EXPLORING TALK OF CAUSALITY IN MOTHERS OF ANOREXIC DAUGHTERS

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A research report submitted to the Faculty of Humanities, University of Witwatersrand, Johannesburg, in partial fulfilment of the requirements for the degree of Master of Arts in Community-based Counselling Psychology

DECLARATION

I declare that this research report is my own, unaided work. It is being submitted for the degree of Masters of Arts in Community-based Counselling Psychology in the Faculty of Humanities at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at any other university.

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1st day of September 2011

ABSTRACT

This research focused primarily on exploring the talk of mothers of daughters with Anorexia Nervosa, paying specific attention to their emic perceptions of the underlying causes of Anorexia Nervosa. The research sought to reveal the discourses underpinning participants talk. Further, the way in which these discourses serve to construct Anorexia Nervosa in particular ways as well as the function these discourses serve were explored. This study is qualitative and exploratory in design and provides a unique understanding of Anorexia Nervosa in the form of emic accounts gleaned from mothers' own experiences. The findings of this research suggest that mothers of daughters with Anorexia Nervosa primarily reproduce a discourse on the causality of Anorexia Nervosa that is family or biomedically focused. Through analysis of the discourses embedded in participants' talk, it became evident that participants reproduce discourses of gender and femininity and are influenced by societal pressure as well as the constructions of womanhood and motherhood. Insight into a side of the mother of the Anorectic, often concealed in the literature, was revealed through a semi-structured interview process with nine urban, middle-class, white South African mothers of daughters with Anorexia Nervosa. Interviews were then transcribed and analysed according to Braun and Clarke's thematic analysis. Incorporating the silenced voices of mothers of daughters with Anorexia Nervosa appears to have allowed for the emergence of a more generous view of the mother and has contributed to a larger set of discursive repertoires through which to understand Anorexia Nervosa. This research further gave rise to the realisation of a need for a critical education program whereby taken for granted notions can be revealed and actively engaged. This program would ideally seek to free the anorexic woman as well as the mother from the constraints of the uncritically constructed conceptualisations of Anorexia Nervosa and femininity.

Keywords: Anorexia Nervosa; eating disorder; discourse; social constructionism; mother; daughter; gender; emic accounts; thematic analysis; mother-daughter relationship; qualitative design.

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CHAPTER ONE:

CONTEXTUALISING ANOREXIA NERVOSA

1.1 Introduction

The construction of Anorexia Nervosa, over nearly four centuries, is the product of an accumulation of abundant and diverse discourse. Although first documented in 1694, the prevalence of eating disorders[1] (Anorexia Nervosa and Bulimia Nervosa) began to increase during the 1950s or early 1960s, "spreading insidiously over the ensuing decades" (Barlow & Durand, 2005, p.257). From the time of first documentation to date, explanations and understandings of Anorexia Nervosa have been articulated through numerous texts. These texts reproduce diverse notions pertaining to causality and result in various constructions of Anorexia Nervosa: as a disorder, a disease, a product of society, as internally determined, or as a result of familial dysfunction. Dominant and embedded discourses derived from these notions impact upon widespread understandings and perceptions of Anorexia Nervosa. These understandings are commonly gendered and reveal an overriding emphasis on the woman with the widely held assumption that "images of womanhood are synonymous with thinness" (Lawrence, 1984, p. 39).

In taking a retrospective glance at notions pertaining to the causality of Anorexia Nervosa it is evident that discourse has changed and adapted across centuries, influenced by the respective dominating systems of power (Hepworth, 1999). Particular discourses have developed at different times throughout history and are reflected in the dominant beliefs of the time. Early texts on women, their bodies and starvation were religiously focused, and not only described but categorised women and their practice of starvation within a religious discourse (Hepworth, 1999). Hepworth describes how clerics were the stakeholders of societal morality and had control over the early management of the female body (Hepworth, 1999). During this time, "the religious interpretation of women and fasting related to sainthood and was a considerable privilege" standing in stark contrast to other popular

[1] The power of the widespread influence and adoption of clinical descriptions of clinically constructed objects is evident in the difficulty experienced in finding another descriptor to be used in place of the term disorder. The adoption of this term in referring to Anorexia Nervosa has become a widely accepted yet taken-for-granted description which assumes anorexia is a disorder and pathologises the anorexic woman. The use of this term has not been taken-for-granted within this research and although attempting to subvert the idea of Anorexia Nervosa as a disorder, this dominant label will be used sparingly, as a purely descriptive term for flow and ease of understanding. The lack of another term is indicative of the power of psychiatric discourse and its ability to dominate widespread knowledge.

fifteenth and sixteenth century definitions of woman as 'witches' (Hepworth, 1999, p.15). The religious interpretation of women and self-starvation is relevant to our present understandings of Anorexia Nervosa as it demonstrates how self-starvation was explained and understood in different ways over several centuries prior to the definition of the term by William Gull in 1873 (Hepworth, 1999).

As the Renaissance led to a shift from religious to medical power, so too did it lead to a shift in discourse surrounding the female body and starvation (Hepworth, 1999). In the Victorian era, the term “fasting girl was used to describe cases of prolonged abstinence where there was uncertainty about the etiology of the fast and ambiguity about the intention of the faster" (Brumberg, 1988, p.61, as cited in Hepworth, 1999, p.24). The movement from a strictly religious to an increasingly medical influence on the understandings and explanations of women is evident when viewing later texts on young women and self-starvation. (Hepworth, 1999; Malson, 1998). Hepworth (1999, p.24) states that "Religious and medical discourses, as well as their formulations of morality, did not displace each other within a specific period of time, but continued to exist as interrelated systems of knowledge."

During the era of medical power, discourse on the causality of Anorexia Nervosa assumed Anorexia to be a result of some biological abnormality, hence the coining of the term "Anorexia Nervosa" (‘nervous loss of appetite’), which in itself presumes a biological nature of causality (Hepworth, 1999). Biomedical discourses can be found at work in texts that describe biological abnormalities, heredity and genetics as causal factors in Anorexia Nervosa. As Parker (1992, p.6) explains, "It is necessary to explore the connotations, allusions and implications which texts evoke." Biomedical texts imply that Anorexia Nervosa forms part of a natural disease category and thus that the Anorectic is diseased (Malson, 1998). The first case of Anorexia Nervosa was documented by William W. Gull, who ended his case description with the line: "The condition was of simple starvation" (Gull, 1874, as cited in Hepworth, 1999, p.26). According to Hepworth (1999, p.25), the term "self-starvation became organised into a system of psychiatric thought and practice, and women being the main group associated with self-starvation, became subjects of the emerging discourses of psychiatry and Anorexia Nervosa." As a consequence of these discourses and the pathologisation of the female, women endured profoundly negative effects, becoming targets of experimentation and victims of social isolation and confinement, as well as the continuing anomaly of psychological medicine (Hepworth, 1999).

Well over 100 years have passed since the term Anorexia Nervosa was first used to describe what was previously known as self-starvation (Hepworth, 1999). Since this time, biomedical discourses have maintained a stronghold in the widespread understanding of Anorexia Nervosa amongst a multitude of other influential discourses (Malson, 1998). These discourses not only serve in the construction of Anorexia Nervosa, but also maintain a social function. Medical discourse on Anorexia Nervosa functions to remove agency from the object (the anorexic) and subjects (society, family) of Anorexia Nervosa (Parker, 1992). Further, this discourse may be seen as holding significant power over powerless patients at the mercy of medical practices, and thus interrelates with a victim discourse, which positions the Anorectic as a victim of 'biological dysfunction' (Hepworth, 1999).

Although both dominant and enduring, these discourses are far from the only significant systems of meaning through which to understand Anorexia Nervosa. With the advent of the television, media, icons like 'Twiggy' (the skeletal 1960's model) and globalisation a discourse around Anorexia Nervosa as socially determined and heavily influenced by western ideals of femininity began to emerge. A social deterministic discourse identifies the pressures of Western ideals of thinness as central to the causality of Anorexia Nervosa (Hepworth, 1999). This discourse is further embedded in a broader gender discourse that enforces stereotypical notions of masculinity and femininity. Western notions promote a feminine ideal of slimness and a masculine ideal of strength and muscularity (leading to the recent phenomena of ‘bigorexia’, otherwise known as muscle dysmorphia). The construction of Anorexia Nervosa in this way presumes the influence and pressures of western femininity and positions woman as vulnerable to societal ideals.

These social ideals are believed to be transmitted, in part, by the primary agent of socialisation: the mother (Hepworth, 1999). The mother's role as primary caregiver is deeply entrenched in a gender discourse that constructs the female as caregiver and specifically, the mother as primarily responsible for the care of her child. The role of the father is often less emphasised in child rearing (Maine, 2004). For this reason, any 'abnormality' in the child's normal functioning is often implicitly understood to be the 'fault' of the mother. This fuels a mother-blaming discourse, attributing blame for the manifestation of Anorexia Nervosa to the mother. The mother is implicated in various texts on Anorexia Nervosa. Social texts, in one respect, speak of the mother's role as the agent of socialisation and as central in the

transmission of Western ideals of thinness (Hepworth, 1999) Further, a social deterministic discourse intersects with gendered and familial discourses that assume the mother's role as primary caregiver and as solely responsible for child-rearing and the well-being of her family (Hepworth, 1999). It is therefore commonly suggested that when maladaptive behaviours in relation to food and body image emerge, the mother is implicated for her role as the model of these problematic behaviours (Heinonen, Rakkonen, & Keltikangas-Jarvinen, 2003). This is compounded by her position as the provider of food within the home (Litosseliti & Sunderland 2002). The mother-blaming discourse can be viewed as highly negating of the mother's role, and in such instances, can be detrimental to the mother and the mother-daughter relationship.

The understanding of where such familial roles and regulations stem form can be linked to the notion of the psy-complex. The psy-complex refers to the role of the social and 'psy' professions (Psychology, Psychiatry, etc.,) in regulating family life, sexuality, mind, and rationality (Rose, 1998). According to Parker (1997) an intricate 'network' of theories and practices govern how far we may "make and remake mind and behaviour and the ways in which emotional deviance may be comprehended" (Parker, 1997, p.4). An understanding of the role of the family and the role of the mother as extrapolated from 'psy' is thought to have been integrated into common sense knowledge and practice. Expert discourses frame the norms or values to which people themselves aspire, through self-regulation (Hollway, 2006). Self-regulation can be understood as a key feature of what Foucault referred to as 'subjectification', "the representation - through expert discourses - of childhood, motherhood, fatherhood, parental conduct, family life, in such a way as to infuse and shape the personal investments of individuals" (Rose, 1990, p. 129). The psy-complex is thus seen to both survey and govern the roles and practices of society. Where a problem is seen in the child, the issue is linked to the mother and the ways in which she may have veered away from her expected motherly role as constructed and regulated through 'psy'.

Most of the text informing a mother-blaming discourse and the construction of Anorexia Nervosa are of an etic nature, meaning that in many ways these constructions result from objective accounts (Harris, 1976**)**. Within etic constructions of Anorexia Nervosa, many texts work to frame the mother in a negative light. In reviewing the relevant research it became evident that emic accounts of causality are far less emphasised, particularly those accounts containing the subjective voices of mothers whose firsthand experiences could provide

potentially interesting insights into the discursive underpinnings of Anorexia Nervosa, and serve to deconstruct the negative perception of the mother.

1.2 Rationale

The research presented in this dissertation attempted to gain a different understanding of the causality of Anorexia Nervosa and the somewhat controversial mother-daughter relationship through emic accounts gleaned from talk of the mothers themselves. Further, it sought to uncover the discourses drawn upon in these accounts to provide insight into the dominant ways in which Anorexia Nervosa is understood, as well as the function these adopted meaning systems serve. Through gaining insight into the position of Anorexia Nervosa within society, this study has the potential to foster awareness and catalyse greater understandings of the taken for granted and damaging constructions of Anorexia Nervosa.

This study ultimately aimed to incorporate the often silenced voices of mothers of daughters with Anorexia Nervosa so that they might contribute to a larger set of discursive repertoires which seek to understand the causality of Anorexia Nervosa. Traditionally, broad etic texts, as well as emic accounts provided mainly by the anorexic woman herself, served to construct a particular understanding of Anorexia Nervosa (Malson, 1998). Emic accounts stemming from *mothers*' talk do not appear to play a part in this construction. In fact, in reviewing the literature, few mother-focused discursive or perceptual studies were found, which pointed to the need for a study of this nature (Korb, 1994; Pearlman, 2005). Although an exploration of the discourses present in various perspectives and understandings of eating disorders has been conducted (for example Hepworth's study looking at the perspective of mental health workers, 1999), no such study has looked at the perspectives of the mother of the Anorectic who, apart from her daughter, is often the most closely connected (be it physically or emotionally) to the disorder. The way in which mothers talk about their daughters' Anorexia Nervosa provides insight into their understandings thereof, and in turn the discourses that inform these understandings. By uncovering the discourses embedded in the language of participants, the researcher sought to gain an understanding of the dominant discourses at work within this population as well as the function they serve. Further, through understanding the discourse reproduced on this micro level, it is possible to infer the workings of discourse on a macro level. Gaining insight into the discourses underpinning the construction of

Anorexia Nervosa allows for a critical and conscious understanding of this object, as opposed to the taken for granted acceptance thereof.

A further aspect of the rationale for this study is based on the fact that a significant portion of the literature (including social and psychological texts) on Anorexia Nervosa and the mother-daughter relationship perpetuates a negative view of the mother (Fallon, Katzman & Wooley, 1994). In this dissertation, the researcher contends that the impact of this standpoint may be gauged through accessing the perspectives of these targeted mothers. As feminist perspectives suggest, the negative depiction of the mother of the Anorectic, as constructed through numerous discourses, can be highly damaging to mothers (Fallon, *et al.*, 1994), who often tend to be negatively affected by such notions. These women have little power to articulate their own perspectives. By incorporating the voice of the mother of the Anorectic, as achieved through this research, one arrives at a more generous reading of her role as well as the shared mother-daughter relationship. The process therefore sought to be an empowering one for the mothers involved. Further, by providing the space for the mothers' perspectives to be heard, this study allows for the opportunity to challenge the presumed construction of the maternal position in the context of Anorexia Nervosa. Deconstructing the mother figure in this instance may further affect widespread understandings of the mother in Anorexia Nervosa, the mother's experience of her role in the disorder, the mother-daughter relationship, as well as treatment efficacy.

The research achieved its purpose through a process of enquiry via semi-structured interviews with urban, middle class, white South African mothers, aged between 30 and 60 years, who have daughters with Anorexia Nervosa between the ages of 16 and 30. The study proved to be informative and a necessary addition to the discourse on Anorexia Nervosa.

1.3 Significance of the study

This study is significant in that it provides insight into the discourses reproduced about and by the mothers of daughters with Anorexia Nervosa. It also attends to the function and impact of these discourses on both a micro- and macro- level. The study allows access into the world of the woman and mother as influenced by dominant discourse, and exposes her attempts to cope with her daughter's eating disorder in a way that has not previously been explored. The importance of gaining insight into the talk of mothers in particular lies in these participants'

close relationship to the anorexic individual, the common-sense notions of their dysfunctional relationships and the fact that the perceptions and understandings of this population are often not recognised. These participants thus provide a unique, interesting and sensitive sample group. Further significance should be recognised in the opportunity this study provides for the often unsupported and silenced woman and mother to voice her views and reveal her experience in a somewhat cathartic manner. Shedding light upon the way in which the mother is unsupported within the family and community may facilitate the setting up of structures within which the mother's voice can be heard, and burden shared, among other woman experiencing similar difficulties.

1.4 Scope of the study

This research aimed primarily to explore the talk of mothers of daughters with Anorexia Nervosa, with a specific focus on their understandings of causation. As a secondary aim, this research sought to explore the presence of dominant and emergent discourses within the mothers' 'talk.' These aims were achieved through an interview process with nine mothers of daughters with Anorexia Nervosa. The data collected in this manner were later transcribed and analysed, and the discourses that emerged were explored. In order to arrive at specific insights through the exploration of the mothers 'talk,' three primary questions were considered:

- What are the core themes emerging from participants talk on understanding the cause of Anorexia Nervosa?
- What discourses pertaining to the genesis of Anorexia Nervosa emerge from participants talk?
- What are the social functions of the discourses embedded in the participants talk?

These broad research questions were accessed through open-ended interview questions which yielded data that allowed for the key aims to be uncovered and explored throughout the analytic process.

1.5 Chapter organisation

Bearing in mind the rationale, significance and scope of the study described in the preceding sections, this paper will now move on to further elaborate upon the literature, methods and findings of this research. Chapter Two focuses on the literature relevant to this study by

exploring the concept of discourse followed by a brief epidemiological overview of eating disorders, both locally and internationally. Thereafter the review turns to an exploration of elitist and common-sense notions pertaining to the causality of Anorexia Nervosa, the discourses that mould a particular construction of the disorder as well as the function these discourses serve. Chapter Three details the methods employed by this study. This chapter begins with a description of the study's qualitative research design, the sampling and data collection procedure used as well as the characteristics of the study's participants. The chapter then proceeds to describe the way in which the data was transcribed and analysed using thematic analysis. This chapter concludes with a short discussion concerning reflexivity and the steps taken to ensure the ethical integrity of the study. The paper then moves onto Chapter Four where a discussion of the analysed data and results of the study ensues. This chapter presents a discussion of the themes and subthemes that were identified in the thematic analysis- with reference to the literature review- and the direct quotations of the study's participants. In the final chapter, concluding comments are made concerning the themes that were identified and discussed in this study. The limitations of the study are then examined and possible recommendations made.

CHAPTER TWO:
LITERATURE REVIEW

2.1 Introduction

The chapter which follows presents a review of the literature specific to this study. In essence, this study is neither classic nor clinical, but rather seeks to operate from a social constructionist perspective. In this way the study will make use of talk on Anorexia Nervosa in its attempt to understand the way in which society thinks about mental illness and Anorexia Nervosa in particular. With this in mind an exploration of the term discourse as used within this particular study will be undertaken. This chapter will then focus on the dominant discourses that are prevalent around Anorexia Nervosa as a mental illness. This will include a further explication of the psychiatric discourse; the biomedical discourse; and the discourse of social determinism. The construction of Anorexia Nervosa as a symptom of family dysfunction forms another area of focus, as well as the family deficit discourse, the discourses of psychology, identity and personhood, and finally the mother-blaming discourse. A further component of this chapter includes an exploration of previous studies similar to that was conducted here. Finally the researcher's own voice and perspective will be elaborated upon in a discussion of social constructionism and the function of the various discourses on Anorexia Nervosa.

2.2 Discourse

Discourses are "those systemised ways of understanding, making sense, acting within, acting on and being acted upon by social reality, through a range of text or social practices that extend beyond language to include everyday social interactions and institutional practices" (Hook, 2001; Parker, 1992; Willig, 2001, as cited in Stevens, 2008, p.178). Although discourse extends beyond language, and can be conveyed through various media- including art, culture, music, written texts, actions and behaviours- for the purpose of this study, talk in particular will be the vehicle through which discourses are uncovered, explored and analysed. As Parker (1992, p.6) explains, discourse is located within texts which can be understood to be "delimited tissues of meaning reproduced in any form that can be given an interpretive gloss." The ultimate aim of this research is to gain insight and afford an interpretive gloss to the way in which the mothers of anorexic young women talk about and understand the causality of Anorexia Nervosa.

This study will focus predominantly on the talk of mothers through whom an understanding of the discourses of causality on Anorexia Nervosa can be derived. Spoken language is thus the medium through which discourse reproduced by this study's participants can be uncovered. Stevens (2008, p.177) describes how "[l]language is an integral form of social interaction and impacts on our social cognitions as well as the acquisition and confirmation of our opinions, attitudes and ideologies." The language taken up in the talk of this study's participants will not be taken for granted but rather explored in terms of the meaning located therein. In this way, the discourse reproduced by participants will provide insight into the large scale systems of meaning pertaining to Anorexia Nervosa within current South African society.

As described in Terre Blanche, Durrheim & Painter, "Discourses are broad patterns of talk - systems of statements - that are taken up in particular speeches and conversations, not the speeches or conversations themselves" (Terre Blanche, Durrheim & Painter, 2006, p.328). These 'systems of statements' serve to bring certain phenomena to light. In this way, discourses form a window through which broad text can be viewed, understood and interpreted in ways originally unintended (Parker, 1992). For example, the biomedical discourse- which incorporates text on genetic vulnerability- is often interpreted in ways that serve to implicate parents in the poor genetic predisposition of their children. Another example is the gender discourse embedded within a broader discourse of social determinism. This discourse appears in the talk of women who attribute the manifestation of their daughters' Anorexia Nervosa to societal ideals of femininity.

Terre Blanche & Durrheim, (1999, as cited in Stevens, 2008, p.176) "note that discourse has become very fluid in its definition and utility - indicating the evolving nature of the concept." Due to this 'fluid' nature it is easy for the meaning and function of the term 'discourse' to become conflated and confused. The term 'discourse' will be used here to refer to both broad and embedded systems of meaning as located specifically in talk of Anorexia Nervosa. Dominant and embedded discourses located in numerous texts, both subtly and directly, inform common understandings of Anorexia Nervosa today. Both an elitist discourse, often filtered down into widespread understanding, and common-sense discourse, often derived from elitist, among other dominant notions, affect and mould the discourse on Anorexia Nervosa. As Teun Van Dijk (1993, p.2) suggests, "it is through influential text and talk that elites manufacture the consent needed to legitimate their own power and leadership in

maintaining the dominance of the majority." Although elitist discourse is made up of numerous dominant voices, the use of the term in this study refers to discourse derived from academic and professional knowledge in particular. Common-sense discourse on the other hand refers to the 'systems of meaning' (Parker, 1992) incorporated into widespread, lay, understandings.

Bray (2006, p.412) lists the various ways in which the anorexic body has been "inscribed, diagnosed and translated by various interpretive technologies" (see Appendix A). Bray's list displays various texts within which numerous discourses can be located. An interesting example is the description of Anorexia Nervosa as "a pathology which flourishes in matriarchal households" (Turner, 1984, p.196 as cited in Bray, 2006, p.412). This text and the subsequent language employed can be seen as reproducing a social deterministic discourse. This in turn intersects a gendered or sexist discourse that implicates the 'matriarchal household' and informs common understandings of Anorexia Nervosa as produced by the mother. Further, as a result of psychological theories which emphasise parental responsibility, individuals may inevitably be influenced by a view of the Anorectic as the victim of bad mothering. It is clear that a single discourse does not and cannot act on its own but most often intersects other discourses. In terms of Anorexia Nervosa, discourses of causality often intersect discourses of gender, femininity, womanhood, and motherhood.

"The systematic character of discourse includes its systematic articulation with other discourses" (Parker, 1992, p.10), and so, for example, in the case of the mother-blaming discourse, gender and motherhood discourses prescribing the mother's role as a 'stay-at-home' primary caregiver function to further fuel the discourses surrounding poor mothering. Discourse on mothers and Anorexia Nervosa is reproduced to a far greater extent, in both elitist and common-sense descriptions, in comparison with the minimal coverage afforded to the father (Hepworth, 1999). This elicits numerous questions pertaining to gender bias and the construction of maternal and paternal roles. One should perhaps question why, in fact, talk on or by fathers is so absent in Anorexia Nervosa, as well as the impact of the discursive neglect of the absent father.

All members of society become either objects or subjects in discursive texts, and inevitably play a part in supporting, contesting or generating particular discourses. Taking young anorexic women at face-value will elicit different thoughts in different people. The meaning

individuals assign to the anorexic woman is a product of the meaning systems or discourses that the particular individual has adopted. As Parker explains, "discourse not only describes the social world but categorises it" (Parker, 1992, p.5). In terms of Anorexia Nervosa, dominant discourse has categorised text and constructed the anorexic women in numerous ways. Some may be informed by a biomedical discourse, viewing the anorexic women as the product of an unfortunate mix of biological factors or poor inheritance, while others, informed by a socio-cultural discourse, may view the anorexic adolescent as highly impressionable and unable to resist the pressure of her peers and the 'evil' influential media. Still others, influenced by psychological theory, may attribute the skin and bones they see before them to a deficient childhood, attachment issues or poor parental modelling. These descriptions depict the 'purchase power' of particular discourses. The literature review will now move on to explore the dominant discourses on causation in Anorexia Nervosa that are widely reproduced today.

2.3 A cursory exploration of the historical construction of Anorexia Nervosa

Dominant discourses have emerged and subsided throughout the years with a current elitist and common-sense understanding predominantly reproducing biomedical, familial or social discourses on Anorexia Nervosa. Although the specific focus of this study will be on Anorexia Nervosa, this discussion will begin with a brief descriptive introduction to the development and epidemiology of eating disorders generally. The discourse underlying Anorexia Nervosa has shifted and changed throughout its history.

After the first documentation of Anorexia Nervosa in 1873, the prevalence of eating disorders (Anorexia Nervosa and Bulimia Nervosa) only began to increase during the 1950s or early 1960s. The dominant discourse on Anorexia Nervosa has changed and adapted across centuries, often influenced by the dominating systems of power of the times (Hepworth, 1999). For example, early text categorised women and their practice of starvation within a religious discourse (Hepworth, 1999) but later, as the Renaissance led to a shift from religious to medical power, the discourse on the female body and starvation became more medically orientated (Hepworth, 1999). Gremillion (2003, p.2) suggests that "Anorexia has been assimilated to reigning psychiatric and medical theories and practices since it was first identified as a disorder." The medical or biological discourse drove the implication that Anorexia Nervosa fell within the realm of other physical diseases (Malson, 1998).

While the notion of a biomedical basis of Anorexia Nervosa remained, the 1930s through to the 1950's saw the emergence of a strongly psychological discourse driven by psychoanalytic theory and the ideas of Freud's depth psychology (Gremillion, 2003). These discourses (both biomedical and psychological) position the anorexic individual as a *victim* of a disease or pathology that is internally determined, while deflecting attention away from the family and society. The blinded focus on society and the family however did not endure and with the advent of the western ideals of thinness in the form of icons like 'Twiggy' (the famously skinny, widely acclaimed fashion model of the 1960's, the media and globalisation a new discourse and source of blame emerged. Hepworth (1999) suggests that the introduction of the idea that social factors could be possible causes of Anorexia Nervosa was the key focus of feminist analyses which sought to rethink the role of psychomedical factors. Despite speculations about their relevance as causal factors, notions of social and familial effects on the manifestation of Anorexia Nervosa emerged as the property of a significant new common-sense discourse.

The dominant discourse on the causality of Anorexia Nervosa appears to vacillate according to the current climate. Periods of conservatism appear to yield notions of causality as internally determined within the family and individual, while periods of growth and revolution seem to locate the source of blame externally in structures such as the media and society. From the late 1960's onwards, texts on Anorexia Nervosa began revealing a discourse of social determinism which attributes women's manifestation of disordered eating patterns to societal pressure for thinness, largely in the form of the media, . Lawrence, (1984), points to the "enormous propaganda machine" as encouraging women in particular to closely monitor their food intake, while Costin (2007, p.23) asserts that "being a female in America seems synonymous with being on a diet" and that "dieting has become more severe and more entrenched." Dieting came to be understood as a key precipitating factor within this discourse. From the early 1970's, many treatment programs began implementing more multidimensional treatment approaches which remain the most popular to date (Gremillion, 2003). This move led to the emergence of an interactional discourse proposing that the causality of Anorexia Nervosa is multidimensional, determined by the combination of both biomedical and psychological factors as well as familial, social and individual influences. The referent nature of discourse is evident here.

At the present time, eating disorders are centred within psychiatric understandings as the most common, disabling and detrimental of all the psychological disorders (Polivy & Herman, 2002), which is perhaps the reason they are among the most focused-on disorders in females by society at large. Together, Anorexia Nervosa and Bulimia Nervosa affect about 3% of women over their lifetime, with a common age of onset in adolescence (Polivy & Herman, 2002). According to Brumberg (1986, as cited in Malson, 1998, p.77),

> "By the close of the nineteenth century, Anorexia Nervosa had become an established object of medical discourse, and throughout the twentieth century it has become the object of an increasing variety of different discourses and different disciplines which have variously constituted it as a psychosomatic, psychological and / or organic disorder."

In the late 1960's, Anorexia Nervosa became much more prevalent in Western societies, and discourse on the Western influences on eating disorders emerged. According to Polivy and Herman (2002, p.187), "young females from middle-upper class families were starving themselves, sometimes to death." This notion has filtered down to common-sense understanding. Since that time and until recently, Anorexia Nervosa has been seen as a disorder of the white, middle-upper class adolescent female. The numbers of non-Western cases are however rising, some believe for the reasons highlighted in socio-cultural theories of causation, for example, the impacts of globalisation and the growing influences of the 'Western ideal of thinness' (Hepworth, 1999). These notions imply a social deterministic discourse, one which appears to be widely drawn upon. Socio-cultural theories sustain such discourse and highlight its influence in the development of eating disorders. As a result, anorexic women are pervasively constructed as being heavily influenced by Western pressures to be thin.

