory of the eating disorder demographics. This information presents nothing new in and of itself; it is how these background characteristics are combined with cultural, gendered, and psychological influences that are of consequence.

9.3 The Influence of the Media

Of the multitude of existing theories about eating disorders, one of the most pervasive is that involving the thinness paradigm expounded by the media. Many of the participants internalised the positive associations with being thin, often resulting in negative feelings about themselves. The harmful effects of the media—through their use

of images of very thin women, articles about thinness and fatness, and dieting tips—are recognised by almost all the women as detrimental to their sense of self. While, however, the media are frequently blamed for extolling the merits of being thin, it is also important to note that many of the participants discussed their experiences in terms of self, not just body. The results and discussion that address the level of impact which the media have on the participants reveal that the desire to be thin may have provided a starting point for their experience, but by no means fully sustained it. For many of the women, their bodies gave them a reason for which to seek escape, but they did not encapsulate the whole of their need for distraction.

9.4 The Thinness Paradigm

Women's bodies, as has been shown throughout this research, are closely linked with their identities, and are thus a central connection between self and culture. The expression and experience of identity is, for women, played out on the surface of their bodies; this is the arena they have been given for articulating their selves. Eating disorders can therefore be seen as being not about thinness but about women's relationships to the world around them. The current norms of femininity in Western culture construct the female body as the surface on which the presentation of self is performed. The narrow definitions of feminine acceptability restrict women's opportunities to develop a unique identity; gender itself is a distraction from creating an alternative identity to the one prescribed, as well as from focusing on what is meaningful in our lives. Women with eating disorders are often attempting to escape the distraction of gender by disregarding its norms; anorexics expose the absurdity of the thinness paradigm by becoming too thin, and overeaters rebel against it through their fatness. In addition to some women's (often unconscious) desire to escape these confines of body and self, an alternative identity is created. For many of the participants, their particular eating disorder *became* their identity of sorts—it became their focus and meaning in the world.

9.5 Identity and Gender

To see eating disorders as both a distraction from, as well as a creation of, identity is to comprehend the difficulties many women face in the process of developing a self that is meaningful to them. Many of the participants described themselves as unsure of who they were before developing an eating disorder, as well as experiencing insecurities

and low self-esteem. The distraction which an eating disorder provided for many women allowed them to disconnect from contemplating who they are, by focusing all their thoughts on food and avoidance. Such a focus might at first appear to revolve solely around the body, but it is the mental concentration that is necessary for such focus that results in producing an alternative sense of self. That is, the eating disorder itself becomes the woman's way of being in the world, and gives meaning and purpose to her life. Brown (2007a) writes that "in this initial surfacing of a woman's distress, struggle, and conflict, we can begin to see ways in which she wishes to create a new story of self that suits her better as well as her ambivalence about continuing to perform a story of self that no longer does" (p. 284). In this way, an eating disorder can both create and destroy identity; indeed, many of the participants describe an evolution in their identities, explaining that there is a different self before, during, and after their experience with eating disorders. In terms of distraction, these multiple selves can be seen as the original identity—or lack thereof—from which a woman distracts herself, the eating-disordered identity which provides the distraction, and the identity that results from recovery and is a cessation of distraction. Recovering from an eating disorder often entails not distracting oneself any longer—at least, not by that particular means—and facing one's original self and, therefore, meaning.

9.6 The Meaning in Life

For identity to be implicated in the meaning of women's lives, it is necessary to see that a distraction from meaning indicates a distraction from life. When some of the participants felt that their identities were not clearly defined, they also experienced a lack of meaning in their lives. Like Kierkegaard (referred to by Guignon and Pereboom, 2001), many of the women believed that everyday life tends to be deeply unfulfilling, and was often unbearable to face. The existential crisis which many of the women describe can also be attributed to the consumerist culture in which they live, and it is their inability to find a purpose either inside themselves or through the world around them that provided further reasons for distraction. An eating disorder can distract a woman from problems within her self by focusing only on the disorder and so, too, can she ignore the larger meaning of her life. In the same way, the eating disorder can itself provide meaning—as it did identity—for a woman by creating a centre for her attention. Matley and Smith (1992) argue that "life itself is too large an issue to give sensible meaning to—we must concentrate rather on whatever aspect of life concerns us and our personal situation at this

moment" (p. 201), and eating disorders provide an effective means of providing such meaning, at least temporarily.

9.7 Consumerism and Current Irish Culture

The impact which culture has upon the formation of eating disorders cannot be underestimated. Bordo (1993) writes that "whether externally bound of internally managed, no body can escape either the imprint of culture or its gendered meanings" (p. 212). No human being exists outside of culture, and the impact of consumerism that predominates in Western—and Irish—culture has thus had a major influence on both women's bodies and women's minds. The thinness paradigm is increasingly exploited to sell almost everything, and the superficiality of consumerism defines what has become important in society. Meaning has become reduced to objects we can buy and careers we can have, and financial success has replaced inner happiness. In the last twenty years, Ireland has become increasingly focused on money and possessions, and the parallel rise in eating disorders is hardly coincidental. Weinreich (2003) argues that eating disorders are saying something about what it means to be a woman in late twentieth century Western culture, and different disorders express different reactions against it. Bulimia can be seen as embodying the unstable double-bind of consumer capitalism, while anorexia and overeating can be seen as embodying an attempted resolution of that double bind; anorexia as the extreme development of self-denial and repression of desire, and overeating as an extreme capacity to capitulate to desire (Bordo, 1993). Each eating disorder is an endeavour to contend with the current cultural situation, which has removed meaning from the self and placed it in objects that can be consumed. Eating disorders are themselves partly about consumption—or lack thereof—and often express the only means by which women can manage the situation that surrounds their lives.

9.8 Eating Disorders and Distraction

The possible precipitating factors of eating disorders, which have been summarised, have also been shown throughout this research as possible reasons a woman may desire to seek distraction. Issues that contribute to the onset of eating disorders are very often problems in a woman's life from which she seeks relief. Taken alone, each "problem" may be insufficient to produce disordered eating within a woman; it is the combination of several of the precipitating factors that manifest in this particular way. Chapter 8 of the current research provides first-hand evidence, from individual women's

voices, that the factors which were foremost in the cultivation of their disordered eating were also problems that they had difficulty dealing with, about which they wanted to forget. Eating disorders have been frequently theorised about as a means of coping with life, as they narrow the scope of a woman's existence and give her a focus. The present research, however, has endeavoured to move beyond the coping framework and to show that many women are not in fact coping, or dealing, with their situations in life, but rather attempting to escape or distract themselves from them. Edwards (1987) writes that thousands of young women are starving themselves because they know no other way to cope with life, but the present research has shown that, of the forty participants, many were not trying to cope with life, but to escape from it. The lack of a firm sense of self and the inability to find a meaning in life provide the overarching reasons for which many women seek to distract themselves, but there are many other factors, including their relationships with their families, being bullied at school, and difficulties facing womanhood, that have also contributed to the desire for distraction.

In determining whether or not eating disorders provide a distraction for some women, it was important to clarify how they are perceived. That is, many of the participants initially believed that the term "distraction" invoked negative connotations, in that it was merely an attempt to evade their problems, but it is important to recognise the relief that eating disorders can provide from these problems. Although in many ways eating disorders are exchanging one problem for another, at the time they are believed to be helpful to the women who experience them—not just as a means of escape from situations in their lives, but also as providing identity and meaning. Indeed, many of the women found their lives easier in many ways because they were distracted from thinking about other problems in their lives. Evidence was presented that did not support the idea that eating disorders provide a distraction, which arose from a small number of participants. Some women claimed that their experiences with eating disorders did not make things easier for them, that they still thought about other activities, and that they were not distracting. This evidence was carefully considered as possibly disconfirming the research idea, which is entirely possible, but because elsewhere in their interviews these women strongly contradicted themselves with other statements that reinforced the definition of distraction, their responses were contextualised and considered more as partial negations, rather than complete rejections, of the research question.

The most solid bit of evidence that eating disorders provide distraction for some women is revealed by their manner of operation. Specifically, the sheer amount of time

spent thinking about food and its avoidance effectively render an eating disorder a distraction. Almost all of the participants said that they thought about eating and food all of the time, which made it extremely difficult to contemplate other parts of their lives. Many of the women reported that they thought about nothing else, and some that other activities (such as academic work and sports) entered their consciousness, but not at levels comparable to those devoted to their eating behaviours. When almost every waking minute of a woman's day is planned around her next binge, or how to avoid meals, it is nearly impossible to contemplate other parts of her life. Further to this, the repetitive nature of an eating disorder continually reinforces the distraction, because a woman is faced with hunger every day. She must incessantly repeat her efforts to avoid food, and both her success and her failure in this matter will reinforce the behaviour for the following day, thus creating a cycle that is difficult to break. The perpetuity of eating disorders can quickly overtake a woman's life, and her existence can be consumed by it, thus distracting her from the outside world and, indeed, her own life.

The effectiveness of eating disorders at providing distraction is not undermined by a woman's "recovery" from one. Rather, if a woman is able to recover from an eating disorder—as many of the participants in this research were—she is reinforcing both the helpfulness as well as the ephemeral nature of a distraction. Eating disorders often arise at a crisis point in a woman's life, and can provide an escape from her problems, but when she has realised that an eating disorder does not actually *solve* these problems she may decide to end her eating disorder and finally face her difficulties. A distraction, by its very definition, is a temporary diversion which cannot continue indefinitely. Although a woman can experience an eating disorder for a very long period of time—as many of the women in this research have—it is not until she dies or she recovers that she will cease to distract herself. A participant in Malson and Ussher's (1997) study says that anorexia is "not a solution…unless you actually kill yourself" (p. 55). Believing that an eating disorder can solve her problems, instead of merely distract her from them, is what often prevents a woman from recovering; she believes that the answer to her problems lies within the disorder, not in the life she has left behind. MacSween (1993) aptly notes that women with eating disorders cannot in their isolation produce a real or lasting solution to the degraded social construction of the feminine; indeed, they are only temporarily diverting their attention away from their situation.

9.9 "Recovering" from an Eating Disorder

Although many of the participants in this research felt vague about what constituted recovery for them—and, indeed, about whether "recovery" was actually possible—it became apparent that the cessation of their distraction was part of what was necessary for the process to begin. A woman must realise, at least subconsciously, that her eating disorder is an escape from her life, not a solution for it, and until she decides to take responsibility for her life she will not recover. Exactly how this realisation is arrived upon remains ambiguous, and is individual for each woman; indeed, hardly any of the participants could pinpoint a time or occasion that altered their thinking—it was almost always a gradual process. Whether or not a complete "recovery" is possible is determined by the woman herself, and how able she feels to create meaning for her life and self in other ways. Once the decision is made to face the problems that caused the desire for distraction in the first place, a woman is usually on her way. MacSween (1993) writes that "the end of anorexia is, then, the complete overturning of the conscious will which began it" (p. 239); indeed, relapses usually occur when a woman's thinking has not been completely altered. For many of the women in this research, professional help was neither sought nor available to assist them in their recovery, a fact which invites criticism of the current treatment facilities which exist in Ireland for women with eating disorders. Many of the women expressed the feeling that had they received early and proper treatment their disorder could have been "nipped in the bud." This research partly aimed to highlight the current paucity of such facilities in Ireland, and to expose the need that exists for suitable services.

