Difficulties with Discourse:
A Metaphorical Reading of Reconstituting Self

by

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Abstract

Although there is a resurgence of interest in the self, few studies focus on researching the self-in-context. This study fills the void of such omissions by studying how the self reconstitutes itself in relation to context, or discourse. The study begins with the development of a model of the self that is contextual, evolving, multiple and discursive. Consistent with this perspective of the self, a feminist social constructionist methodology was developed. Such a methodology was developed and implemented in order to more fully understand how (a) discourses are interpreted by individuals and groups of people, (b) people author their lives in relation to certain discourses, and (c) identities, or subjectivities are claimed. The study focuses on language--metaphors, rules, norms, and discursive practices. Concepts such as *position, scripts, discourse, subjectivity,* and *discursive practices* were used to understand discourse and reconstituting self.

There are three components to this study including (a) a personal narrative of one woman's recovery, (b) an analysis of dominant discourses surrounding the discourse of recovery, and (c) a narrative of the research process including the discursive relationships of the researcher. By focusing on these various layers of experience, the interrelationships between self and discourse are highlighted.

The form of the study is narrative as it weaves the participant's story of recovery with the researcher's relationships to the discourses she has claimed. It is also metaphorical in that it highlights metaphors embedded within

various treatment discourses. Through such metaphors, voice, ambivalence, and agency are examined as they relate to the shared experiences of both the participant and the researcher.

The study concludes by highlighting difficulties when studying discourse, when constituting oneself within discourse, and when scripting oneself into a particular subjectivity.

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CHAPTER 1: INTRODUCTION

This study explores the complex processes of change that take place when a woman decides to construct a new identity free from an eating disorder. There are three layers to this analysis including (a) a personal narrative of one woman's recovery, (b) an analysis of dominant discourses surrounding the discourse of recovery, and (c) a narrative of the research process. By focusing on one person's experience of reconstituting her self, my analysis highlights the interrelationships between self and discourse. The research narrative relies on a variety of texts and discourses to inform understandings of how one person made profound changes in her life. The study then moves from an in-depth interpretation of one woman's personal experience of recovery to an analysis of the surrounding cultural discourses affecting both the participant and the researcher. The analysis is interpretive and does not attempt to theorize about the causes of anorexia nervosa; it intends to illuminate and interpret the ways in which the discourse that permeates the phenomenon of eating disorders is experienced and shapes the self at a fundamental level.

In the early stages of conceptualizing this inquiry I became intrigued with the field of psychological anthropology. The following insight offered by Good (1995) points to both the necessity and difficulty of studying the self in context and was influential in shaping the course of my research.

> We must study psychopathology as "socially and historically produced." And here I refer not simply to analyses of the social distribution of psychiatric illness, nor to much of the recent "critical" literature in medical anthropology, . . . I point to the enormous difficulty of writing about *historicized* experience, of demonstrating

> how political and economic structures are embodied in experience every bit as much as early family experience and biology are, and of portraying these issues in our ethnographic and interpretive accounts. (p. 200)

Congruent with anthropological psychology and social constructionist perspectives, I believe that meanings are co-constructed in language, between self and other (Cushman, 1990; Denzin, 1989, 1992, 1997; Gergen, 1995; Mahoney, 1991; Neimeyer, 1992; Neimeyer & Mahoney, 1995). In keeping with these perspectives, I invite the reader into the co-construction of this inquiry by (a) revealing the processes that led me to formulate the research method, (b) deconstructing my own assumptions and biases as well as those encountered in the literature, and (c) blending my own subjectivity[1] with significant events in my participant's narrative of recovery (Krieger, 1991).