In South Africa, eating disorders among black females were first reported in 1995, having been documented among white South African females since the 1970's (Delport & Szabo, 2008). The fact that these first reports appeared only in 1995, a time associated with the end of the Apartheid era, points to the obvious possibility that diagnosis during Apartheid was made only within the white population. Subsequently, this poses the question of whether eating disorders did, in fact, exist in the black population before this time, but there is no

major literature or evidence to be found. The lack of discourse in this instance 'speaks volumes.'

As noted, various discourses thread through the core descriptions and understandings of Anorexia Nervosa. From the time of the first documented case of Anorexia Nervosa to date, discourses around causation have changed significantly (Hepworth, 1999). In viewing the geology of discourse on Anorexia Nervosa one can note the shifts from the initial emergence of the disorder as an object of nineteenth-century medical discourse and a 'disease entity,' to the object of intersecting medical, cultural and psychological discourses that are substantially different to the dominant discourses of the nineteenth century (Malson, 1998). The systems of meaning underlying various descriptions of causality and the social functions of these discourses are explored throughout this literature review. The key areas that will be focused on include the construction of Anorexia Nervosa as a mental illness: the psychiatric discourse, the discourse of internal determinism: psychology, identity and personhood, the biomedical discourse: Anorexia Nervosa as physiologically determined, the construction of Anorexia Nervosa as a socio-cultural phenomenon and, the family deficit discourse. The review will then examine similar studies that have been conducted in this area before concluding with a discussion on social constructionism as relevant to this report.

2.4 Contemporary discursive constructions of Anorexia Nervosa

2.4.1 The construction of Anorexia Nervosa as a mental illness: the psychiatric discourse

The bible of psychiatric discourse, *The Diagnostic and Statistical Manual of Mental Disorder: 4th Edition- Text revised* (DSM-IV-TR) classifies the Anorectic according to four criteria. These include a refusal to maintain a minimally normal body weight for age and height, an intense fear of gaining weight or becoming fat, even though underweight, a significant disturbance in the way in which one's body, weight or shape is experienced, and amenorrhea in postmenarcheal women (American Psychological Association [APA], 2001). This text (APA, 2001) identifies two subtypes of Anorexia Nervosa: *restricting type* and *binge eating–purging* type. Texts reproducing the psychiatric discourse characterise the anorexic individual as displaying "prominent behavioural, psychological and physiological disturbances, including increased physical activity; depression; obsessional preoccupation

with food; reductions in heart rate, blood pressure and metabolic rate; increased cortisol production; and a profound decrease in the production of estrogen" (Devlin & Walsh, 1998, p.138). This description highlights how psychiatric discourse evidently intersects psychological and biomedical systems of meaning illustrating the fluid and overlapping nature of discourse.

The psychiatric discourse evident in the aforementioned texts constructs Anorexia Nervosa as a disorder that can be classified and diagnosed (Hepworth, 1999). This discourse assigns meaning to behaviour where the disordered actions of anorexic patients serve to categorise them as 'abnormal,' in contrast to asymptomatic individuals who are accepted as 'normal.' The effect of this discourse is that the object, the anorexic patient, is isolated and ostracised, due in part to a dominant discourse that views normal as acceptable and abnormal as unacceptable (Hepworth, 1999). This is reminiscent of the early mental health discourses whereby individuals displaying characteristics indicative of the period's construction of insanity were physically ostracised. While the latter results in actual physical separateness from society, the implications born from the construction of the anorexic as 'disordered' have the same implicit effect. Thus one could argue that the social function of this discourse is to regulate and maintain society by removing 'negative elements' that may threaten the ideal social order. Additionally, this type of discourse positions the 'mentally ill' anorexic individual as a powerless victim, deprived of personal agency, and at the mercy of various influencing factors to which she is helplessly subject

It is questionable what impact the psychiatric discourse has on the diagnosed patient, and whether, after diagnosis, the individual begins to actively fit in further with this type of construction. As is the case when an object has been elaborated on in a discourse, it is difficult not to refer to it as if it were real (Parker, 1992). So, too, once an individual is diagnosed and consumed into a psychiatric discourse it is perhaps difficult not to operate within the categorisations delineated by that discourse. Therefore, in this sense, the discourse perpetuates the categorised 'disorder' (Parker, 1992). Further, the prognosis described in psychiatric text can cause an Anorectic individual and family members who have adopted a psychiatric discourse to resign themselves to the poor prognosis set out in psychiatric texts. As Foucault (1972, as cited in Parker, 1992, p.7) states, "Discourses are practices that systematically form the objects of which they speak." In this way, psychiatric discourse can be viewed as 'forming' the anorexic individual in a particular way.

As described, clinical theory speaks of both Anorexia Nervosa and Bulimia Nervosa as manifesting as a result of multiple factors, including psychological predispositions, biological and individual vulnerabilities, and familial and societal influences (Polivy & Herman, 2002). Various discourses underlie and categorise elements of these theories, bringing certain phenomena into sight with resulting effects on both the objects and subjects of these discourses (Parker, 1992). What is of importance here is not to attach to either the clinical or psychiatric discourses, or any of the other dominant discourses, but to be aware of the multitude of meaning systems at play in the construction of Anorexia Nervosa. It is important to attend to the effects and functions these meaning systems serve. As Parker (1992) suggests, it is not possible to escape discourse, but one can be aware of the discourse within which one operates. Other significant discourses on Anorexia Nervosa, as well as various embedded discourses, will be further explored.

2.4.2 The discourse of internal determinism: psychology, identity and personhood

Individual characteristics, emotionality as well as psychological factors are believed to play a significant role in the manifestation of eating disorders. Maine, Davis and Shure (2009, p.36) suggest that "eating disorders are best understood as psychological disorders because in every case, food and eating are symbolized or given meaning beyond ordinary nourishment and consumption." Discourses of internal determinism attribute eating disorders to the individual's internal characteristics, as well as psychological factors.

What appears to be present within many psychological theories is an underlying discourse on Anorexia Nervosa as an 'identity crisis' (MacLeod, 1981, as cited in Hepworth, 1999). According to Sadock and Sadock (2007, p.728), "Anorexia Nervosa appears to be a reaction to the demand that adolescents behave more independently and increase their social and sexual functioning." Emerging into adolescence women are expected to embrace their changing bodies and accept their growing chests, hips and womanly figures; many however struggle with this transition. Proponents of the discourse surrounding the causality of Anorexia Nervosa as an identity crisis tend to view this move to womanhood as particularly problematic for the anorexic young woman who often appears engaged in an internal struggle to remain a child (Lawrence, 1984). A discourse on Anorexia Nervosa as an identity-crisis is noted in both psychoanalytic and social psychological theory (Sadock & Sadock, 2007;

Hepworth, 1999). The social voices supporting this discourse speak of the anorexic woman's refusal to accept her culturally-defined role, and the pressure of assuming a particular identity (Hepworth 1999). The anorexic woman is believed to take control of her own body by denying herself food (Hepworth, 1999). According to Hepworth (1999, p.58), Anorexia Nervosa represents "a crisis about women's personal existence based on a lack of women's autonomy to develop an 'authentic' identity." This discourse around Anorexia Nervosa as an identity crisis located in the transition to womanhood is also evident in a statement by Lawrence (1984, p.82, as cited in Hepworth, 1999, p.101) who maintains that:

> "'normal' slimming may be due, at least in part, to a patriarchal conformity; but Anorexia, while encompassing aspects of conformity in its own paradoxical way, is essentially a (self-defeating) striving for autonomy, self-esteem and transcendence of the denigrated female body."

Embedded in this text is a discourse on personhood concurrent with discourses of gender, femininity and patriarchy.

The discourse of internal determinism is embedded in various texts. Polivy and Herman (2002, p.195) consider the possibility that "problems of identity and/ or control (developed in the family) are central to eating disorders, with the individual attempting to resolve these problems by investing emotionally and behaviourally in the pursuit of slimness." Costin (2007) makes the claim that eating disordered behaviours become substitutes for undeveloped psychological functions for example "not eating makes me feel safe and in control" (Costin, 2007, p.78). Finally Hepworth (1999, p.78) suggests that "the references to sexual conflicts and identity hinge around a developmental argument that assumes puberty to be problematic for woman..." Statements such as these reveal the way in which the anorexic woman has been constructed as having problems of identity, development and control and reflect an internally determined understanding of Anorexia Nervosa.

Chaos and uncertainty in the form of a developmental or life crisis is understood by some to be the catalysts for eating disordered behaviour which resultantly emerges to serve as a coping mechanism to reduce the unpleasant emotions and intense anxieties often associated with the need for autonomy. Further notions relate the adolescent's need for control and autonomy in an enmeshed and controlled environment to the mother (Ogden & Steward 2000). Findings of a study on the mother-daughter relationship and weight concern revealed

that daughters were more likely to show body dissatisfaction if their mothers reported a low belief in both their own and their daughter's autonomy (Ogden & Steward 2000). The discourse of self and personhood is thus further integrated with a mother-blaming discourse.

Hepworth (2004, p.56) suggests that "the concept of a developing childhood identity involving the same sex parent made mothers a fundamental link in the explanation of psychology, identification processes and the onset of Anorexia Nervosa." The mother is often spoken about as being at fault for providing a rigidly controlled and enmeshed environment and, in so doing, paving the way for an identity crisis and the subsequent development of an eating disorder (Polivy & Herman, 2002). The social function of such a discourse is once again to place blame and thus responsibility on the mother. The need to gain independence and autonomy from parental figures during adolescence is a constructed belief on the part of social and psychological theory. This construction may result in an internal struggle for some teenagers who desperately need to conform to ideals of autonomy, yet are unable to do so.

A discourse of self and personhood in Anorexia Nervosa can also be found in psychoanalytic object relations theory. One text on Bray's list describes Anorexia Nervosa as "the introjection of a bad object and the consequent internalisation of a false body" (Orbach, 1986 as cited in Bray, 1996, p.412). Object relations theory looks to identity issues in Anorexia Nervosa but with an even greater focus on the mother, particularly an over identification with the mother, who is seen to inhibit the daughters development as her own individual with her own identity (Beattie, 1988). Object relations theory believes that

> "unempathic, intrusive or overprotective mothering may result in a child with an ego structure inadequate to the tasks of autonomy and self-regulation, with little capacity to monitor inner bodily states such as hunger and satiety, and with a resulting tendency to act out conflicts over independence and self-control via excessive control of the body and its food intake" (Bruch, as cited in Beattie, 1988, p.454).

In this way Anorectics, through their refusal to eat and the use of excessive control in the form of starvation, try to gain some control over their lives and independence over their choices. Notions of control, identity, psychology and personhood are evidently reproduced by such texts and influence common-sense perceptions of Anorexia Nervosa as internally determined.

A discourse on Anorexia Nervosa as an identity-crisis according to psychoanalytic conceptualisations is evident in descriptions by object relations' theorists (Bruch, 1973; Beattie, 1988). These notions construct the mother of the anorexic woman as superimposing on her infant daughter her own concept of the infant's needs. In this way, the infant's own needs and impulses remain unacknowledged and poorly differentiated, resulting in a lack of a sense of separateness and a sense of ineffectiveness that underlie the development of the eating disorder (Bruch, 1973). This may result in the body being perceived as though it were "inhibited by the introject of an intrusive and unempathic mother" (Sadock & Sadock, 2007, p.728). According to this understanding, the symptomology of the eating disordered patient is seen as an attempt to gain autonomy, where starvation may unconsciously mean "arresting the growth of this intrusive internal object thereby destroying it" (Sadock & Sadock, 2007, p.728). In this way, the Anorectic's striving to gain autonomy and differentiation and its underlying rooting in psychoanalytic object relations theory influences associated discourse.

This discourse constructs the anorexic woman as having internal psychological issues related to identity and personhood at the basis of her eating disordered behaviour. Further it views the Anorectic as unable to assume 'normal' development, often as a result of an overly enmeshed relationship with her mother (Polivy & Herman, 2002). Therefore agency is located within the anorexic woman and mother and deflected away from possible external causes. Lastly, embedded in this discourse is a further discourse on social expectations and Western power. Western individualistic society promotes the actualisation of autonomy and independence over collectivism and community, and thus individuals are pressured toward achieving independence and autonomy sometimes before they feel prepared to (Costin, 2007).

2.4.3 The biomedical discourse: Anorexia Nervosa as physiologically determined

The emergence of Anorexia Nervosa as a disease entity at the end of the nineteenth century led researchers to speculate about the possible organic causes of Anorexia Nervosa, which resulted in the emergence of a dominant discourse on Anorexia Nervosa as part of a 'natural disease category' (Malson, 1998). Biomedical discourse constitutes Anorexia Nervosa as a consequence of some "biological pathogenic variable" (Malson, 1998, p.50), and underlies

texts that locate primary biological abnormality to the manifestation of the anorexic individual's abnormal behaviour. Texts reproducing a biomedical discourse describe a wide range of biological abnormalities associated with eating disorders for example gastrointestinal tract disturbances, and disruptions of the hypothalamus, pituitary gland, and various neurotransmitters (resulting in de-regulated serotonin, dopamine and norepinephrine, which are essential in regulating eating behaviour) (Barlow & Durand, 2005). This discourse positions the anorexic individual as victim of a biologically determined disease. The medical model in portrays the anorexic woman as sick or defective and focuses attention on restraining the disease (Maine, Davis & Shure, 2009). The social function of viewing Anorexia Nervosa as a disease lies in its tendency to remove agency from the 'diseased' individual and her family thereby deflecting feelings of blame and responsibility. Buying into a biomedical discourse assumes an individual believes that he or she is purely determined by biological factors and is powerless in the hands of the all powerful medical world (Hepworth, 1999). The power of biomedicine has resulted in the filtering down of elitist knowledge to common-sense understanding evident in the widespread reproduction of the biomedical discourse.

Once in place, dominant discourses are most often blindly accepted and supported by society at large, so much so that even if theory and scientific evidence changes, the acceptance of the discourse remains (Hepworth, 1999). A case in point: theory supporting the idea that biological abnormalities can be seen as etiological factors is undermined by the fact that most physiological disturbances resolve with normalisation of body weight (Devlin & Walsh, 1998). Therefore, despite the presumptions of individuals buying into the common discourse of Anorexia Nervosa as biologically determined, in truth, biological anomalies are just as likely to be effects as they are to be causes (Devlin & Walsh, 1998). Despite the long-standing and wide-ranging research programmes that have accompanied the biomedical discourse,

> "there is as yet no conclusive evidence of any organic etiology, making it hard to understand why the medical construction of Anorexia Nervosa continues to retain such a hold over our popular, clinical and academic understandings of women's distressing experiences around eating, food and weight" (Malson, 1998, p.79).

The adoption of this discourse by the general public through the filtering down of elitist knowledge is widespread. Malson believes that the bio-medical construction of Anorexia Nervosa is however problematic in that it "constitutes the body and our embodied experiences in a particular way, and excludes the exploration of the socio-cultural, political or psychological attributes of the disorder" (Malson, 1998, p.79).

Theory on genetics also forms part of a biomedical discourse. This discourse works to construct Anorexia Nervosa as a genetic predisposition (Malson, 1998). Texts on genetic predisposition assert the belief that the significant portion of risk for developing an eating disorder is inherited (Devlin & Walsh, 2008). DeAngelis (2002) for example, highlights evidence from researchers who claim to have discovered biological proof of a genetic underpinning to Anorexia Nervosa. Supporting biomedical views are empirical findings which point to a lifetime risk of Anorexia Nervosa or Bulimia Nervosa among female relatives of an individual with an eating disorder being two to 20 times of those in the general population (Strober, 1992). Twin and family studies, in particular, provide evidence to support a biomedical discourse on the genetic transmission of eating disorders, however, such evidence is not conclusive (similar environments may also be the cause) (Polivy & Herman, 1999). Hewitt (1997, as cited in Polivy & Herman, 2008) states that although there is consistent evidence of genetic factors' influencing vulnerability to eating disorders, the details are far from clear. One must, therefore, be aware that although some have accepted the construction of Anorexia Nervosa as a genetic predisposition, there may, in fact, be no strong empirical evidence to support such a discourse (Malson, 1998). With that said, however, the discourse still exists and places the anorexic individual at the mercy of 'poor parental genetics.' This discourse once again positions the Anorectic as a powerless victim and in some way implicates the parents in the transmission of a 'faulty' gene. In this way, agency is removed from the Anorectic and placed on the parents and biomedicine. Individuals informed by this type of discourse may see themselves at the mercy of genetics, possibly contesting social or environmental discourses.

Common understandings of the Anorectic according to particular inherited traits, including perfectionism, anxiety, low self esteem, and harm avoidance, form part of the construction of Anorexia Nervosa as both a genetic predisposition and as internally determined thus intersecting with psychological discourse (Polivy & Herman, 2002). Traits are viewed as predetermined and thus the individual has no role in the formation and maintenance of these

traits again allowing agency to be deflected toward a poor parental gene pool or the individual's psychological characteristics. Traits are believed to exist across families and most strongly between mother and child. Strober (1986, as cited in Malson 1998, p.81), among others, has asserted that predisposing factors are best understood in terms of "genetically transmitted dispositional traits." These types of assertions serve to fuel the discourse on genetics and thus the construction of Anorexia Nervosa as a condition of genetic predisposition. Theory on genetic predisposition describes these traits as susceptibility factors for developing Anorexia Nervosa, and as contributing to the chronicity of the illness and high relapse rates (Jacobs *et al.*, 2009). Various studies and theories serve to fuel and support a genetic discourse on Anorexia Nervosa yielding elitist knowledge which is eventually translated into a common-sense acceptance within the general public.

Strober (1986, as cited in Malson, 1998, p.81) however, views the construction of Anorexia Nervosa as a genetic predisposition as problematic as he believes there is as yet "too little evidence to substantiate adequately the claim in terms of its own positivist criteria." Further Malson (1998, p.81) believes that "the proposition that heritable dispositional traits may predispose individuals to Anorexia cannot be seen as empirically verifiable 'fact,' but rather as highly contentious discursive construction." These contesting texts provide a counter discourse to the discourse of Anorexia Nervosa as genetically determined. The basis of the notions of Anorexia Nervosa as genetically determined is evidently questionable as is the taken for granted construction of Anorexia Nervosa as a condition to which one is genetically predisposed.

Lastly, the intersection of the discourses of addiction and eating disorders is becoming more and more evident. Eating disorders anonymous (EDA) and Overeaters anonymous (OA) are both underpinned by the twelve-step program and were established as groups for those suffering with 'food addiction' and other disordered eating behaviours (Weinhold & Weinhold, 2008). Aligning eating disorders with the twelve-step program which is targeted at addictions assumes that an eating disorder is in fact an addiction, an assumption taken up by those who join, come into contact with or read up about these programs. Weinhold and Weinhold (2008), in a text aimed and the general public, suggest that the idea that addiction is an incurable disease gradually permeated the therapeutic models for treating not only alcoholism and drug addiction but eating disorders, compulsive gambling and co-dependency. Although some articles on eating disorders and addiction could be found

(Marrazzi, Luby, Luby, Kinzie, Munjal & Spector 1986; Vandereycken, 1990; Wilson, 1991; Goodman, 1990) it appears that the power of this discourse is fuelled predominantly by the widely accepted and hugely popular twelve-step program.

One noted article by Marrazzi, *et al.*, (1997) refers to research which points to similarities between cases of eating disorders and addictive conditions such as substance dependence and alcoholism. This research suggests that the endogenous plasma alkaloids codeine and morphine are elevated in patients with Anorexia Nervosa and Bulimia Nervosa compared to control subjects. This has significance in terms of an auto-addiction opioid model. With reference to Anorexia Nervosa, this model proposes that endogenous opioids are released during an initial period of dieting and reinforce a state of starvation dependence (Marrazzi, *et al.*, 1997). The basis of these texts is evidently rooted in biological discourse and notions of causality as internally located. Research findings and numerous hypotheses linking eating disorders to addiction can be found at the click of a button making this discourse highly accessible. Texts available on the internet reveal a discourse about Anorexia Nervosa as driven by addiction which appears to be integrated and reproduced by the general public. The use of alcohol, drugs, or the abuse of food, is believed to stimulate the brains reward centre preventing it from functioning as it should (Marrazzi, *et al.*, 1997). According to this notion, starvation is understood to reduce psychic discomfort as once the initial feeling of hunger ceases, the unpleasant sensation is replaced by a sense of serenity and calm (Wilson, 1991). This is believed to reinforce the behaviour and set in motion an addictive cycle (Wilson, 1991). Explanations such as these become the texts that underpin the addiction discourse and the language reproduced by the general public. The reproduction of the addiction discourse in relation to eating disorders functions to remove agency in the same way as the biomedical discourse, at the same time attributing a portion of responsibility to the individual for taking up the behaviour in the first place. Further, in viewing addiction as a disease this discourse in turn constructs the Anorectic as diseased and powerless.

The biomedical discourse is one of many dominant discourses that serve to construct Anorexia Nervosa in a particular way. The next section of this review looks at the notion of Anorexia Nervosa as socially determined, supported by common understanding and widely held beliefs about social and cultural influences, including the role of Western society; the media; and peers.

2.4.4 The construction of Anorexia Nervosa as a socio-cultural phenomenon

This section looks at the discourse of Anorexia Nervosa as both socially determined and socially constructed. Culturally dictated biases toward weight and shape are conveyed in various ways through the media, for example in the form of size zero models, thin enforced advertising and magazine articles which shape our perceptions and standards of what is considered beautiful (Costin, 2007). According to Helen Malson, "It is necessary to theorise and research Anorexia Nervosa within a framework that acknowledges the complexities of its multiple socio-cultural and gender-specific locations; a framework that enables us to explore its multiple discursively constituted meanings" (Malson, 1998, p.46). A discourse of social[2] determinism attributes society's ideals of thinness, and the pressures to conform to these standards as significant to the manifestation of Anorexia Nervosa. For the purpose of this review the term 'social' will be used to describe entities such as society, family, the media, and peers. This discourse is reproduced and incorporated within both elitist and lay understanding.

In looking at Bray's (2006) list of descriptive texts on Anorexia Nervosa, it is possible to pick out the types of texts that inform a discourse on Anorexia Nervosa as influenced by social factors. For example, "A mass marketed dieting disorder" (Wooley & Wooley, 1982, as cited in Bray, 2006, p.412); "Something women catch from television, the disease of the McLuhan age" (Ellman, 1993 as cited in Bray, 2006, p.412); "A mental illness created by gay fashion designers who want women to look like young boys" (Bray, 2006, p.412); and "evidence of the mass media's sadistic brainwashing of women into complying with unrealistic beauty ideals" (Chermin, 1989; Wolf, 1990, as cited in Bray, 2006, p.412). Evident within these texts is a discourse on social determinism - a system of meaning that implicates the role of the media, and the associated pressures of dieting and slimness in the development of Anorexia Nervosa (Hepworth, 1999). Further embedded in these texts is a strong gender discourse that positions women, in particular, as vulnerable to social pressures and desires for thinness.

The impact of the construction of the thin woman is evident in epidemiological findings which appear to reflect a greater prevalence in eating disorders during eras where the idealised woman is characterised by her thinness. For example in a population based

[2] For the purpose of this review the term 'social' will be used to describe entities such as society, family, the media, and peers.

incidence study by Luca, Beard, O'Fallon and Kurland (1991, as cited in, Lock, Le Grange, Agras, & Dare 2002) findings revealed that the incidence rate for Anorexia Nervosa in females decreased by over half, from 16.6 per 100, 000 between 1930 and 1939 to just 7 between 1950 to 1954 a time associated with the more voluptuous feminine body epitomised, for example, by the physique of actress Marilyn Monroe. Later, following the advent of the new feminine ideal in the form of the skeletal 'Twiggy'- a model who dominated the scene during the late 1960s and 1970s- the prevalence rates appeared to increase rising to 26.3 per 100,000 in the early 1980's (Luca, *et al.*, 1991, as cited in Lock, *et al.,* 2002). Malson (1998) supports the idea that there must be some kind of relationship between culturally entrenched prescriptions regarding the body and the parallel increases in dieting, as well as diagnoses of eating disorders. Bruch (1978, as cited in Malson 1999, p.93) further supports this notion and states that it is more than coincidence that "the societal changes in attitudes to female body shape and dieting occurred at the same time that the diagnoses of Anorexia appear to have multiplied." Further, overall trends reveal that the prevalence of women with eating disorders has been continuously rising since first recognised, a trend Costin (2007) believes aligns with society's ever growing obsession with achieving thinness, losing weight and fearing fat. These findings strongly point to the power of societal ideals to influence the desire for thinness and form the basis for the discourse of Anorexia Nervosa as socially determined.

Crisafulli, Bulik and Von Holle (2008), suggest that the public's tendency to attribute mental illness to psychosocial, rather than biological, causes is particularly prominent in perceptions of Anorexia Nervosa. Although various studies do reveal the significant genetic and biological component of Anorexia Nervosa, individuals more often cite social and cultural factors as playing a significant causal role in the manifestation of Anorexia Nervosa (Bulik, *et al.,* 2008). Those impacted upon by this discourse consequently tend to view the anorexic woman as a highly impressionable individual unable to resist the pressures of society.

This discourse is heavily gendered, as the target of the 'thin ideal' is generally women specific. One must bear in mind that "the systematic character of a discourse includes its systematic articulation with other discourses" (Parker, 1992, p.10). In this case, a strong gender discourse is evidently at play. Gordon (2000, as cited in Costin, 2007, p.39) suggests that "eating disorders have the most lopsided sex ratio of any disorder known to psychiatry." The fact that women are still more likely than men to be diagnosed with and treated for mental health problems, particularly eating disorders suggests that the female body continues

to be at the base of these disorders and despite not being explicitly stated, the notion of the woman as naturally nervous is still evident today, perhaps merely in a different form (Usher, 2000, as cited in Nasser, Baistow, Treasure, 2007). The argument for the prevalence in female over male diagnoses most commonly centres on socio-cultural factors (Hepworth, 1999; Fallon, *et al.*, 2004). Women strive to meet the unreasonable standard set out by society as this has become the moral imperative and because despite a quarter century of feminism, the quest for physical beauty remains deeply powerful (Fallon, *et al.*, 2004). Due to the fact that women are the most prominent targets of media onslaughts and society's preoccupation with weight and appearance, the key indicators for developing eating disorders including: body dissatisfaction, ideals of thinness, dieting and an obsession with appearance, are all most commonly woman specific (Costin, 2007). Fallon *et al* (1994) suggests that the pursuit of a lean, fat free-free body has been elevated into the realm of a new religion where the compliant receive praise, beauty, energy and health, while the fat and flabby are damned to failure. As viewed from a feminist perspective woman, who are constantly "pitted in a war against their own biologies to meet the standard" are more significantly targeted, influenced and affected by these damaging ideals (Fallon *et al.*, 1994, p.9).

As Kim Chernin (1985, p.3) suggests, "most of us would prefer to think of our suffering with the female body as vanity, to hide generational problems by the counting of calories, to express in the code of inches and pounds severe, persisting doubt, even after decades of feminist thought, about the role of women in our culture." Feminist perspectives highlight the role of societal influences in the formation of eating disorders (Fallon, *et al.*, 1994). The craving to control one's body as well as the euphoric outcome of weight loss are behaviours manifest out of the desire to conform to the strict notions of femininity constructed by society (Orbach 1985). According to Stephanie Houston, "forging an authentic relationship to food, including detangling its complicated relationship with consumer culture, the health and beauty industry, and the patriarchy, has long been at the heart of the feminist project" (Houston, 2010, p.1). Second wave feminism merged into a distinct cultural force that transformed dominant understandings of eating disorders as a manifestation of troubled psychology into a political issue (Houston, 2010). The feminist explanations for eating disorders affecting predominantly women as well as anxieties about food, body and consumption went virtually unquestioned in American culture (Fallon, *et al.*, 1994). Today, the most significant of contemporary feminist observations about eating disorders targets the beauty industry's marketing strategies, particularly the argument that "overly thin models

constitute a source of contagion through which these conditions are spread" (Houston, 2010, p.3).

As mentioned briefly in the earlier part of this discussion, discourse on eating disorders as result of social-cultural influences in particular emerged in the 1960s, where icons such as the skeletal 'Twiggy' became an image toward which to strive (Hepworth, 1999). From this time onward, "a vast million dollar 'slimming-industry' [has been reinforcing] the culture of thinness by encouraging practices of 'calorie-counting,' 'weight-watching' and 'dieting,' so that women could regulate their body size" to conform to what society had adopted as ideal (Hepworth, 1999, p.52). Striegel-Moore and Levine (1996, as cited in Barlow & Durand, 2005, p.268) refer to "the glorification of slenderness" in magazines and on television, where the vast majority of females are thinner than average. This industry is seen as targeting and having a negative impact on women in particular. The construction of the media and society as playing a negative role in the development of Anorexia Nervosa is evident here and forms a large part of the discourse of social determinism.