9.10 Hope

Recovering from an eating disorder may indicate the termination of a distraction, as well as the re-focus on one's life; it also, in many instances, indicates the existence of hope. In a way, the initial implementation of an eating disorder in a woman's life indicates her desire, or hope, for relief from her life, and her subsequent recovery, should it occur, is dependent on hope that life can hold meaning for her. Appignanesi and Zarate (2001) write that "the typical act of eluding, the fatal evasion…is hope" (p. 35); hope of another life that will transcend the one they currently exist in, and give it a meaning. Recovering from an eating disorder is also an act of hope, because a woman must believe that there can be something for her, that she can leave behind her distraction and create meaning for herself. Even in the context of the "existential vacuum" and lack of identity,

there is hope that by facing these issues, a woman can persevere. As Blocker (1974) puts it, "we rise above the meaninglessness of life by becoming aware of it, not by escaping it" (p. 116). Eating disorders, therefore, are helpful for providing a temporary distraction from the lack of meaning in and of women's lives which they feel they cannot face, but they are by no means a solution or permanent means of creating meaning.

9.11 Preventions and Solutions

The data presented in this research contribute to the knowledge of eating disorders by focusing on the idea that they are used as a distraction from problems of self and meaning. But just as this research cannot provide a single, overarching articulation of what eating disorders are completely about, it also cannot offer unambiguous solutions to their development. Adding to the existing foundation of knowledge about possible factors which contribute to the onset of anorexia, bulimia, and overeating can help to clarify what is necessary for their dissolution but, as with the causes, the means of prevention are also complex. This research has been concerned with problems of identity, culture, and meaning as probable factors in the need for some women to use eating disorders as a distraction, and counteracting these problems is both complicated and difficult. Eating disorders, as we have seen, often arise out of a particular cultural context, such as the increasing consumerist culture of Ireland, and working against an entire cultural environment is anything but simple. It has been argued that eating disorders are far from individual pathologies, but exist on the continuum of disordered eating which affects almost all women in the West. The prevalence of eating disorders will not—and cannot—abate until the obsession with women's physical appearance, the thinness paradigm, and the focus on superficiality cease to hold primary importance in many of our lives. Gordon (2000) writes that we "must attempt to counteract the impact of an entire culture" (p. 177), which is no easy task. It is, however, a necessary one, as increasing numbers of women are not only distracting themselves with eating disorders, but are also dying from them.

Alongside the growing numbers of women who develop eating disorders is the huge proportion of women who have problematic relationships with food and eating. Almost all women in Western cultures exist somewhere on the continuum of disordered eating and the obsession with thinness. Although the majority of women on this continuum do not develop a full-blown eating disorder (though the definition of "disorder" may be what prohibits these women from being considered as such), it is just

as important to consider their unhealthy attitudes towards food and weight. Similarly to how eating disorders must be perceived is the necessity to look at these attitudes as affecting a population, not individuals. Damaging relationships with food and body image must be resisted as a population when they affect us as a population. Grogan (1999) writes that "the way forward in terms of developing positive body images must be a reduction in the objectification (both male and female) and the development of body ideals based on function as well as aesthetics" (p. 189). To do this, we must resist reinforcing the exist stereotypes of what is acceptable, in order to create room for all body shapes. Resisting the cultural norm will hopefully create more freedom for all women in the West, not just those with eating disorders.

Although many of us want to believe we have a core self that exists beyond or beneath cultural influence, we have, to a large degree, internalised the norms and restrictions that are acceptable within Western culture. Gender confines the possibilities that are sanctioned by society, and women's identities are increasingly defined by their outward appearances. It is hardly surprising that women's bodies become the vehicle for articulating the difficulties they experience with their gender, as they have become their primary means of expression. Until women cease to be defined by their physical appearances, and space is provided for the formation of alternative identities, eating disorders will always present a tragic attempt to deny both body and self. The lack of women's voices in current Western culture often means that they indicate their unhappiness through their bodies; until women have the freedom to express themselves fully—and to be listened to—they will continue to find alternative means of communicating their anxieties. Brown (2007a) writes that "the unheard voice must be heard or the body will continue to talk" (p. 289), and it is imperative that we understand what women are trying to articulate. It is essential to connect the internal and external circumstances that contribute to a woman's discontent; the prevention of eating disorders lies both within and outside the self, and the connecting meanings between them. Berman (1989) writes that "coming to our senses means sorting this [what matters] out once and for all. It also means becoming embodied. And the two ultimately amount to the same thing" (Berman, 1989, p. 342). The need for distraction in the form of an eating disorder will continue to exist for some women until we address the meaning that is lacking in our lives in a real and constructive manner.

9.12 Contribution to Eating Disorder Theory

The present research has sought to expand upon the theories surrounding eating disorders, by providing both qualitative and quantitative data that explored the question about distraction. Evidence has been presented which demonstrates that eating disorders are frequently "used" by some women as a means of distracting themselves from problems of identity and the meaninglessness of life. Although the application of distraction to eating disorders has been referred to on occasion by other theorists, the present research has been explicitly concerned—more explicitly than any previous perspective—with why, how, and from what women are distracting themselves. It has drawn connections between existing theories of the body, gender, control, and identity, and theories of existentialism, in order to illustrate the general lack of meaning that is felt by many women in current Irish (and Western) society. The need to distract themselves from the lack of a solid sense of self, and the meaninglessness of life is felt by many women, and it is how this feeling is intertwined with the restrictions of femininity and the thinness paradigm that often results in the development of an eating disorder. However, the present research did not intend to propose a replacement hypothesis about the causation of eating disorders; rather, it aimed to *add* to existing theories, and to clarify the connections between them. This research offers valuable insights into forty women's experiences with eating disorders, and these both confirm the present hypothesis as well as illustrate existing ones.

9.13 Limitations of the Present Study and Further Research

Although the present study has attempted to make a contribution to the existing theories surrounding eating disorders, there are some limitations within the study that are restrictive to its being a greater contribution. The overwhelming reason for limiting further inquiries into surrounding subject matters is due largely to the constraints of time and space of the PhD thesis. A larger and more varied sample of participants could have been useful to more fully address the research question, but there was insufficient space to consider the experiences of more than 40. The sample itself was self-selected, which may have influenced the results as the women who chose to participate in the research may be more analytical than if the participants had been chosen another way. However, it was of greater importance that the participants were protected as much as possible, and self-selection seemed the best means by which to do so. Ideally, it would have been useful to interview the participants before, during, and after their experiences with eating

disorders, in order to obtain more complete and current perspectives on the discussed themes. In terms of a getting a more complete perspective, it would also have been useful to interview more women who experienced overeating, as the majority of participants experienced anorexia or bulimia. This limitation has more to do with the fact that overeating is not defined as an eating disorder within the general milieu, which affected the women who chose to participate. As a result, the proportion of participants who experienced overeating can be seen as being representative of how overeating is seen in the greater context, but by no means reflects the number of women who experience this form of eating disorder. The current research is therefore a fairly accurate representation of how eating disorders are generally perceived; because anorexia and bulimia are more commonly recognised as eating disorders, more women who experienced these disorders approached me.

The multitude of possible precipitating factors that could be considered in this research was limited to what the participants discussed as being the most influential and relevant to their experiences, but there are several other factors that were not considered, such as sexual abuse. Because a large part of the analysis was determined by the themes which the participants introduced, as well as the themes presented in the interviews and literature, not all factors were considered. The analysis of these themes was conducted with the research question in mind, which although gave a focus to the analysis, may have limited the full exploration of tangential issues. It may also be perceived that the lack of second coder in the analysis of the themes may have been a limitation to the study; certainly the use of one would have added to the reliability of the research.

Perhaps one of the greatest limitations of the current research is its inability to make specific statements about the reasons women develop eating disorders, or to "solve" the problem of why they exist. The present study has attempted to create additional knowledge about eating disorders, which although is all that can realistically be achieved may be disappointing to some. Eating disorders are not individual pathologies but reside within the greater cultural context, and it is imperative that a multitude of factors and perspectives, including the ones presented in this research, are considered in any strategy that addresses eating disorders.

There is much work that needs to be done in the area of eating disorders, particularly within Ireland. There is an appalling lack of knowledge about these disorders in the country, and attention needs to be paid to these ever-increasing "illnesses." Statistics about the prevalence of eating disorders within Ireland need to be collected so

that appropriate programmes can be implemented in treatment facilities. It is important, however, that existing and new services remain focused on the cultural aspects of the causes of eating disorders, as undue attention on the medical and bodily aspects result in further problems. Research also needs to be conducted about eating disorders in men, as the disorders have all too often been considered "female" problems, although initial studies show that eating disorders are on the rise in men and are far more prevalent than are typically believed (Woodside, 2004). A study similar to the present one could be carried out on men with eating disorders, although the higher degree of shame attached to them for men could present more challenges to finding participants. Although men were not studied alongside women in the present study, due to lack of space, it is an area that greatly needs to be researched.

If I were to continue to research in this area, I would look more closely at issues of identity, and how it is constantly fluctuating and therefore difficult to provide a basis for distraction. That is, the idea that eating disorders can provide a distraction from problems of self would need to be more critically examined, because if we do not have a firm sense of identity then it becomes difficult to determine exactly from what we are escaping or distracting ourselves. I would also look at other forms of distraction more closely, particularly those mentioned by the participants themselves, such as alcohol or drug-related distractions, to find parallels or differences between those and distractions provided by eating disorders. I would ask the participants about other forms of distractions in their lives. I might also leave out the more quantitative data, as in the current research it did not prove to be as useful as originally believed; I would maintain my focus on the participants' own words.

9.14 Conclusion

The questions, literature, data, and analyses that have been presented in these pages have stemmed from a desire to contribute to the knowledge surrounding women's eating disorders, in Ireland and beyond. Women's bodies, femininity, identity, culture, and existentialism—as well as many other elements in the development of eating disorders—have been connected, compared, and analysed in order to test the central hypothesis. To claim, absolutely, that all women implement eating disorders as a form of distraction from problems in their lives and selves would undermine the reality of all the possible factors that can cause eating disorders. This research, however, does not propose this; it does not argue that *all* women experience eating disorders as a distraction.