This chapter commences by sharing my reflections of how different conversations and interactions influenced my formulation of the research

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[1] *Identity* from a humanist perspective implies that a person is autonomous and agentic and has the capacity to construct an identity with culture as the background. Poststructural theory takes a radically different position by putting culture in the foreground, claiming agency is only possible within certain rules, norms, and structures of the social world. *Subjectivity* becomes a more appropriate term than *identity* when it is assumed that a person is made subject by the structures (discourses) that surround her and subjects her self to the available "speakings" within the discourse (Davies, 1993; Lather, 1989, 1993; Weedon, 1987). Davies refers to the concept of subjectivity: "Subject position and subjectification and speaking subject are the conceptual tools developed in poststructuralist writing to elaborate a different understanding of the processes through which being a (gendered) person is achieved" (p. 9). Discursively a person both subjects herself and is subject to available discourses. Because of my own need to be understood by others outside of this perspective, at times I will be using the term *identity* to refer to subjectivity.

question. Being traditionally educated in psychological perspectives, I soon discovered that I needed to review literature from other disciplines in order to more fully understand what it means to reconstitute[2] a self in a postmodern world. It was only by stepping outside of familiar discourses that I came to realize how pervasive psychological models are within the dominant culture, and how embedded eating disorders are within psychological models of self. Holding the assumption that eating disorders involve issues of identity and that identities are constituted socially, I began to focus my research on social constructions of self, gender, and eating disorders. Such a focus required me to conduct a multidisciplinary exploration of the literature on self, eating disorders, and certain dominant discourses.

In addition to conducting this broad review of the literature, I also needed to pay attention to how my own biography was relevant to this inquiry (Denzin, 1992). I interpret *biography* to mean a description of how life events have shaped the research interest, how familiarity with the topic shapes interpretations of the literature and the lived experience, and how the researcher's position interacts with interpretations of the text.

It is not easy to provide a retrospective account of how I came to engage in this study. The process itself was nonlinear and meandered through a

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[2] *Constitute* means to make (a person or thing) something; to frame, form, or compose. How a person reconstitutes or reforms his or herself is the focus of this study. Social constructivism maintains that, although they have the capacity to constitute themselves, people are also subject to social and political structures of power. For social constructionists, language is the medium in which reality is constructed. Building on these tenets, this inquiry also adds the lens of gender as a central organizing feature of constituted realities.

number of winding roads, wrong ways, and sometimes deadends. Although I have maintained a steady interest in self theory, eating disorders, and constructivist theory throughout the last 5 years, there were times that I felt disconnected from the research inquiry and other times when my complete immersion in it created an embeddedness that clouded my ability to consider alternative perspectives. During this time there were numerous critical incidents that, in turn, provided me with valuable insights needed to fully commit myself to this study. Together these events helped to illuminate the kinds of questions that would sustain my interest for several years.

My first insight occurred while listening to the painful experiences of some of my friends whose daughters were struggling with eating disorders. In a small circle of friends who had experienced parenthood together while residing in a quiet, middle-class neighborhood, eating disorders were alarmingly prevalent among our daughters. While listening to the mothers whose lives had been devastated by their daughters' eating disorders, I came to realize the dramatic impact that such "disorders" had on how they viewed themselves as mothers, wives, and women.[3] Although it seemed obvious that the girls' perceptions of themselves would be dramatically changed through the experience of an eating disorder, few studies mentioned the mothers' experiences. Surprisingly, it was while I searched for this kind of research that I came to realize that, in fact, little was written about the self of the daughter suffering from an eating disorder. My inquiry into self, eating disorders, personhood, and identity began by grappling with the following

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[3] Although I am aware that males also experience eating disorders, this study is focused on a female's experience of recovery.

questions: How does culture become embedded within the self? How does the self reconstitute itself? What is the self?

My own experiences with eating disorders while growing up also had an impact on how I was beginning to conceptualize this inquiry. Such experiences reflect a lifetime of hating food, my body, my genetic heritage, my lack of discipline, and my tortuous swings between bingeing and starving. It is this first-hand experience of struggling with my relationship with food that deepens my understanding of the phenomenon. I am consequently positioned as "insider," which has enabled me to gain access to the lived experiences of those whose lives were affected by eating disorders.