Anorexia nervosa has traditionally been viewed as a culture-bound syndrome (Bulik *et al.*, 2008). According to Barlow and Durand (2005, p.267) Anorexia Nervosa and Bulimia Nervosa are "the most culturally specific psychological disorders yet identified." Both the macro and micro social environments are viewed by proponents of this discourse as having a significant influence on the development of eating disorders. Broad social and cultural expectations and dynamics are believed to influence the development of eating disorders most commonly in societies that promote and support an ideal to be thin. Reports of Anorexia Nervosa and Bulimia Nervosa "emanate predominantly from the industrialised world where food is plentiful and thinness - particularly for women - is equated with attractiveness" (Devlin & Walsh, 1998, p.3) and reinforce the discourse of social determinism.

Clearly, within this discourse is a further deeply embedded discourse of Western power and influence. Western society appears to infuse it's ideals of thinness into each culture it penetrates. For example, after the introduction of television and Western television programs into Fijian society a recent study by Becker and colleagues (2002, as cited in Costin, 2007) found that after just three years 80 percent of Fijian woman, who traditionally valued robust appetites and body size, were interested in weight loss as a means of modelling themselves after Western television characters. In comparison to an absent percentage prior to the

introduction of the television program, 11.3% of women reported self-induced vomiting to control their weight (Becker, 2002 as cited in Costin, 2007). This study is just one example evidencing the insidious nature of the discourse surrounding thinness, and illustrates the way in which the discourse of Western influence intersects with the discourse of social determinism.

Epidemiological findings point to a growing rate of eating disorders in non-Western countries slowly becoming influenced by Western ideals. These findings contest texts such as the one in Bray's list describing Anorexia Nervosa as "a slimmer's epidemic which is destroying the lives of mostly young, intelligent, white, middle-class women" (Bray, 2006, p.412). Fallon *et al* (1994, p.19) suggest that "the women most dissatisfied with their bodies are those who are the targets of fashion ads: white woman old enough to have some money to spend, and still young, powerless, and insecure enough to be manipulated by the criticism implicit in fashion ads." This particular construction of the Anorectic is a widely-held notion that is being challenged more and more frequently. With the spread of Westernisation, 'non-Western' cultures and societies are becoming less immune to developing eating disorders. Non-Western Children are gradually being socialised into accepting Western societal ideals. In the United States of America, cases of eating disorders are becoming more common among the black population, with recent case reports suggesting that the "diffusion of the thin ideal has reached the black subculture as well" (Striegel-Moore, & Smolak, 1996 as cited in Polivy & Herman, 2002, p.193). Findings such as these serve to support the idea of Anorexia Nervosa as socially determined and driven by an embedded discourse of Western power.

The same is evident in the South African context. It seems that, as Western influence spreads, so too does the idealisation of thinness. Costin (2007) reveals that the problem in non-Western cultures is getting worse, as the more individuals are exposed to images and notions of the ideal woman the more body dissatisfaction occurs, and "the more body dissatisfaction people have, the more eating disorders we will have" (Costin 2007, p.35). In the black South African population, more and more individuals are being exposed to Western ideals and perhaps buying into a femininity constructed of notions of 'thinness'. Eating disorders can no longer be seen exclusively as a disease of the white, upper-class urban female (Malson, 1998). Szabo (1999, p.981) states that "the conceptualisation of eating disorders as racially-bound within an urban setting in South Africa needs to be dispelled, given that these conditions pose a potential public health risk for black South Africans." Embedded in this

statement is a racial discourse that implies that despite the common tendencies to characterise eating disorders as associated with specific racial and cultural groups, individuals are neither immune nor prone to eating disorders on the basis of skin colour. Szabo (1999) seems to be calling for equal conceptualisation and treatment of eating disorders across race.

Feminine ideals of thinness are believed to be transmitted through the media (Polivy & Herman, 2002). Discourse has constructed the media as a highly influential mechanism that impacts widely on society. According to Parker (1992, p.10), "Discourse constructs representations of the world which have a reality almost as coercive as gravity, and like gravity, we know of the objects through their effects." The impact of the object - media - can be seen through its effects - the anorexic. Theories on socio-cultural influence further implicate the media and Western ideals in promoting and supporting ideals of thinness and femininity (McCabe & Ricciardelli 2001). These notions underlie a discourse of social determinism that positions socio-cultural factors, and particularly the media, as key in the causality of Anorexia Nervosa.

The discourse of social determinism ultimately places blame and responsibility on large intangible and deeply entrenched structures. Becoming aware of this type of discourse has led the media toward attempts at changing the way it exerts pressure to attain thinness (Malson, 1998). One attempt requires magazines to include a disclosure clause informing the reader that the skinny model seen on the front cover is not that skinny, but has in fact been airbrushed to perfection. The fact remains, however, that these magazines continue to place this skeletal figure on their covers in the first place, negating any positive effect such disclosure could have. So, although the discourse and its impact have been acknowledged, steps toward change seem only to be weak attempts at appeasing critics, much like the warnings on a cigarette box. Another recent trend among popular women's magazines and famed fashion houses' attempts to counteract the negative influences of these social factors is to stand against the 'size zero' model in an attempt to deconstruct the 'skinny' feminine ideal. These examples reveal the widespread recognition of this dominant discourse and the impact of the construction of the ideal woman as thin. Despite this recognition, however, society seems reluctant to perpetuate the deconstruction the thin woman.

As can be seen, discourse pertaining to the media in particular emphasises its significant role as a vehicle for the transmission of the values and ideals of society (Hepworth, 1999).

Theories supporting this discourse posit that the media's messages and images are mentally ingested, as are their inferred positive reinforcements in the form of thin, happy faces and privileged lifestyles that (supposedly) come with being slim, and fitting in with the status quo (Hepworth, 1999). Costin (2007) questions how anyone in this current cultural climate, and how every woman in particular, does not develop an eating disorder. Costin (2007) further views societal pressure for thinness and the constant bombardment of messages from the media as significant in the manifestation of eating disorders. The impact of socio-cultural influences is evident in various studies reinforcing the discourse of social determinism. For example, in a study on the on socio-cultural pressures to be thin by Wertheim, Paxton, Schutz & Muir (1997), 30 adolescent girls were interviewed, and findings showed that magazine articles and fashions were the strongest factors on the pressure to be thin. Further, a study on influences of body image and body dissatisfaction found that slightly more than one-half of the study's female participants reported having received negative messages from the media. These messages were described in relation to the ideal projected by the media and how that ideal made them want to reach that goal (McCabe, Ricciardelli & Ridge, 2006). As can be seen, the discourse on social determinism in eating disorders is well supported and widely adopted.

As with the media, discourse on peers as influencing the development of eating disorders centres around their role in transmitting societal ideals. Peers are also constructed as part of the discourse on social influences in the pressure they exert in achieving goals that will lead to acceptance and 'popularity' (Polivy & Herman, 2002). The notion of peer influence is fuelled by certain beliefs. For example, adolescent girls often learn certain attitudes (e.g. the importance of slimness) and behaviours (e.g. dieting, purging) from their peers (Levine, Smolak, Moodey, Shuman & Hessen, 1994), who provide implicit reinforcement through reward (praise and acceptance) and punishment (rejection). According to Barlow and Durand (2005), 'dieting often learnt via and encouraged by peers is an important precipitating cause, and often the catalyst for eating disorder behaviours and eating disorder development". These behaviours are often associated with an attempt to reach the ideal constructed by society and are reinforced in the peer environment. Teasing is also believed to make an impact where young girls are targeted for not fitting in with the norm, be it developing breasts earlier than others or being slightly plump (Crisp, 1995). Underpinning these notions is a dominant social deterministic discourse (in this instance perpetuated by peers) which establishes social factors as a key in the manifestation of Anorexia Nervosa.

In general, this discourse assumes that the anorexic individual is easily influenced by Western 'evils,' as transmitted through the media and peers. The function for parent or caregiver reproducing such a discourse is to remove agency and the associated negative emotions related to assuming responsibility for the child's Anorexia, by placing blame on external factors (Malson, 1998).

Embedded in this discourse of social determinism is a further discourse of social conformity: members of society are 'expected' to conform to given norms and beliefs, including the damaging notions of thinness (Hepworth, 1999). Within this discourse of conformity, women are also expected to conform to ideals of womanhood and motherhood, while males are expected to conform to certain paternal and patriarchal notions. In doing so the ideal mother and father can in turn produce the ideal family, which functions to regulate and maintain the ideal social order. This notion intersects with familial discourses which will be further explored in the section which follows.

2.4.5 The family deficit discourse

A family deficit discourse is located in a wide variety of text informed by social as well as psychological theory. Various voices, including those of well-known theorists, have advocated the family's influence on eating disorders. Family systems theorist Salvador Minuchin documented the complex interactional patterns involved during meal times in the homes of women diagnosed with Anorexia Nervosa, and the functions that food refusal served in maintaining theses interactions (Minuchin, 1978, as cited in, Hepworth, 1999). Psychoanalytic theorist Hilde Bruch (1974, as cited in Beattie, 1988) also spoke about the family's role in eating disorder development, with a specific focus on the mother-daughter dyad. Bruch documented the family dynamics of individuals diagnosed with Anorexia Nervosa and the tremendous disorganising effects of the disorder on the family (Beattie, 1988). Furthermore, a family environment that is unable to provide a sense of security, availability and attention to the child's needs has been identified by attachment theorists as contributing to the pathologisation of the dependencies or detachments that characterise a number of mental disorders, including eating disorders (Bowlby, 1980, as cited in Latzer, *et al.*, 2002). Margo Maine (2004), past president of the National Eating Disorders Association,

refers to the family of women with eating disorders as being ‘functionally dysfunctional’. These texts evidently construct the family of the Anorectic as dysfunctional and draw upon a family deficit discourse. Maine (2004) also suggests that families generally mirror the prevailing beliefs and norms of the society in which they find themselves and thus suggests society to be somewhat dysfunctional too.

The construction of the family’s role in mental illness has received greater attention at certain times in history. It appears that when society is moving through a period of conservatism, focus or blame is located internally and attention centres on dysfunction in the individual or family as the basis for problems (Furnham, 1988). During times of growth and revolution on the other hand, focus tends to turn to the external causal nature of societal and individual problems. The present social climate appears to reflect an internal focus of blame (Furnham, 1988)

A study by Riebschleger (2001), reveals that mental health professionals most frequently report "social constructions of family members of people with serious mental illness as: pathogenic, e.g., unsupportive agitators; and as co-victims of the mental illness, e.g., overburdened caregivers, copers, and grievers" (Riebschleger, 2001, p.156). Regardless of the nature of the familial connection most mental health professionals appear to imbue the family with some kind of role in relation to the individual member’s mental illness. These views, although unfounded, are widely reproduced and often damaging. Le Grange, Lock, Loeb, and Nicholls (2010, p. 1) state that

> "although, it is now well appreciated that the etiology of these conditions is complex and that their treatment possess unique challenges, certain family-based theories of causation, now recognized as overly simplistic and erroneous, are still in circulation [and that] the idea that certain parental attitudes or family patterns could be anorexogenic has endured even though empirical support for this notion is weak at best".

Erroneous information is solidified in popular discourse on the causality of eating disorders as uncritically disseminated from professional into public domain. Le Grange *et al.,* (2010) cite the example of a high-profile model who, following media attention on the death of several runway models, publicly blamed parents and families for the occurrence of eating

disorders. This is just one text illustrating the reproduction of the discourse of family dysfunction and its deeply entrenched and pervasive nature.

Families have been referred to as important etiological and maintaining agents since the earliest case descriptions (Ward, Ramsay, Turnbull & Benedettini, 2000, b). The result of this is the construction of the family of the anorexic individual as deficient. 'Eating disordered families' are believed to be enmeshed, intrusive, hostile and negating of the patient's emotional needs, as well as critical and controlling (Minuchin, Rosman & Baker, 1978). The parents of anorexic individuals are believed to exhibit low levels of nurturance and empathy (Herman & Polivy, 2002). These notions are reinforced in the literature and reproduced by professionals and in turn mainstream society. Despite a paradigm shift in the late 1970s (stemming from work at the Maudsley Hospital in London) directing attention away from models suggesting a central etiology and maintaining role for family dynamics, toward a view of the family as a potential resource in therapy and "easing parents' burden of guilt," the family dysfunction discourse is still present and influential (Le Grange *et al.,* 2010, p.2)

Embedded within the family deficit discourse is a discourse on social determinism. This is noted in the widely accepted notions about the family as playing a key role in the transmission of certain societal ideals, as well as personal beliefs and issues that may directly relate to eating pathology, for example weight, shape and eating behaviours (Malson, 1998). Families are believed to have the potential to amplify or buffer damaging messages from the social environment. The family as a whole is constructed as the primary agent for socialisation, while the mother in particular is viewed as the primary role model for female attitudes toward dieting, body weight and shape (Benninghoven, Tetsch, Kunzendorf & Jantschek, 2007). As can be noted, embedded in the family deficit discourse is a discourse on gender that assumes certain roles within the family, along gender-specific lines. Gender discourse is a localised and focal way of thinking that makes mental disorders, in this case Anorexia Nervosa, a problem of women. Further, Maine (2004, p.145) suggests that eating disordered families "replicate the skewed distribution of power in our society: men have power in the wider world, so women usually have to find power elsewhere - within the family or through their bodies."

The manifestation of Anorexia Nervosa within the female family member is often attributed to the mothers influence as a bearer of power within the family. Hepworth believes there to

be "a particular trend in the literature on Anorexia Nervosa that traces factors within the relationship between the individual diagnosed with Anorexia Nervosa and her (or his) mother" (Hepworth, 1999, p.50). Texts reproducing this mother-blaming discourse are abundant and reflect the power of discourse to construct objects, in this case the mother of the Anorectic.

The mother, father and sibling of the anorexic woman as constructed within the dysfunctional family discourse will now be explored.

2.4.5.1 The mother-blaming discourse

"The phenomena of focusing on the mother in the explanation and resolution of the psychological and social problems in academic literature and social welfare policy is known as mother-blaming" (Hepworth, 1999, p.50). As noted, systems of meaning located in numerous texts on Anorexia Nervosa serve to construct the mother in a negative way. Discourse pertaining to the mother's significant role in the manifestation and perpetuation of eating disorders constructs the mother as a focal figure and influential factor in the development of Anorexia Nervosa. As Bruch asserts, "where a woman develops an eating disorder, poor mothering is often understood as the critical etiological factor" (Bruch, 1974, as cited in Fallon, *et al.*, 1994, p.273).

The focus on the mother developed to some extent because "historically, the mother had responsibility for the provision of food in the family" (Lawrence, 1984, p 59) as well as for the wellbeing of the family as a whole. The focus also draws on other available discourses that depict the mother as "culpable for a range of problems within the family" (Hepworth, 1999, p.50). Evident in these notions is an embedded gender discourse that assumes maternal responsibility within the family and affords blame to the mother for failing at her maternal role. Numerous texts make different claims about the role of the mother in terms of Anorexia Nervosa. Ogden and Steward (1999) for example, suggest two possible influences of the mother-daughter relationship in the development of weight concern: the relationship as a forum for daughter to model mother's own weight concerns, and as an interactive process which may either protect against or facilitate weight concern. Suggestions that the mother's eating related behaviour influences daughters' eating behaviour are widespread (Ogden & Steward, 1999). Pike and Rodin (1991), in a study on mothers, daughters and eating disorders, demonstrated that both modelling and encouragement from mothers influenced

body image and eating behaviours. Further, McCabe & Ricciardelli (2001) found that perceived pressure to lose weight from mothers in particular predicted body dissatisfaction among adolescent girls. Bruch (1973) suggested that Anorexia Nervosa may be the consequence of a struggle of autonomy on the part of the daughter specifically to develop her own self-identity within the mother-daughter relationship. Lastly MacLeod, (1981 as cited in Hepworth, 1999) directly attributes the development of Anorexia Nervosa to the influence of the mother-daughter relationship. Assertions such as these become accepted as taken for granted knowledge and established in common-sense discourse. Thus the discourse of mother-blaming is now evidently reproduced in mainstream understanding.

Numerous more texts on the mother of the Anorectic describe the quality of parenting she exhibits and her attachment with her child in infancy (Beattie, 1988; Bruch 1973). A mother-blaming discourse as evident in attachment theory refers to the attachment relationship formed with a child in infancy. "Attachment theory, developed by John Bowlby, holds that the development of attachment in infancy is crucial for healthy psychological development (Sadock & Sadock, 2007). Attachment theory is the name given to the body of work that describes the process of bonding between mother and infant, and the consequences, primarily to the infant, of the disruption of that bond" (Pearlman, 2005, p.223). Maternal responsibility for adequate attachment is implicitly evident in this description. For example, Beattie (1988, p.455), in describing the mother-daughter relationship, describes "hostile dependant conflicts" as well as "ambivalent struggles for autonomy" as key in predisposing the daughter to manifesting Anorexia Nervosa later in life. Healthy attachment to an infant is, for the most part, the responsibility of the mother, and thus when poor attachment results the mother is seen to be to blame. Empirical work specifically examining Anorexia Nervosa and Bulimia Nervosa has linked these disorders to a disrupted attachment behavioural system (Latzer, Hochdorf, Bachar & Canetti, 2002). The quality of mother-daughter attachment is believed to play a major role in the psychological health and development of a child, and thus the assertion made by numerous studies pertaining to a disturbed 'attachment' relationship between mother and daughter in Anorexia Nervosa (Pearlman, 2005) implicitly draws upon a mother-blaming discourse.

The anorexic daughter plays a role in the construction of her mother as the target of blame (Hepworth, 1999). Documented case studies and the talk of anorexic individuals are utilised in further understanding the disorder. The anorexic woman’s perception of her mother as a

significant influence in the disorder fuels the discourse regardless of the fact that studies have failed to find consistent pathologic characteristics of mothers of women with Anorexia Nervosa (Brumberg, 1988, as cited Korb, 1994). Literature stemming predominantly from these views therefore appears to paint a biased picture of the mother. Frankenburg (1984, as cited in Fallon, *et al.,* 1994, p.274) describes "the Anorectic's relationship with her mother…as a mixture of dependence, resentment, envy and spitefulness." Further, the mother of the anorexic woman is commonly described and thus constructed as having negative character traits, such as perfectionism, control and narcissism (Polivy & Herman, 2002). These descriptions have constructed the mother in a way that assumes all mothers of women with Anorexia Nervosa posses these traits.

Evident in many of the notions of Anorexia Nervosa and the mother is an embedded gender discourse that assumes maternal responsibility within the family and affords blame to the mother for failing at her maternal role. Social discourse, intersected by gender discourse describes the mother's role as a model; a vehicle of socialisation; and the transmitter of social and personal ideals (Hepworth, 1999). Emphasis is placed on the significant role of the mother in the life of the child and thus a 'malfunction' in the child is often understood as a product of a 'malfunction' on the part of the mother. Thus, a link between a gender discourse, social discourse and mother-blaming discourse is evident. Reproducing the discourse of mother-blaming, a recent study by Peterson, Paulson and Williams (2007) showed that the three factors most commonly found in the literature to relate to the development of eating disorders in adolescents include relationships with their mothers; their susceptibility to peer pressure; and their responses to media messages. Research was conducted on the patient's perceptions of pressure in these areas, and results concluded that girls appeared to be more susceptible to pressures from mother and from the media, and both were related to body dissatisfaction (Peterson, *et al.,* 2007). Evident in this study is a mother-blaming discourse intertwined with a discourse of social determinism, where blame on the mother is focused on her role as 'social transmitter.'

As Parker (1992, p.11) suggests, "A critical reflection on a discourse will often involve the use of other discourses." The mother-blaming discourse is contested by feminist discourse where effects are seen as highly damaging and biased (Malson, 1998). In response to the mother-blaming discourse, feminist discourse holds that "conceptualisations that acknowledge socio-cultural factors yet focus on pathological mothering fail to expand our

understanding of either the etiology or the treatment of the disordered eating, and often produce therapeutic interventions that damage the mother-daughter relationship" (Rabinor, 1994 as cited in, Fallon *et al.*, 1996, p.274). Rabinor further states that "to emphasise maternal pathology without helping the daughter understand the cultural and environmental circumstances of her own as well as her mother's life devalues the mother inappropriately" (Rabinor, 1994 as cited in, Fallon *et al.*, 1996, p.276). The damaging effects of this discourse are wide and effect both mother and daughter: "Eating disordered daughters often do wonder whether their mothers caused their eating disorders" (Rabinor, 1994 as cited in Fallon *et al.*, 1996, p.276), while "mothers are often guilt-ridden and upset about their failures to be good-enough" (Winnicott, 1971 as cited in Fallon *et al.*, 1996, p.276). These guilty feelings are due in part to the construction of feminine roles that place sole responsibility on the mother to be 'good-enough' for the child. Thus embedded in the mother-blaming discourse is a gender discourse that reinforces stereotypes of the mother as the primary stay-at-home caregiver and the father as preoccupied with work and less present in childrearing. These conceptions that were born in the era of industrialisation are heavily entrenched yet no longer hold true (Hepworth, 1999). The feminist discourse aims to deconstruct such stereotypes, viewing them as biased and unfair on women. This bias is further seen in the de-emphasis on the father's possible role in the anorexic child's life and the absence of the mother's voice among text on eating disorders, pointing to the mother's marginalised position.

The mother-blaming discourse emerges differently in the multitude of text in which it operates and can be understood as being direct, implicit, dominant or embedded. In each case, however, this discourse serves to construct the mother of the anorexic individual in negative and damaging ways. It is important to be aware of the effects of such discourses and the consequences of their constructions. A mother-blaming discourse places sole responsibility for the child's disorder on the mother, absolving all responsibility from any other influential person or circumstance. This discourse, therefore, has the social function of removing agency from the father, society, biology and the Anorectic herself - inevitably placing a significant burden on the mother.

In light of all these accusations and negative descriptions of the mother one cannot help but wonder what the father's role is and why a discourse pertaining to the fathers of anorexic individuals is strangely absent (Maine, 2004).

2.4.5.2 The father hunger

Various texts describe fathers' and mothers' influences in different ways and to different degrees. Although not by any means as common as texts on the mother's role, some texts attribute the absent father in the manifestation of Anorexia Nervosa. For example, Dr Margo Maine (Maine & Weinstein, 2004, p.1) explains the term she coined "Father Hunger" as "the emptiness experienced by women whose fathers were emotionally absent, which she explains as a void that leads to unrealistic body image, yo-yo dieting, food fears and disordered eating patterns." Maine (2004) explains that if the child's yearning for her father goes unacknowledged, the desire for a bond with the father grows leading to feelings of self-doubt, pain, anxiety, and depression and in the case of daughters often translates into conflicts about food and weight. This can be seen as the 'void' or 'empty pit' that bulimics often describe as trying to fill. Stereotypical father roles often depict the father as the provider and less involved parent which is something that has come to be accepted at a broader social level. Maine (2004, p 21) suggests that "although it is rarely identified, discussed or confronted [father hunger] becomes a shared experience that we have come to accept as a normal aspect of our culture." Fathers have been found to play a certain role in the life of their eating disordered daughters, but in viewing the literature it would seem that it is one that is not only different to, but in many cases less highlighted than that of the mother. In one sense, the practices and assumptions of such a society permits children to grow up without knowing or developing a real relationship with their fathers, often not even acknowledging the immense feelings of loss that result (Maine, 2004). This leads to the reduced emphasis on the father's role in the family and the tendency for discourses on fatherhood to be reproduced to a far lesser degree. Maine (2004) suggests that this may be due to the blindly accepted social roles for woman, men and the family structure, which tend to support and foster the issue of gender norms rather than challenge it. Texts that do reproduce a discourse of father hunger emphasise the influential role played by the father and the significance of his absence to the manifestation of Anorexia Nervosa.

Maine (2004) is one of only a few authors relating patriarchy to Anorexia Nervosa with the role of the father otherwise being notably ignored. This is an area of great contestation. Social and gender ideals serve to construct certain roles for males and females, mothers and fathers which become accepted and expected. While the mother is continuously blamed for various

factors in the development of her daughter's disorder, the father is barely blamed for being absent in what appears to be a tendency to favour men and implicate women. Hepworth (1999) states that the absence of talk around the father's role in pathology has generated great debate. Horsfall (1991, as cited in Hepworth, 1999) epitomises this debate in his criticism about the lack of literature on the father and Anorexia Nervosa. Horsfall (1991 as cited in Hepworth, 1999, p.51) suggests that: "scientists and therapists (male and female) may 'naturally' not notice the role of the father in families labelled pathological; a concomitant of such an unnoticeable bias is the awareness of the mother." He further suggests that one should acknowledge Bruch's (1973) description of the mother of the Anorectic as over-powering, dominant and excessively regulating of her relationship with her daughter "in light of her training in psychiatry - a notably patriarchal profession" (Horsfall, 1991, as cited in Hepworth, 1999, p.51). He ends his argument by suggesting that one should ask oneself what equally charming qualities these invisible fathers would manifest should we decide to look for them. In reading this text one should bear in mind the different way in which discourses are transmitted through specific voices and that the context in which these voices exist inevitably effects the content of the discourse. This descriptive text adds to a discourse on the father of the Anorectic and sheds light on the gender bias present in discourses about Anorexia Nervosa. The way in which the mother's role is highlighted, and the father's neglected, speaks volumes for the construction of gendered norms and society's construction of the woman as 'the weak link' in the social order. These constructions and discourses of gender, motherhood and fatherhood evidently have bearing on the construction of Anorexia Nervosa.

This discourse functions to even out the distribution of blame and responsibility within the family. Further it serves the function of removing agency from broader systems of society (including the media) and negates the role of biological determinants. For the family, this type of discourse functions to superimpose all responsibility onto the father. Although presently not as recognised, accepted and integrated into mainstream understanding, this discourse may inevitably become as reproduced as the mother-blaming discourse and thus may inevitably have the same negative effects on the father.

2.4.5.3 The sibling rivalry discourse

The role of the sibling is another significant familial relationship to consider in the life of the anorexic female (Minuchin, Rosman & Baker 1978). Sibling rivalry has been a topic of focus

within the family for decades. The psychological discourse referring to sibling relationships has filtered through to mainstream discourse and the work of Adler, for example, is spoken about in a matter of fact manner in various lay circles (Minuchin, *et al.*, 1978). Bachne (2005) asserts that sibling rivalry, and jealousy in particular, has received attention in the field of Anorexia Nervosa. This attention was characterised by a focus on anecdotal rather than empirical studies. Bachne points to Bruch's work (1988, as cited in Bachne, 2005) which reveals the way in which anorexic young women perceive their siblings and their relationships. One young woman stated that she had always craved the approval of her big sister Josie, to whom she always related "in terms of superiority and inferiority," but who she had felt always ignored her existence (Bruch, 1988, as cited in Bachne, 2005, p.179).

What plays out in these sibling relationships often involves a triadic relationship with a parent. The triadic fight for attention of the parent by one sibling over another is an element widely accepted and noted in the portrayal of familial relationships in both mainstream literature and popular culture. In a study described by Bachne (2005) an example of this is evident in one young woman who decided that she would in any way possible "elicit the same expression of great satisfaction" on her father's face as when her brother received an academic prize (Bruch, 1988, as cited in Bachne, 2005, p.179). Another example refers to a young anorexic women who in an attempt to gain her mother's approval and attention, would dirty or tear her sisters' dresses "so that [she] would have the cleanest one and would be praised by mother, while Maria got smacked" (Bruch, 1988, as cited in Bachne, 2005, p. 179). These texts reproduce a familial discourse emphasising the construction of the sibling as contributing to the manifestation of Anorexia Nervosa.

Despite the widespread notions of sibling relationships, the study of these relationships within the context of Anorexia Nervosa is scarce. Bachne (2005) asserts that there appears to be a lack of insightful theoretical literature in this field. This may indicate the possibility that the discourse on sibling rivalry has in fact manifested from the bottom-up. It appears that experiences of families who have children with Anorexia Nervosa and their challenging relationships with their siblings has infused broader understandings and perhaps ignited an 'elitist' discourse that at present may still be developing. Vandereycken and Vreckem (1992 as cited in Bachne, 2005) draw attention to this lack of systematic research on the siblings of eating disordered individuals, singling them out as a forgotten, neglected group that goes unmentioned in the literature on eating disorders in stark contrast to the abundant literature on

the mother's role and to a lesser extent the father's. In the construction of the ideal family the role of the sibling appears to be present but persistently less emphasized.