Consequently, it contributes to the existing theories, but makes no attempt to replace them. It is tempting to present this research as a solution to some of the confusion which surrounds the development of eating disorders, but single explanations will probably never be sufficient to clarify an experience that is cultural and personal, individual and universal, of the body and of the mind. The complexity of the nature of eating disorders defies a general definition, as well as a definite conclusion. The ultimate intention of this research was to make both theoretical and practical contributions to eating disorder awareness in Ireland, and elsewhere.

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APPENDICES

(i). Call for Participants Advertisement (CFP)

Women who have previously experienced an eating "disorder" or distress are invited to participate in a study being done by Emily Edwards, a PhD student in the Centre for Gender and Women's Studies at Trinity College, Dublin. If you are female, of any age, have had an eating disorder and are willing to discuss your experiences in a face-to-face interview, please contact Emily Edwards at edwardes@tcd.ie or 087 238 3164. Some topics that will be discussed are your reasons, as far as you can tell, for developing an eating disorder and how it affected you personally. All interviews will be confidential and anonymous, and no identifying characteristics will appear in publication. This study will be of great help to the understanding of women who experience disordered eating, and will provide an opportunity for you to share your knowledge of the subject.

(ii). Letter of Consent

CENTRE FOR GENDER AND WOMEN'S STUDIES
TRINITY COLLEGE

Recovered Women's Perspectives on Disordered Eating
Letter of Consent

The research being undertaken by Emily Edwards, a PhD student in the Centre for Gender and Women's Studies at Trinity College, Dublin, focuses on personal experiences of eating disorders. All interviews are confidential and anonymous, and no identifying characteristics will appear in publication. All cassette tapes and written documents concerning the participant will be kept secure during the study, and subsequently destroyed.

The collected data constitute part of Emily's PhD thesis and will also be made available in practitioner journals, as well as made accessible to support groups and therapy centres.

This study will be of great help to the understanding of women who experience disordered eating, and will provide an opportunity for indivual women to share their knowledge of the subject.

I agree to be a participant in this research. I understand that I am free to withdraw at any time during the interview, or to not answer particular questions.

Name: _____

Signature: _____

Contact Number: _____

Date: _____

For further information, please contact:

Emily Edwards	Dr. Jean Whyte (supervisor)
edwardes@tcd.ie	jwhyte@tcd.ie
087 238 3164	01 608 3819

(iii). Interview Schedule

Demographics

1. How old are you?
2. Where did you grow up? Where do you live now
3. Did your mother and your father live with you while you were growing up?
4. How many siblings do you have? Older or younger?
5. What is your current relationship status?
6. Do you have any children? If *Yes*, how many?
7. What level of education have you reached?
8. What is your current occupation?
9. In general, how would you describe your health at the present time?

Section A: Introduction

A.1 Have you ever answered questions about eating disorders before?

A.2 How difficult is it for you to discuss your experiences with eating disorders?

A.3 How old were you when you first began to develop an eating disorder?

A.4 How did you realize you had an eating disorder? At what point did you realise it?

A.5 For about how long did you physically experience the disorder?

A.6.How long has it been since you've been "recovered?"

A.7 Did you receive therapy for your disorder? What kind?

Section B: Body

B.1 How did you feel about your body before you developed an eating disorder?
Sub-Question (S-Q): Were you happy with how you looked? If not, why not?

B.2 How do you feel about your body now?
S-Q: Do you feel better about your physical appearance now? Do you take good care of your body?

B.3 Did you ever consider yourself overweight before you experienced the condition?
S-Q: Even if others didn't consider you "fat," did you consider yourself too heavy? Were you unhappy with your appearance?

B.4 How did you feel when your weight began to change?
S-Q: Did you feel good or bad about your weight loss/gain? What was the main feeling you can remember having when looking in the mirror?

B.5 How greatly was your mood/ feelings of worth affected by your physical appearance?

B.6 Did you see any association between your weight and what others thought of you?
S-Q: Did you care what others thought of you? Did you lose weight so that other people would think you were "better" in some way?

Section C: Pressure

C.1 Did you experience any pressure to look a certain way before you developed an eating disorder?
If *Yes*, where did this pressure come from?
S-Q: Media, magazines, family members, friends, etc—which influenced you the most?

C.2 Did popular images of thin celebrities or women in ads affect how you saw yourself?

C.3 How did you feel about your sexuality at the time? Were you sexually active before you developed an eating disorder?

Section D: Triggers

D.1 With whom were you living before your experience? What was your relationship like with the person/ people you lived with?

D.2 What was your relationship like with your mother at the time?

D.3 What were doing directly before you developed an eating disorder?

D.4 Did you enjoy what you were doing at the time? Why or why not?

D.5 How were you feeling at the time?

S-Q: Did you feel the same as usual? Was there any great difference in your level of happiness at the time you developed an eating disorder?

D.6 Was anything unusual or particularly stressful going on in your life before your weight changed? If *Yes*, please explain.
S-Q: Had anything out of the ordinary occurred in your life? Did anything of importance happen to you?

D.7 Were you bothered by things that didn't usually bother you? If *Yes*, what were some of these things that bothered you?
S-Q: Did you start to have negative feelings towards something or someone that you didn't usually have?

D.8 How in control of your life were you at the time? Did you feel that things were going your way?

Section E: Why Developed an Eating Disorder

E.1 At the time, were you aware of why you developed an eating disorder?
If *Yes,* what are some of the reasons you think you developed one?

E.2 Is it possible for you to pinpoint one particular event or feeling that triggered you to develop an ED? If *Yes*, what would it be?

E.3 What do you think perpetuated your disordered eating behaviour?

E.4 Now, looking back, are those reasons different? How have these reasons change over time?
S-Q: Looking back, do you now identify the reasons you developed an ED as different from those that may have triggered your experience? Were the initial reasons you developed an ED different from those that existed during the course of the disorder?

Section F: Escape and Distraction

F.1 Did you ever think that having an eating disorder would help you in some way? Did you think life would be easier in some way? If *Yes*, how did you think it would help?
S-Q: Did you think that focusing your life around food would help you deal with what was going on in your life at the time?

F.2 Did you ever use disordered eating to escape from problems in your life? If *Yes*, what were some of these problems?
S-Q: Did you think that it would be a good distraction from the issues in your life that you found difficult to deal with?

F.3 What was your attitude towards life in general?

Section G: Think about

G.1 When you had an eating disorder, how much time did you spend thinking about avoiding food?

G.2 What other things did you think about during your experience?
S-Q: Did you still think about the problems in your life when you had an ED? Did these other problems fade away? What other things occupied your mind?

Section H: Recovery

H.1 Do you consider yourself to be fully recovered? If *Yes*, what was the main factor in bringing about your recovery?
S-Q: How would you define "recovery?"

H.2 What do you think was the main reason you got better?

H.3 Have you experienced relapses? If *Yes*, why do you think this was?
S-Q: Have you gone through other periods of disordered eating after your initial experience with the disorder? Have you experienced other eating disorders since then?

H.4 At any stage, did the eating disorder you originally experienced turn into another form of eating disorder? If *Yes*, when was this, and what was the eating disorder?

Section I: Changes in Self

I.1 Do you think your experiences with eating disorders have changed you in any significant way?
If *Yes*, what is the biggest change you have experienced in yourself?
S-Q: Do you think you have become a different person because of your experiences? How do you think it has affected your identity?

I.2 Do your experiences with an ED still affect you? In what way?
S-Q: Do you still focus on being thin, or eating in general? Do you still regard food in the same way? How do you think of your ED now?

I.3 Would you take back the experience of ED if you could? Why or why not?
S-Q: Do you regret your experiences with an ED? What have you learned from it?

Section J: General

J.1 Do you think anorexia/ bulimia/overeating is properly understood by people who have not experienced the disorder?
S-Q: If you had the chance to tell people what [your ED] is really about, what would you say? What does being anorexic/ bulimic/overeater really mean to you? How would you like it to be looked at?

(iv). Participant Reference Guide

Code #	Name (pseudo-nym)	Eating Disord-er(ED)*	Where From	Years in Ireland (notIrish)	Age	Age ED began	Years ED	Years Recover-ed	Recov-ered
2	Abigail	An	Dublin		35	20	8	7	
3	Cara	OE	England	40 years	60	3	57		No
5	Chloe	AnBul	Dublin Co		33	14	9	10	
6	Meghan	AnBul	Cork		29	11	16	2	
7	Grace	AnBul	Dublin		29	14	10	5	
8	Isabella	Bul	Dublin		48	19			
9	Molly	Bul	Dublin		30	19			No
10	Madeleine	An	Singapore	14 years	25	13	5	7	
11	Georgina	Bul	Kildare		29	24	5		No
12	Zoe	OE, binge without vomit	Dublin		26	17	7	1	
13	Lucy	AnBul	Kildare		33	14	18	1	
14	Danielle	An	Dundalk		33	17	10	6	
17	Hannah	An, binge-starve	Derry		28	16	8	4	
18	Victoria	AnBul	Wexford		29	17	8	4	
19	Gabriella	An	Dublin		21	16	4	1	
20	Christina	AnBul	Poland	2 years	26	13	12	1	
21	Katherine	AnBul	Dublin		25	14	5	6	
22	Sandra	AnBul	Dublin		25	16	6	1	
23	Samantha	AnBul	Mayo		29	13	13	3	
26	Elizabeth	Restrict eating, binge, exercise	Mayo		27	20	7		No
27	Rebecca	AnBul	France	5 years	30	15	6	9	
30	Sophia	An	Switzer-land	5 years	24	17	1	6	
31	Marjorie	Bul, reduced eating	USA	8 years	35	10	15	10	
32	Suzanne	AnBul	France	<1 year	21	15	6		No
33	Sarah	OE	USA	<1 year	38	3	35		No
34	Mary Lew	AnBul	Wexford		29	14	14	1	
35	Aline	AnBul	Cork		21	14	5	2	
36	Noel	AnBul	Dublin		22	9	12	1	
37	Monique	AnBul	Wicklow		19	17	2		No
38	Penelope	An	Dublin		32	20	6	5	
39	Heidi	All	Clare		32	16	13	3	
40	Vivian	An	Dublin co		20	13	5	1	
41	Marnie	AnBul	Limerick		25	12	12	1	

Code #	Name (pseudo-nym)	Eating Disord-er(ED)*	Where From	Long in Dublin (if not Irish)	Age	Age ED began	Years ED	Years Recover-ed	Recov-ered
42	Ruth	AnBul	Wexford		25	13	13		No
43	Sabrina	AnBul	Kerry		23	15	4	4	
44	Diana	Reduced eating when stressed	Cork		37	16	21		No
45	Anastasia	OE	France	3.5 years	37	11	26		No
46	Josephine	Reduced eating	England	5 years	27			4	
47	Frances	An	Sligo		25	11	4	10	
48	Olivia	AnBul	Cavan		26	24	2		No