Finally, as an instructor at a university, I have had both the privilege and the challenge of listening to young women dwelling in the midst of eating disorders. In sharing their pain I have gained valuable insights into the constant everyday struggles of women engaged in resisting the "tyranny of anorexia nervosa" (Bordo, 1993). At times when my passion waned for this inquiry, I only had to recall these young women's stories and then I could press forward with my commitment to have this research make a difference.

Locating the Ground[4]

The intent of this inquiry is to travel through discourses that are within, between, and around the phenomenon of eating disorders and the self--not to embark on a journey of discovering an objective reality nor to argue for the

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[4] I am distinguishing between *ground* in the positivist paradigm, implying there is one Truth, and the postmodern conceptualization that suggests ground(s) are created.

validity of one truth over another. Taking this epistemological stance, I caution readers to refrain from making conclusions as to the efficacy of various treatment strategies or the veracity of the representations of experience and, instead, to read this inquiry for its ability to deconstruct some of the taken-for-granted assumptions associated with eating disorders which are becoming epidemic in our culture. Zucker (1996), founding member of the Academy of Eating Disorders, suggests that our predominant psychological theories are "bankrupt" and no longer reflect the complexities of this condition. We need to look beyond the psychology of the individual and move towards examining the larger sociopolitical structures that contribute to the social construction of eating disorders and, in turn, the self.

As I dive into my research inquiry, staying open to multiple interpretations and possibilities, I draw from constructivism, feminist poststructuralism, deconstructionism, and interpretive interactionism, all methodological traditions that support what I am doing in this kind of research referred to at times as a "fuzzy domain" (Denzin & Lincoln, 1994). Even though at times I long for an easy way out, I have come too far to turn back now. I want to do what Caputo (1987) claims for hermeneutics, which is the quintessential art of interpretation. Hermeneutics, he states

> wants to describe the fix we are in, and it tries to be hard-hearted and to work "from below." It makes no claim to have won a transcendental high ground or to have a heavenly informer. It does not try to situate itself above the flux [5] or to seek a way out of *physis*, which is what the fateful

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5 Caputo (1989) describes *flux* in the following way: "The flux is not raw and random but organizes itself into patterns which build up expectations in us about its next move, and this building up of expectations is the key to the "constitution" of the world. Experience is the momentum of such

> "meta-" in meta-physics always amounts to, but rather, like Constantin, to get up the nerve to stay with it. (p. 3)

Not knowing for sure what working "from below" really meant, I began this journey from where I located my "ground." I began by deepening my understanding of the experience of recovery from anorexia nervosa by focusing on one person's process of recovery, or what I am referring to as one person's reconstitution of self, while at the same time paying attention to how my own experiences of self sensitized me to the phenomenon.

Locating Self as Researcher

I am located within the broad territory referred to as postmodernism. Although some writers argue we are far from being postmodern (Giddens, 1990) and others claim we have yet to reach modernity (Latour, 1993), *postmodernism* calls into question many of the assumptions held by modern/positivist perspectives. Essentially, postmodernism signals an awareness of the transition from institutions of modernity towards a new social order; it does not, however, document its own existence. Table 1 illustrates central modern and postmodern distinctions relevant to this inquiry.

In summarizing such distinctions, I assume the self is multiple, relational and under a constant state of revision. Research within postmodernism is

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expectations, their progressive confirmation or disconformation, refinement or replacement. Experience moves ahead by the repetition of pattern, which builds up their credibility, or by modifying them so as to make them credible" (p. 37).

often ideographic; therefore, I am looking for the uniqueness of experience, the subtleties of subjectivity, not for commonalties and generalizations. I am defining valid research not as an accurate representation of reality but as a research project that has internal congruence between content, process, and form (discussed in chapter 4). I have relied on subjective, embodied knowing; consequently, I have fully engaged in both the study and experience of self, change, and discourse. Language constitutes reality; it does not reflect it.