In the context of the family, implicating the sibling detracts blame from the parents and serves the function of absolving guilt and responsibility. Further, viewing a child's dysfunctional behaviour in light of her problematic relationship with a sibling tends to locate problems internally, moving away from an external locus of blame on for example society, biology or genetics.

2.5 Similar studies

There are many books and articles that document the various discourses present in the construction of Anorexia Nervosa and eating disorders generally. Malson's book, *The thin women*, (1998) looks at the different discourses that led to the construction of Anorexia Nervosa over time. Along with tracing a genealogy of Anorexia Nervosa, this book looks at the predominant views and discourses on Anorexia Nervosa ranging from its conception as a disease category, to socio-cultural discourses, as well as family-oriented and psychodynamic discourses, to name a few (Malson, 1998). Although this book thoroughly covers the different discourses on Anorexia Nervosa, the talk of those with firsthand experiences of the disorder are not explored. Having said this, various articles, case studies, books and websites do document the subjective experience of the anorexic woman. These texts lend to the widespread understanding of Anorexia Nervosa and provide a perspective on Anorexia Nervosa from the Anorectic herself. However, only few studies, articles or books exist that document the talk of the mothers of Anorectics. This points to a gap in the literature that focuses on mothers of anorexic woman in particular. Further, in seeing how strong the discourse on mother-blaming is, it is essential to hear the mothers' voices and perceptions of Anorexia Nervosa, and explore the discourses she reproduces.

Very few mother-focused discursive or perceptual studies were found after searching for research significantly relevant to that which was conducted. What was found provided brief accounts of mothers' talk or perceptions from broader studies that looked at the mother's role in eating disorders. Additional texts exploring the social construction of Anorexia Nervosa and the discourses on eating disorders produced by other populations also emerged.

Although no full studies or articles on mothers' discourses could be found, some studies on Anorexia Nervosa briefly include mothers' perceptions and talk around eating disorders. Pearlman (2005), in her study on *The aetiology of eating disorders from an attachment theory perspective*, makes mention of the mothers of some of her patients with eating disorders, stating that "when mothers are available to be questioned about the experience of their daughters' infancies they often report on their own anxieties about mothering or lack of support from absent fathers (both in the literal and figurative sense)" (Pearlman, 2005, p.227). Embedded in this text is a strong gender discourse that constructs the mother as the primary caregiver and leads her to feel that she alone is responsible for her infant, unsupported by her husband. The father perhaps also reproduces a gender discourse viewing the mother as being the sole caregiver to their infant and assuming his own role to be less relevant. The consequence of this is an immense pressure on the mother and subsequent feelings of responsibility and guilt for any 'problems' that may arise in the child. Consistent with this attribution pattern, the father will also ascribe 'problems' in the child to the mother.

This text is very relevant in that it supports the point mentioned above about the lack of focus on the father in eating disorders. One must question whether gender distinctions removed the father to such an extent that he does not even feature in the discourse of Anorexia Nervosa and further why it is that the father's absence is not considered for blame. This text creates a sense of sympathy different to the attacking tone of some of the texts previously described. Pearlman goes on to say that, "Some [mothers] have spoken about traumatic separations from their own mothers in early childhood, and some of severe social and emotional isolation during the time when they were raising their infants" (Pearlman, 2005, p.228). These are the often unheard voices this research hopes to reveal.

In her text, Pearlman (2005) further speaks of developmental traumas determining eating disorders. Her set of examples all point to disruptions in the mother-daughter attachment relationship. Pearlman (2005, p.227) describes the following two instances:

> "An anorexic woman, born to a mother going through a divorce at the time, who left her baby in the care of a nanny (who was subsequently discovered to have had her own children removed from her due to neglect) throughout her infancy while she went to work; "a bulimic teenager whose mother was divorced during her pregnancy and was, by her own statement, extremely depressed when her baby was born,"...a bulimic/anorexic teenager, born after a previous baby's death, had severe colic for the first six month s";

> "... a bulimic woman, the fifth of five children in seven years, born to an anxious, brittle mother, and separated permanently from a beloved nanny at 18 months."

Each case description implicates the mother in the etiology of the dysfunction, and the mother-infant attachment relationship in the child's later diagnosis with an eating disorder. The significant impact of the mother as constructed by attachment theory is evident here and may serve to reinforce mother-blaming and the manifestation of a sense of guilt in the mother. Embedded in these texts is a victim discourse that views not only the infant but also the mother as a victim of poor circumstance. This type of reading creates a sense of sympathy for the mother and allows her to be viewed in the softer light of some of the harsh circumstances she has had to face.

Another study by Korb (1994), although also not directly aimed at gaining insight into mothers' talk, looks at the presence of a negative view of the mother and how this stems from daughters' perceptions of their mothers and their mothers' lives. This research depicts one of many ways that 'mother-blaming' discourses are supported. In this study, women with Anorexia Nervosa described more negative impressions of their mothers' lives (Korb, 1994). Daughters' perceptions may be due in part to an expectation of the mother enforced by society and gender stereotypes. Therefore, daughters can also be viewed as reproducing a gender discourse that assumes the mother to be solely responsible for their own wellbeing. This assumption implies that the mothers' 'negative life' is in some way to blame for the daughters' eating disorder. This notion will inform the daughters' perceptions and descriptions of their mothers, and thus serve to impact on widespread understanding and reinforcement of the mother-blaming discourse. As previously described, these descriptions often form the core of studies and subsequent theories on eating disorders (Hepworth, 1999), and are perhaps the reason the mother is negatively implicated.

It is interesting to note that in the majority of studies, the relationship of the father and daughter is not even explored. It seems that the mother-daughter relationship in eating disorders is so widely accepted and acknowledged that research into the father's role is barely conducted. This unequal focus on parental roles biases one against the mother and is evidently fuelled by gender discourse. Margaret Maine's (2004) book, *Father Hunger: fathers, daughters and food* presents one of very few explicated discourses on the father's role

in eating disorders. Maine (2004) constructs the father of the anorexic woman as absent and uninvolved in his daughter's life. This absence is understood by Maine to play a major role in the manifestation of Anorexia Nervosa and Bulimia Nervosa in young women. This text's construction of the father-daughter relationship appears to be leading to the gradual adoption of this notion and the use of the term "father-hunger" in mainstream understanding and thus the incorporation of a patriarchal discourse into the construction of Anorexia Nervosa.

In Hepworth's (1999) book, *The social construction of Anorexia Nervosa*, early ideas about self-starvation and Anorexia Nervosa, as well as health care workers' [HCW's] constructions of Anorexia Nervosa form some of the key topics (Hepworth, 1999). Although not focusing on the discourse present in mother's talk Hepworth's (1999) text is similar to the present research in that it also sought to uncover the construction of Anorexia Nervosa through a study of discourse. Hepworth's study examined the construction of Anorexia Nervosa and targeted the discourse reproduced in interviews with HCWs as she believed this population comprised the main group working with the dominant ideas pertaining to prevention and treatment in Anorexia Nervosa. While the present study sought to uncover the discourses of causality (and the subsequent construction of Anorexia Nervosa) within the talk of mothers of daughters with Anorexia Nervosa, Hepworth's study was particularly interested in the ways in which HCWs constructed Anorexia Nervosa as a contemporary problem and ultimately anticipated that an understanding of these discourses would bring about multidisciplinary notions of Anorexia Nervosa.

Lastly, an interesting point to note is how all the mentioned discourses appear to underpin the eating disorder 'treatment centre'. These meaning systems appear to be reproduced in the actions, behaviours, goals and prescriptions of treatment centres: the use of medication, family therapy and individual psychotherapy assumes both staff and patient reproduce biomedical, psychological and family deficit discourses. Further, the fact that magazines are most often forbidden from eating disorder units also assumes the pervasive relevance of a socio-cultural discourse.

Many studies on Anorexia Nervosa look mainly at the anorexic women's talk and perceptions of Anorexia Nervosa, their mothers and the pressures they exert. As illustrated, few texts contain within them brief exerts exposing mothers' talk, but no texts were be found that could in any way be described as a focused study of mothers' discourse, perceptions or

understandings. What emerges from this review is the absence of any significant presence of the mother's voice, the resultant exposure of a gap in the literature and the critical need for research of this kind.

The psychiatric, psychological, biomedical, family deficit and social deterministic discourses represent some of the dominant frameworks that contribute to the construction of Anorexia Nervosa. Broad systems of meaning expressed through numerous means as well as the discursive practices of individuals, theorists and patients alike, work together to construct a particular notion of Anorexia Nervosa. An exploration of the discourse of Anorexia Nervosa within this study thus assumes the adoption of a social constructionist stance, a perspective which will be elaborated on in the following section.

2.6 Social constructionism

Given the discussion of the literature, which served to explore the discourses of causality in Anorexia Nervosa and the ways in which it has been constructed, a brief elaboration of the researcher's social constructionist stance will now ensue. In working from this viewpoint, taken for granted knowledge is challenged and explored rather than accepted and blindly supported. At the basis of social constructionism is a belief that all knowledge- which includes empirically and scientifically based knowledge- is in fact a construct of culture, social roles and language and thus has no claims to final truth (Parker, 1998). In line with this perspective, the researcher attempts to shift the focus of 'problems' away from the "pathologised essentialist sphere of traditional psychology" (Burr, 2003, p.9) to one centred on the underlying constructions of Anorexia Nervosa. The aim here is not to analyse the taken for granted knowledge often filtered down from elitist doctrine, but rather the way in which these notions have been constructed, and what function these constructions serve. As Burr (2003, p.12) suggests, "one must challenge the view that conventional knowledge is based upon an objective, unbiased observation of the world."

Social constructionism seeks to contest the meanings that inform mental health theory and practice (Fee, 2000). Of particular interest in this study with reference to and beyond the construction of Anorexia Nervosa, is the construction of pathology and gender. The construction of pathology and of Anorexia Nervosa more specifically, has taken place over many years and the presumed notion of the Anorectic as abnormal, defective and diseased has emerged as a dominant and widely reproduced discourse. As social constructionist

theorist Vivien Burr (2003, p.12) asserts, one should maintain "a critical stance toward taken for granted knowledge." So while traditional psychology pathologises the Anorectic by locating the problem within the psychology of the individual, the social constructionist views the individual through the interactions between herself, her mother, her father, her family, peers and broader society. The construction of mental illness and the mental patient as abnormal is an area of contestation from a social constructionist standpoint. As Fee (2000, p.2) suggests, constructionist and post-modern thought are called upon to "recast the oppositions between the pathological and the normal, and the social and discursive forces that reproduce these domains and the dichotomy between them."

This research seeks to challenge the construction of Anorexia Nervosa as a mental illness and the Anorectic as abnormal, and explicates the numerous discourses that serve to produce and reproduce this object. This is achieved through an understanding of the discourses that govern notions of causality as gauged through the common-sense talk of mothers of Anorectic woman. In doing this, insight into global Discourses and broad-scale understanding of Anorexia Nervosa can be gained. By revealing these discourses, the researcher seeks to expose these systems of meaning and challenge them and the way in which they have served to construct the taken for granted object- Anorexia Nervosa.

Parker (1998, p.14) suggests that "social constructionism radically questions the discipline and practice of psychology as partial, value ridden and driven by implicit vested interests." The influence of the biomedical world has enforced an understanding of mental illness that has overpowered most other understandings of this object mostly as a result of the power and privilege of those with vested interests therein. For example, the illustration given by Fee (2000, p.2) describes a pamphlet by the National Alliance for the Mentally Ill which states that "mental disorders are disorders of the brain that disrupt a person's thinking, feeling, moods, and ability to relate to others." Fee (2000) goes onto describe the small print at the back of the pamphlet which states that the material had been made possible by an educational grant from Lilly neuroscience (leaders in the pharmaceutical industry). This is just one illustration of the way in which certain objects are constructed to serve particular interests, and reinforces the necessity of challenging take-for-granted constructions.

Furthermore it is essential to explore and challenge constructions of woman in society and within the context of Anorexia Nervosa. Striegel-Moore & Bulik (2007, as cited in Maine *et*

al., 2009 p.3) state that "being female is the single-best predictor of risk for developing an eating disorder". This fact speaks to the highly gendered nature of Anorexia Nervosa, and echoes the longstanding association between woman and mental illness. The pathologisation of woman dates back to Freud's notions of hysteria during the early 1900's. As Malson (1998, p.56) points out, "The medical cultural milieu in which Anorexia Nervosa was to emerge was one in which the socio-historical affinity between 'woman' and pathology was particularly apparent". Notions of the female were evident in the concepts of hysteria, the pathologisation of the female body and 'female invalidism' (Malson, 1998). Today, one cannot conceptualise Anorexia Nervosa without bringing to mind the female body, and thus an exploration of the discourses of causality pertaining to Anorexia Nervosa is evidently referent to gender discourse.

The degree of disparity between diagnoses of Anorexia Nervosa within male and female populations is far greater than that of any other disorder (Maine *et al*., 2009). This disparity is most often attributed to pervasive constructions of masculinity and femininity. The associated and resultant pressures to attain thinness are heavily tied up with ideals of femininity. This view aligns with feminist theory[3] which "frames the woman's eating disorder and behaviour in the context of her entire sociocultural experience, viewing the contradictions and pressures in the lives of contemporary women the underlying problem" (Maine, *et al*., 2009, p.4). Gender and the construction of the woman within a society that fames the skinny are key issues to be explored within research of this nature. By focusing on the mother's perspective, this research attains understandings of Anorexia Nervosa which will inevitably bring to the fore discourses pertaining to gender.

At the heart of the construction of femininity, womanhood, and motherhood lies the vested interest of a society which strives to ensure the effective reproduction of new members according to strict ideals to ensure the maintenance of a specific social order. The woman, as bearer and carer- plays a major role in ensuring the productivity of society continues on. The construction of the woman in the context of Anorexia Nervosa is evidently complex and multifaceted, and appears to intersect with numerous discourses on Anorexia Nervosa.

[3] While this study does not locate itself in specific feminist theory, social constructionism often speaks to feminist understandings of Anorexia Nervosa, the underlying notions of which are implied in numerous explanations and interpretations throughout this report.

Benwell (2002, in Litosseliti & Sunderland, 2002, p.167) states that "whilst male focalization prohibits the display of desirable men, women are displayed in abundance as objects of male heterosexual desire." The dominant discourse on gender perpetuates an ideal femininity and the strong need and attempt to be this desired object. Certain texts in fact view Anorexia Nervosa as a result of this attempt having gone wrong (Malson, 1998). The construction of womanhood and of motherhood places pressure on woman to conform to the norms and ideals set out by society. In their pursuit of these ideals the consequences are often damaging, and yet attempting to shift the grip of these constructions is by no means easy. As Butler (2004, p.13) suggests

> "if there are norms of recognition by which the 'human' is constituted, and these codes encode operations of power, then it follows that the contest over the future of the 'human' will be a context of the power that works in and through such norms."

The woman is constituted in specific and particular ways. The powerful nature of norms pertaining to femininity, womanhood and motherhood are the product of powerful discourses the deconstruction of which is difficult to achieve.

Common-sense understandings of the causality of Anorexia Nervosa, as filtered down from elitist knowledge become apparent in the discourses of the general public. The way in which the construction of the female body, of womanhood and of motherhood, intersects with these discourses on Anorexia Nervosa will become evident in the texts of participants in the analysis section of this paper. An exploration of this nature will ultimately provide the grounds for an alternative and more critical view of the way Anorexia Nervosa has been constructed, as well as the functions these constructions serve, to emerge. This is consistent with the aims and scope of this study.

2.7 Conclusion

This Chapter has provided a broad overview of Anorexia Nervosa and the dominant discourses pertaining to its causality. It has also provided an overview of studies that were found to be similar to the present research. Lastly a brief overview of social constructionism in relation to this study was provided. In the chapter which follows, the methods employed in the present study will be discussed.

CHAPTER THREE:
METHODS

3.1 Introduction

This chapter endeavours to provide the reader with a detailed description of how the present study was operationalised. The chapter begins with a discussion of and motivation for the research design that was used, followed by the delineation of the sampling and data collection procedures that were undertaken. A brief description of each of the study's participants is given. The focus of this chapter then turns to a review of the data analysis procedure and closes with a discussion around reflexivity and ethics.

3.2 Research design

The research design of this study is qualitative and exploratory in its approach. A qualitative design was chosen as this approach is best suited to exploring and gaining in-depth insight into people's attitudes, perceptions, behaviours, value systems, concerns, cultures, lifestyles or discourses (Terre Blanche, Durrheim & Painter, 2006). As the purpose of this study was to gain insight into emic accounts of the mother of the anorexic woman, a qualitative exploratory design was ideal, and this was achieved through a series of semi-structured interviews. The aim of a qualitative design is to "describe and interpret people's feelings and experiences in human terms rather than through quantification and measurement" (Terre Blanche, Durrheim & Painter, 2006, p.322). The present research aimed to privilege participants' subjective knowledge by listening to them talk about their perceptions and understandings of the causality of their daughters' Anorexia Nervosa (Terre Blanche, Kelly & Durrheim, 2006), but also to explore the discourses reproduced in their talk. The researcher gathered data through semi-structured interviews which were then transcribed into a typed document and then analysed through the use of thematic analysis.

While thematic analysis is most frequently associated with a phenomonological or interpretive paradigm, in this study it is employed as a method of analysis that allows for both the privileging of mothers' emic accounts as well as to explore the social discourses imbedded within their accounts. Even though a more formal discourse analysis may have been conducted on the data set, such an analysis extended beyond the scope of this present study, despite the exploratory analysis of discourses within mothers' accounts.

3.3 Research Questions

This research has aimed to explore the talk of mothers of daughters with Anorexia Nervosa, with a specific focus on their understandings of causation. As a secondary aim this research sought to explore the presence of dominant and emergent discourses within the mothers' talk. These aims were achieved through an interview process with nine mothers of daughters with Anorexia Nervosa, and the discourses that emerged were explored. The following research questions guided the guided the study:

- What are the core themes emerging from participants talk on understanding the cause of Anorexia Nervosa?
- What discourses pertaining to the genesis of Anorexia Nervosa emerge from participants talk?
- What are the social functions of the discourses embedded in the participants talk

These broad research questions were accessed through open-ended interview questions. The data yielded allowed for the key aims to be uncovered and explored throughout the analytic process.

3.4 Participants and Procedures

The sample for this research consists of nine white, urban, mothers of daughters who have had or currently have Anorexia Nervosa. A sample of nine participants provided a sufficient range and a broad enough corpus to create a valid study. Urban mothers were used as opposed to rural mothers, as the demographic for anorexic patients is much higher in urban as opposed rural populations. For the same reason, white mothers- as opposed to black mothers- were selected as despite the growing prevalence of Anorexia Nervosa among the black South African population, there remains a higher prevalence of Anorexia Nervosa in white populations (Polivy & Herman, 2002). It is interesting to note that the researcher did not in fact come across any participants falling outside this selection criterion.

These individuals came to participate in this study through one of two means: through purposive and snowball sampling, and by referral from private health care professionals. Purposive sampling refers to the gathering of participants based not only on availability but on their fit to the particular population being studied, while snowball sampling is the

collection of participants through contacts and references (Terre Blanche, Durrheim & Painter, 2006). The first participant became involved in the study after being given a participant information sheet by a nurse previously employed at Tara Hospital and now working privately. The information letter (Appendix C) delivered to potential participants detailed the research and provided contact details for the researcher. The nurse was willing to be of assistance and distributed the information sheet to eight of the mothers who were currently bringing their daughters to her for treatment. Those interested and willing to participate then chose to make contact with the researcher. Four participants in total were gathered this way. From these participants three more became involved through snowball sampling, two participants referred others to join the study cohort. After being approached by the other participants and informed about the study these three women were sent information sheets before deciding to participate. The final two participants were gathered through the same process that occurred with the nurse, this time however this time through a psychologist. After sending through the information of the research, the psychologist forwarded the information sheets, at his discretion, to relevant clients, two of whom decided to make contact with the researcher and participate in the study. Up to the point of reply the researcher did not have any knowledge of the participants receiving the information sheet and after these had been sent out, the psychologist no longer had a role in the research process. In this way, the professional relationship between patient and practitioner was protected.

Once agreeing to participate, individual interviews were set up at a private, quiet and convenient location where noise was not a problem. Each interview took place at the home of the participant-. This was to ensure the maximum level of comfort for the participant, and in so doing to allow for the greatest ease of communication and transparency between the researcher and participant. Prior to commencing the interviews participants were given the opportunity to read through and sign consent forms, agreeing to participate in the study. The semi-structured interviews ranged in duration from 40-90 minutes. Interviews were audio-recorded and then transcribed by the researcher verbatim into a typed document.

3.4.1 Participant characteristics

Nine interviews were carried out by the researcher. The sample comprised of nine mothers of daughters who had or still have Anorexia Nervosa. Participants were gathered through snowball sampling and by referral from health care professional. After permission was

obtained to make contact through the referee, each participant was contacted by the researcher. An estimate of ten potential participants refused to be contacted and an additional estimate of around seven agreed to contact but refused participation. The following section provides a brief description of each of the nine participants.

The first participant interviewed is a middle class divorced mother of 17 year old twins, both of whom have Anorexia Nervosa. In the analysis she will be referred to as Participant one. Participant one spoke quickly and appeared to be open and forthcoming in the interview. A few minutes after the researcher had left however, participant one called to say that her daughters had been listening and felt that she has been more influential around food and their eating then she had let on. Participant one was diagnosed with Anorexia Nervosa in adolescence. Since that time, she regards herself as having overcome it but that she still thinks about what she eats and how she exercises. She has practically brought her girls up on her own with no real support. Her daughters have only recently begun seeing their father on weekends but have lived apart from him since they were young.

The second participant interviewed is also a divorced mother of two (a son and daughter). She is a white woman in her mid-forties and has never remarried. Her daughter was diagnosed with Anorexia Nervosa at the age of 15. Her daughter is currently in her 20's and is "doing okay now", thanks to the help of the eating disorders group (part of the twelve-step program) which she attends regularly. She will be referred to as participant two. Participant two has been divorced since her children were very young and received no support from her ex-husband.

The third participant interviewed is also a divorced mother of two (a son and daughter). She is a white middle class woman and will be referred to as participant three. The daughter of participant three developed her eating disorder in adolescence and she reports that it no longer seems to be a problem. Participant three, although now remarried, brought her children up on her own and was the sole support and provider for them.

The fourth participant interviewed is an upper class married mother of two (a son and daughter). She will be referred to as participant four. Participant four's daughter was diagnosed with Anorexia Nervosa when she was 13. She struggled with the disorder for many years and now in her 20's appears to be doing well. Participant four is supported by her

husband and is one out of only two fathers (of all the participants interviewed) that has a relationship with his daughter. Participant four described bringing up her daughter together with her husband and explained that they are a close family. She reports that there was some sibling rivalry and that her son had various problems after her daughter's diagnosis.

The fifth participant is an upper class married mother of three (a son and two daughters). This participant will be referred to as Participant five. The youngest daughter (by 10 years) of Participant five first developed issues around food and disordered eating behaviour in adolescence. The issues were reported to have been picked up at an early stage and the duration of the problem appears to have been relatively short-lived. Participant five reports being supported by her husband who has a good relationship with his children. She however does report a sense of jealousy or sibling rivalry for the father's attention.

The sixth interview was conducted with a middle class, divorced mother of two (daughters). She will be referred to as Participant six. Participant six is enthusiastic and spoke openly. She revealed a close relationship with her daughters who she described bringing up on her own. She had no support from her husband who has been both emotionally and physically absent in their daughters' lives. The eating disordered behaviour of the daughter of participant six began in adolescence. She reported not picking up on the problem until it was strikingly evident at which time she supported her daughter in getting help. She reports that the "problem" lasted for approximately a year and although perhaps still lingering in her daughter’s thoughts is no longer a significant issue. Participant six never remarried or dated since being divorced and states that her priority was always her children.

The seventh participant is a married middle class mother of one who is in her forties. She will be referred to as Participant seven. The daughter of Participant seven was diagnosed with Anorexia Nervosa in adolescence and at the age of twenty five is still struggling with the disorder. Participant seven reports feeling unsupported despite still being married and reveals that her husband has no relationship with their daughter. Despite being physically present, her husband is emotionally absent and Participant seven reports that her daughter has always longed for his approval. At the time of the interview participant seven was considering sending her daughter in for assisted care (an action which has been taken many times to no avail).

Participant eight is a married mother of two (daughters) who reports raising her daughters together with the support of her husband. Both her and her daughter are a part of "the ballet world" and she herself has taught and adjudicated for many years. Her daughter is currently in her first year out of school and has been suffering with the disorder for approximately three years. Participant eight reports getting too emotional when it comes to dealing with the problem and so her husband tends to engage with their daughter in terms of the issues she faces and her treatment.

Finally, the last participant is a middle class, married mother of three (two sons and a daughter). She will be referred to as Participant nine. Participant nine reports a close relationship with her daughter and reveals that she was the one who brought her up while her husband was emotionally absent. Participant nine reports that her daughter and her husband have never had any kind of real relationship and that she tends to be both the emotional and physical provider in the family. Participant nine also revealed sibling rivalry and a likely sense of inferiority experienced by her daughter who always felt overshadowed by her high achieving and good looking brothers.

3.5 The Interview Schedule

Terre Blanche *et al.,* (2006) suggest that the interview provides the researcher with the opportunity to get to know his or her participants quite intimately in order to best understand how they think and feel. This was the approach taken by the researcher who set up a semi structured interview schedule consisting of open-ended questions. The interview schedule (see appendix B) contained eighteen open-ended questions, which formed a flexible guideline loosely structuring the process but not restricting or leading participants in any way. The researcher posed questions within discussion most often attempting to bring in a relevant question without being restrained to a particular order of questioning. The interviews were informal and allowed for the participants to speak freely and openly while still making it possible for the researcher to ask specific questions and guide the process.

The interview questions (see Appendix B) were inductive in nature, for the purpose of inferring subjective, emic accounts. As the study sought to gain insight into emic accounts and emergent discourses of the causality of Anorexia Nervosa, the free flow of participants' talk was the essential. These questions encouraged participants to talk about Anorexia

Nervosa, their perceptions thereof, their ideas about causation, and their relationship to their anorexic daughter. The researcher was at all times conscious of guiding participants' responses to include relevant focus areas, without leading them to talk about specific dominant discourses. All interviews were audio recorded with consent from participants (Appendix D) before being transcribed into a written format.

3.6 Transcription and data analysis

The process of qualitative research sees no strict lines between data collection and analysis. As such analysis appeared to merge with the end phase of data collection and the beginning phase of transcription, emerged as the point at which inspiration for analysis was born. As Terre Blanche, Durrheim and Painter (2006, p.321) suggest, "There is a gradual fading out of the one and a fading in of the other" resulting in the researcher's initial concern with data collection gradually shifting toward analysis. To ensure effective analysis, each interview was typed out in a MS-Word document format. The interview data was transcribed verbatim and checked to ensure no content had been mistaken or omitted. Each time the transcribed interview was read new themes and understanding began to surface which made for an engaging and enlightening analytic journey. This process therefore catalyzed the analysis phase in that certain themes were already becoming evident.

The particular process of thematic analysis carried out was based on guidelines set out by Braun and Clarke (2006). This form of analysis best served the purpose of the research as it is flexible and allowed the researcher to discover and form themes as the process unfolded. In using thematic analysis, the researcher focused on giving priority to the words of participants so as to gain an understanding of their perspectives. The researcher achieved this by not only taking note of the superficial, semantic layers of participants explicit words, but by looking further into their implicit meanings. Thematic analysis at the latent level goes beyond the semantic content and involves interpretative work. This represents an attempt to "theorize the significance of the patterns and their broader meanings and implications" (Patton, 1990, as cited in Braun & Clarke, 2006, p.8). As suggested by Braun and Clarke (2006, p.8) the researcher attempted "to identify or examine the underlying ideas, assumptions, and conceptualizations and ideologies that are theorized as shaping or informing the semantic content of the data."

The following table will provide a description of the steps followed according to Braun and Clarke's (2006) six phases of thematic analysis:

1. Data familiarisation:

   Braun and Clarke (2006) suggest that through data collection one already gains a preliminary understanding of the meaning of one's data, even before data analysis begins. As part of the first phase, the researcher further familiarised herself with the data, which started in the data collection and transcribing process, by listening to, reading and re-reading the data and taking down notes of initial ideas. In this phase it was essential for the researcher to immerse herself in the data in order to gain a deeper understanding of what was emerging from the transcripts, in a process highlighted by Terre Blanche *et al.*, (2006).