***An=Anorexic**
Bul=Bulimic
OE=Overeater
AnBul=both Anorexic and Bulimic

(v). Discussed Experiences Formally

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	7.5	7.5	7.5
	No	35	87.5	87.5	95.0
	TV questions	1	2.5	2.5	97.5
	ED worker/volunteer	1	2.5	2.5	100.0
	Total	40	100.0	100.0	

(vi). Discussed Experiences with Friends and Family

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	6	15.0	17.1	17.1
	Friend(s)	7	17.5	20.0	37.1
	Friends and Family	21	52.5	60.0	97.1
	5	1	2.5	2.9	100.0
	Total	35	87.5	100.0	
Missing	Didn't ask	5	12.5		
Total		40	100.0		

(vii). Level of Difficulty in Discussing Experiences

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Haven't	3	7.5	7.5	7.5
	Ok	14	35.0	35.0	42.5
	Hard	6	15.0	15.0	57.5
	Very Difficult	2	5.0	5.0	62.5
	Depends Who	7	17.5	17.5	80.0
	Other	2	5.0	5.0	85.0
	Didn't ask	3	7.5	7.5	92.5
	98	3	7.5	7.5	100.0
	Total	40	100.0	100.0	

(viii). Age of Participants

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	19	1	2.5	2.5	2.5
	20	1	2.5	2.5	5.0
	21	3	7.5	7.5	12.5
	22	1	2.5	2.5	15.0
	23	1	2.5	2.5	17.5
	24	1	2.5	2.5	20.0
	25	6	15.0	15.0	35.0
	26	3	7.5	7.5	42.5
	27	2	5.0	5.0	47.5
	28	1	2.5	2.5	50.0
	29	6	15.0	15.0	65.0
	30	2	5.0	5.0	70.0
	32	2	5.0	5.0	75.0
	33	3	7.5	7.5	82.5
	35	2	5.0	5.0	87.5
	37	2	5.0	5.0	92.5
	38	1	2.5	2.5	95.0
	48	1	2.5	2.5	97.5
	60	1	2.5	2.5	100.0
	Total	40	100.0	100.0	

Statistics

Age

N	Valid	40
	Missing	0
Mean		29.20
Std. Deviation		7.653

(ix). Place of Origin

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Dublin	10	25.0	25.0	25.0
	Dublin County	2	5.0	5.0	30.0
	Clare	1	2.5	2.5	32.5
	Cork	3	7.5	7.5	40.0
	Derry	1	2.5	2.5	42.5
	Kerry	1	2.5	2.5	45.0
	Kildare	2	5.0	5.0	50.0
	Limerick	1	2.5	2.5	52.5
	Mayo	2	5.0	5.0	57.5
	Wexford	3	7.5	7.5	65.0
	Wicklow	1	2.5	2.5	67.5
	England	2	5.0	5.0	72.5
	France	3	7.5	7.5	80.0
	Poland	1	2.5	2.5	82.5
	Singapore	1	2.5	2.5	85.0
	Switzer-land	1	2.5	2.5	87.5
	USA	2	5.0	5.0	92.5
	Cavan	1	2.5	2.5	95.0
	Louth	1	2.5	2.5	97.5
	Sligo	1	2.5	2.5	100.0
	Total	40	100.0	100.0	

(x). Health

General Health

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Ok	32	80.0	80.0	80.0
	Very Good	8	20.0	20.0	100.0
	Total	40	100.0	100.0	

Health Problems

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	None	6	15.0	15.0	15.0
	Osteopenia/ osteoporosis	3	7.5	7.5	22.5
	Stomach problems	3	7.5	7.5	30.0
	Unidentified/ other	6	15.0	15.0	45.0
	Didn't ask	22	55.0	55.0	100.0
	Total	40	100.0	100.0	

(xi). Sexually Active Before Developing an Eating Disorder

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	15.0	17.6	17.6
	No	28	70.0	82.4	100.0
	Total	34	85.0	100.0	
Missing	Didn't ask	6	15.0		
Total		40	100.0		

(xii). The Participants' Eating Disorders

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	**Anorexia**	**8**	**20.0**	**20.0**	**20.0**
	Bulimia	**3**	**7.5**	**7.5**	**27.5**
	Overeating (OE)	**3**	**7.5**	**7.5**	**35.0**
	Anorexia and Bulimia	**19**	**47.5**	**47.5**	**82.5**
	Anorexia, Bulimia and OE	**1**	**2.5**	**2.5**	**85.0**
	Reduced Eating	**2**	**5.0**	**5.0**	**90.0**
	Bingeing without vomiting	**1**	**2.5**	**2.5**	**92.5**
	Other	**3**	**7.5**	**7.5**	**100.0**
	Total	**40**	**100.0**	**100.0**	

(xiii). Number of Years Eating Disordered

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	1	2.5	2.7	2.7
	2	2	5.0	5.4	8.1
	4	3	7.5	8.1	16.2
	5	5	12.5	13.5	29.7
	6	4	10.0	10.8	40.5
	7	3	7.5	8.1	48.6
	8	2	5.0	5.4	54.1
	9	1	2.5	2.7	56.8
	10	2	5.0	5.4	62.2
	12	3	7.5	8.1	70.3
	13	3	7.5	8.1	78.4
	14	1	2.5	2.7	81.1
	15	1	2.5	2.7	83.8
	16	1	2.5	2.7	86.5
	18	1	2.5	2.7	89.2
	21	1	2.5	2.7	91.9
	26	1	2.5	2.7	94.6
	35	1	2.5	2.7	97.3
	57	1	2.5	2.7	100.0
	Total	37	92.5	100.0	
Missing	Missing	3	7.5		
Total		40	100.0		

Statistics

YearsED

N	Valid	37
	Missing	3
Mean		11.08
Std. Deviation		10.388

(xiv). Occupation Prior to Developing an Eating Disorder

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	**Secondary School**	**32**	**80.0**	**80.0**	**80.0**
	College/ University	**6**	**15.0**	**15.0**	**95.0**
	Working	**2**	**5.0**	**5.0**	**100.0**
	Total	**40**	**100.0**	**100.0**	

(xv). Whom Living with When Developed an Eating Disorder

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Parents only	4	10.0	10.0	10.0
	Parents and other family members	28	70.0	70.0	80.0
	By self	1	2.5	2.5	82.5
	Friends	3	7.5	7.5	90.0
	Flatmate(s)	2	5.0	5.0	95.0
	Other	2	5.0	5.0	100.0
	Total	40	100.0	100.0	

(xvi). Mother and Father Present When Growing Up

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Both	35	87.5	87.5	87.5
	Separated	2	5.0	5.0	92.5
	Father died	1	2.5	2.5	95.0
	Father off and on	1	2.5	2.5	97.5
	Step-Father	1	2.5	2.5	100.0
	Total	40	100.0	100.0	

(xvii). Siblings

Number of Siblings

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	1	2.5	2.5	2.5
	1	17	42.5	42.5	45.0
	2	9	22.5	22.5	67.5
	3	8	20.0	20.0	87.5
	4	4	10.0	10.0	97.5
	5	1	2.5	2.5	100.0
	Total	40	100.0	100.0	

Statistics

Siblings

N	Valid	40
	Missing	0
Mean		2.00
Std. Deviation		1.177

Siblings: Younger

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	16	40.0	40.0	40.0
	1	14	35.0	35.0	75.0
	2	5	12.5	12.5	87.5
	3	4	10.0	10.0	97.5
	5	1	2.5	2.5	100.0
	Total	40	100.0	100.0	

Siblings: Older

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	18	45.0	45.0	45.0
	1	13	32.5	32.5	77.5
	2	4	10.0	10.0	87.5
	3	4	10.0	10.0	97.5
	4	1	2.5	2.5	100.0
	Total	40	100.0	100.0	

(xviii). In a Relationship

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	24	60.0	60.0	60.0
	No	16	40.0	40.0	100.0
	Total	40	100.0	100.0	

(xix). Number of Children

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	37	92.5	92.5	92.5
	2	1	2.5	2.5	95.0
	3	2	5.0	5.0	100.0
	Total	40	100.0	100.0	

Statistics

KidsNumber

N	Valid	40
	Missing	0
Mean		.20
Std. Deviation		.723

(xx). Relationship With Person/People Living with Before Eating Disorder

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Good	11	27.5	28.2	28.2
	Bad	10	25.0	25.6	53.8
	Like a parent	3	7.5	7.7	61.5
	Stressful	3	7.5	7.7	69.2
	Ok	6	15.0	15.4	84.6
	Other	6	15.0	15.4	100.0
	Total	39	97.5	100.0	
Missing	Didn't ask	1	2.5		
Total		40	100.0		

(xxi). Relationship With Mother

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Good	7	17.5	17.5	17.5
	Bad	12	30.0	30.0	47.5
	Friends	4	10.0	10.0	57.5
	Too Close	1	2.5	2.5	60.0
	Like a partner	1	2.5	2.5	62.5
	Other	6	15.0	15.0	77.5
	Ok	9	22.5	22.5	100.0
	Total	40	100.0	100.0	

(xxii). Level of Education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Leaving Cert	8	20.0	20.0	20.0
	Diploma/ Certificate	4	10.0	10.0	30.0
	Undergrad degree	6	15.0	15.0	45.0
	Master's	8	20.0	20.0	65.0
	PhD	2	5.0	5.0	70.0
	Currently doing MA/PhD	11	27.5	27.5	97.5
	Other	1	2.5	2.5	100.0
	Total	40	100.0	100.0	

(xxiii). Current Occupation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Student	18	45.0	45.0	45.0
	Postdoc/ Research	2	5.0	5.0	50.0
	Civil Servant	2	5.0	5.0	55.0
	Just "work"	1	2.5	2.5	57.5
	Between jobs	2	5.0	5.0	62.5
	Adminis-tration	5	12.5	12.5	75.0
	Professional	5	12.5	12.5	87.5
	Student and work	3	7.5	7.5	95.0
	Other	2	5.0	5.0	100.0
	Total	40	100.0	100.0	

(xxiv). Did Well at School

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	27	67.5	81.8	81.8
	Passed/ did Ok	6	15.0	18.2	100.0
	Total	33	82.5	100.0	
Missing	Didn't ask	7	17.5		
Total		40	100.0		

(xxv). Enjoyment of Activity

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	14	35.0	38.9	38.9
	No	6	15.0	16.7	55.6
	Ok	3	7.5	8.3	63.9
	Bullied	4	10.0	11.1	75.0
	Hated it	6	15.0	16.7	91.7
	Other	3	7.5	8.3	100.0
	Total	36	90.0	100.0	
Missing	Didn't ask	4	10.0		
Total		40	100.0		