Table 1
Central Modern and Postmodern Distinctions

MODERN	POSTMODERN
Self as singular, relatively stable, and autonomous	Self as multiple, evolving, and relational
Research as nomothetic	Research as ideographic
Validity represents accurate correspondence to reality	Validity represents strength of relationships between content, process, and form
Knowledge is separate from the knower	Knowing involves subjective processes
An emphasis on language as representation of reality	An emphasis on language as creating/constituting reality

Stepping into the Quagmire:[6] Reflections

I began this research inquiry holding the fundamental assumption that eating disorders--affecting mostly women-- are primarily problems of identity, not intrapsychic flaws. In order to study identity, I began to focus on self and culture by asking the following questions: How does one disembed oneself from the dominant discourse?[7] How do young women who have experienced an eating disorder reconstitute themselves? With these questions in mind, I tried to stay focused on learning about the everyday experiences of recovery from an eating disorder.

During this early stage of my research, I also kept hearing and noticing a different element of conversation that permeated discussions about my topic of inquiry. When I met with various professionals and clients in the community, as well as discussing processes of recovery, these groups of people kept referring to one particular clinic that sits outside of the medical community, in other words, a lay clinic.[8] Often such references were full of

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[6] *Quagmire*: "(a) a soft, miry land that shakes or yields under the foot, and (b) a difficult or precarious position." (*Merriam-Webster's Collegiate Dictionary*, 1989).

[7] *Discourse* refers to language, words, practices, and symbols that constitute any given culture. It is a set of meanings, metaphors, representations, images stories, statements, and so on, that in some way together reproduce a particular version of events (Burr, 1996). Denzin (1997) claims that discourse is always more than what is said or seen. It never reflects an extra verbal situation "in the way that a mirror reflects an object" (Clark & Holquist, 1984, p. 204). Discourse is always productive: It brings a situation into play, enunciates evaluations of the situation, and extends action into the future. "Discourse does not reflect a situation it is a situation" (Clark & Holquist, 1984, p. 204).

[8] I am using the term *lay clinic* to refer to an organization or treatment facility that does not come under any professional liscencing body. Helpers or

ambivalence--professionals both not wanting to talk about the clinic *and* wanting to talk about the clinic. There were whispers, innuendoes, and mystery.

A mother's story was related to me. Her anorectic daughter would not speak to her. "If you really loved me," her daughter cried, "you would mortgage our house and send me to the clinic." Another story from another mother: "You would not believe the time the director of the clinic spent with my daughter," she tells me. "Once, when my daughter thought she could not live through another day, she saved her, talking to her for what must have been 2 or 3 hours, in the middle of the night, just calming her down. It was a miracle." I heard many stories, mostly like this last one, describing "absolute dedication" and "unrelenting determination." "She [the clinic director] simply will not let people give up" is what many parents living in the area proclaimed. Conversely, when I met with professionals[9] in the community they expressed concerns about lack of credentials, lack of accountability, and the absence of formal research documenting outcomes. I decided I needed to pay attention to these kinds of conversations as well.

Part of my reluctance to engage in conversations about this local treatment facility came from my desire to believe this kind of clinic is the ideal model for which those in the field have been waiting. I was willing to let go of my own reservations about its possible shortcomings for the overall "good of the

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workers in these settings are for the most part uncredentialed and do not have formal training or education in the area.

[9] I refer to therapists, psychologists, and counselors as those people who are trained helpers and referred to as *helping professionals*. Although I am aware of differences, for this inquiry I am using the terms interchangeably.

cause." Holding membership in both the medical community and lay helping groups, I could maintain an impartial position by moving within and between both groups of people. From this intermediary position I had little to lose in terms of my own professional identity if I chose to take one position over the other. I could continue to advocate for women and adolescents without having to examine the legitimacy of my own profession. As a counseling psychologist I am positioned to advocate for others, to take a multidisciplinary perspective, to live on the fringe, because as a profession we are situated on the periphery of mainstream psychology.