2. Generating initial codes:

   The researcher then began generating initial codes by identifying interesting aspects of the data or noting repeated patterns. This step involves further familiarisation with one's data exploring both its length and breadth (Braun & Clarke, 2006). The researcher began to identify various themes and patterns within the transcripts and highlighted data that fitted into different themes or patterns in different colours. The researcher eventually collated the data relevant to each code.

3. Searching for themes:

   During the third phase, the researcher began a further in depth search for themes (both data and theory driven) and began clustering codes, and gathering all data relevant to a potential theme. For the researcher, steps two and three were roughly blended into one, as further data familiarisation was carried out through a process of coding. Coding data entails marking, in one way or another, different sections of the data as being relevant to one or more of the themes or sub-themes identified (Braun & Clarke, 2006). At this point four main themes were identified, namely: The biomedical constructions of Anorexia Nervosa, Reproducing psychological constructions of Anorexia Nervosa, The Family dysfunction discourse and Society's role in the manifestation of Anorexia Nervosa: the discourse of social determinism. Four different colours were used to highlight all quotes pertaining to each theme.

4. Reviewing themes:

   A review of the themes then took place as part of the fourth phase, where themes were checked in relation to codes as well as the entire data set. Various codes were grouped into potential themes and coded extracts were collated according to the identified theme (Braun & Clarke, 2006). Coding, elaborating and recoding occurred until there were no further new insights that appeared to be emerging (Braun & Clarke, 2006). At this stage in the data analysis process the researcher also searched for more quotes that would fit into the identified themes.

5. Defining, naming and checking:

   During this phase final analysis took place. Once a set of initial themes were devised, the data extracts were reviewed once again to assess the degree of fit between themes, codes and their supporting quotations. At this point certain themes were broken down into sub-themes as will be presented in the fourth chapter of this document (Braun & Clarke, 2006).

   During this phase the researcher aimed to be as self-reflexive as possible examining her own role in the data collection and interpretation processes. It is however acknowledged that it is not possible for the researcher to remain completely objective, but that he or she should maintain an introspective stance in order to give some indication of how personal involvement in the phenomenon being studied may have had an impact on the data collection process, as well as on the analysis of data (Terre Blanche, *et al*., 2006). Lastly, at this point the researcher also sought to ensure alignment of themes with the research aims and literature.

6. Producing the report:

   According to Braun and Clarke (2006) the sixth and final phase of thematic analysis is the production of the final report. The afore-mentioned phases culminated in the production of a scholarly report of the thematic analysis to be explored below.

The aim of this research was to critically explore the themes of causality that emerge within the mothers' talk, with a further view to understanding them in relation to the discourses they draw from. It was for this reason that a thematic analysis over a discourse analysis was the chosen form of analysing this study's data. The focus on an exploration of discourse, as seen

throughout this report, continued into the analysis phase where the themes gauged at a latent level of thematic analysis were further reviewed and analyzed in light of the particular discourses reproduced, as well as the functions these discourses serve. Braun and Clarke (2006, p.8) suggest that analysis within this latent tradition "tends to come from a constructionist paradigm and in this form, thematic analysis overlaps with some forms of discourse analysis." The emergent themes were viewed through the lens of social constructionism and further discussed in this way.

3.7 Reflexivity

Descombes said that "thought is bound up with language, and that reflexivity is continually captured and distorted by language" (Descombes, 1980 as cited in Parker, 1992, p.10). With these words in mind it is essential to continuously be aware of the way language, meaning and discourse affect the way one thinks and behaves. As a white middle class female, the researcher maintained awareness of possible biases in deciding on a particular group of participants that reflect her own demographic. The choice of the mother as a participant was heavily influenced by the dominant discourse on the mother-daughter relationship and Anorexia Nervosa in the literature. Even though the choice is a practical one and does not stem from limitations or biases in working with other groups, her limitations should be noted. For the purpose of this research and in line with the explanations set out below, the selection of these particular participants is necessary. The author's similar race and social positioning made it easier to access this population and to gain trust and rapport during the interview process. This said however, obstacles were expected as a result of individuals tendencies to be more willing to share with those that are different to them, perhaps so as not to feel judged by 'one of their kind.' The possibility that this may have occurred is noted, although it did not appear to have become an obstacle in the interview process.

Further, by virtue of the researcher's position as student psychologist and the specific roles adopted by researcher and participant, the interview was inevitably imbued with power differentials. The researcher found herself in a position of power as the developer and conductor of the research schedule in comparison to the participant who entered the encounter with little knowledge about how the process would unfold and what she may be required to divulge. The distance created by such a differential may have made uncomfortable the expression of deep emotions often surrounding this sensitive topic and perhaps inhibited open dialogue. However, the mix between familiarity -in race, class and

gender-and unfamiliarity -through not personally knowing the researcher- appeared to foster the opportunity of a good degree of disclosure. Although these implicit power differentials did not appear to have come in the way of the dialogue of the informal interview, the participants may have felt inclined to emphasise or veer away from certain discourses that they believed did not align to someone with a psychology background.

Epidemiological findings and the widespread understanding and observation of Anorexia Nervosa were and still are associated with the white, middle-upper class young woman (Polivy & Herman, 2008; Strober, 1992; Devlin &Walsh, 2008). Although the target of woman as objects, and their bodies as entities to be manipulated, is a pressure the researcher herself feels and relates to, the researcher attempted to ensure that her emotionality did not in any way jeopardise the objectivity of the study. This said the tension between objectivity and subjectivity inherent in qualitative research was felt and reflected upon throughout the research process. As part of the same demographic as selected participants the researcher can relate to the pressure experienced by woman to conform to feminine ideals. An ability to relate in this way appeared to bring ease and comfort to the interview process and allowed participants to feel understood and accepted. Having personally felt the impact of the societal pressure to be thin and having had close friends who have struggled with eating disorders, the researcher's personal tendency is to align with the woman, perceiving the pressures placed on her and the possible causes of her disorder as the 'enemy'. This said however, a social constructionist stance was still maintained and what is believed to be an objective account of the findings has been the result.

As Parker (1992, p.10) suggests, one needs to "reflect on the term used to describe discourse, a matter which involves moral/political choices on the part of the analyst." In the analysis phase, further reflection took place on the discourses that became evident and the terms used to describe them. The researcher interpreted the discourses that emerged and objectively labelled them according to the themes they appeared to reflect. The researcher’s position may have lead her to seek out discourse that reinforced her own view, for example on the societal pressures of thinness, however having this in mind allowed for a truer reflection of the discourses reproduced by participants to emerge, which in fact countered the emphasis of notions of social determinism.

Lastly, and perhaps the biggest challenge for the researcher, was the tension she experienced between clinical and constructionist perspectives. Attempting to be aligned in constructionist theory in thought and writing at all times of the process proved difficult and the researcher often found herself slipping into the position of the subjective reproducer of discourse. In a study year consumed with 'taken for granted' clinical knowledge, it was perhaps more natural for the researcher's clinical voice to dominate, asserting and approving claims without critically exploring them. The researcher at times read and re-read texts to ensure the critical stance was maintained and her clinical thoughts, which were in some ways counterproductive to this study, kept at bay. Although struggling to muffle the volume of her overpowering clinical voice in the initial phases of this research endeavour, the task gradually became easier for the researcher.

3.8 Ethical Considerations

All relevant ethical considerations were adhered to in conducting this research. As the research was *not* conducted with the anorexic patients themselves, no medical ethics or issues regarding sensitive populations needed to be considered. However, when working with any human subject it is essential to consider the ethical issues that may arise within the course of the research process and this is something the researcher remained cognizant of throughout. To ensure ethical conduct from the start, an information letter was provided (Appendix C) serving to inform the potential participant (contacted through snowball sampling and referral by professionals) of who the researcher is, while also relaying details of the research including the aims, rationale and interview procedure. On arrival at the interview each participant was provided with two consent forms (Appendices D and E). The first consent form confirmed that the participant agreed to be interviewed by the researcher and the second consent form was for the purpose of gaining consent to record the interview. Participants were fully informed as to what their participation would require, namely a one-on-one interview to last approximately 60-90 minutes in which their perceptions and understandings of the causality of their daughter’s Anorexia Nervosa would be discussed. The information letters given to professionals, including two psychologists and a dietician, were done so with the assertion that giving the letters to clients was optional and clients need only respond to the researcher if interested in participation.

The information sheet outlined ethical considerations such as confidentiality and anonymity. Participants were informed that the information gleaned from the interviews would be used and direct words may be quoted while maintaining their anonymity (through the use of pseudonyms). Although there are limitations to confidentiality due to the use of direct quotations in this final report, ethical rules regarding confidentiality were strictly adhered to. Participants' names as well as any other names mentioned in the interview remain confidential and are not used within the text of this research report. Participants were assured, (both verbally and in the consent form) that no identifying information would be available and that records would remain confidential and safely stored. Due to the fact that the researcher conducted face-to-face interviews complete anonymity could not be guaranteed. However, anonymity beyond this encounter was ensured.

Individuals were also ensured that participation in the study would be entirely voluntary and that it would not advantage or disadvantage the participant in any way should she decide to participate or not, and that she would have the right to withdraw at anytime. Further, non-maleficence was practiced by ensuring no harm befell participants as a direct or indirect cause of the research; participants were informed of this facet of the study. None of the participants became overly emotional by or were negatively affected by the interview, but should this have occurred the researcher was equipped to either assist or appropriately refer the participants if necessary. Lastly, participants were advised that a copy of the research report would be held at the School of Human and Community Development and participants wishing to access the findings from the study would be able to do so by contacting the school.

3.9 Conclusion

This chapter has provided a synopsis of the methods employed, as well a motivation for their usage within the study. The sampling and data collection procedures were discussed and a description of each participant was given. Following a brief explanation of the process of transcription, a discussion of the data analysis procedure took place. Finally the chapter explored reflexivity and the procedures undertaken to ensure the ethicality of the study. In the chapter which follows the findings of the study will be explored.

CHAPTER FOUR:
THE REPORT

4.1 Introduction

This following section will provide an in-depth discussion of the themes identified within the text of the semi-structured interviews conducted by the researcher. Once all the interviews had been transcribed, the researcher immersed herself in the data, reading and re-reading the transcriptions in order to obtain a broad overview, as well as an in-depth sense of the data set. Thereafter, each interview was analysed; this process ultimately yielded four main themes and subsequent subthemes. The first theme addresses biomedical constructions of Anorexia Nervosa, and is the second largest of the four themes. It contains three subthemes, namely the reproduction of the construction of Anorexia Nervosa as a disease, understanding Anorexia Nervosa as a condition to which one is genetically predisposed, and Anorexia Nervosa as an addiction. The second theme focuses on the psychological discourse and the construction of Anorexia Nervosa as internally determined. Within this second theme, three subthemes are explored namely: the construction of Anorexia Nervosa as a dysfunction of personality and emotion ‘The "Peter-Pan syndrome": constructing Anorexia Nervosa as an adolescent crisis and lastly, Anorexia Nervosa as a 'coping’ mechanism. The third and most significant theme identified was the family deficit discourse which yielded six subthemes, namely: reinforcing notions of the 'ideal' family, the construction of the 'ideal' mother, reinforcing thinness: the mother as transmitter of ideal femininity, the purchase power of mother-blaming, the discourse of father hunger and the discourse of sibling rivalry. The fourth theme explores the reproduction of notions pertaining to the role of society in the manifestation of Anorexia Nervosa and the discourse of social determinism. This broad theme yields three subthemes namely: society’s construction of thinness and the media's influencing role, size zero as an accepted norm: missing the signs of Anorexia Nervosa, and peers and dieting as influencing factors. A detailed discussion of the aforementioned themes and subthemes will now ensue.

4.2 Emerging themes and subthemes

4.2.1 Biomedical constructions of Anorexia Nervosa

Malson (1998) suggests that the biomedical discourse constructs Anorexia Nervosa as a distinct abnormal clinical entity thereby categorically differentiating it from what is considered 'normal'. The 'abnormal' Anorectic is positioned at the mercy of organically based dysfunction. The emergence of Anorexia Nervosa as a disease entity at the end of the nineteenth century led researchers to speculate about the possible organic causes of Anorexia Nervosa. This resulted in the emergence of a dominant discourse on Anorexia Nervosa as part of a 'natural disease category' (Malson, 1998). The biomedical discourse ultimately constructs Anorexia Nervosa as an illness in which disease invades and affects the Anorectic's body. The Anorectic is thus positioned as victim and is often spoken of, within this discourse, as vulnerable and helpless. Talk reflecting understandings of Anorexia Nervosa as biologically determined, a disease, a genetic misfortune or an addictive behaviour was evident across interviews.

The biomedical world serves society by providing answers which are then reproduced and solidified in mainstream understandings. The prestige and power held by these entities make the assimilation of knowledge from the elitist to the common-sense realm a common and widespread occurrence. In their ability to provide seemingly sound and supposedly valid and reliable information, these discourses function to provide a comfort to the general public who eagerly consume the knowledge, often taking for granted it's truth.

Interesting to note in the reproduction of this discourse is that participants' perceiving their daughters' Anorexia Nervosa as resulting from biomedical factors alone was sometimes found to contest the very beliefs they were supporting. The fluid nature of discourse became apparent in the way participants referred to biomedical notions: sometimes all together and in the same way, while at other times in contradictory ways. It was at times possible to note the same discourse and counter-discourse emerging within the talk of a single participant. This could be a result of a slippage within the biomedical discourse as well as between the biomedical psychological and psychiatric discourses. Three subthemes became apparent within this larger theme namely: reproducing the construction of Anorexia Nervosa as a

disease, conceptualising Anorexia Nervosa through a discourse of genetic predisposition; and the discourse of Anorexia Nervosa as an addiction. These subthemes will now be discussed.

4.2.1.1 Reproducing the construction of Anorexia Nervosa as a disease

This subtheme emerged as the purchase power of the biomedical discourse became apparent in participants' responses. The discourse on Anorexia Nervosa as a 'natural disease category' has been dominant since the end of the nineteenth century (Malson, 1998) and as gauged from this study, still appears to be one of the most widely reproduced discourses on the causality of Anorexia Nervosa. Malson (1998, p.50) suggests that the biomedical discourse constitutes Anorexia Nervosa as a consequence of some "biological pathogenic variable." The discourse of Anorexia Nervosa as a disease is evident in elitist texts and articulated through the talk of professionals. At times the somewhat confined and formulaic nature of the clinical discourse to which professionals tend to subscribe is evident in participants' talk. Participants reproduced this discourse by speaking about their daughter's Anorexia Nervosa as a disease or an illness:

> "The thing with an illness is it just feeds itself, it becomes its own identity and its own kind of well this is what I am... it's hideous, it's just I mean it's one of the evils of the world."
>
> (Participant four)

Participant four clearly articulates a view of Anorexia Nervosa as a disease, and further, a disease constructed as an entity separate to the person, something that insidiously encroaches on the individual placing him or her in a position of powerlessness. By referring to Anorexia Nervosa as a disease, participants implied an understanding of the disorder as biologically or organically based. As Hepworth (1999) suggests, reproducing a biomedical discourse assumes that an individual believes that his or her health is determined purely by biological factors and is powerless in the hands of the all-powerful biomedical world. Participant four later attributes the manifestation of the disorder to some type of brain abnormality:

> "I think it's chemically related as well I mean I think the people actually get disturbed in the brain, they actually can't see things anymore even if they want to they just actually cant, they reach such a point of perceptual disorder and disturbance."
>
> (Participant four)

The reproduction of this discourse assumes that neither the patient nor the family or society plays a role in the development of the 'disease'. Instead the Anorectic is positioned as helpless in the hands of the professional biomedical world and by implication, the power of the disease-illness discourse which dominates this realm. This helplessness can also be viewed as a feminine stereotype which is tied up with a gender discourse and notions of the woman as fragile and vulnerable. As Hepworth (2004, p.29) suggests, "Anorexia Nervosa was understood in the medical literature in the context of the ideology of femininity and was seen as an extension of female irrationality." This construction of the Anorectic woman as 'irrational" is reinforced through the statement of Participant four who refers to the anorexic woman as being "disturbed in the head." Participants two and eight also revealed a view of the anorexic woman as overcome by a disease that renders her helpless. In the following statements both participants appear to name and separate the disorder from their daughters as if Anorexia Nervosa is a villain that has overcome them:

> "Well you know that's what the disease is so you know it is an eating disorder called Anorexia... that's what it is.. I don't think I realized what a serious disease it actually was."
>
> (Participant two)

> "Over a period of months where it gets hold of your child it it it's very traumatic because uh you know they almost become the disease…you've got to uh with time learn to take yourself out of it and separate the disease from the person because otherwise it becomes so totally sort of all encompassing that you uh you know you you almost can't live in a way, it rules your life."
>
> (Participant eight)

By separating out the 'bad Anorexia' from the 'good daughter' the reproduction of this discourse serves to preserve the mother's view of and relationship with her daughter. Participant eight reveals a possible reason for the separation of the daughter from the disease in the talk of participants. This description sheds light on the feeling, amongst respondents, that is almost easier to deal with the problem by viewing it and everything bad that goes with it as something separate and external from the 'good' daughter they love.

This type of discourse evidently underlies theories locating primary biological abnormality at the root of the anorexic individual's abnormal behaviour and inevitably positions the anorexic individual as a victim of a biologically determined disease. As Maine, Davis, and Shure (2009) suggest, the medical model in fact sees the anorexic woman as sick or defective and

focuses on the 'disease' rather than the person suffering its consequences. The social function of viewing Anorexia Nervosa as a disease is that it removes agency from the 'sick' individual and her family. By reproducing this discourse the participants remove themselves as potential contributing factors. By positioning Anorexia Nervosa as a manifestation of a genetic or organically derived problem, the possible impacts of social and familial factors are negated and dismissed. Lastly despite the presumptions of individuals buying into the common discourse of Anorexia Nervosa as biologically determined, in truth, biological anomalies are just as likely to be effects as they are to be causes (Devlin & Walsh, 1998). The reproduction of this discourse, despite its poor validity, demonstrates its power -the availability of evidence to support the tenets of other discourses clearly does not deter the spread of this already well established discourse.

4.2.1.2 Conceptualising Anorexia Nervosa through a discourse of genetic predisposition

Costin (2007, p.59), suggests that "a growing body of research has caused a number of people in the field to surmise that genetics play a role in eating disorder etiology." For example Strober (1992) refers to empirical findings which reveal a lifetime risk of Anorexia Nervosa or Bulimia Nervosa among female relatives of woman with an eating disorder to be 2 to 20 times that of the general population. These findings tend to influence the beliefs and understandings of the general public who reproduce the discourse of Anorexia Nervosa as genetically predisposed. However, Malson (1998) suggests that although some have accepted the construction of Anorexia Nervosa as a genetic predisposition, there may, in fact, be no strong empirical evidence to support such a discourse. Despite certain evidence of genetic influence, not all eating disorders are genetic and many in fact manifest in individuals with no family history of an eating disorder (Costin, 2007). It is thus interesting to find that this discourse has such significant purchase power. It is not surprising however, as the driving force behind such a discourse is the dominance of the ever-powerful scientific and biomedical worlds.

While some participants held and supported a genetic view based on personal experience (a family history of eating disorders), others appeared to reproduce this discourse as a result of influence from various professionals and numerous texts. The discourse of genetic predisposition is evident in the following excerpts:

> "I mean it's definitely in the family. Definitely, especially the father's side… depression, obsessive compulsive..it all plays out in different ways…Whether it's an eating disorder or whether it's obsessive-compulsive behaviour, control, major control issues. It's definitely there I mean it just depends on on how it manifests."
>
> (Participant nine)

> "...there must be a gene ... why I say that is look um, I never had any desire to enter into this sort of lifestyle, and I think it's because I don't have the gene, but obviously with my mother-in-law the gene is around. And although you never would have thought it ever would have happened to [name], it did. And so you know if you have to sort of look at why, I think it's a combination but you you stand a far greater risk if you happen to inherit that gene."
>
> (Participant eight)

Both Participants eight and nine spoke about their daughters' Anorexia Nervosa as manifesting as a result of genetic predisposition, with particular reference to personal family history. Evidently, this discourse is filtered down from elitist discourse and taken up in mainstream understandings. In the following excerpt, Participant one's response to the question 'what one factor, if any, could she attribute her daughter's disorder to,' also pointed to a genetic understanding of the causality of Anorexia Nervosa:

> "Genes…I mean there's environment but genes are perhaps even heavier than environment I think in many cases I mean they're all going to add up at the end of the day but uh it's amazing how you see the gene pool produce it."
>
> (Participant one)

The reproduction of this discourse again positions the Anorectic as a powerless victim and in some way implicates the family, and specifically the parents, in the transmission of a 'faulty' gene. In this way, agency is removed from the Anorectic, and placed on both the poor familial gene pool as well as biomedicine. Individuals informed by this type of discourse tend to view the Anorectic as existing at the mercy of genetics, and tend to contest social or environmental discourses. While this appeared to be the case with Participant nine, other participants favouring a biomedical discourse were still evidently influenced by other significant discourses. This points to the referent nature of discourse and the ability of diverse systems of meaning to operate simultaneously within a single person's talk. Conflict in participants' subscription to these discourses was also evident in their talk. For example, some mothers supported a discourse of genetic determinism by revealing a genetic link to grandparents (or other family members) that had suffered with Anorexia Nervosa, but at the same time refuted such notions by pointing out that they had not fallen prey to the same

genetic misfortune. In this way, they negate the plausibility of constructing the Anorectic as at the mercy of her genetic heritage, and thus suggest that such a possibility does not exist. Regardless of the truth in the discourse of genetic determinism it remains a particularly dominant discourse in the understandings of causality of Anorexia Nervosa. Malson (1998, p.81), believes that "the proposition that heritable dispositional traits may predispose individuals to Anorexia Nervosa cannot be seen as empirically verifiable 'fact,' but rather as highly contentious discursive construction." Fuelled and supported by numerous studies and significantly reproduced, the genetic discourse on Anorexia Nervosa does appear to be the "highly contentious discursive construction" Malson (1998, p.81) claimed it to be.

4.2.1.3 Anorexia Nervosa as an Addiction

This subtheme was clearly evident in the words of participants who directly referred to their daughter's Anorexia Nervosa as an addiction. This discourse of addiction was reproduced by over half of the study's participants, and was done so firmly and with certainty, highlighting that what their daughters had was an addictive problem. In viewing participants' contexts it appeared that this view was taken up by religious individuals (who appeared to take to the spiritual nature of the twelve-steps), as well as those individuals directly affected by the twelve-step program. By aligning discussion around the etiology and treatment of eating disorders with a program targeted at addictions, assumes that an eating disorder is in fact an addiction itself (Vandereycken, 1990). This is consistent with the emergent assumption made by some participants, as reflected in their language, which echoes the texts of these programs. This discourse is made up of various texts in support of the addiction link in eating disorders. Marrazzi *et al.,* (1997) for example, refer to research which points to similarities between cases of eating disorders and addictive conditions such as substance dependence and alcoholism. Participants appeared to reproduce such ideas in the following remarks:

> "Um certainly [name] is an anorexic I think it's the same as saying I'm an alcoholic and it will be with her for the rest of her life."
>
> (Participant nine)

> "My understanding I believe that it's something that is with you and I believe it never leaves you, I really do. It's like an addiction. It's like somebody who smokes or somebody who's drugged or somebody who has has a sexual addiction."
>
> (Participant six)

> "...ya I mean it's addictive so I can see the parallels with um you know drug behaviour and other behaviours where people are just abusing and on a roll and just disregarding you know the issues and pain of everyone else around them."
>
> (Participant four)

> "It's an addiction how else can I put it? Well it appears, having read things that if they sort of you might say are able to discipline themselves to this sort of degree and if they ever have control and they see that they lose weight they have an adrenaline rush and that acts as a you might say as somebody who takes a drug in the same way."
>
> (Participant eight)

> "Uh um ja uh when I mean an addiction I say I think that Anorexia is an addiction I think now that she's discovered that she has this this thing with food I can label it an addiction."
>
> (Participant six)

> "I can't tell you now whatever anybody says to me it's an addiction. Anorexia and you know overeating whatever... it's a severe addiction in my opinion."
>
> (Participant two)

These five participants reproduce a very specific discourse on Anorexia Nervosa as an addiction. Linked to the discourse of Anorexia Nervosa as a disease, in a sense, is the view that the disorder is something that is biologically based and inherent in the individual. The reproduction of such a discourse thus serves to remove agency and relieve responsibility from the parental figures, family or society. The growing tendency of the general public to refer to Anorexia Nervosa as an addiction reflects the power of a key agent to generate this discourse - the popularised twelve-step program. The doctrines of this model appear to have filtered into common-sense understanding and tend to be taken up by individuals in search of an answer and a structured process to overcome the 'disease'. The implication here is that by classifying Anorexia Nervosa as an addiction, it may be similarly solved with such corrective and rehabilitative programs.

Also evident within the reproduction of the biomedical discourse was the simultaneous contestation of various biomedical notions. This subordinated voice of contestation became apparent at times in comments that negated the purpose and efficacy of medication in the treatment of Anorexia Nervosa. The reproduction of the biomedical discourse tends to locate agency within biomedical variables internal to the individual thereby removing a degree of agency form the articulator of the discourse. While biomedical notions of Anorexia Nervosa position the Anorectic as victim of biomedical dysfunction, other discourses- attributing the

development of Anorexia Nervosa to internal constitution- view the individual as having the potential to control the maladaptive behaviour. This perspective then positions him or her as the target of blame. This discursive function will become evident in the discussion of the psychological discourse pertaining to the causality of Anorexia Nervosa.

4.2.2 Reproducing psychological constructions of Anorexia Nervosa

Stein and Corte (2007) suggest that "dating from early psychodynamic theories, the eating disorders...have been characterised as disorders of the self." The discourse of Anorexia Nervosa as internally determined attributes the manifestation of eating disordered behaviour to psychological factors, individual characteristics and emotionality, as well as developmental issues and life stressors, and therefore locates responsibility within the self. This understanding of the Anorectic as manifesting her 'own disorder' is one that is widely drawn upon due to the power of psychological discourse (Costin, 1985). The discourse of psychology and the processes in which we engage to produce 'scientific' knowledge about social reality impacts upon the adoption of certain notions about pathology, individuals and gender by the general public. These understandings emerged in different ways through participants' talk. Participants revealed notions of their daughters' Anorexia Nervosa as internally rooted. This was seen to be as a result of psychological factors including dysfunctions in the Anorectic's personality, emotion and development. These factors, spoken about in elitist psychological discourse (Malson, 1998; Bruch, 1973), filtered down to mainstream understanding and referred to by participants, will now be further explored.

4.2.2.1 The construction of Anorexia Nervosa as a dysfunction of personality and emotion

This discourse is evident in various texts and emerged from within the talk of over half of this study's participants. Maine, Davis and Shure (2009, p.36) suggest that "eating disorders are best understood as psychological disorders because in every case, food and eating are symbolized or given meaning beyond ordinary nourishment and consumption." Common understandings of the Anorectic according to particular personality traits- including perfectionism, anxiety, low self esteem, and harm avoidance- form part of the construction of Anorexia Nervosa as internally determined (Polivy & Herman, 2002). A discourse of internal determinism that associated personality and emotionality with the manifestation of Anorexia

Nervosa became evident in participants' talk. For example participants two, seven, eight and nine all, to some extent, attribute Anorexia Nervosa to personality:

> "I think it's more personality actually...I think that it's her perfectionist, people pleasing kind of personality. It's her personality I think that has to do with it."
>
> (Participant two)

> "I think the biggest thing was her own personality, really that was the biggest thing."
>
> (Participant seven)

> "The sense of urgency is very much more pronounced as type A personality 'cause it's generally is the type A personalities that seem to get this."
>
> (Participant eight)

> "Yes I think so it's one of those sort of dependencies on controls and or the lack of and the anxieties that go around it. Um personality characteristics and obsessive, compulsive behaviour...You can't put it down to just an environmental thing it was definitely her."
>
> (Participant nine)

Participants evidently reveal a belief in personality as a determining factor. Particular personality characteristics often highlighted in elitist discourse were also mentioned. For example Participants eight and six both appeared to understand perfectionism as being a significant characteristic of the Anorectic. Participant eight stated that anorexic woman "have these huge ambitions and perfectionism" while participant six commented: "I think definitely [her] character, the character of perfection". Polivy and Herman (2002) suggest that common understandings of the Anorectic according to particular inherited traits, including perfectionism, anxiety, low self esteem, and harm avoidance, form part of the construction of Anorexia Nervosa as internally determined, but also as genetically predisposed. Traits are viewed as predetermined and thus the individual has no role in the formation and maintenance of these traits allowing agency to be deflected toward individual's psychological characteristics or perhaps a poor parental gene pool. Strober (1986, as cited in Malson 1998, p.81), among others, suggests that predisposing factors are best understood in terms of "genetically transmitted dispositional traits." These traits are believed to exist across families and most strongly between mother and child. Reproducing this discourse thus often assumes that the eating related problem is inherited from the mother. In questioning participants on their perceptions of the similarities and differences between themselves and their daughters,

most suggested that they were in fact quite different thus refuting notions that the defective personality of the daughter is a product of her mother's flawed character.