(xxvi). Sources of Pressure

Self

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	18	45.0	45.0	45.0
	Participant didn't mention	22	55.0	55.0	100.0
	Total	40	100.0	100.0	

Family

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	8	20.0	20.0	20.0
	No	2	5.0	5.0	25.0
	Participant didn't mention	30	75.0	75.0	100.0
	Total	40	100.0	100.0	

Peers

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	15	37.5	37.5	37.5
	Participant didn't mention	25	62.5	62.5	100.0
	Total	40	100.0	100.0	

Society

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	10	25.0	25.0	25.0
	No	1	2.5	2.5	27.5
	Participant didn't mention	29	72.5	72.5	100.0
	Total	40	100.0	100.0	

Men

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	10.0	10.0	10.0
	Participant didn't mention	36	90.0	90.0	100.0
	Total	40	100.0	100.0	

Other

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Other	40	100.0	100.0	100.0

(xxvii). Did the Media Influence Perceptions of Self

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	18	45.0	46.2	46.2
	No	8	20.0	20.5	66.7
	Subcons-ciously	5	12.5	12.8	79.5
	Yes but not now	2	5.0	5.1	84.6
	Not as prolific when growing up	4	10.0	10.3	94.9
	Culture not as westernised	1	2.5	2.6	97.4
	Other	1	2.5	2.6	100.0
	Total	39	97.5	100.0	
Missing	Didn't ask	1	2.5		
Total		40	100.0		

(xxviii). Do the Media Accurately Portray Eating Disorders

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	17	42.5	60.7	60.7
	Mixed messages	5	12.5	17.9	78.6
	Glamourises eating disorders	5	12.5	17.9	96.4
	Other	1	2.5	3.6	100.0
	Total	28	70.0	100.0	
Missing	Didn't ask	11	27.5		
	Answer not relevant	1	2.5		
	Total	12	30.0		
Total		40	100.0		

(xxix). How the Participants Felt about their Bodies before Developing an Eating Disorder

Good

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	15.0	15.0	15.0
	Not Good	6	15.0	15.0	30.0
	Participant didn't mention	28	70.0	70.0	100.0
	Total	40	100.0	100.0	

Did Not Think About It

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	10.0	10.0	10.0
	Participant didn't mention	36	90.0	90.0	100.0
	Total	40	100.0	100.0	

Self-Conscious

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	15	37.5	37.5	37.5
	Participant didn't mention	25	62.5	62.5	100.0
	Total	40	100.0	100.0	

Hated It

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	10.0	10.0	10.0
	No	1	2.5	2.5	12.5
	Participant didn't mention	35	87.5	87.5	100.0
	Total	40	100.0	100.0	

Developed Early

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	5.0	5.0	5.0
	Participant didn't mention	38	95.0	95.0	100.0
	Total	40	100.0	100.0	

Did Not Want to Grow Up

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	15.0	15.0	15.0
	Participant didn't mention	34	85.0	85.0	100.0
	Total	40	100.0	100.0	

Other

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Other	40	100.0	100.0	100.0

(xxx). How the Participants Currently Feel about their Bodies

Accept It

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	12	30.0	30.0	30.0
	Participant didn't mention	28	70.0	70.0	100.0
	Total	40	100.0	100.0	

Still Need to Work On

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	22.5	22.5	22.5
	No	1	2.5	2.5	25.0
	Participant didn't mention	30	75.0	75.0	100.0
	Total	40	100.0	100.0	

Want to be Thinner

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	15.0	15.0	15.0
	Participant didn't mention	34	85.0	85.0	100.0
	Total	40	100.0	100.0	

Other

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Other	40	100.0	100.0	100.0

(xxxi). Some of the Reasons the Participants Believe they Developed an Eating Disorder

To Be Thin

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	12	30.0	30.0	30.0
	No	2	5.0	5.0	35.0
	Participant didn't mention	26	65.0	65.0	100.0
	Total	40	100.0	100.0	

Sensitive Personality

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	10	25.0	25.0	25.0
	Participant didn't mention	30	75.0	75.0	100.0
	Total	40	100.0	100.0	

Stress of Exams

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	15.0	15.0	15.0
	Participant didn't mention	34	85.0	85.0	100.0
	Total	40	100.0	100.0	

Attention

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	22.5	22.5	22.5
	Participant didn't mention	31	77.5	77.5	100.0
	Total	40	100.0	100.0	

Control

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	17	42.5	42.5	42.5
	Participant didn't mention	23	57.5	57.5	100.0
	Total	40	100.0	100.0	

Felt Empty Inside

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	5.0	5.0	5.0
	Participant didn't mention	38	95.0	95.0	100.0
	Total	40	100.0	100.0	

Death of Family Member or Friend

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	10.0	10.0	10.0
	Participant didn't mention	36	90.0	90.0	100.0
	Total	40	100.0	100.0	

Coping

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	10.0	10.0	10.0
	No	1	2.5	2.5	12.5
	Participant didn't mention	35	87.5	87.5	100.0
	Total	40	100.0	100.0	

Emotional Problems

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	8	20.0	20.0	20.0
	Participant didn't mention	32	80.0	80.0	100.0
	Total	40	100.0	100.0	

Other

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Other	40	100.0	100.0	100.0

(xxxii). Overweight Before Developing an Eating Disorder

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	**Yes**	**8**	**20.0**	**22.9**	**22.9**
	No	**15**	**37.5**	**42.9**	**65.7**
	Thought was but wasn't	**12**	**30.0**	**34.3**	**100.0**
	Total	**35**	**87.5**	**100.0**	
Missing	**Didn't ask**	**4**	**10.0**		
	Answer not relevant	**1**	**2.5**		
	Total	**5**	**12.5**		
Total		**40**	**100.0**		

(xxxiii). How the Participants Felt when they Lost Weight

Good

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	25	62.5	62.5	62.5
	Participant didn't mention	15	37.5	37.5	100.0
	Total	40	100.0	100.0	

Achievement

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	7	17.5	17.5	17.5
	Participant didn't mention	33	82.5	82.5	100.0
	Total	40	100.0	100.0	

Better

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	5.0	5.0	5.0
	No	1	2.5	2.5	7.5
	Participant didn't mention	37	92.5	92.5	100.0
	Total	40	100.0	100.0	

In Control

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	22.5	22.5	22.5
	Participant didn't mention	31	77.5	77.5	100.0
	Total	40	100.0	100.0	

(xxxiv). Did Appearance Have an Impact on Self-Worth

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	**Yes**	**25**	**62.5**	**89.3**	**89.3**
	No	**3**	**7.5**	**10.7**	**100.0**
	Total	**28**	**70.0**	**100.0**	
Missing	**Didn't ask**	**4**	**10.0**		
	Answer not relevant	**8**	**20.0**		
	Total	**12**	**30.0**		
Total		**40**	**100.0**		

(xxxv). Did Other People's Perceptions Have an Impact

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	28	70.0	84.8	84.8
	No	5	12.5	15.2	100.0
	Total	33	82.5	100.0	
Missing	Didn't ask	4	10.0		
	Answer not relevant	3	7.5		
	Total	7	17.5		
Total		40	100.0		

(xxxvi). Were Comments Made about Appearance

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	36	90.0	90.0	90.0
	No	1	2.5	2.5	92.5
	Teased/ Bullied	2	5.0	5.0	97.5
	Didn't ask	1	2.5	2.5	100.0
	Total	40	100.0	100.0	

(xxxvii). How the Participants Felt Before Developing an Eating Disorder

Content

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	7	17.5	17.5	17.5
	No	4	10.0	10.0	27.5
	Participant didn't mention	29	72.5	72.5	100.0
	Total	40	100.0	100.0	

Sad and Lonely

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	10	25.0	25.0	25.0
	No	1	2.5	2.5	27.5
	Participant didn't mention	29	72.5	72.5	100.0
	Total	40	100.0	100.0	

Did Not Fit In

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	10.0	10.0	10.0
	No	1	2.5	2.5	12.5
	Participant didn't mention	35	87.5	87.5	100.0
	Total	40	100.0	100.0	

Other

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Other	40	100.0	100.0	100.0

(xxxviii). Did Eating-Disordered Experiences Affect Identity

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	**Yes**	**28**	**70.0**	**75.7**	**75.7**
	No	**4**	**10.0**	**10.8**	**86.5**
	Don't know	**3**	**7.5**	**8.1**	**94.6**
	Other	**2**	**5.0**	**5.4**	**100.0**
	Total	**37**	**92.5**	**100.0**	
Missing	**No response**	**3**	**7.5**		
Total		**40**	**100.0**		

(xxxix). Ways in Which Having an Eating Disorder Changed the Participants

More Accepting of Others

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	5.0	5.0	5.0
	Participant didn't mention	38	95.0	95.0	100.0
	Total	40	100.0	100.0	

More Empathy

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	15	37.5	37.5	37.5
	Participant didn't mention	25	62.5	62.5	100.0
	Total	40	100.0	100.0	

More Self-Aware

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	15	37.5	37.5	37.5
	Participant didn't mention	25	62.5	62.5	100.0
	Total	40	100.0	100.0	

Other

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Other	40	100.0	100.0	100.0

(xl). Different Person because of Eating Disordered Experience

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	12	30.0	66.7	66.7
	No	4	10.0	22.2	88.9
	Don't know	2	5.0	11.1	100.0
	Total	18	45.0	100.0	
Missing	Didn't ask	16	40.0		
	No response	2	5.0		
	Answer not relevant	4	10.0		
	Total	22	55.0		
Total		40	100.0		

(xli). Regret

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	11	27.5	28.9	28.9
	No	21	52.5	55.3	84.2
	Yes and No	6	15.0	15.8	100.0
	Total	38	95.0	100.0	
Missing	Answer Not Relevant	2	5.0		
Total		40	100.0		

(xlii). Some of the Things the Participants Learned from their Experiences

Acceptance

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	5.0	5.0	5.0
	Participant didn't mention	38	95.0	95.0	100.0
	Total	40	100.0	100.0	

Made Them Who They Are

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	22.5	22.5	22.5
	Participant didn't mention	31	77.5	77.5	100.0
	Total	40	100.0	100.0	

Other

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Would be different if hadn't had	38	95.0	95.0	95.0
	Learned more about self	1	2.5	2.5	97.5
	Other	1	2.5	2.5	100.0
	Total	40	100.0	100.0	

(xliii). Control

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	In control during ED	8	20.0	20.0	20.0
	In control of life	9	22.5	22.5	42.5
	Not an issue	5	12.5	12.5	55.0
	Thought was but wasn't	1	2.5	2.5	57.5
	Not in control	17	42.5	42.5	100.0
	Total	40	100.0	100.0	