Although there were times when I found this intermediary position acceptable, there were also times when I felt drawn into being either for or against medical or non-medical treatment approaches. I was beginning to feel the tension of having to balance the merits of both perspectives. I began to pay attention to my experience of ambivalence by focusing on the following questions: What is it like to hold an intermediary position, to suspend judgment, or to hold two dichotomous positions at once? Is this even possible, I wonder? Do you have to negate one position in order to believe in another? Perhaps this is the crux of the difficulty: If x is true, then y must be false. If you are right, then I must be wrong.

Those internal doubts were reflected in the conversations I observed and participated in for the past 3 years. As I turned towards the phenomenon of reconstituting a self, I became constantly drawn into debates that surrounded this particular clinic. There were times when I just could not avoid the discussions--times I was inadvertently drawn into them and times when I pursued them. They just refused to go away. And, it should come as no

surprise that when I interviewed my first participant, her story of recovery had a strong subplot: her experience of escaping not from the grips of anorexia nervosa, but the grips of that particular clinic. Was this the site where I could study the interaction between self and other--the process of reconstituting a self? But I had wanted to deconstruct the medical system, oppressive systems of power, large systems out there--anonymous, faceless systems--while keeping my distance and avoiding the emotions of personal contact.

At the risk of sounding melodramatic, it was with a heavy heart and after many sleepless nights that I finally let go of my fear of grappling with difficult questions, of taking the lid off Pandora's box of contradictions, ambiguities, and polarized positions that characterize treatment, recovery, and self. I began instead to work on illuminating the source of the difficulty. I knew--deep in my bones--that shining the light would reveal difficulties that I would have to live with, but the tension of holding polarized positions could no longer be sustained. Holding the fundamental psychoanalytic belief that things fester when they are not brought to the light, that people turn inward and become isolated or outward and become angry, I entered the quagmire of the complexity of human experience.

How Does a Woman Reconstitute Her Self?

During the early stages of trying to formulate my research question, I frequently struggled with trying to find common, everyday language so that I could communicate my ideas in a straightforward way. When attending medical forums, I often felt alone and isolated from their language, yet not secure enough in my own perspective to build linguistic bridges to shared

understanding. To illustrate, I wrote in my research journal, after attending the National Conference on Eating Disorders (1996):

The context is a research group who met to discuss future research projects on eating disorders in North America, Canada, and Great Britain. Various health professionals gathered together to describe and receive feedback on the ways in which they were formulating their research questions. Some of these health professionals are considered to be outstanding in research and clinical practice. They talk about the need to "think big" and conduct multicentered research sites with megasample sizes. Such large scale research projects, they contend, will be more likely to secure National Institute of Mental Health research funds. The themes of the meeting are as follows: use large sample sizes to secure more research dollars, focus research on evaluating treatment strategies, and lean towards developing projects that save rather than cost dollars.

The meeting continues with two psychiatrists and one psychologist describing their research projects and then I am asked to say a few words about my work. I begin my research story using descriptors such as "lived experience," "phenomenology," "constructivism," "culture," and "reflexivity." At the same time that I am speaking, I am observing the reactions of the circle of professionals. I feel a warmth in my chest that begins to spread up my neck and covers my face like a prickly, uncomfortable blanket. I feel exposed . . . betrayed by my own bodily emotions. What am I doing with this group? I don't know enough about their research paradigm or my own--I am caught in the middle. Why didn't I just stay in their world? Why can't I use the language of my own paradigm confidently enough to keep my colored face from revealing my uncertainty? I can hear myself begin to use minimizing language that is so familiar to me. "Well, it's just a small study," I murmur. "I want to know how the anorectic self is chosen as a viable identity for these girls," I say softly. Someone in the group does not hear me. I have to repeat myself. When I am finished there is silence--a long, uncomfortable

silence. One of the prominent psychiatrists doubts that I will learn very much because of the impaired thinking that takes place during the later stages of the disorder. "But it is this kind of thinking that I am interested in," I argue. No response. Silence again. I know I am speaking a different language. Why can't I connect with them? I don't seem to be able to find the bridging language, yet I have a strong desire to communicate my ideas to this group. I want their input. I want their acceptance. But it has taken me years to get to this place in my understanding of research. "What place?" I begin to wonder.