Other participants, in viewing Anorexia Nervosa as internally determined, attributed emotionality and dysfunctional psychological factors in particular for example:

> "To me it was an emotional problem more than anything else...when she's happy she's fine it was definitely an emotional thing...it wasn't because she was fat or thin or I was fat or thin or someone else was fat or thin or punishing herself."
>
> (Participant three)

> "Underlying, the anorexia there is this anxiety state whether it's depression or acute anxiety manifesting in some ways, presenting itself as anorexia. Take that away um and we've got we have still got the anxiety state and the depression channelled in different kind of ways."
>
> (Participant nine)

These ideas, particularly the descriptions of Participant nine, appear to be the filtered down through reproductions of elitist discourse. As gleaned from these excerpts Anorexia Nervosa is viewed as a psychological or emotional problem that is internally determined. The function of this discourse, for the mother, is the deflection of blame from herself to her daughter. The mother plays no part in this discourse of internal determinism, and thus, reproducing these notions once more serves to remove agency and alleviate responsibility. Through reproducing this discourse participants are also positioning the anorexic woman as emotionally vulnerable and defective in terms of personality. The emotionality of women forms part of a broader gender discourse present since the first description of hysteria as a pathology of women (Malson, 1998). The reproduction of this discourse thus serves the social function of maintaining the construction of women as emotionally unstable, fragile and vulnerable. Further, assuming personality, as widely suggested, is a fixed pattern of relating throughout one's lifespan (Sadock & Sadock, 2007); the adoption of this notion presumes a poor prognosis for change and thus a poor outcome for treatment.

4.2.2.2 The "Peter-Pan syndrome": constructing Anorexia Nervosa as an adolescent crisis

A further psychological notion is the understanding of Anorexia Nervosa as developmentally determined. Indeed, the construction of Anorexia Nervosa as a reaction to the demands of

adolescence and the requirements of the teenager to behave more independently is a discourse often reproduced in the theoretical literature (Hepworth, 1999; Sadock & Sadock, 2007). Orbach (1985 p.129) suggests that a commonly held view of Anorexia Nervosa is that it represents "the female's refusal to be an adult [and is] perceived as a disorder of puberty, an attempt to remain a little girl or a denial of femininity." Anorexia Nervosa constructed as a subconscious means of preventing womanhood is a discourse that appears to have filtered down to mainstream understanding from its origination in elitist theory. Bruch (1973) suggested that the adolescent Anorectic changes her own body to set her apart and to avoid the 'unacceptable' demands placed on her to become a woman. Participants appeared to be perpetuating such an understanding of their daughters, and thus the anorexic woman, as utilising restrictive behaviours to cease the developmental changes toward womanhood. Supportive of this discourse is the well noted fact that Anorexia Nervosa most commonly manifests in adolescence and is viewed in some sense as the symptom of an identity crisis. In describing such a scenario, Hepworth (1999, p.58) suggests that Anorexia represents "a crisis about women's personal existence based on a lack of women's autonomy to develop an 'authentic' identity." This identity is most often associated with the womanhood the anorexic woman is viewed as desperately attempting to avoid. This discourse has come to be an acceptable common-sense way in which to understand Anorexia Nervosa. In a study by Hepworth (1999, p.84) on the discourses reproduced by mental health workers, one participant suggested "I think there are often some sort of fundamental conflicts about sexuality as well, about, you know, the developmental crisis when someone is approaching adolescence..." This discourse appears to be one that is accepted and acknowledged both in elitist text, by the general public, and as revealed in the current research, by mothers of daughters with Anorexia Nervosa who reproduced this discourse in the following statements:

> "well I think it's you know, developmentally related possibly as girls might feel their change in shape and so on is disturbing and all those adjustments and that sense of going from a place where you are having fun and running around like a kid and the next minute, oh goodness what do I look like."
>
> (Participant four)

> "I think this all started at a time with the vulnerability of discovering your own sexuality and your own um intimacy with males…when that whole sort of competitiveness arrives in your life at that age when you enter into high school."
>
> (Participant six)

Both participants reveal specific anxieties around adolescence serving as a catalyst to their daughters' eating disorders. Participant four viewed her daughter's struggle with the transition to adolescence and the search for identity as leading her to reflect on her appearance. In addition she suggests that her daughter might be utilizing eating disordered behaviour to maintain the comfort of her pre-adolescent self. This excerpt is in line with what Hepworth (1999) describes as a woman's refusal to accept her culturally-defined role, and the pressure she faces to assume a particular identity. Participant seven also reproduced this discourse stating:

> "It stops her from growing up. You know what she said way back I think when she was about 14, I actually had her at the doctor…she was beginning to get an eating disorder and she wanted the doctor to give her some hormones to make her stop growing. She didn't want to be so tall she she wanted to stop growing...she's always kind of hinted at not wanting to grow up. I think she doesn't want to grow up and by keeping this eating disorder she's keeping me where I am as well."
>
> (Participant seven)

Participant seven's perception reproduces the current discourse by viewing the manifestation of her daughter's eating disorder as an attempt to stunt her growth toward womanhood and to maintain her position as child dependent on her mother. Proponents of the discourse surrounding the causality of Anorexia Nervosa- as located within a developmental or identity crisis- tend to view the transition into womanhood as particularly problematic for the anorexic young woman. This young woman often appears engaged in an internal struggle to remain a child (Lawrence, 1984). This elitist notion is in line with the discourse reproduced by Participant seven and reflects the filtering down of elitist knowledge into common-sense understanding. The mother's view of her daughter's disorder as a developmental issue and internal struggle positions the problem within the daughter and thus serves the function of removing agency from the mother herself. Further, positioning the Anorectic woman as a child (as assumed in the reproduction of this discourse), functions to infantalize her as well as to condone the treatment of her as such. The Anorectic's behaviour is viewed as "unacceptable and must be dealt with and her opinions can be discounted because they are immature" (Orbach, 1985, p.129). Ultimately this discourse constructs the Anorectic as helpless, vulnerable, and in need of reprimanding to be taken under the control of adult authorities. What is interesting here, as Orbach (1985), drawing on feminist perspective points out, is the way in which the Anorectic's refusal to accept her role is widely understood

as pathological rather than a response, albeit extremely complicated, to a confusing social role.

Some notions of Anorexia Nervosa as a developmental issue are related to the struggle for autonomy; however, these often implicate the mother for her role in stifling the establishment of a separate self. Hepworth (1999, p.58) highlights a view of Anorexia Nervosa as representing "a crisis about women's personal existence based on a lack of women's autonomy to develop an 'authentic' identity." This and similar notions tend to implicate the enmeshed mother-daughter relationship in the inability, on the part of the daughter, to establish her own identity separate from her mother. Participant seven's comment about her daughter's maintaining her eating disorder, in turn keeping her where she is, suggests an implicit knowledge of the closely intertwined nature of their relationship and her daughter's use of the disorder in maintaining this relationship. Here she also appeared to be simultaneously reproducing a motherhood discourse which asserts that despite the challenges, she will continue to provide and fill the role of supportive caregiver as long as her child needs her to. This assertion is further in line with society's expectations of mothering.

Further embedded in the understandings of this discourse is therefore the notion of the mother, and the mother-daughter relationship as fuelling problems of autonomy and identity. Object relations theory believes that:

> "[u]nempathic, intrusive or overprotective mothering may result in a child with an ego structure inadequate to the tasks of autonomy and self-regulation, with little capacity to monitor inner bodily states such as hunger and satiety, and with a resulting tendency to act out conflicts over independence and self-control via excessive control of the body and its food intake" (Bruch, 1974 as cited in Beattie, 1988, p.454).

This text perpetuates an implicit mother-blaming-discourse and although not explicitly stated, comments such as the one made by Participant seven identify the mother's connection to the disordered behaviour. The need to gain independence and autonomy from parental figures during adolescence is a constructed belief which is informed by explorations within the realm of social and psychological theory. This construction appears to result for some, in a struggle between a need to conform to ideals of autonomy and a resistance to doing so. These struggles of adolescence are understood by some to be managed in a maladaptive manner

through eating disordered behaviour. This notion emerged as another significant subtheme within the discourse of internal determinism and is discussed in the section which follows.

4.2.2.3 Anorexia Nervosa as a 'coping mechanism'

The discourse surrounding Anorexia Nervosa as a coping mechanism was evident in participants' talk revealing perceptions of their daughters' eating disorders as a means for coping with developmental and life stressors. Costin (2007) suggests that chaos and uncertainty in the form of a developmental or life crises are understood by some to be the catalysts which cause eating disordered behaviour to emerge. This behaviour serves as a coping mechanism reducing the unpleasant emotions and intense anxieties often associated with the need for autonomy. Further this discourse suggests that eating disordered behaviours become substitutes for undeveloped psychological functions for example "not eating makes me feel safe and in control" (Costin, 2007, p.78). In some instances participants referred to the restrictive nature of Anorexia Nervosa as allowing their daughters to exert a sense of control unattainable in other aspects of their lives. This common-sense description may have been filtered down from elitist knowledge through various texts for example: "amid the confusion that surrounded the dual roles of women - motherhood and having a career - women attempt to regain control over their lives through Anorexia Nervosa" (Orbach, 1986, as cited in Hepworth, 2004, p.58). In reproducing this discourse participants are drawing upon elitist knowledge and longstanding theory surrounding the anorexic woman and ideas around her need for control. Amongst other authors, Polivy and Herman (2002, p.195) consider the possibility that "problems of identity and/ or control are central to eating disorders, with the individual attempting to resolve these problems by investing emotionally and behaviourally in the pursuit of slimness." Participants expressed views that their daughter's disorder represented an attempt to attain some kind of control in their seemingly chaotic life. For example, participant two stated:

> "Maybe she felt she couldn't cope anymore and she couldn't keep up this high standard and maybe that's why she turned to this to Anorexia because it was a way of controlling everything...actually that's what I think happened to her. She couldn't deal with it all and had to try and find another way... she didn't have to deal... she could now focus on this because it's actually a full time job."
>
> (Participant two)

Participant two reflects upon the notion that the behaviours associated with Anorexia Nervosa provide a sense of control, purpose or means to cope with, in her daughter's case, the high standards set by society, her family or her own self. Other participants also reproduced the notion of Anorexia Nervosa as a vacuum in which life's issues can be consumed. Participant nine revealed her perception of her daughter as struggling to establish a sense of identity. She maintained the belief that her daughters Anorexic behaviours are utilised to ease her stress and struggle, and to provide control and a sense of containment in an uncontained world. Participants three and one revealed similar notions:

> "You know that's where she found her her place and her identity and I think it's even been verbalized recently...um that's the comfort she found in a place, that she was just really good at being anorexic."
>
> (Participant nine)

> "There was a lot of things that she didn't have control over... the one thing that she did have control over was what went into her mouth."
>
> (Participant three)

> "It's a form of security, a form of control...or another form of coping."
>
> (Participant one)

Hepworth (1999) suggests that the anorexic woman takes control of her own body by denying herself food. This discourse of Anorexia Nervosa as a means of control and as serving as a coping mechanism, locates the manifestation of the disorder within the daughter. In this view, the anorexic woman is conceptualised as vulnerable and unable to cope. Further Anorexia Nervosa is perceived by participants as serving a significant purpose in the lives of their daughters by providing them with a sense of control, purpose and comfort, as well as easing their pain and helping to solidify their identity. This discourse assumes the life of the anorexic woman is unmanageable to the point that Anorexia Nervosa insidiously takes the place of the 'ideal-mother' providing the source of comfort and sense of control that the mother was unable to provide. On a surface level, however, the participants' use of this discourse appears to allow the mother figure to relinquish a sense of responsibility by taking a view of her daughter's behaviour as an internal struggle unrelated to any wrongdoing of her own.

While the preceding themes reveal discourses of causality that locate responsibility internally in the form of biomedical and psychological factors, the theme which follows here reveals the way in which participants reproduce a discourse that locates responsibility within the family.

4.2.3 The Family Dysfunction discourse

Certain texts have the power to foster dominant discourses and eventually widespread understanding of various discourse-based conceptualisations as accepted truths. For example, Minuchin and colleagues' (Minuchin, *et al.*, 1978) use of the term "the anorexogenic family" makes a major claim that appears to be at the base of a discourse about the anorexic family as dysfunctional. This theme became evident in different ways through the dialogues of the study's participants. While some participants focused on the family as a whole, others focused on the mother's, father's or sibling's role in the manifestation of the disorder.

The family is a deeply entrenched structure in the life of society and is imbued with particular importance in terms of maintaining or destroying its members. At the heart of the family dysfunction discourse is the notion that the family plays a significant role in the manifestation of certain disorders regardless of any relevant evidence. Lawrence (1984) describes how a great deal has been written about the role of the family in Anorexia Nervosa with some authors suggesting that the cause of anorexia lies within the family and others attributing certain family behavioural patterns to the maintenance of the disorder.

The way in which the family is assigned responsibility appears to change according to the times, often seeing society shifting its perception in light of the broader social climate. At times of challenge and unrest society's conservatism tends to locate problems internally focusing on dysfunction in the individual or family as the basis for problems. During times of growth and revolution on the other hand, focus tends to turn to the external causal nature of societal and individual problems (Furnham, 1988). Although hedonism reigns in the broad discourses of the body, it appears that the current social climate of conservatism is influencing the way in which mothers speak about their daughter's Anorexia Nervosa. This approach to talking about Anorexia Nervosa has also particularly affected how they assign causality. In the majority of participants this has been within the family.

This theme encapsulates the various ways in which mothers of daughters with Anorexia Nervosa talk about the family, and the role of family members in the manifestation of their daughter's disorder. In doing so the participants draw upon a discourse that places a great responsibility on the family for the outcome of its members. Mothers spoke with certainty about the way in which the various components of their fractured family structures have lead to their daughters' current problems. Evidence implicating the family in the manifestation of Anorexia Nervosa is currently rife throughout the literature (Minuchin, Rosman & Baker, 1978; Maine, 2004; Bruch, 1973; Beattie, 1988; Herman & Polivy, 2002, Malson, 1998) and reinforced by health care professionals (Riebschleger 2001). Elitist discourse utilizes descriptions that have referred to the 'Anorectic family' as important etiological and maintaining agents since the earliest case descriptions (Ward, *et al.*, 2000b), as enmeshed, intrusive, hostile and negating of the Anorectic's emotional needs, as well as critical and controlling (Minuchin, *et al.*, 1978), and as exhibiting low levels of nurturance and empathy (Herman & Polivy, 2002). The purchase power of this 'elitist discourse' which assigns blame to the family is immense. The pointed descriptions exposed in the literature appear to be reproduced in everyday discourse as revealed in the talk of participants.

The family of the anorexic women appears to accept fault and acknowledge blame for the manifestation of the disorder. These strongly held notions may be the result of the insidious way in which social and psychological discourse penetrates common understanding. Professionals appear to have shifted blame away from what was recently seen as an external target in the form of society and the media to internal blame within family dynamics. As previously described this may be a reflection of the present conservative climate (Furhnam, 1988).

As the subthemes of this section unfold, the various components of familial blame become evident. Six subthemes emerged namely: "Reinforcing notions of the 'ideal' family", "The 'ideal' Mother -the responsibility of the primary caregiver", "Reinforcing thinness: the mother as transmitter of ideal femininity", "The purchase power of 'mother bashing'", "The signifying the father in Anorexia Nervosa: the discourse of father hunger" and "Scapegoating siblings: the common-sense acceptance of sibling rivalry." Each subtheme will now be explored in more detail.

4.2.3.1 Reinforcing notions of the 'ideal' family

The discourse of the ideal family emerged as a significant theme and appears to be a central focus when relating the causality of Anorexia Nervosa as perceived by the mother. Deeply entrenched ideals of what constitutes the 'perfect' family places pressure on families to conform. Further, deviating from the 'ideal' is understood to result in negative consequences; this is a discourse participants appeared to reproduce. This appears to be a reflection of society's emphasis on the ideal nuclear family as an antidote for dysfunction. Many of the participating mothers attributed their daughter's disorder to their fractured and conflict ridden families believing that divorce for example was the catalyst. The responses gathered reveal the purchase power of the discourse of the ideal family.

Texts reinforcing the significant role of the family stem from various sources -including the images of the family portrayed by the media, as well as that written about in books and explored in elitist discourse- paint a picture of a mother, father and children who are happy and conflict free (Hepworth, 1999). The family is also imbued with the role of primary socializing agent and if socialization is inadequate, problems on the part of the child are designated the fault of the parent (Benninghoven, *et al.,* 2007). Further embedded in the 'ideal family' discourse is a gender discourse that assumes certain roles within the family, along gender-specific lines. In the framework constructed by this discourse, the ideal mother and father 'should' adhere to specific roles, with the consequence of deterring from these ideals being any number of negative consequences. For example, at the root of this discourse is the idea that non-adherence to the role of the mother as primary caregiver and emotional supporter, and the father as breadwinner- with the requisite new age slant of 'family man'- will lead to dysfunctional family dynamics (Maine, 2004). Further, certain positive characteristics of the ideal family are emphasised; for example nurturance, love, unconditional positive regard, patience and acceptance are afforded much importance. The family of the Anorectic however, is often described according to the ways it deviates from the ideal, for example: enmeshed, intrusive, hostile and negating of the patient's emotional needs, as well as critical and controlling (Minuchin, *et al.*, 1978).

Talk exemplifying this discourse revealed an emphasis on the family as a significant contributor to the daughter's disorder, and neglected other commonly noted factors such as societal or biomedical influences. The discourse on family dysfunction serves to reinforce societal pressure on the ideal family unit and locates blame internally. Dismissing external

sources of blame such as biological or social factors sees sole responsibility for the manifestation of Anorexia Nervosa as rooted in the family.

This theme emerged in various ways through the mothers talk. For example, Participant one attributed her 'unstable' family as being the central cause of her daughter's disorder and further implied that the prevalence of eating disorders in society is a result of fractured families.

> "The main factor, the contributing factor, is a stable family, is stable relationships...if they don't have the family structure then... well that's why we've got so much of this [eating disorders] now in our society because of the fractured families...it will target the people where they haven't had the strong family."
>
> (Participant one)

This example stems directly from a discourse on the 'ideal family'. The participant has clearly placed great focus on the ideals constructed by society and feels that the 'failure' of her family, in light of a 'disregard' for these ideals, has lead to the manifestation of her daughter's disorder. On an embedded level, Participant one is also implying that a weak family equates with a weak society, and thus implicitly supports the regulation of society through the adoption of these ideals. Participant two also assigns responsibility to her non-ideal "family situation" and makes reference to the lack of support she felt, while Participant seven in turn implicitly cites the disharmony in her home as contributing to the manifestation of her daughter's disorder, as can be seen in the following excerpts:

> "It might have to do with the family situation...we divorced when they were very young...whether that had anything to contribute it might well have I don't know because obviously when you're in a single family there will be difficulties...there was no support."
>
> (Participant two)

> "Uh there were problems at home and I think that contributed as well. My husband and I weren't always getting along and uh ya I think those two things were contributing."
>
> (Participant seven)

The importance of a 'perfect' family life where husband and wife always "get along" is reiterated in the comment by Participant seven who constructs marital discord as significantly

problematic. Through these excerpts it becomes evident that the ideal family is equated with the healthy family. Conversely, the family that veers from the ideal takes on the identity of the dysfunctional family that manifests with problems such as a daughter with Anorexia Nervosa. This discourse filters down from elitist discourse, and is persistently reinforced by television and other media programs typifying the ideal family and further reproduced by those families who strive to attain the ideal. The discourse serves a function for society as a whole. In order for there to be an 'ideal' society and 'ideal' nation the preservation of the 'ideal' nuclear family is imperative. The power of society to enforce unconscious self-regulation is evident in the pressure experienced by families to conform to the ideal. Further, by talking about the family in the ways described, one is implicitly stating that anything that veers from the ideal nuclear family is 'abnormal'. This has significant implications for the acceptability single mother, single father or same sex families. Supporting a discourse of the ideal nuclear family and heteronormativity effectively refutes polygamous, homosexual or other 'alternate' families and lifestyles. This discourse is also evident in the talk of Participant eight who clearly defines what that which is seen normal and concurrently implies that shifting the norm is aligned with certain consequences:

> I mean you know it does impact on all children um I think the good old fashioned sort of uh family where people work you know 8-5 and dad hardly ever goes away is uh doesn't really exist much these days um and then of course there are a lot of families with all sorts of different parenting options. Fill in a school form and you'll see parents staying with mother, staying with father, staying with guardian, staying with other, you know so uh…I suppose she's had a very much normal background if you look at other children.
>
> (Participant eight)

Participant eight implicitly suggests that single headed households or any familial situation which strays from the ideal nuclear mould does not in fact provide "normal' background for a child. Common-sense perceptions of 'normal', in the form of heterosexual, married and happy parents, work subtly to ensure the maintenance of a 'normalised' society as a whole. Through the discourse of the ideal family individuals are pressured to conform to this notion which serves to regulate society through the institution of the family.

A further function of this discourse is to place responsibility on the family when veering from the norm results in disease or dysfunction. Here, blame is shifted away from external influences such as the media or societal pressures, toward the internal influence of the family.

In context of this study, the reproduction of this discourse often resulted in a sense of responsibility on the part of the family, perceived by the family members themselves, for straying from the ideal and thereby catalyzing the manifestation of the daughter's disorder.

4.2.3.2 The 'ideal' mother - the responsibility of the primary caregiver

This subtheme became evident through the many exemplars of the martyr-like role mothers take on in their children's lives. At the basis of the need and desire to be the ideal mother is a gender discourse which assigns roles to men and women, mothers and fathers, based on sex. Butler (2004) asserts that the human being is produced and reproduced by society, and that specific roles are assigned to those who bear and those who raise children. Lazar (2002 as cited in Litosseliti & Sunderland, 2002) describes the construction of women's other-centeredness in relation to men and children in the context of the nuclear family, a construction reflected in participants' descriptions of their role in their daughter's life. The participants, in most cases, revealed a sense of being unsupported. Most described raising their daughters on their own but also seemed to feel that this was their role or duty. This theme aligns to Pearlman's (2005) therapeutic experience with mothers of daughters with Anorexia Nervosa. Pearlman suggested that "when mothers are available to be questioned about the experience of their daughters' infancies they often report on their own anxieties about mothering or lack of support from absent fathers (both in the literal and figurative sense)" (Pearlman, 2005, p.227). This experience on the part of the mother reflects the emphasis placed on her, as a woman, and the expectation for her to care for her daughter and the de-emphasis on the responsibility of the father to take on an active role in family life. It appears that the construction of motherhood and fatherhood in some instances creates a scenario in which the mother is left to care for her children alone and unsupported by her husband; in turn, his absence in fact fulfils his prescribed and 'accepted' social role. Due to the fact that the traditional patriarchal male role is to provide for the family with minor influence in the running of the home and the upbringing of children (Malson, 1998), the gendered roles taken up by parents too often go unquestioned.

As can be discerned from the above, a gender discourse highlights gender specific roles within the family and represents a localised and focal way of thinking that makes mental disorders, in this case Anorexia Nervosa, the problem of women. The mother is expected to be the "other-centred" (Litosseliti & Sunderland, 2002, p.119) socialising agent, primary

caregiver of children and provider of food within the family, while responsibility on the part of the father appears to be blinded by the 'gender veil' cloaking society.

Motherhood is constructed as an instinctual, natural and crucial part of being a woman (Beattie, 1998) and it is evident in the responses of participants that this is a role, or perhaps identity, that is taken very seriously. The need to conform to the notion of the 'ideal mother' was apparent in the talk of participants three, six, seven, eight and nine:

> "When boyfriends would say why do you always have to do lifts, I'd say because number one I enjoy it and number two who else does she have to depend on but me? And if she can't depend on me what's going to happen to this poor child?"
>
> (Participant three)

> "Well I suppose you know mother has a sort of a you might say a nurturing you know you're always there for your child and you want the best for your child and in that obviously you do a lot of physical activity to uh do the best for your children that you can you know."
>
> (Participant eight)

> "I've always been the driver, making things happen, change things that need to be put in motion, new ideas um also provider… when it came to the children I didn't have support from my husband at all."
>
> (Participant nine)

> "Yesterday was Father's Day and a friend of mine sent me a beautiful beautiful sms and I'll read it to you because I think it's just absolutely relevant to what we're saying here. Um "to all the mums who have been dads as well, congratulations on Father's Day."
>
> "I put everything on hold and brought up these two magnificent kids in every possible way. And I ya I almost I put my life on hold but not unwillingly, totally willingly. I was very involved with life but I put myself, when I mean socially I wasn't involved with relationships of any…I just brought them up. Totally."
>
> (Participant six)

> "I would say...it was probably quite a close relationship because I I think I was compensating for her father and not being there and I felt kind of bad for her so I was always there. You know and all I probably put her more in front of me, do you know what I mean?"
>
> (Participant seven)

These excerpts reveal a discourse of ideal motherhood where participants sought to selflessly take on their role as mothers. Participants three, seven, six and nine described how they had

gone beyond their prescribed role as mothers and often compensated for the absence of the father figure. The mothers' descriptions of taking on this dual responsibility appear to hold no resentment but rather an unquestionable and unconditional acceptance of their perceived duties as a mother to do whatever necessary to care for their child. Participant seven directly referred to her "other-centeredness" (Litosselit & Sunderland, 2002) in suggesting she always put her daughter's needs before her own. Despite not being explicitly stated the pressures placed on these women were implicitly noted. It appears that the role of the ideal mother is so deeply entrenched that outward expression of any struggle surrounding motherhood is seldom made and perhaps avoided.

Stereotypical ideas of woman as mothers, and mothers as selflessly caring for their children, place pressure on mothers to conform to the role of the 'ideal mother' and to accept the lack of support from their husbands or partners. This act may be seen in part as a form of regulation whereby the woman is regulated according to notions of gender and her role in the family through the construction of motherhood. Butler (2004, p.41) talks to Foucault's (1982) notion of power suggesting that "regulatory power not only acts upon a pre-existing subject but also shapes and forms that subject...and to become subject to a regulation is also to become subjectivated by it." This suggests that one is brought into being precisely by being regulated and thus implies that the regulation of the notion of motherhood brings the typified mother figure into being. Participants directly and unquestioningly reinforced this discourse and appeared to have been moulded by the notions of ideal motherhood.

Further, the pressure to be the 'ideal mother' seems to elicit the need to carry and attempt to fix any problems or obstacles that face the family. This was evident in participants' talk which suggested that the daughter's disorder was as much the daughter's struggle as it was their own. Due to the mothers significant role, much of the responsibility in the home is assigned to her and if things go wrong, blame is attributed to her. As suggested by Benninghoven, *et al.,* (2007) the mother in particular is understood as the primary role model for female attitudes toward dieting, body weight and shape. By taking on this role and reproducing this discourse in accordance with the social norm, the mothers are effectively reaffirming gender ideals (Litosseliti & Sunderland, 2002). This discourse thus further perpetuates gender constructions and functions to make the problems of the family a problem of the mother-martyr who is prepared to do whatever it takes for her children often at the detriment of herself. The mother often reveals a sense of powerlessness which through the

reproduction of this discourse is perpetuated. This discourse thus functions to maintain the gender roles within the family and within society as a whole. Without the 'ideal' mother, within the 'ideal' nuclear family, the 'ideal' society could not take form.

The repercussions for the mothers as qualitatively gauged are isolation, stress, a sense of powerlessness, immense pressure, and at times an unacknowledged sense of her child as a burden. From this and further insight into the emotions and needs of participants it became evident that nowhere was there a support structure in place for mothers dealing with issues related to daughters eating disorders. In most instances the mothers were impacted upon extremely negatively.

4.2.3.3 Reinforcing thinness: the mother as transmitter of ideal femininity

This theme expressed itself subtly through the participant's implicit comments and responses. The way in which participants spoke about Anorexia Nervosa and their relationship with their daughters quite explicitly reinforced notions of femininity. Participants' comments revealed their own roles as incubators for and transmitters of ideal femininity. The self-regulation these women impose on themselves, as a result of societal pressures of thinness, appears to have filtered down to the way in which they relate to their daughters. The discourse surrounding the mother as transmitter of feminine ideals is evident in certain texts suggesting that families have the potential to amplify or buffer damaging messages from the social environment. The mother in particular is viewed as the primary role model for female attitudes toward dieting, body weight and shape (Benninghoven, *et al.*, 2007). In this way the mother is seen as the "socialising agent" who in turn teaches 'self-regulation' to the new feminine members of society. Sawicki (1991, p.67, as cited in O'Grady, 2005), suggests that

> "disciplinary practices... secure their hold not through the threat of violence or force, but rather by creating desires, attaching individuals to specific identities, and establishing norms against which individuals and their behaviours and bodies are judged and against which they police themselves."