(xliv). Unusual or Stressful Factors in Life

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	13	32.5	32.5	32.5
	Death of family member	6	15.0	15.0	47.5
	Fell out with friends	3	7.5	7.5	55.0
	Other	16	40.0	40.0	95.0
	Didn't ask	2	5.0	5.0	100.0
	Total	40	100.0	100.0	

(xlv). Aware Why Developed an Eating Disorder

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	2	5.0	8.7	8.7
	Only looking back	18	45.0	78.3	87.0
	Didn't consciously realise	3	7.5	13.0	100.0
	Total	23	57.5	100.0	
Missing	Didn't ask	16	40.0		
	Answer not relevant	1	2.5		
	Total	17	42.5		
Total		40	100.0		

(xlvi). Some of the Reasons the Participants' Behaviour was Perpetuated

Habit

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	15.0	15.0	15.0
	Participant didn't mention	34	85.0	85.0	100.0
	Total	40	100.0	100.0	

Good at It

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	5.0	5.0	5.0
	Participant didn't mention	38	95.0	95.0	100.0
	Total	40	100.0	100.0	

Control

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	8	20.0	20.0	20.0
	Participant didn't mention	32	80.0	80.0	100.0
	Total	40	100.0	100.0	

Hard to Get Out of It

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	15.0	15.0	15.0
	Participant didn't mention	34	85.0	85.0	100.0
	Total	40	100.0	100.0	

Vicious Circle

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	10.0	10.0	10.0
	Participant didn't mention	36	90.0	90.0	100.0
	Total	40	100.0	100.0	

To Be Attractive

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	2.5	2.5	2.5
	Participant didn't mention	39	97.5	97.5	100.0
	Total	40	100.0	100.0	

Other

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Other	40	100.0	100.0	100.0

(xlvii). Attitude Toward Life

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Excited	1	2.5	6.3	6.3
	Hated it	2	5.0	12.5	18.8
	Other	13	32.5	81.3	100.0
	Total	16	40.0	100.0	
Missing	Didn't ask	16	40.0		
	No response	5	12.5		
	Answer not relevant	3	7.5		
	Total	24	60.0		
Total		40	100.0		

(xlviii). Feelings about the Future

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	**Didn't think about it**	**6**	**15.0**	**24.0**	**24.0**
	Typical--college, kids, job	**8**	**20.0**	**32.0**	**56.0**
	Didn't know what wanted to do	**1**	**2.5**	**4.0**	**60.0**
	Excited about it	**1**	**2.5**	**4.0**	**64.0**
	Not going to see it	**1**	**2.5**	**4.0**	**68.0**
	Other	**8**	**20.0**	**32.0**	**100.0**
	Total	**25**	**62.5**	**100.0**	
Missing	**Didn't ask**	**14**	**35.0**		
	No response	**1**	**2.5**		
	Total	**15**	**37.5**		
Total		**40**	**100.0**		

(xlix). Are Eating Disorders Helpful

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	22.5	23.1	23.1
	No	6	15.0	15.4	38.5
	Don't have to deal with things	5	12.5	12.8	51.3
	Harder to deal with things	2	5.0	5.1	56.4
	Use disorder to avoid problems	5	12.5	12.8	69.2
	Disorder just something else to deal with	1	2.5	2.6	71.8
	Numbing	1	2.5	2.6	74.4
	Self-sufficiency	1	2.5	2.6	76.9
	Other	9	22.5	23.1	100.0
	Total	39	97.5	100.0	
Missing	Didn't ask	1	2.5		
Total		40	100.0		

(l). Do Eating Disorders Provide a Form of Distraction

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	12	30.0	31.6	31.6
	No	1	2.5	2.6	34.2
	Escape, not distraction	1	2.5	2.6	36.8
	Took all energy/whole life	3	7.5	7.9	44.7
	Way to forget about other things	4	10.0	10.5	55.3
	Made life more of a problem	2	5.0	5.3	60.5
	Escape from reality	5	12.5	13.2	73.7
	Subconscious	1	2.5	2.6	76.3
	Other	9	22.5	23.7	100.0
	Total	38	95.0	100.0	
Missing	Didn't ask	1	2.5		
	Answer not relevant	1	2.5		
	Total	2	5.0		
Total		40	100.0		

(li). What the Participants Thought about (Other than Eating)

Nothing

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	5	12.5	12.5	12.5
	Participant didn't mention	35	87.5	87.5	100.0
	Total	40	100.0	100.0	

School

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	19	47.5	47.5	47.5
	Participant didn't mention	21	52.5	52.5	100.0
	Total	40	100.0	100.0	

Family

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	15.0	15.0	15.0
	Participant didn't mention	34	85.0	85.0	100.0
	Total	40	100.0	100.0	

Boys

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	7	17.5	17.5	17.5
	Participant didn't mention	33	82.5	82.5	100.0
	Total	40	100.0	100.0	

Sports

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	8	20.0	20.0	20.0
	Participant didn't mention	32	80.0	80.0	100.0
	Total	40	100.0	100.0	

Music

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	7.5	7.5	7.5
	Participant didn't mention	37	92.5	92.5	100.0
	Total	40	100.0	100.0	

Cooking

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	2	5.0	5.0	5.0
	Participant didn't mention	38	95.0	95.0	100.0
	Total	40	100.0	100.0	

Work

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	8	20.0	20.0	20.0
	Participant didn't mention	32	80.0	80.0	100.0
	Total	40	100.0	100.0	

Being Liked

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	10.0	10.0	10.0
	Participant didn't mention	36	90.0	90.0	100.0
	Total	40	100.0	100.0	

Appearance

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	2.5	2.5	2.5
	Participant didn't mention	39	97.5	97.5	100.0
	Total	40	100.0	100.0	

Other

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Other	33	82.5	82.5	82.5
	2	7	17.5	17.5	100.0
	Total	40	100.0	100.0	

(lii). Number of Years Recovered

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	11	27.5	28.2	28.2
	1	9	22.5	23.1	51.3
	2	2	5.0	5.1	56.4
	3	2	5.0	5.1	61.5
	4	4	10.0	10.3	71.8
	5	2	5.0	5.1	76.9
	6	3	7.5	7.7	84.6
	7	2	5.0	5.1	89.7
	9	1	2.5	2.6	92.3
	10	3	7.5	7.7	100.0
	Total	39	97.5	100.0	
Missing	Missing	1	2.5		
Total		40	100.0		

Statistics

YearsRecovered

N	Valid	39
	Missing	1
Mean		2.97
Std. Deviation		3.208

(liii). Some of the Factors in Bringing about Recovery

Becoming Self-Aware

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	15.0	15.0	15.0
	Participant didn't mention	34	85.0	85.0	100.0
	Total	40	100.0	100.0	

Physical and Mental Changes

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	15.0	15.0	15.0
	Participant didn't mention	34	85.0	85.0	100.0
	Total	40	100.0	100.0	

Change in Behaviour

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	13	32.5	32.5	32.5
	Participant didn't mention	27	67.5	67.5	100.0
	Total	40	100.0	100.0	

Attitude Toward Food Changed

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	11	27.5	27.5	27.5
	Participant didn't mention	29	72.5	72.5	100.0
	Total	40	100.0	100.0	

Other

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Other	40	100.0	100.0	100.0

(liv). How Recovery Occurred

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not recovered	11	27.5	32.4	32.4
	Support of others	5	12.5	14.7	47.1
	Wanted to be healthy	1	2.5	2.9	50.0
	Scared of dying	1	2.5	2.9	52.9
	Want to help others	1	2.5	2.9	55.9
	Other	15	37.5	44.1	100.0
	Total	34	85.0	100.0	
Missing	Didn't ask	5	12.5		
	Answer not relevant	1	2.5		
	Total	6	15.0		
Total		40	100.0		

(lv). Relapses

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not recovered yet	11	27.5	28.9	28.9
	Yes	7	17.5	18.4	47.4
	A couple	5	12.5	13.2	60.5
	No	15	37.5	39.5	100.0
	Total	38	95.0	100.0	
Missing	Didn't ask	2	5.0		
Total		40	100.0		

(lvi). Therapy Received for Eating Disorders

		Frequency	**Percent**	**Valid Percent**	**Cumulative Percent**
Valid	**None**	**10**	**25.0**	**25.0**	**25.0**
	Centre A	**9**	**22.5**	**22.5**	**47.5**
	Centre B	**2**	**5.0**	**5.0**	**52.5**
	Through the hospital	**3**	**7.5**	**7.5**	**60.0**
	Other	**16**	**40.0**	**40.0**	**100.0**
	Total	**40**	**100.0**	**100.0**	

(lvii). Therapy for Non-Eating Disordered Problems

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	15.0	15.0	15.0
	No	12	30.0	30.0	45.0
	Psychologist/ psychiatrist	6	15.0	15.0	60.0
	Therapy through course at university	3	7.5	7.5	67.5
	Didn't ask	13	32.5	32.5	100.0
	Total	40	100.0	100.0	

(lviii). Does the General Population Have a Good Understanding of Eating Disorders

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	7.5	8.1	8.1
	No	34	85.0	91.9	100.0
	Total	37	92.5	100.0	
Missing	Didn't ask	1	2.5		
	No response	1	2.5		
	Answer not relevant	1	2.5		
	Total	3	7.5		
Total		40	100.0		

(lix). Some of the Things That Eating Disorder are About

Symptom of Something Else

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	8	20.0	20.0	20.0
	Participant didn't mention	32	80.0	80.0	100.0
	Total	40	100.0	100.0	

Not About Food

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	22.5	22.5	22.5
	Participant didn't mention	31	77.5	77.5	100.0
	Total	40	100.0	100.0	

Coping

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	4	10.0	10.0	10.0
	Participant didn't mention	36	90.0	90.0	100.0
	Total	40	100.0	100.0	

Predisposed to Eating Disorder

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	8	20.0	20.0	20.0
	Participant didn't mention	32	80.0	80.0	100.0
	Total	40	100.0	100.0	

Not Fiiting In

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1	2.5	2.5	2.5
	Participant didn't mention	39	97.5	97.5	100.0
	Total	40	100.0	100.0	

Other

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Other	40	100.0	100.0	100.0

(lx). Questionnaire A: "Importance Ratings."

[A]Please answer the following questions in relation to how you felt *before* you developed an eating "disorder" (*circle one*):

Was it important for you...

1. ...to be good at athletics?

Not important at all 1 2 3 4 5 6 7 Extremely important

A1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not important at all	7	17.5	17.5	17.5
	A little bit important	4	10.0	10.0	27.5
	Kind of important	6	15.0	15.0	42.5
	Neutral	4	10.0	10.0	52.5
	Fairly important	3	7.5	7.5	60.0
	Quite important	7	17.5	17.5	77.5
	Extremely important	9	22.5	22.5	100.0
	Total	40	100.0	100.0	

N	Valid	40
	Missing	0
Mean		4.23
Std. Deviation		2.236

2. ...to be creative?