The minutes of the meeting circulated a month later read: "Marie Hoskins, University of Victoria, is doing a small study." Given my own feelings of insecurity and uncertainty when faced with such a powerful and traditional body of knowledge, I began to wonder how adolescent girls manage to negotiate their way through the rules, norms, structures, and discourses of different socially constructed systems. How do girls find their voices when faced with such powerful traditional professions such as psychiatry and psychology? What kinds of personal strategies do they use while engaged in the process of recovery? With the influence of the media and the medical profession, taking place within and around eating disorders, how do girls exit one identity and begin to form another? How does a girl shape a new self free from the proscriptive stereotyping of an eating disorder?

The Need for the Study: Identifying the Gaps

In 1927, Jessie Gibson, Dean of North Central High School in Spokane, Washington, held discussion groups with young girls for the purpose of determining what girls needed in order to live healthy lives. Documenting how she approached the discussion groups Gibson (1927) writes

> Anxious to see girls' interests through their own eyes, the leader approached the work with definite plans for its general outlines but with no details sketched in. She tried to listen, mostly; there were no set tasks for the girls, questions and discussions on any topic were encouraged. (p. xi)

Five years of gathering information resulted in a school program developed to help girls "find the good in life, the good that will give them growth, happiness, and usefulness" (Gibson, 1927, p. xii). Interestingly, in 1927, signs of participatory models of program development are revealed.

> High school girls, then, have helped to make this course, and whatever merit it possesses, lies in the fact that it is an outgrowth of their own experience and not a superimposed thing which someone thought they ought to have. (p. xi)

Given such participant involvement, this early study with its priorization of topics and codes of behavior is an excellent reflection of how girls perceived themselves and their community in the 1920s. The program is divided into three parts: The Girl: Her Community; The Girl: Her Family and Friends; and The Girl: Her Personal Problems. Missing are topics covered in contemporary curricula such as sexual abuse, violence against women, eating disorders, divorce, racism, and so forth. Instead, the most pressing concerns then were about whether or not "petting" was permissible, how much time and energy should be spent on appearance, how to be a good citizen, and *when* to get married, rather than whether or not to get married.

The resulting book, *On Becoming a Girl,* (Gibson, 1927), is full of explicit details on how girls should live responsibly in the early part of the century in America. Rules and guidelines are suggested for most of girls' concerns, with the inclusion of the best daily schedule for girls to follow. From reviewing the text, girls appear to have been worrying about very different issues during this earlier period. They seemed genuinely concerned about complying with the cultural and societal rules for being a girl, as reflected in the title.

Brumberg (1997) also documents the history of adolescence and specifically focuses on how young girls engage in processes of self-evaluation. In 1996, at the International Eating Disorders Conference in New York, she described some of the primary differences in girls in the early part of the century and girls in the 90s through a comparison of their journal entries. The girls in the 20s discussed issues such as good citizenship and moral character and frequently set goals for themselves that included how to be a "good person." Girls in the 90s have a very different agenda. Their diaries reveal goals for self-improvement based on appearance alone, where the primary focus is weight loss, purchasing clothes, and buying the right accessories.

A review of the current developmental literature suggests that adolescence is a positive period of time where "many of the changes [physical growth and maturation] are culturally valued and thus personally satisfying" (Demo & Savin-Williams, 1992, p. 120). According to most eating disorders research, however, this time is not personally satisfying for adolescent girls. Most often this time for girls is fraught with fear, anxiety, and confusion. Their experiences are profoundly different from boys. Within mainstream developmental literature it appears that most of the research is either done by

males on boys or does not acknowledge essential gender differences and the impact of cultural discourses for girls. Simmons, Blyth, VanCleave, & Bush (1979) found significant differences between genders. Boys entering high school experience increases in self-esteem, whereas girls entering high school experience decreases in self-esteem. Furthermore, early pubertal development is associated with higher self-esteem for boys but negatively impacts girls' self-esteem. Adding to this perspective, Rosenberg (1986) argues that "although long-term stability in self-concept over the course of adolescence is similar for boys and girls, girls' self-images exhibit greater moment-to-moment volatility largely due to concern with their changing physical characteristics" (p. 139).