This statement exemplifies what appears to occur with these participants, who by subtly enforcing certain disciplinary practices pertaining to food and the body, whether knowingly or not, reinforce the identity of the ideal woman and the need for self-policing to ensure the feminine ideal is maintained. Through the mother's task as the primary role model for female

attitudes toward dieting, body weight and shape (Benninghoven *et al.,* 2007) the societal discourse of the thin women is believed to be infused into the home.

Viewed in this way, the manifestation of Anorexia Nervosa within the female family member is often attributed to the mother's influence. This further makes way for the emergence of a mother-blaming discourse which will be expanded on in greater detail in a later theme. Pike and Rodin's (1991) study on mothers, daughters and eating disorders, demonstrated that both modelling and encouragement from mothers influenced body image and eating behaviours. This subtheme looks at certain aspects of the mother's talk that evidences her tendency to reproduce the feminine ideal in her children through what is shared, encouraged and demonstrated to them. For example, reinforcing ideals of femininity by demonstrating the importance of thinness through monitored eating was noted in the talk of participants one, two, and six:

> "They would have their hands in the chips, there was definitely an increase in appetite and they were really greedy and I think I handled it well in that I told them "well, girls, hand out of the chip packet, stop feeling sorry for yourself and come with me to the gym."
>
> (Participant one)

> "I suppose in some ways I'm also not blameless as a mom, as a real person, as as wanting everybody to look their best for...and be the best and and I'm a very involved mom, I'm not somebody that sits back and lets everybody get on with it."
>
> (Participant six)

> "I suppose we have our little things, everybody has their little food things. I never had an abundance of food it wasn't as if there was a lot of food around... certain things we didn't eat like the skin of the chicken... we always had to eat healthy"
>
> (Participant two)

As can be noted, while some participants explicitly revealed their preoccupation with feminine ideals and their transmission of these ideals to their daughters others appeared to do so while unaware of their implicit communication. The talk revealed in these excerpts is underpinned by an embedded discourse of 'thin' as ideal and the notion that one should strive to conform to this ideal. Noted in the text of Participants one and six in particular was a subtle contestation of ideals of motherhood, by not conforming to the traditionally soft, abundantly caring, and unconditionally loving role of the mother (Pike & Rodin, 1991).

Further evident in the mothers' talk is the way societal discourse of thinness tends to influence and mould views on what is considered 'normal' in terms of body shape and size. In the following excerpts, Participants eight and six reveal the power of thinness and it is possible to note the way in which they may be blinded by the damaging nature of this feminine ideal through their acceptance thereof as the norm.

> "You know I always followed the line obviously in this profession you can't uh be 2-ton Tess but uh you must be sensible and I mean there're times for you know having treats etc but you can't sort of load your whole life with treats if you want to move into that profession. So I mentioned 'sensible' eating to [name]."
>
> (Participant eight)

> "I'd noticed that she had lost a bit of weight but not not something that was very obvious um I actually thought she looked quite fine, quite good."
>
> (Participant six)

During the course of the interview Participant six had revealed that while she had thought her daughter looked 'fine", a friend needed to awaken her to the problematic nature of the situation. This excerpt highlights how the desire for thinness, an ideal strived toward for herself, as well as for her daughter, sometimes blurred the line of what is considered to be a "good" physique and what is considered too thin. Some of the comments made are evidently driven by the participants' own desires for thinness and notions of the ideal 'size zero' body. This discourse is strongly underpinned by a gender discourse where the desire for thinness is seen as predominantly a female pressure and one that the mother feels she shares with her daughter. In this way, the constant pursuit of the idealised, thin female body becomes the legacy passed down from mother to daughter as part of her gendered heritage.

In socialising young girls around the ideals of femininity and thinness, these excerpts reveal the unintended pressure that mother's may be placing on their daughters as a result of the pressures they experience to conform to certain feminine ideals. The self-regulation the mother places on herself is in a sense encouraged as a practice to be taken on by her daughter. The mother's talk exemplifies the commonsense notion that thin is good, beautiful, desired and acceptable and should be strived toward. By actively reinforcing these ideals and emphasising the importance of thinness, the mother serves to maintain her gender identity and her socialised position as an object of male desire (Hepworth, 1999).

Lastly, most of these participants (with the exception of Participant six), while reproducing discourses on family, siblings and fathers, failed to locate any sense of responsibility within themselves and appeared to neglect, and perhaps silently contest, the presence of a dominant mother-blaming discourse all together. This subordinated voice serves to challenge taken for granted notion of the mother as responsible for her daughter's disorder. The function of this may be self-preservation in the sense that mothers perhaps protect themselves by failing to acknowledge the prevalent discourse pertaining to their role in the disorder. This, however, was not always the case and some participants did in fact reproduce a mother-blaming discourse. In their reflection these mothers revealed feelings of blame and responsibility as noted in the subtheme that follows.

4.2.3.4 The purchase power of mother-blaming

This subtheme emerged as it became apparent that some participants clearly reproduced the mother-blaming discourse evident throughout the literature and reinforced by elitist discourse. Hepworth (1999) suggests that the discourse of mother-blaming emerged from the excessive tendency of academic literature and social welfare policies to focus on the mother in the explanation of psychological and social problems. This notion filtered down from elitist discourse to become what is now considered a common-sense discourse reproduced by the general public.

The mother has long been targeted as the model and influencing factor in the manifestation of her daughter's Anorexia Nervosa. This mother-blaming discourse is often acknowledged, consequently leading to feelings of blame and guilt on the part of the mother. In Brays's list of various common discourses, one text describes Anorexia Nervosa as: "a pathology that flourishes in matriarchal households" (Turner, 1984, as cited in Bray, 2006, p.412). This is just one example of many texts highlighting the mother's role. The pressure placed on the mother as caregiver and key agent of socialization is noted, and the self-blame that occurs as a result of 'failed mothering' is immense. The implications of such pervasive discourses are the placing of blame on the mother and her subsequent feelings of guilt and shame. This is evident in the following excerpts from interviews with participants four, six, seven and nine:

> "It's just the most disabling thing imaginable because you just feel what on earth have I done, have we done that we've landed in this"
>
> (Participant four)

> “Maybe I was... I don't know... maybe I was too involved in my own life”
>
> (Participant three)

> “You know I did kind of stop...you know instead of letting things happen to her or whatever you know I would try and protect her and try and stop her from feeling that way which I think maybe...if I did it all over I would not do the same things again.”
>
> (Participant seven)

> “Ah and then sort of retrospectively I should have picked up the signs…And but do you see what happened was she would have a plate of food, she’d throw it away and which we didn’t see… We didn’t really realize that she wasn’t managing and I think that’s where the blockage and the denial was. Look we didn’t pick it up, we should have picked it up.”
>
> (Participant nine)

> “I thought “where have you been [name] you are so together, you are such a together mother but you missed this or you didn’t want to see it or what is going on there, you’ve missed something you are so together but this you have missed [name] you’ve missed it.”
>
> (Participant six)

These texts reveal feelings of regret, sadness, blame and a sense of shame for having "missed" the signs. The mothers appear to take all responsibility onto themselves, influenced by the mother-blaming discourse which functions to cyclically reiterate this mentality. With the abundance of literature pointing fingers at the mother, as well as elitist discourse’s reinforcement and the general public’s acceptance of such notions, one might have assumed that feelings of blame and responsibility would have been far more significant within the responses of participants. Although within the above mentioned participants this discourse was significant, other participants did not reproduce this discourse in any way. The researcher postulated that the results may be taken at face value and understood as meaning that many of the mothers are not affected by the impact of a mother-blaming discourse or alternatively that they fail to reveal it. However, attention should be given to the difficulty the researcher was presented with in terms of gathering a sample. Over fifteen potential participants refused to partake in the study with the overriding reasons emerging from one of two scenarios. Either the mothers stated that the process would be too difficult and that they felt too much pain and guilt around the issue, or the mothers responded in anger, in a defensive manner that vehemently refuted her having anything to do with or to say about her daughter's disorder. Both responses appear to be influenced by a mother-blaming discourse that has perhaps

filtered into the mother's understanding of her daughter's disorder and the extreme guilt and shame that comes with such an acknowledgment in the context of an overarching discourse of maternal blame.

The effects of such a discourse place the mother in a helpless position, to be at times overcome by guilt and shame. Embedded in theses texts is a gender discourse which propagates the notion that the mother as primary caregiver should assume responsibility. The feelings accompanying the acknowledgment of blame and the failure of her role in this context come almost as a punishment for falling short of the ideals of motherhood. The mother becomes the scapegoat for the daughter's disorder and accountability of biological and social influences, as well as the influence of other family members, falls away. This discourse tends to stigmatize the mother of the anorexic woman and reinforces her constructed position as a negative influence. In the majority of interviews however, it appeared that it was not in fact the mother who was constructed as a significant determinant in the daughter's disorder, but rather the father.

4.2.3.5 Signifying the father in Anorexia Nervosa: the discourse of father hunger

The discourse of father hunger underpins a notion that has only recently been considered as significant in the understanding of woman with eating disorders. Despite its previous neglect, it appears to be an issue that has been around for decades (Maine, 2004). This subtheme emerged in both the implicit and explicit ways in which participants revealed the absence (both emotional and physical) of the father figure in the lives of their daughters, and the impact they believe this to have had in the daughter's life and the manifestation of her disorder. Margo Maine (2004), perhaps the greatest proponent of the discourse of father hunger, suggests that when fathers are absent it is not simply the 'male role' that is lost, but that fathers have a far greater impact than just being a male presence. Maine (2004) asserts that fathers influence children in similar ways to mothers, and the lack of this influence due to an absent father is often significantly felt. Most participants expressed that their daughters felt the absence of their fathers and, that they have a desperate desire for a relationships with and for acknowledgment from them.

Also important to note, as Maine (2004, p.69) suggests, is the traditions of many societies which have long treated men as "second class citizens or shadows in families, perpetuating generation after generation of paternal deprivation." The somewhat 'absent' role of the father

in the home forms part of a familial discourse that sees the father's role as secondary to the mother's, a discourse which has evidently been reproduced in the actions and understandings of mainstream society. It could be said that the diminished focus on the father's role in the construction of the family has translated to his decentralised position in reality. In some extremes this position is completely detached from that of the rest of the family and the gaping hole left by the father's absence is felt (both physically and emotionally) by his daughter (Maine, 2004). Most mothers were disheartened by the father's lack of presence in their daughter's life and, to some degree, attributed this factor as influential to the development and maintenance of their daughter's disorder. Mothers spoke about the disappointment on the part of their daughters in their relationships with their fathers, as well as their own disappointment with their husband's absence and negative effect on the family:

> "Perhaps he wasn't always there. He didn't always support everything but I think a lot of it came from her own feelings about herself. There was a lot of a lot of self injury...she felt he never approved of anything she felt she was never good enough for him."
>
> (Participant seven)

> "He was very very absent some times, so sorry to say that, very absent. As a male figure… therefore she didn't have an easy relationship with men either. Not at all. Not at all so that link between the male and the food, very strong."
>
> (Participant six)

> "Oh the manifestation…well you know I think as we said it was very much part of the rivalry between um the with her and the brothers, the tension with father, father being distant um which is still there... … she never felt she was good enough, she never felt attached you know...Um very definitely an emotional distance and absence."
>
> (Participant nine)

> "When you come from a divorced family and the father's not helping, In a away it would be, and I don't mean this to [name] (ex husband) but I'm just talking generally in a way if their father had died it would have a better impact on the child than having a divorced family where the father doesn't want to share anything in the child's life."
>
> (Participant three)

The discourse drawn upon in these excerpts points to an understanding of the father's absence as significant in the life of the anorexic young woman. It is evident that participants felt that the absence of the father figure in the life of their daughters lead to negative consequences and played a part in the causality of their daughter's disorder. The mother's reproduction of

this type of discourse reveals the shifting of blame from themselves to the father, yet although clearly stated, the way in which the mothers revealed such a discourse tended to be apologetic or with caution in assigning responsibility to the father. Participants were tentative in these statements and appeared to feel bad to explicitly attribute blame to the father who is commonly constructed as blameless. Further, the mother tends to be accustomed to taking on the blame and responsibility within the home. This reveals the deeply entrenched and accepted notion of the mother as responsible and reflects the difficulty faced in shaking such a discourse.

It appears as if society's notion of parental norms, as well as the tendency to blame the mother, has lead to an ignorance of the obvious impact of the absent father and stilted father-daughter relationship. Horsfall (1991, as cited in Hepworth, 1999) suggests that there is a noticeable bias in the awareness of the presence of mother in the discourse of Anorexia Nervosa as compared to that of the father. Evident here is what seems to be an embedded sexist discourse that favours men and implicates women. While the mother's shortcomings are often highlighted, society appears to turn a blind eye to the impact of the father. This behaviour functions as part of a regulatory mechanism whereby the mother's primary role within the home and the father's position as breadwinner outside the home are reinforced. For the mother in particular, this discourse functions to deflect blame away from herself and onto the father. This serves to lessen the emotional repercussions of taking sole responsibility for the 'problem'.

It is interesting to note that in all but one case the father was absent either physically (through divorce) or emotionally and according to participants' reports, this appeared to have had a significant impact on the daughter, manifesting in particular in her desperate desire for a approval and acknowledgment. A more thorough explication of the way in which the father figure talks about Anorexia Nervosa and perceives his own role in his daughter's life would provide greater insight into this discourse, and perhaps represents an interesting avenue for further research- this will be discussed in a later section.

4.2.3.6 Scapegoating siblings: the common-sense acceptance of sibling rivalry

The construction of the sibling relationship as rivalrous has been in place since the Bible's descriptions of Cane and Able. Mainstream discourse is rife with elitist jargon that speaks to the complications inherent in sibling relationships and the consequences for adaptive

functioning. Sibling rivalry is naturalised and thus an often accepted and seldom contested issue with the family. The sibling discourse is often coloured by extremes of closeness or conflict, and the literature points to the sibling as having a potentially deeply influential impact be it supportive and positive, or challenging and negative. Bruch (1988, as cited in Bachne, 2005, p.178) reveals the nature of the sibling relationship in describing one of her patients as always craving the approval of her big sister to whom she always related "in terms of superiority and inferiority." Despite some commentaries on the significance of this relationship, very little research has been conducted. The understanding that emerges appears to stem predominantly from familial experience and commentary in the same way that it emerges from this research. Various participants drew on a discourse of sibling rivalry that saw the sibling relationship implicated as the driving force behind their daughter's Anorexia Nervosa.

Participant four remarked on her daughter's feelings of inferiority in comparison to her brother and the negative impact this had on her self esteem, dysfunctional coping mechanisms and subsequent eating disorder. The mother's descriptions of the daughter's feelings of inferiority -within both the family and sibling relationship- appear to suggest an implicit attribution of influence to the siblings.

> "You know in family contexts and family things and in issues I mean I think she had issues with her brother as well... she loved him dearly but he was... she seemed to think he coped well and did well and all of that you know and possibly she didn't...it could've contributed in some way."
>
> (Participant four)

> Because she was plump and you know she had older brothers who in particular had an older brother who always used to kind of go "Wow why do you eat so much dadada I bet you by the time you 13, you'll never be thin.
>
> (Participant nine)

These excerpts reveal the mother's perception of her daughter's Anorexia Nervosa as being due in some part to the difficulties she experienced with her sibling. The way in which these participants described teasing and the rivalry between siblings reflected the normalisation and naturalisation of these issues within the family. Further issues with rivalry were evident in the comments of Participants eight and nine whose talk revealed a further dynamic within the sibling relationship which includes the parent, and in most cases the father.

> I think she was having issues with [name - father] and I was never quite sure what... maybe you know she might have thought [name- father] took more interest in [name- brother] than her because he was clever.
>
> (Participant eight)

> Well the two brothers are very high achievers, gorgeous looking, centre of everything, strong academics, strong sporting, strong all sorts of things... the limelight of father's eye and [name]wasn't. So those were the kind of family dynamics that unfolded.
>
> (Participant nine)

These extracts reveal another aspect of the complicated sibling relationship. In the context of the anorexic individual's constructed world, the rivalry often appears to be spoken of, not as a dyad but in terms of a triadic dynamic between parent and siblings, most often the father. Bruch (1974, as cited in Bachne, 2005, p78) describes the case of a young adolescent women who states that she longed to "elicit the same expression of great satisfaction" on her father's face as when her brother received an academic prize". This theme is evident in the current research where participants' responses reveal the impact the close father-sibling bond has on the anorexic daughter. Participants' talk revealed dynamics in which the anorexic daughter felt inferior and overshadowed by the sibling, particularly in light of the father's real or perceived excessive praise of one sibling over the other. In most cases the anorexic young woman's rivalrous sibling relationship occurred with the brother in the family who was perceived as usurping the father's attention.

The descriptions of the role of the sibling described by the mothers point to the use of a gendered discourse that presumes fathers and sons are aligned in their shared sex, while mothers and daughters are aligned in theirs. The rivalry between daughter and son for the affection of the father is thus justified when the daughter loses to Anorexia Nervosa. In reproducing this discourse participants perpetuate the constructions of gender roles according to the framework laid down by the reigning discourse.

While the discourse of family dysfunction locates blame within the deficient family member or family system, and biomedical and psychological discourses locate blame within the individual, further discourses locate blame as external to both the individual and the family projecting fault onto society. The discussion of the theme that follows is centred on a discourse reproduced by participants that constructs Anorexia Nervosa as a reaction to societal pressures and feminine ideals of thinness.

4.2.4 Society's role in the manifestation of Anorexia Nervosa: the discourse of social determinism

Society and the influence of thinness as a goal for women are often noted as key contributing factors to the way the feminine body is perceived, as well as to issues surrounding self-esteem and self-worth. Hepworth (1999) suggests that the thin trend in female body shape is an obvious explanation of why woman strive to be and remain thin. Notions such as these become incorporated into widespread understandings and reproduced through common-sense-discourse which reinforces the notion of an "obvious" link between ideals of femininity and the desire for thinness. It further supports the conceptualisation of Anorexia Nervosa as socially determined. The discourse of social determinism views the media, peers, and the pressures of dieting and slimness to be significant factors in the manifestation of Anorexia Nervosa (Hepworth, 1999). Society's construction of femininity as synonymous with slimness is often cited as a major causal factor in the literature. Theorists and authors communicate ideas about society and popular culture's influence on the manifestation of eating disorders, often noting the impact of the media (Bruch, 1978; Hepworth, 1999; Malson 1999 & Bray, 2006). Butler (2004, p.11) suggests that "technology is a site of power in which the human is produced and reproduced". Seen in this way the 'thin woman' can be understood as a product of society, with technology (in the form of the media and other modes of transmission) viewed as the means through which the subject is reproduced. Further, the particular target for thinness by society through technology is identified as the woman. It therefore becomes clear that embedded in this discourse of social determinism is a prominent gender discourse.

Although this theme emerged in some of the participants' responses, the discourse of social determinism is significantly lacking in the talk of participants. This becomes especially stark when compared with its overuse by the general public and within the literature. It is interesting to consider that while the notion of social determinism is so dominant in mainstream discourse, and abundant within the literature, it is not in fact perceived by the mothers of daughters with Anorexia Nervosa as being particularly problematic. One might hypothesize that the discourse of social determinism is of is of such a powerful nature that even real evidence fails to shift it. Participants reproduced this discourse in various ways, made evident in three subthemes: 'Society's construction of thinness and the media's

influencing role', 'the discourse of peer influence', and 'society's construction of the 'thin woman' in perpetuating the naturalization of Anorexia Nervosa'.

4.2.4.1 The social construction of thinness and the influencing role of the media

This subtheme emerged within the participants' responses where society and the media's transmission of societal views of thinness were implicitly and explicitly attributed to the development of their daughter's eating disorder. The impact of the media, as the medium through which feminine ideals are transmitted, has long been condemned for its negative effects on women, their self esteem, body image and body satisfaction in particular (Hepworth, 2004). Studies describing socio-cultural pressures to be thin reveal that magazine articles and fashions were the strongest factors implicated in fuelling the pressure to be thin (Wertheim, *et al.*, 1997; McCabe, *et al.*, 2006). McCabe and Ricciardelli (2001) reveal how ideas surrounding the socio-cultural influences of eating disorders implicate the media in promoting and supporting ideals of thinness and a particular femininity. Costin (2007) believes that society's pressures for thinness and the constant bombardment of messages from the media are key factors in the manifestation of eating disorders. This notion is taken up by the general public whose firsthand experience or observation of the media's messages reinforces the belief in the media's influential role. Participants reproduced the discourse of social determinism through comments which tended to highlight socio-cultural factors and the media in particular as key to the causality of Anorexia Nervosa.

One example on Bray's list suggests that the disorder is "evidence of the mass media's sadistic brainwashing of women into complying with unrealistic beauty ideals" (Chermin, 1989; Wolf, 1990, as cited in Bray, 2006 p.412). While not to the same extent the transmission of unrealistic ideals through magazines and the media was experienced as a contributing factor by Participant one:

> "...um those magazines...those Heat things and the People's magazine and the stuff that they watch with the models and these beautiful stunning um celebrities that they kind of like put up as their role models. Um that's made a huge influence that's played a huge um influence which it wouldn't have had had...The society plays a a large role, and the family."
>
> (Participant one)

Participant one clearly asserts her view of society as playing a significant role in the manifestation of Anorexia Nervosa. The "stunning... celebrities" and models strewn across magazines, billboards and television channels are clearly perceived as having a negative impact on the development of her daughter's Anorexia Nervosa. The discourse of social determinism appears to be reproduced in various ways: Participant six also refers to the impact of magazines and reveals her perceptions of the pressures placed on her daughter to maintain a certain standard set by society, while Participant two presents a similar perception viewing the pressure to conform to what society considers the 'in crowd,' whose members are typically characterised as being thin and pretty.

> "Very attractive child [name], beautiful little body, did everything well and therefore there's a certain standard that she's got to keep and looking at magazines, looking at girls, aspiring to that yes I think it's got an effect."
>
> (Participant six)

> "Maybe it was a social thing... maybe she felt she didn't fit in... you know how it is when you growing up and not accepted by the in crowd... maybe it was a social thing."
>
> (Participant two)

As can be seen, discourse pertaining to the media in particular emphasises its significant role as a vehicle for the transmission of the values and ideals of society (Hepworth, 1999). The statements made by Lawrence (1984) that "every woman wants to be thin" and "images of womanhood are synonymous with thinness" are believed by some to be the result of wide scale propaganda aimed at constructing the woman in a particular way (Hepworth, 1999). The social function of the reproduction of this discourse is to maintain a construction of the woman as an object of desire in line with the current expectations imposed on woman by society. With only a small stretch of the imagination, one might perceive the regulation of the woman in this way as serving to maintain society as a whole; central to this process is the consequent regulation of the woman as a wife and mother. This discourse was employed by the interviewed mothers to relieve blame or responsibility from themselves and their families, and as such locates the manifestation of the problem externally. Given the current conservative climate- one in which blame tends to be located internally- it is no wonder that this discourse was reproduced to a lesser extent than expected.

The media functions as a mechanism for the transmission of social ideals which evidently target woman in particular with pressures for thinness, epitomised in the forms of the skeletal

women who grace the pages of magazines and advertisements. This discourse is further amplified through the abundance of dieting advertisements and fads that are endlessly marketed. So thorough is their invasion of popular media that even those of healthy weight feel they should begin to diet. Further embedded in this discourse is a strong gender discourse that targets women and positions them as vulnerable to social pressures and a desire for thinness. Thus, when reproducing a discourse of social determinism one inevitably positions the woman as weak and vulnerable to the pressures of society. They are conceived of as easily influenced by the doctrines of the media. Beyond the intertwined nature of social determinism and gender discourse, societal ideals and the discourse of social determinism appear to yield further discourses. One discourse in particular was reproduced consistently by participants; they constructed size zero as normal and leading to the naturalization of Anorexia Nervosa. This subtheme will now be further discussed.

4.2.4.2 Size zero as an accepted norm: missing the signs of Anorexia

This subtheme became evident in the talk of participants who revealed missing the signs and symptoms and who appeared to downplay the severity of their daughters' problem initially. The aspiration for bare-boned skinniness fuelled by the 'size-zero' trend seems to have become both accepted and normal. Thinness in turn, even in its extreme forms, tends to go unnoticed and is in some instances praised. The discourse on women and thinness has been shown to be incredibly pervasive and insidious to the extent that most apply its constructs as 'gospel' and miss the signs of what may be an eating disorder in the making (Fallon *et al.*, 1994). Further, due to the fact that 'thinness' is accepted and praised, the gradually protruding bones of a daughter's body are merely understood to be what society considers normal and as a result are often excused. As Hepworth (2004) suggests, the ideals for thinness have in some sense become so entrenched and acceptable that the fine line between healthy and unhealthy weight has become blurred. This was evident in the comment made by Participant six:

> "One or two friends called me aside and they said you know that [name] has lost quite a bit of weight, are you aware of it? To be absolutely honest with you I just wasn't aware of how much."
>
> (Participant six)

Participant six made this last comment with an element of shame in her voice for not having been able to realise when her daughter's desire for thinness had gone too far. Due to the fact that as a woman, healthy eating and strictly watching one's weight have become the norm,

initial causes for alarm are often missed. Participant three for example did not believe her daughter's excessively restrictive eating was a problem, while Participant one revealed the belief that her daughter's anorexia was just a stage she was going through in striving to be accepted and part of what she considered the ideal.

> "She was definitely not starving herself so um because I knew she was eating I didn't really, I wasn't too perturbed about it, it was only when her period stopped that I became aware."
>
> (Participant three)

> "Everyone else was like she's too thin, 'she's going to die' and it's like that and no I think I understand her very well I believe in her...it's just a phase she's going through."
>
> (Participant one)

Underpinning this theme and the aforementioned quotes is a discourse of thin as idealised and an acceptance of thinness as normal. Reproducing this discourse serves to distribute blame amongst two factors: firstly, society's role in influencing and perpetuating the disorder, and secondly, the mother's role in being blinded by society and missing the signs. Not recognising when thin has become *too* thin may also be seen as a result of regulation gone too far. This discourse allows for the mother's perceived lapse in responsibility -by missing the signs- to be abetted by the fact that society has created a measure that views too thin as normal and in fact a goal to strive toward. In this instance, gender discourse is clearly and intimately linked to a discourse of thin as ideal and size zero as normal. These ideals are constructed as female specific and place pressure on woman in a completely different way to men. Many attribute society's female targeted campaigns for thinness to be at the root of the significant gender discrepancy in eating disorder epidemiology (Hepworth, 2004).

The deeply problematic nature of the size zero phenomenon is so widespread that it has even been acknowledged by some of the producers and benefactors of this damaging discourse. Various magazine companies have attempted to place more 'real' sized women on their covers and insert disclaimers next to perfectly airbrushed images (McCabe & Ricciardelli, 2001). But despite claims and attempts at challenging this damaging trend, many are still blind to the effects of putting 'skeletons' down the runway, or in fact even recognising their models protruding bones in the first place. This became evident in what one participant revealed about a recent casting her daughter -an anorexic model- attended. While her mother was

ready to put her into assisted care', the well known South African designer was happy to send her down the runway. Participant seven reflected on such an experience:

> "Argh but anyway [the designer] wanted her and she took pictures of herself and then showed me what this outfit looked like, bare arms, jumpsuit and I said for heaven's sake [name] you've got no bottom, your hip bones are sticking out at the side, you can see your legs are like sticks in this outfit and your arms your arms are totally bare I mean people are going to say something you can't…this can't be ok and it can't be ok to show other people -that's what I said and I was actually horrified at [the designer], he's still prepared…I said obviously he doesn't realize how bad this is."
>
> (Participant seven)

Despite attempts at counteracting the discourse of 'size zero as normal' it appears to be far more powerful and entrenched than the minor efforts made to thwart it. Fallon *et al* (1994, p.9) suggest that woman strive to meet the unreasonable standard set out by society as this has become the moral imperative and because "despite a quarter century of feminism, the quest for physical beauty remains deeply powerful". The fact that abnormally thin women grace the runways and are gazed upon by hundreds of impressed faces reveals society's warped perception of a problem that has come to be encouraged and considered normal. This discourse functions to ensure the maintenance of such skewed ideals of femininity. Through the adoption of the notion that size zero is normal, women are unable to differentiate between what is healthy and what is too thin, and as such, the maintenance of the socially propagated thin ideal is achieved. The function of this discourse for participants is to remove agency and blame for the problem from themselves, and redirect it to an external repository. Personal blame, guilt and responsibility are thus absolved.