Not important at all 1 2 3 4 5 6 7 Extremely important

A2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not important at all	2	5.0	5.0	5.0
	A little bit important	2	5.0	5.0	10.0
	Kind of important	2	5.0	5.0	15.0
	Neutral	6	15.0	15.0	30.0
	Fairly important	7	17.5	17.5	47.5
	Quite important	3	7.5	7.5	55.0
	Extremely important	18	45.0	45.0	100.0
	Total	40	100.0	100.0	

N	Valid	40
	Missing	0
Mean		5.38
Std. Deviation		1.849

3. ...to be able to laugh at certain things you did?

Not important at all 1 2 3 4 5 6 7 Extremely important

A3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not important at all	6	15.0	15.0	15.0
	A little bit important	6	15.0	15.0	30.0
	Kind of important	6	15.0	15.0	45.0
	Neutral	5	12.5	12.5	57.5
	Fairly important	4	10.0	10.0	67.5
	Quite important	10	25.0	25.0	92.5
	Extremely important	3	7.5	7.5	100.0
	Total	40	100.0	100.0	

N	Valid	40
	Missing	0
Mean		3.93
Std. Deviation		1.992

4. ...to be able to establish romantic relationships?

Not important at all 1 2 3 4 5 6 7 Extremely important

A4

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not important at all	9	22.5	22.5	22.5
	A little bit important	3	7.5	7.5	30.0
	Kind of important	2	5.0	5.0	35.0
	Fairly important	7	17.5	17.5	52.5
	Quite important	9	22.5	22.5	75.0
	Extremely important	10	25.0	25.0	100.0
	Total	40	100.0	100.0	

N	Valid	40
	Missing	0
Mean		4.50
Std. Deviation		2.364

5. ...to behave morally?

Not important at all 1 2 3 4 5 6 7 Extremely important

A5

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not important at all	3	7.5	7.5	7.5
	A little bit important	1	2.5	2.5	10.0
	Kind of important	1	2.5	2.5	12.5
	Neutral	3	7.5	7.5	20.0
	Fairly important	4	10.0	10.0	30.0
	Quite important	10	25.0	25.0	55.0
	Extremely important	18	45.0	45.0	100.0
	Total	40	100.0	100.0	

N	Valid	40
	Missing	0
Mean		5.65
Std. Deviation		1.819

6. ...to be smart?

Not important at all 1 2 3 4 5 6 7 Extremely important

A6

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Neutral	2	5.0	5.0	5.0
	Fairly important	2	5.0	5.0	10.0
	Quite important	6	15.0	15.0	25.0
	Extremely important	30	75.0	75.0	100.0
	Total	40	100.0	100.0	

N	Valid	40
	Missing	0
Mean		6.60
Std. Deviation		.810

7. ...to be able to make really close friends?

Not important at all 1 2 3 4 5 6 7 Extremely important

A7

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not important at all	1	2.5	2.5	2.5
	A little bit important	1	2.5	2.5	5.0
	Kind of important	2	5.0	5.0	10.0
	Neutral	3	7.5	7.5	17.5
	Fairly important	8	20.0	20.0	37.5
	Quite important	7	17.5	17.5	55.0
	Extremely important	18	45.0	45.0	100.0
	Total	40	100.0	100.0	

N	Valid	40
	Missing	0
Mean		5.73
Std. Deviation		1.552

8. ...to be able to get along with your parents?

Not important at all 1 2 3 4 5 6 7 Extremely important

A8

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not important at all	2	5.0	5.0	5.0
	A little bit important	2	5.0	5.0	10.0
	Kind of important	4	10.0	10.0	20.0
	Neutral	6	15.0	15.0	35.0
	Fairly important	2	5.0	5.0	40.0
	Quite important	8	20.0	20.0	60.0
	Extremely important	16	40.0	40.0	100.0
	Total	40	100.0	100.0	

N	Valid	40
	Missing	0
Mean		5.30
Std. Deviation		1.897

9. ...to be good looking?

Not important at all 1 2 3 4 5 6 7 Extremely important

A9

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Not important at all	1	2.5	2.5	2.5
	A little bit important	1	2.5	2.5	5.0
	Kind of important	2	5.0	5.0	10.0
	Neutral	2	5.0	5.0	15.0
	Fairly important	1	2.5	2.5	17.5
	Quite important	15	37.5	37.5	55.0
	Extremely important	18	45.0	45.0	100.0
	Total	40	100.0	100.0	

N	Valid	40
	Missing	0
Mean		5.95
Std. Deviation		1.484

10. ...to do well at your studies/ job?

Not important at all 1 2 3 4 5 6 7 Extremely important

A10

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	A little bit important	1	2.5	2.5	2.5
	Neutral	1	2.5	2.5	5.0
	Fairly important	2	5.0	5.0	10.0
	Quite important	6	15.0	15.0	25.0
	Extremely important	30	75.0	75.0	100.0
	Total	40	100.0	100.0	

N	Valid	40
	Missing	0
Mean		6.55
Std. Deviation		1.011

Questionnaire A Alphas

	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10
A1	1.000	.078	.188	-.090	-.119	.334	-.129	-.107	.158	.035
A2	.078	1.000	.057	-.103	.200	.359	-.115	.216	.185	.284
A3	.188	.057	1.000	.438	-.121	-.210	.159	-.136	-.227	-.195
A4	-.090	-.103	.438	1.000	-.227	-.254	.143	-.160	.029	-.193
A5	-.119	.200	-.121	-.227	1.000	.250	.183	.499	.117	.651
A6	.334	.359	-.210	-.254	.250	1.000	-.212	-.070	.090	.401
A7	-.129	-.115	.159	.143	.183	-.212	1.000	.246	.116	.033
A8	-.107	.216	-.136	-.160	.499	-.070	.246	1.000	.224	.299
A9	.158	.185	-.227	.029	.117	.090	.116	.224	1.000	.002
A10	.035	.284	-.195	-.193	.651	.401	.033	.299	.002	1.000

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.363	.442	10

(lxi). Questionnaire B: "Self-Esteem."

[B] Please answer the following questions in relation to how you felt *before* you developed an eating "disorder" (*circle one*):

1. On the whole, I was satisfied with myself.
   Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

B1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	2	5.0	5.0	5.0
	Agree	4	10.0	10.0	15.0
	Somewhat agree	5	12.5	12.5	27.5
	Neutral	4	10.0	10.0	37.5
	Don't really agree	2	5.0	5.0	42.5
	Disagree	11	27.5	27.5	70.0
	Strongly Disagree	12	30.0	30.0	100.0
	Total	40	100.0	100.0	

N	Valid	40
	Missing	0
Mean		5.03
Std. Deviation		1.968

2. At times I thought I was no good at all.
   Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

B2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	18	45.0	45.0	45.0
	Agree	6	15.0	15.0	60.0
	Somewhat agree	6	15.0	15.0	75.0
	Neutral	3	7.5	7.5	82.5
	Disagree	2	5.0	5.0	87.5
	Strongly Disagree	5	12.5	12.5	100.0
	Total	40	100.0	100.0	

N	Valid	40
	Missing	0
Mean		2.68
Std. Deviation		2.117

3. I felt that I had a number of good qualities.

Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

B3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	3	7.5	7.5	7.5
	Agree	8	20.0	20.0	27.5
	Somewhat agree	5	12.5	12.5	40.0
	Neutral	8	20.0	20.0	60.0
	Don't really agree	4	10.0	10.0	70.0
	Disagree	8	20.0	20.0	90.0
	Strongly Disagree	4	10.0	10.0	100.0
	Total	40	100.0	100.0	

N	Valid	40
	Missing	0
Mean		4.05
Std. Deviation		1.867

4. I was able to do things as well as most people.

Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

B4

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	5	12.5	12.5	12.5
	Agree	7	17.5	17.5	30.0
	Somewhat agree	6	15.0	15.0	45.0
	Neutral	9	22.5	22.5	67.5
	Don't really agree	6	15.0	15.0	82.5
	Disagree	5	12.5	12.5	95.0
	Strongly Disagree	2	5.0	5.0	100.0
	Total	40	100.0	100.0	

N	Valid	40
	Missing	0
Mean		3.68
Std. Deviation		1.745

5. I felt I did not have much to be proud of.

Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

B5

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	6	15.0	15.0	15.0
	Agree	5	12.5	12.5	27.5
	Somewhat agree	10	25.0	25.0	52.5
	Neutral	4	10.0	10.0	62.5
	Don't really agree	5	12.5	12.5	75.0
	Disagree	5	12.5	12.5	87.5
	Strongly Disagree	5	12.5	12.5	100.0
	Total	40	100.0	100.0	

N	Valid	40
	Missing	0
Mean		3.80
Std. Deviation		1.977

6. I certainly felt useless at times.

Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

B6

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	16	40.0	40.0	40.0
	Agree	9	22.5	22.5	62.5
	Somewhat agree	8	20.0	20.0	82.5
	Neutral	2	5.0	5.0	87.5
	Don't really agree	1	2.5	2.5	90.0
	Disagree	3	7.5	7.5	97.5
	Strongly Disagree	1	2.5	2.5	100.0
	Total	40	100.0	100.0	

N	Valid	40
	Missing	0
Mean		2.40
Std. Deviation		1.661

7. I felt that I was a person of worth, at least on a level equal with others.
Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

B7

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	3	7.5	7.5	7.5
	Agree	5	12.5	12.5	20.0
	Somewhat agree	6	15.0	15.0	35.0
	Neutral	3	7.5	7.5	42.5
	Don't really agree	6	15.0	15.0	57.5
	Disagree	13	32.5	32.5	90.0
	Strongly Disagree	4	10.0	10.0	100.0
	Total	40	100.0	100.0	

N	Valid	40
	Missing	0
Mean		4.48
Std. Deviation		1.881

8. I wish I could have had more respect for myself.
Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

B8

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	16	40.0	40.0	40.0
	Agree	10	25.0	25.0	65.0
	Somewhat agree	5	12.5	12.5	77.5
	Don't really agree	2	5.0	5.0	82.5
	Disagree	5	12.5	12.5	95.0
	Strongly Disagree	1	2.5	2.5	97.5
	99	1	2.5	2.5	100.0
	Total	40	100.0	100.0	

N	Valid	40
	Missing	0
Mean		4.93
Std. Deviation		15.368

9. All in all, I was inclined to feel that I was a failure.

Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

B9

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	10	25.0	25.0	25.0
	Agree	4	10.0	10.0	35.0
	Somewhat agree	7	17.5	17.5	52.5
	Neutral	6	15.0	15.0	67.5
	Don't really agree	4	10.0	10.0	77.5
	Disagree	6	15.0	15.0	92.5
	Strongly Disagree	3	7.5	7.5	100.0
	Total	40	100.0	100.0	