When referring to environmental discontinuities as the cause of decreases in self-concept, some report that the consequences may be long-lasting. Girls who experienced negative changes in self-esteem upon entering junior high school were least likely to recover their sense of self-worth by Grade 9 or 10 (Simmons & Blyth, 1987). Also there is evidence to suggest that there are gender differences in adult depression that begin in early adolescence (Sroufe & Rutter, 1984). These findings substantiate the need for further research into the long-term impact of eating disorders upon adolescents in our culture.

Stern (1991) labels the phenomenon that occurs for girls in adolescence as a process of *disavowing the self*. Although some pre-adolescent girls begin to demonstrate a strong sense of self, she claims they actually end up renouncing and devaluing their perceptions, beliefs, thoughts, and feelings during adolescence. Such disavowing has been at the heart of the developmental debate concerning issues of separation, individuation, and

autonomy-seeking. Stern concludes that adolescent girls encounter a peculiar crossroads during development where moving towards maturity involves separation; whereas what constitutes femininity requires being-in-relation. With this developmental conceptualization, she cautions researchers to notice the language used by girls that is often contradictory, conveying a strong sense of self and, at the same, time, disavowing that self.

Although numerous researchers acknowledge developmental differences between boys and girls that point to differences in socialization, a feminist analysis works to uncover the source of those differences that lie beneath socialization processes. In other words, such analyses explicate the cultural messages that have been integrated into socialization processes.

The Need for New Models of the Self

Fixed, stable conceptualizations of the self are being called into question by numerous researchers within a variety of helping professions. The self as a bounded, unified entity is being critiqued and consequently actively researched by many (Cushman, 1990; Hermans, 1987, 1987, 1988, 1989, 1992; Hermans & Kempen, 1993; Mair, 1977; Mahoney, 1991; Markus & Nurius, 1986; Peavy, 1993, 1996, 1997). For decades the field of counseling psychology has been dominated by those psychoanalytic perspectives of self that conceptualize the healthy self as relatively stable, continuous, and cohesive, and the experience of multiplicity of self as unhealthy and fragmented (Glass, 1993).

Most counseling and human services programs in Canada and the United States rely on mainstream psychological theory to inform clinical practice

(Corey, 1996). Essentially such theories are based on the assumption that human problems exist within the psyche or, at the very least, the "psyche" of the family. Minimal attention is directed towards broad systemic influences residing within culture, such as media, social structures, and the medicalization of certain phenomena. Generally, with the exception of a few postmodern theorists, such a narrow worldview has ignored using what is known about social and political practices to inform clinical practice. Perhaps we have "hitched our wagons" for too long to a tradition that pathologizes human conditions that fall outside of cultural norms, further contributing to entrenching problems. Our normalizing strategies further pathologize already marginalized groups of people, particularly women, ethnic minorities, and the impoverished. We are consequently creating a culture of the disenfranchised, people whom mainstream psychological theory categorizes as sick, pathological, and dysfunctional (Peavy, 1993).

Those limited traditional psychological perspectives of self can benefit from disciplines such as anthropology, culture, and gender studies, as well as newer sociologies to more fully understand the intersection between self and culture, and the ways such intersections work their way into self-processes. In order to more fully understand those suffering from eating disorders we need to look at culture both historically and currently. A review of the feminist literature highlights a self that is subject to, and shaped by, systems of power; whereas mainstream psychological literature focuses more on fixed, stable conceptualizations of self. How such differing bodies of knowledge implicitly and explicitly affect the self of a young woman experiencing an eating disorder needs further exploration.