4.2.4.3 The perceived influence of peers and dieting

This subtheme became evident in the participants' discussions and comments around peer pressures and dieting factors in influencing the start of their daughters' disordered eating behaviours. Costin (2007) asserts that eating disorders are often seen as the outcome of a diet strategy, a phase of life, or perhaps a trendy thing to do, which may begin with the encouragement of peers. Discourse on peers as influencing the development of eating disorders centres around their role in the transmission of society's feminine ideals. Polivy and Herman (2002) assert that peers function as part of the discourse on socio-cultural influences in entrenching the pressure they exert in striving to achieve a prescribed set of 'normalised'

goals that will lead to acceptance and 'popularity.' Dieting is often the shared means between peers to gaining acceptance and forming a shared struggle and goal. These notions make up the discourse around peers as central influencing factors. Bray's discussion of eating disorder discourses refers to a text which defines an eating disorder as "a mass marketed dieting disorder" (Wooley & Wooley, 1982, as cited in Bray, 2006, p.412), a belief evident in some participants' views. According to Barlow and Durand (2005), "dieting often learnt via and encouraged by peers is an important precipitating cause, and often the catalyst for eating disorder behaviours and eating disorder development." The discourse around peers as an influencing factor suggests that young girls learn certain attitudes (e.g. the importance of slimness) and behaviours (e.g. dieting, purging) from their peers (Levine, *et al.*, 1994), who provide implicit reinforcement through reward (praise and acceptance) and punishment (rejection). This appears to have been the case in some participants' discussions of the influential factors in their daughter's lives. Participant seven reveals how a seemingly innocent adolescent competition was the damaging start to her daughter's deadly disorder while Participants nine and two both reveal how the seeds of the disorder were planted through encounters with friends that lead to dieting and restrictive eating that went too far.

> "I think in high school there was a…she told me later that there was a bit of a competition going on amongst the girls to see who could lose weight the quickest, 'cause it was a bunch of them all wanting to be models. And um the…you know who could lose weight the fastest and what have you so... so she took to this competition and of course she kept up when everybody else had given up..."
>
> (Participant seven)

> "Um and then I think at school…oh there was another precipitating factor which I had forgotten and it's actually a really important one. Um there was a friend at school who joined her in Standard 7...And she had come from a clinic and she was anorexic and the two of them like…were like two magnets and seemed to edge each other on."
>
> (Participant nine)

> "She really first started with a friend of hers and she started on this diet and she started reducing things in her diet drastically all of a sudden. And gradually it got worse and worse."
>
> (Participant two)

Embedded in this discourse of social determinism, is a further discourse of social conformity: members of society are 'expected' to conform to given norms and beliefs, and peers serve as aids on the path toward conformity (Hepworth, 1999). Peers serve to ensure that certain

constructions of femininity are maintained and thus ultimately act as tools for the maintenance of the requisite female body. In reproducing this discourse, as suggested by Malson (1998), participants remove agency from themselves and their families as well as the associated negative emotions that come with assuming responsibility for the child's anorexia. With these assertions comes the implied belief that individuals and women in particular are easily influenced by dominant culture, peers, current trends and dieting behaviours.

4.3 Conclusion

Given the need to separate out themes for discussion within the analysis section, a particularly linear view of causality in Anorexia Nervosa has been articulated. This notion of discourse as operating independently is however misleading. While certain discourses promote a purely linear understanding of the causality of Anorexia Nervosa, others are significantly referent in nature and co-exist simultaneously. The discourse of causality pertaining to Anorexia Nervosa is in fact not non-linearly determined but rather the result of multiple interwoven causal factors. Understandings of the multi-causal nature of disorders is often understood and spoken of within elitist discourse. Polivy and Herman (2002) assert that clinical theory speaks of both Anorexia and Bulimia Nervosa as manifesting as a result of multiple factors, including psychological predispositions, biological and individual vulnerabilities, and familial and societal influences.

This interactional discourse is evident in the practices of eating disorder treatment centres which reproduce almost all the discourses previously discussed. For example the use of medication -supporting a biomedical discourse-, family therapy -reinforcing the notion of family dysfunction- and individual psychotherapy -highlighting acceptance of Anorexia Nervosa as psychologically determined- are core aspects to a number of treatment programs. Attending such centres assumes staff and patients alike buy into these discourses and inevitably ensures that they in turn reproduce the notion of Anorexia Nervosa as determined by the interaction of multiple causes. Further, the fact that magazines are most often forbidden from eating disorder units also assumes the adoption and understanding of a discourse of social determinism. The establishment of treatment centres by professionals in the field of eating disorders posits elitist discourse as the origin of the notion of Anorexia Nervosa as a disorder. The disorder, in this understanding, manifests as a result of multiple factors. This discourse appears to have filtered through to a common-sense understanding where the

general public are seen to be reproducing such understandings. Participant three for example, stated: “I don't think that there was any person or thing that led her...to the eating disorder, it was a culmination of numerous things.” Participant five also reproduced this notion in stating:

> “...certainly it was the relationships within the family um the kind of sibling rivalry in a sense but very definitely the relationship of the absent father um and the process of growing up, adolescence, pre-adolescence belonging, not belonging um group pressure, sense of self-worth...”

This understanding of Anorexia Nervosa as determined by multiple causes is a view that appears to have been taken by a large proportion of the general public. For example, in searching the World Wide Web for causes of eating disorders, the plethora of references to multiple factors reveals the widespread acceptance of this framework for understanding. The abundance of various sources of information tends to result in multiple definitions and notions of causality with the assumption that no one single truth can be viewed and managed in totality. This now appears to be the overriding trend in conceptualising this disorder.

Costin (2007, p59), whose writings reach both professionals and laymen alike, states that "there are so many variables, so many risk factors, so many different ways people develop their eating disorder, so many variations of eating disorders". The use of this discourse assumes a belief that Anorexia Nervosa manifests as a result of an interweaving of biomedical, social, individual, and familial factors. Participants who reproduced this discourse in their responses could perhaps be said to view themselves and their families as but one factor that may have lead to their daughter's eating disorder and, in so doing, the burden is shared. Reproducing a notion of causality as multiply determined thus functions to remove agency from any one cause dispersing responsibility throughout a variety of contributing factors.

This chapter provided a comprehensive outline and discussion of the various themes and sub-themes which the researcher identified in the analysis. The specific themes represented participants' views on the causality of Anorexia Nervosa and were discussed with reference to the discourses that underpinned them as well as the functions served by these discourses. Themes discussed included notions of causality from biomedical attributions to social, familial, internal and understandings, and explored the discourses reproduced by these

themes in the talk of participants. The chapter that follows will further summarise the content discussed in this study.

CHAPTER FIVE

CONCLUSION

5.1 Introduction

This research project sought to reveal the talk of mothers of daughters with Anorexia Nervosa. Further, it aimed to critically explore the discourses of causality that inform their constructions of their daughter's Anorexia Nervosa. Nine participants were interviewed, with each interview lasting between 40 to 90 minutes. Based on these interviews, a number of important themes arose which were analysed and discussed in Chapter Four. The following chapter aims to summarise and formulate the findings of the study's analysis. The chapter will then explore the study's limitations before providing possible recommendations and avenues for future research.

5.2 Conclusions drawn from the study

The conclusion of this report stems from the realisation of the study's aims: to explore the talk of mothers of daughters with Anorexia Nervosa, and to uncover the discourses of causality reproduced through their talk. This was achieved through the gathering of relevant data (as described in Chapter Three), and the later analysis of this data which resulted in four broad themes and subsequent subthemes. These themes were revealed and discussed with reference to the relevant literature and in a manner consistent with a social constructionist perspective. The discourses that were reproduced by participants were explored in terms of their functions for the participants, as well as their function in society generally.

Hepworth (1999) suggests that it is important to know the position of Anorexia Nervosa in society in order to truly understand and treat it. This study has provided a basis from which a better understanding of the nature of Anorexia Nervosa and the way in which it is constructed within society can be established. Through gaining insight into the position of Anorexia Nervosa within society, this study has the potential to catalyse greater thought, and the contestation of damaging constructions.

The results of this study challenged some of the widely held notions of Anorexia Nervosa and served to counteract some of its commonly enacted discourses. Most notably, the excessive

use of a discourse on Anorexia Nervosa as socially determined as well as 'mother influenced' was not replicated to the expected extent by the mothers in this study. Instead participants appeared to draw upon an understanding of causality that was instead biomedically or family focused.

Through the process of thematic analysis certain findings emerged that were particularly significant and interesting to consider. One of the most notable findings was the under-emphasis of a mother-blaming discourse in participants' talk as juxtaposed with the prevalence of this discourse in the literature. The excessive focus on the mother in the etiology of Anorexia Nervosa is evident in the literature, as well as in both elitist and common-sense discourse. Further, feelings of blame and responsibility that target the mother figures inherent to these discourses are understood to bear a significant impact upon the mothers themselves. These negative effects however, do not seem to have this impact on some of the participants interviewed, which is a positive finding. Most participants appeared to be less affected by this discourse than would be expected given it's over production in mainstream and elitist understandings.

The discourse pertaining to the father's role in the causality of Anorexia Nervosa in young women was possibly among the most fascinating findings of the study. This was especially true due to its relevance and recurrence across almost all interviews when compared to its near absence in the literature. This finding highlights a bias in the construction of gender. The father's role receives minimal coverage in the literature, as opposed to the significant emphasis placed on the mother and the mother-daughter relationship. The way in which the literature appears to bias women, and in this case the mother, while ignoring the possible faults of the father, thus lays significant claim to the deeply entrenched gender discourse that constructs mothers and fathers in particular ways. The mother is far more emphasised as the parental figure and bearer of responsibility for the wellbeing of children and family, whereas the father's absence and lack of support is expected and even condoned.

The focus on the father's role within the talk of mothers was intriguing given the source of this notion -the mother and in most instances ex-wife. Although prepared to break a seemingly implicit code of silence around the father's role, participants did so with caution, often apologising for suggesting the father's fault. For participants, highlighting the father's role and drawing upon the father hunger discourse appears to function to remove agency and

shifts the target of blame. The discourses on Anorexia Nervosa commonly reproduced serve to filter out any real notions of causality pertaining to the father, and in doing so maintain the mother's and woman's denigrated position as target of blame and bearer of responsibility. The social function of reproducing this discourse may be to create a more equal and fair view of the causality and genesis of Anorexia Nervosa and perhaps to reduce the gender bias in both elitist and common-sense discourse.

Both the above motioned discourses operate within a family deficit discourse; this was reproduced in various ways by the nine participants interviewed. While the discourses of father hunger and ideal-motherhood were present in the talk of most participants, the mother-blaming discourse, and discourses of sibling rivalry were less emphasised.

Another interesting finding was the participants' implicit contestation of the role of society and the impact of feminine ideals of thinness. Again, this discourse of social determinism appears to be far more highlighted in literary texts and emphasised in common-sense understandings than was reproduced by participants. Although not completely objective, mothers of daughters with Anorexia Nervosa are able to provide in 'insider' view into the possible factors in the manifestation of Anorexia Nervosa. These insights do, to a small extent, implicate social factors but to a far lesser degree than other reproduced discourses of causality. The excessive alignment of Anorexia Nervosa with society and the media in the literature did not seem to translate into the mothers' perceptions of the disorder. It appears that although there is a great deal of emphasis and a sense of 'hype' around the idea of society as playing an influential role in Anorexia Nervosa, the participants who have first hand insight into the disorder do not seem to relate the same degree of importance to this factor**.** The implicit contestation of this discourse perhaps reflects the current trend (as a result of the current conservative climate) to locate blame or responsibility internally.

A further finding that should be highlighted is the dominant reproduction of a biomedical discourse by participants who, at times, appeared to simultaneously contest such notions. While asserting the belief that Anorexia Nervosa is a disorder and disease that is organically based, some participants (two and nine in particular) refuted the use of medication and psychiatry in the treatment of their daughters' Anorexia. While this discourse appears to be one of great power, the questions around the validity of its claims foster the tendency for it to become both supported and contested. Despite research claiming some presumed biomedical

'truths' as false, this discourse is still one of the most common discourses of causality pertaining to Anorexia Nervosa. The biomedical discourse has endured since the earliest notations of Anorexia Nervosa and is still dominant in elitist and common-sense understandings, indicating its immense purchase power.

Of lesser significance, but still notably reproduced, was the talk on Anorexia Nervosa characterised by the common-sense notion that it is a reaction to developmental changes and life stressors. This discourse was reproduced in the talk of mothers and in reviewing the literature appeared to be a result of the filtering down of knowledge from elitist discourse. Interesting to note with regards to this discourse is the way in which it runs counter to the idealistic discourses (the ideal woman, mother and family) in viewing Anorexia Nervosa as an attempt to refute or deal with the pressure of these ideals.

Lastly, in concluding, the reader was made aware of the non-linear nature of causality and the tendency for the reproduction of an interactional discourse. This tendency to refer to multiple causes of Anorexia Nervosa was evident among some participants. Linear notions of causality appear outdated, in the face of the multi-causal and interactional explanations often described. On reflection upon broad systems of meaning in terms of the functioning of treatment centres, information gleaned from the internet and filtered down elitist-knowledge, the nature of the reproduction of this discourse becomes obvious. An interactional discourse functions to level out the responsibility and blame across a number of perceived facets and thus relieves the mothers of the drive to allocate blame to a specific circumstance or individual.

This research served to explore and repudiate some of the negative discourses surrounding the mother of the Anorectic and provided an arena for the mother's voice to be heard. While doing this it further provided the space for mothers to express their views and emotions, and their struggles with their daughter's disorders. An understanding of the participants' view of the causality of Anorexia Nervosa was captured by identifying the discourses embedded in their talk. While reproducing many of the dominant discourses pertaining to anorexia nervosa, participants were unaware of the impact these discourses and taken for granted beliefs had on them and their daughters, and the resultant complicity of these discourses in their constructions of Anorexia Nervosa. Further, from the research findings an understanding of the mother as a woman who often feels unsupported, and who does what

needs to be done to care for her daughter, while bearing criticism and blame for her motherly role, emerged. All except two mothers expressed feeling unsupported and despite taking their daughters for weekly sessions with psychologists, psychiatrists and dieticians, their weary minds and strained emotional needs appeared to be unmet and remained largely unacknowledged. With her focus placed predominantly on her daughter, the mother's needs are neglected and as a result, the sole caregiver becomes emotionally depleted.

It became increasingly clear based on these insights, as well as the expressed emotions and needs of participants that nowhere in their lives was there a support structure in place. In fact, in most instances, the mothers were very negatively impacted upon as a result of this lack of support. It is the researcher's hope that a space might be established where anorexic women and mothers can come together to share in some of the struggles they face while becoming aware of the taken for granted notions that inform their perceptions of femininity, womanhood and Anorexia Nervosa. The researcher aims to develop a forum for mothers of daughters with eating disorders that will provide an opportunity to critically review and deconstruct the feminine ideal as well as a number of the damaging discourses tied to the construction of Anorexia Nervosa, womanhood and motherhood. Through establishing a different view of themselves, and by critically contesting these social constructions, the mother as well as the Anorectic woman may (ideally) achieve conscientization and a sense of liberation.

5.3 Limitations of the study

Although nine interviews yielded enough data for the main purpose of this study to be achieved, different themes may have emerged if a wider variety of individuals were willing to participate. During the sampling process while achieving access to almost 20 potential participants, the researcher struggled to find individuals willing to participate in a study of this nature. Many became defensive at the mention of a study that would focus on the mother's perception which automatically appeared to trigger the installation and activation of a mother-blaming discourse in their minds. The individuals who did participate appeared to be less defensive and perhaps in some instances further removed from the issue (as their daughter was in recovery). Had the unwilling mothers been interviewed perhaps new themes would have emerged or the present themes would have been either further reinforced or refuted.

A further limitation of this study is its target sample. By exploring the talk of mothers as opposed to fathers the study is in a sense reinforcing the very discourse it hopes to deconstruct. Most research tends to focus on women, which ultimately positions the woman as the pathologised target of study. This study may unintentionally appear to be supporting this pathologisation of woman. By selecting a sample of mothers this study may also unintentionally reinforce the negative focus on the mother and the mother-daughter relationship in Anorexia Nervosa.

Constraints of time also proved to be a limitation. If the researcher had not been limited by time constraints she may have had the opportunity to incorporate other views and achieve a wider understanding of the discourses pertaining to the causality of Anorexia Nervosa. In particular, given the present findings, further research into the discourse present in the talk of fathers could have provided an interesting comparison. The talk of black mothers and their perceptions of the causality of Anorexia Nervosa would have been another worthwhile avenue to explore had time not been a limitation. Further, although the analysis was in depth, comprehensive, and served the study's purpose, without the limitation of time additional and potentially more complex and detailed analyses of the data corpus may have been conducted.

Lastly, given the obvious association between Anorexia Nervosa and women, as alluded to throughout this report, a heavier reliance on feminist theory may have been worthwhile. As Maine suggests, "the feminist framework appropriately conceptualizes eating disorders as solutions to the dilemmas of powerlessness and oppression that women experience." Although some of these notions were touched upon at various points throughout this study, the limited time and scope given to complete this report restricted the depth of focus on feminist theory to the extent that the researcher would have desired. With hindsight comes the realisation that although notions of gender and femininity are referred to throughout the paper this research may have been infused with further value given a stronger insertion of feminist theory.

5.4 Directions for future research and recommendations

The findings of this study imply a number of recommendations for intervention and further research. Firstly the lack of literature on the father’s role, juxtaposed with the evident need

for such literature- as gauged from the significant role occupied by the father across interviews- suggests a major need for research in this area. As noted throughout the interview process, and referred to by one notable author on this topic, Margo Maine (2004), father hunger has gained increasing recognition as a significant impact upon the young anorexic woman. The reproduction of this new construction of the father of the Anorectic is highly evident throughout the talk of participants and would be an interesting area for future study. The discourse of the absent father could perhaps be explored through an analysis of the discourse reproduced in the talk of both fathers and daughters. From a social constructionist perspective, the impact of the construction of fatherhood with regards to the father-daughter relationship would be another interesting area of study. Research into the daughter's view and her perception of the impact of her father's role is also a worthwhile avenue for further research, as is an exploration of the mother as the silent scapegoat and the function of the construction of gender, womanhood and motherhood in maintaining her silenced position.

Research of a similar nature but further infused with feminist theory would be another worthwhile avenue for future research. An exploration of the construction of womanhood and femininity in the manifestation of Anorexia Nervosa through a feminist lens would most likely yield interesting findings as would an exploration of the perceived pressure felt by woman in the pursuit of thinness and the consequences thereof.

Lastly, further research into the construction of the black anorexic woman is another interesting area for further study. The discourses emerging in the talk of black men and women about Anorexia Nervosa are appealing to note, especially given the merging and divergent aspects of particular cultural views of femininity and thinness. These voices may provide insight into the way in which discourses on Anorexia Nervosa are contested and reproduced across social markers of difference. A comparative study between the current research and an exploration of the talk of black mothers of daughters with Anorexia Nervosa would provide interesting insight into the way in which culture, race and perhaps socio-economic positioning affect the way in which one understands the causality of Anorexia Nervosa. More specifically, such a study might shed light upon the way in which different cultures construct the anorexic woman.

As previously mentioned this research also points to the need for an arena in which mothers of daughters with Anorexia Nervosa can gain comfort through common experience. At the

same time, these women can become aware of and acknowledge their often denigrated position in society today, particularly as a target for heavily gendered ideals. This recommendation suggests a space for shared experience and support, while also creating the arena for an exploration of the discourses and constructions of womanhood that reinforce the problems they face. This could perhaps function as a tool to aid mothers to be more generous to themselves, to help deconstruct their notions of ideal womanhood and motherhood, and to facilitate the contestation of biased gender norms. Far too much blame appears to be placed on the mother, and too much responsibility on the woman to hold the fort in the absence of the father or male figure. Creating a critical education program for mothers will therefore simultaneously function as a support while also working towards the deconstruction of damaging beliefs.

5.5 Conclusion

In conclusion, this study achieved its aims by gaining insight into the perceptions and underlying discourses of causality present in the talk of mothers of daughters with Anorexia Nervosa. The study further uncovered embedded discourses in the talk of causality, most notably a gender discourse and the impact of the discourse of femininity. The function the various discourses serve for the mother and society as a whole were also explored. This chapter related the findings of the analysis in a concise summary before reviewing the possible limitations of the study. The chapter then drew to a close in a discussion of the various recommendations for future research and the emphasis on the need for a critically conscious educational program for mothers of daughter with Anorexia Nervosa. This program is hoped to be established in 2011.

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APPENDICES

Appendix A: Bray's List

Below is a list of the ways in which the anorexic body has been "inscribed, diagnosed and translated by various interpretive technologies", (Bray, 2006). These descriptions include the wide variety of views on eating disorders that form part of the various discourses that construct eating disorders.

"

1. A slimmer's epidemic which is destroying the lives of mostly young, intelligent, white, middle-class woman.
2. 'A kind of mourning for pre-Oedipal (i.e. precastrated) body and a corporeal connection to the mother that women in patriarchy are required to abandon' (Grosz, 1994: 40).
3. Evidence of the mass media's sadistic brainwashing of women into complying with unrealistic beauty ideals (Chemin, 1989; Wolf, 1990).
4. A form of perverse feminine narcissism (Kaplan, 1991: 453-84).
5. The shadow of the astronaut's body (Romanyshyn, 1989: 133-75).
6. A non-productive, reactive body without organs (Deleuze and Guattari, 1987: 151).
7. A psychosomatic phenomenon which articulates the pathologies of the patriarchal capitalist nuclear family (Orbach, 1984; Robertson, 1992).
8. An obsessive-compulsive disorder best treated with benzodiazepines, haloperidol, thioridazine, trazodane, maprotiline, bilateral ECT or, if all else fails, a stereotactic limbic leucotomy (aka lobotomy).[1]
9. A rejection of the role of adult femininity and a retreat into the asexual body of a child (Boskind-White, 1979; Brown 1985).
10. A pathology which flourishes in matriarchal households (Turner, 1984: 196).
11. A mental illness created by gay fashion designers who want women to look like young boys.
12. A pathological fear of menarches and the implications of fertility (Chernon, 1989).
13. A mass-marketed dieting disorder (Wooley and Wooley, 1982).
14. Phallogocentrism's brutal marginalization of the female imaginary and the materiality of the body (Robertson, 1992; Rothfielf, 1994).
15. The introjections of a bad object and the consequent internalization of a 'false body' (Orbach, 1986: 90).
16. An emblem of twentieth-century fin-de-siècle decadence.
17. Hunger art (Ellmann, 1993).
18. An experimental becoming (Deleuze and Parnet, 1987).
19. Something women catch from television, the disease of the McLuhan age (Ellmann, 1993: 24)
20. A reading disorder."

Appendix B: Interview Questions

1. How do you feel about doing this interview?
2. When did you first realize there may be a problem in your daughters eating behaviour?
3. What events or experiences if any do you believe may have led to the development of her eating disorder?
4. What were your perceptions of Anorexia Nervosa before her eating disordered behaviour began?
5. What are your perceptions now?
6. How would you describe your daughter in terms of personality traits and characteristics?
7. How do you believe your daughter copes with stress?
8. How did/do you experience her symptoms? (food restriction, body dissatisfaction, weight loss etc.)
9. How did/do you cope or manage with you daughters changed behaviour/symptoms?
10. How would you describe your relationship with your daughter? (past and present)
11. How do you experience your role in your daughter's life?
12. How would you describe your daughter's relationship with her father?
13. How would you describe the role your family plays in your daughter's life?
14. How were you and/or your family impacted upon by your daughter's eating behaviour?
15. What if anything do you believe your daughter's eating problems could be attributed to? (what do you believe the cause/causes are?
16. What role do you believe the eating disorder played/plays in her life? (i.e. what purpose does it serve for her?)
17. What influences, if any, in your daughter's environment (society, media, and friends) etc do you think may have influenced the development?
18. What treatment approaches if any have been utilized and what did you find to be most beneficial?

Appendix C: Participant information sheet

Hello,

My name is Bianca Blumberg and I am conducting research for the purpose of obtaining a Masters of Arts in Community-Based Counselling Psychology at the University of the Witwatersrand. My area of focus is on mothers of daughters with Anorexia Nervosa with a particular interest in exploring how mothers perceive and experience their daughters Anorexia Nervosa. The research will be looking at the ways mothers perceive, experience and talk about their daughter's Anorexia Nervosa, as well their ideas and understandings about the causes of anorexia. The aim of this letter is to invite you to participate in this research project.

The required information will be gathered through interviews with eight to ten participants that will be selected and interviewed confidentially. Participation in this research will entail partaking in an interview that I will be conducting at a time and location convenient to you. Each interview will take approximately 60-90 minutes. With your permission, each interview will be recorded in order to ensure accuracy and further consent will be requested for use of direct quotes during the writing of the research report. Your participation is voluntary, and no person will be advantaged or disadvantaged in any way for choosing to participate or not participate in this study. There are no direct benefits to participating in this study. In addition, there are no direct risks to participating in this study and thus there is minimal likelihood of harm as the study is non-invasive. However, if participation leads to any distressing feeling or discomfort, you have the right to withdraw immediately without any inconvenience or consequence. Further, an appropriate contact number for counselling services is provided below. Confidentiality of this research will be strictly adhered to. Having said this there are limitations to confidentiality in terms of the possible use of direct quotes in the final report. In this case pseudonyms will be used and no identifying information will be revealed. The supervisor of this project as well as myself are bound by confidentiality, and no further individuals will have access to any recordings or transcripts yielded from the interviews. This research cannot guarantee anonymity as this is a face to face interview process. However, measures to ensure anonymity beyond the interview process will be strictly adhered to. None of the participants' names or any identifying information will be included in the research report. Pseudonyms will be used to identify the different participants' responses

in the research report and in doing this the researcher will keep responses as anonymous as possible. The interview material (tapes and transcripts) will not be seen or heard by any person in this organization other than my supervisor and I and will only be processed by us. Both the recordings and transcriptions will be stored in a safe and secure place with restricted access at the University if the Witwatersrand. Once the final research report is submitted and qualification has been obtained the recordings and transcriptions will be kept in the secure, above mentioned, location for two years after which they will be destroyed. The final results of this research may be reported back to you in the form of a summary, at your request. Lastly, you may refuse to answer questions that you would prefer not to, and you may choose to withdraw from the study at any point.

Your participation in this study will be greatly appreciated. It is my hope that the findings will add to the literature base on eating disorders and give insight into Anorexia Nervosa from a mother's perspective.

Please be so kind as to respond to this letter informing me whether you would or would not like to take part in this research project, or whether you would like further information. I can be contacted telephonically at 082-374-1962 or via e-mail at biancalishansky@hotmail.com.

Thank you for your time.

Kind Regards,
Bianca Blumberg.

Additional contact numbers:

Research Supervisor: Prof. Garth Stevens
011 717 4535.

Counselling service: Family and Marriage society of South Africa (FAMSA)
011 788 4784.

Appendix D: Consent form

In order to participate in this research study, it is necessary that you give your informed consent. By signing this informed consent statement you are indicating that you understand the nature of the research, and your role in this research project and that you agree to participation. Please consider the following points before signing.

I _____ consent to being interviewed by Bianca Blumberg for her study 'exploring discourses of causation in the talk of mothers with Anorectic daughters'.

- Although confidentiality cannot be guaranteed, this will be negotiated in the signing of confidentiality agreements.
- There are no direct benefits in participation in this study.
- There are no direct risks in participating in this study.
- Participation in this interview is voluntary.
- That I may refuse to answer any questions I would prefer not to.
- I may withdraw from the study at any time
- No information that may identify me will be included in the research report other than direct quotes but through the use of pseudonyms in the in the writing of the research report, the researcher will keep responses as anonymous as possible.

Signed_____

Appendix E: Audio Consent form

As part of the interview process it is beneficial to make use of an audio recording device in order to ensure accuracy when transcribing the interviews. Please consider the points below.

I_____ consent to my interview with Bianca Blumberg on her study 'exploring discourses of causality in the talk of mothers with Anorectic daughters' being tape-recorded.

- All recordings will be strictly confidential and stored in a safe and secure place with restricted access at the University of the Witwatersrand.
- The tapes and transcripts will not be seen or heard by any person in this organization other than the researcher and her supervisor, and will only be processed by them.
- All tape recordings will be destroyed after the research is complete and qualification has been obtained.
- No information that may identify me will be included in the research report
- No identifying information will be used in the transcripts or the research report other than direct quotes but through the use of pseudonyms. The researcher will keep responses as anonymous as possible.

I further give consent to the researcher, Bianca Blumberg, to use direct quotes that will be stripped of any identifying information.

Signed_____