N	Valid	40
	Missing	0
Mean		3.50
Std. Deviation		2.013

10. I took a positive attitude toward myself.

Strongly Agree 1 2 3 4 5 6 7 Strongly Disagree

B10

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly Agree	2	5.0	5.0	5.0
	Agree	4	10.0	10.0	15.0
	Somewhat agree	1	2.5	2.5	17.5
	Neutral	5	12.5	12.5	30.0
	Don't really agree	7	17.5	17.5	47.5
	Disagree	11	27.5	27.5	75.0
	Strongly Disagree	10	25.0	25.0	100.0
	Total	40	100.0	100.0	

N	Valid	40
	Missing	0
Mean		5.10
Std. Deviation		1.809

Questionnaire B Alpha

	B1	B2	B3	B4	B5	B6	B7	B8	B9	B10
B1	1.000	-.195	.607	.473	-.150	-.325	.523	.055	-.392	.338
B2	-.195	1.000	-.288	-.335	.658	.680	-.578	.136	.527	-.547
B3	.607	-.288	1.000	.745	-.442	-.486	.687	-.184	-.580	.522
B4	.473	-.335	.745	1.000	-.450	-.485	.704	-.180	-.588	.595
B5	-.150	.658	-.442	-.450	1.000	.618	-.650	.036	.670	-.554
B6	-.325	.680	-.486	-.485	.618	1.000	-.547	.092	.752	-.628
B7	.523	-.578	.687	.704	-.650	-.547	1.00	-.148	-.660	.641
B8	.055	.136	-.184	-.180	.036	.092	-.148	1.000	.155	-.039
B9	-.392	.527	-.580	-.588	.670	.752	-.660	.155	1.000	-.747
B10	.338	-.547	.522	.595	-.554	-.628	.641	-.039	-.747	1.000

Reliability Statistics

Cronbach's Alpha(a)	Cronbach's Alpha Based on Standardized Items	N of Items
-.007	.009	10

(lxii). Questionnaire C: "Purpose in Life"

[C] Please answer the following questions in relation to how you felt *before* you developed an eating "disorder" (*circle one*):

1. I was usually:
Completely bored 1 2 3 4 5 6 7 Exuberant, enthusiastic

C1

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Completely Bored	2	5.0	5.0	5.0
	Fairly Bored	6	15.0	15.0	20.0
	Bored	4	10.0	10.0	30.0
	Neutral	7	17.5	17.5	47.5
	Interested	8	20.0	20.0	67.5
	Very interested	9	22.5	22.5	90.0
	Exuberant, enthusiastic	4	10.0	10.0	100.0
	Total	40	100.0	100.0	

N	Valid	40
	Missing	0
Mean		4.40
Std. Deviation		1.751

2. Life to me seemed:
Completely routine 1 2 3 4 5 6 7 Always Exciting

C2

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Completely routine	6	15.0	15.0	15.0
	Fairly routine	7	17.5	17.5	32.5
	Routine	7	17.5	17.5	50.0
	Neutral	9	22.5	22.5	72.5
	Sometimes exciting	6	15.0	15.0	87.5
	Exciting	3	7.5	7.5	95.0
	Always exciting	2	5.0	5.0	100.0
	Total	40	100.0	100.0	

N	Valid	40
	Missing	0
Mean		3.48
Std. Deviation		1.710

3. In life I had:

No goals or aims at all 1 2 3 4 5 6 7 Very clear goals and aims

C3

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No goals or aims	3	7.5	7.5	7.5
	Some goals or aims	8	20.0	20.0	27.5
	A few goals or aims	1	2.5	2.5	30.0
	Neutral	7	17.5	17.5	47.5
	Many goals or aims	8	20.0	20.0	67.5
	Clear goals or aims	4	10.0	10.0	77.5
	Very clear goals and aims	9	22.5	22.5	100.0
	Total	40	100.0	100.0	

N	Valid	40
	Missing	0
Mean		4.43
Std. Deviation		2.011

4. My personal existence was:

Utterly meaningless 1 2 3 4 5 6 7 Very purposeful and meaningful

C4

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Utterly meaningless	5	12.5	12.5	12.5
	Very little meaning	5	12.5	12.5	25.0
	Not much meaning	5	12.5	12.5	37.5
	Neutral	14	35.0	35.0	72.5
	Some meaning and purpose	3	7.5	7.5	80.0
	Meaningful	6	15.0	15.0	95.0
	Very purposeful and meaningful	2	5.0	5.0	100.0
	Total	40	100.0	100.0	

N	Valid	40
	Missing	0
Mean		3.78
Std. Deviation		1.702

5. Everyday was:
Exactly the same 1 2 3 4 5 6 7 Constantly new

C5

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Exactly the same	5	12.5	12.5	12.5
	Pretty much the same	9	22.5	22.5	35.0
	The same	7	17.5	17.5	52.5
	Neutral	7	17.5	17.5	70.0
	Sometimes new	8	20.0	20.0	90.0
	New	3	7.5	7.5	97.5
	Constantly new	1	2.5	2.5	100.0
	Total	40	100.0	100.0	

N	Valid	40
	Missing	0
Mean		3.43
Std. Deviation		1.631

6. If I could choose, I would:
Prefer to have never been born 1 2 3 4 5 6 7 Live nine lives just like this one

C6

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Prefer to have never been born	5	12.5	12.5	12.5
	Didn't really want to have been born	5	12.5	12.5	25.0
	Sometimes didn't want to have been born	2	5.0	5.0	30.0
	Neutral	11	27.5	27.5	57.5
	Fairly happy with my life	8	20.0	20.0	77.5
	Happy with my life	7	17.5	17.5	95.0
	Live nine lives just like this one	2	5.0	5.0	100.0
	Total	40	100.0	100.0	

N	Valid	40
	Missing	0
Mean		4.03
Std. Deviation		1.761

7. In achieving life goals I had:
Made no progress whatsoever 1 2 3 4 5 6 7 Progressed to complete fulfillment

C7

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Made no progress whatsoever	4	10.0	10.0	10.0
	Made a bit of progress	4	10.0	10.0	20.0
	Made some progress	9	22.5	22.5	42.5
	Neutral	9	22.5	22.5	65.0
	Made a fair bit of progress	9	22.5	22.5	87.5
	Made a lot of progress	2	5.0	5.0	92.5
	Progressed to complete fulfillment	3	7.5	7.5	100.0
	Total	40	100.0	100.0	

N	Valid	40
	Missing	0
Mean		3.83
Std. Deviation		1.631

8. If I had died, I would have felt that my life had been: Completely worthless 1 2 3 4 5 6 7 Very worthwhile

C8

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Completely worthless	5	12.5	12.5	12.5
	Worthless	9	22.5	22.5	35.0
	Fairly worthless	8	20.0	20.0	55.0
	Neutral	8	20.0	20.0	75.0
	Worthwhile	7	17.5	17.5	92.5
	Quite worthwhile	2	5.0	5.0	97.5
	Very worthwhile	1	2.5	2.5	100.0
	Total	40	100.0	100.0	

N	Valid	40
	Missing	0
Mean		3.33
Std. Deviation		1.559

9. In thinking of my life, I:
Often wondered why I exist 1 2 3 4 5 6 7 Always saw a reason for my being here

C9

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Often wondered why I exist	10	25.0	25.0	25.0
	Sometimes wondered why I exist	10	25.0	25.0	50.0
	Wondered why I exist	4	10.0	10.0	60.0
	Neutral	4	10.0	10.0	70.0
	Saw a reason for my being here	7	17.5	17.5	87.5
	Often saw a reason for my being here	5	12.5	12.5	100.0
	Total	40	100.0	100.0	

N	Valid	40
	Missing	0
Mean		3.08
Std. Deviation		1.803

10. I had discovered:
No mission or purpose in life 1 2 3 4 5 6 7 Clear goals and a satisfying purpose in life

C10

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No mission or purpose in life	6	15.0	15.0	15.0
	A bit of purpose in life	10	25.0	25.0	40.0
	Purpose in life	7	17.5	17.5	57.5
	Neutral	5	12.5	12.5	70.0
	Some goals and purpose	7	17.5	17.5	87.5
	A lot of goals and purpose	3	7.5	7.5	95.0
	Clear goals and a satisfying purpose in life	2	5.0	5.0	100.0
	Total	40	100.0	100.0	

N	Valid	40
	Missing	0
Mean		3.35
Std. Deviation		1.762

11. I regarded my ability to find a meaning, purpose or mission in life as:
Practically none 1 2 3 4 5 6 7 Very great

C11

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Practically none	7	17.5	17.5	17.5
	Almost none	6	15.0	15.0	32.5
	Not a lot	8	20.0	20.0	52.5
	Neutral	6	15.0	15.0	67.5
	Some	2	5.0	5.0	72.5
	A lot	7	17.5	17.5	90.0
	Very great	4	10.0	10.0	100.0
	Total	40	100.0	100.0	

N	Valid	40
	Missing	0
Mean		3.68
Std. Deviation		2.005

12. Did you often feel numb or empty inside, like your life lacked fulfillment and/ or happiness? Always 1 2 3 4 5 6 7 Never

C12

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Always	11	27.5	27.5	27.5
	Often	14	35.0	35.0	62.5
	Some-times	4	10.0	10.0	72.5
	Neutral	6	15.0	15.0	87.5
	A little bit	2	5.0	5.0	92.5
	Rarely	2	5.0	5.0	97.5
	Never	1	2.5	2.5	100.0
	Total	40	100.0	100.0	

N	Valid	40
	Missing	0
Mean		2.60
Std. Deviation		1.598

Questionnaire C Alpha

	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10	C11	C12
C1	1.000	.594	.460	.401	.226	.288	.070	.224	.258	.194	.184	.260
C2	.594	1.000	.521	.531	.615	.626	.398	.470	.562	.641	.577	.569
C3	.460	.521	1.000	.583	.569	.366	.336	.356	.281	.442	.442	.421
C4	.401	.531	.583	1.000	.673	.652	.364	.627	.565	.617	.624	.494
C5	.226	.615	.569	.673	1.000	.505	.559	.549	.608	.732	.576	.578
C6	.288	.626	.366	.652	.505	1.000	.501	.735	.702	.765	.714	.614
C7	.070	.398	.336	.364	.559	.501	1.000	.547	.475	.664	.523	.425
C8	.224	.470	.356	.627	.549	.735	.547	1.000	.666	.723	.625	.609
C9	.258	.562	.281	.565	.608	.702	.475	.666	1.000	.831	.638	.758
C10	.194	.641	.442	.617	.732	.765	.664	.723	.831	1.000	.788	.652
C11	.184	.577	.442	.624	.576	.714	.523	.625	.638	.788	1.000	.615
C12	.260	.569	.421	.494	.578	.614	.425	.609	.758	.652	.615	1.000

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.929	.930	12