It became apparent while reviewing the literature on self, women, and eating disorders that the self of the anorectic adolescent has been neglected within medical/psychological research (Fallon, Katzman, & Wooley, 1994). Within a relatively sparse body of self theory research, there has generally been a concentrated focus on fixed personality traits of the eating-disordered woman, often paying minimizing attention to historical and cultural positions within which persons reside. Women's personal experiences are seldom reported in mainstream research. Interpretive studies on the other hand attempt to correct such omissions by connecting how personal troubles--in this study, the effects of eating disorders--are linked to public issues and how such relationships discursively influence the developing nature of self.

Apart from the omission of the self within research on eating disorders, there are three primary problems in research that focus on recovery.[10] First is the insufficient understanding of how recovery actually occurs. There are few in-depth analyses of the actual processes involved when the self begins to change. Second is the widespread neglect of psychological self theory to incorporate what has most recently been learned about women's development (Gilligan, 1982; Steiner-Adair, 1991, 1994). Third is the lack of research conceptualizing the self as relational, contextual, mediated, and historical. This study addresses such omissions.

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[10] Within medical research, recovery from anorexia nervosa is measured primarily by weight gain, resumption of menses, and the cessation of excessive exercise and other purging behaviors. In Britain the use of pelvic scans has been used to document the absence or presence of healthy ovarian functioning. Bone mass indicators are also being used in certain countries to show evidence of normal physical development (Lask & Bryant-Waugh, 1993).

The Dominant Discourse of Eating Disorders

The medical/psychological discourse consisting of psychiatry, psychology and mainstream medicine, dominates the field of eating disorders in both research and treatment. These voices are bolstered by billions of dollars awarded to solve some of the mysteries and challenges of eating disorders (National Institute of Mental Health). At the International Eating Disorders Conference (1996), it became evident that most industrialized countries have similar sites of authority and power. Although the conference was a meeting to share research and treatment outcomes, it also reflected the sociopolitical context for the medicalization of eating disorders. The dominant view of the anorectic reflects this medical view of the self. To those who are inside the medical/psychological profession, this may not seem surprising because of the severe physical and emotional impairment caused by the disorder itself. Indeed, one could argue that no one else would be prepared to deal with such complicated issues. For those outside these professions, questions are raised for a variety of reasons about the viability of treating such disorders primarily within medical settings.

My purpose for attending the conference was not only to gain knowledge of current eating disorders research and practice initiatives, but more specifically to pay attention to the kinds of descriptors used to describe the self of eating-disordered girls. This was particularly difficult because these girls were rarely mentioned. I was struck not by the kinds of descriptors but by the *lack* of descriptors. Descriptions of the girl's experiences were silenced by the language of academia, research, and medical discourse. Admittedly this was a

medical conference, but in my naiveté I expected to gain a sense of how these girls were perceived and represented. Descriptions of the lived experience of women were never heard. Instead, scientific plenaries focused on reporting statistical data void of human experience. Despite the fact that eating disorders mainly affect women, the word *gender* was rarely mentioned. After listening to research priorities for two days, an enlightened psychiatrist stated in frustration that we were ignoring the root of the problem because we were neglecting issues of self-image and self-esteem. I would add that the roots are much deeper than issues of self-perception.

The feminist/cultural discourse surrounding eating disorders portrays a different perspective than medical/psychological research. Eating disorders are placed primarily in culture, highlighting the need to listen to the messages underlying the phenomenon itself. The main messages of this perspective revolve around issues of power, resistance, gender, and silence. In essence, culturalists and feminists argue that the core issues do not reside within the person but reside within culture. Countering this perspective, criticisms from mainstream psychological research argue that insufficient attention is paid by the feminist/cultural perspectives to family dynamics, personality types, and intrapsychic conflicts. Overall cultural perspectives sit in sharp contrast to such suggestions, recommending that we should turn to an analysis of gender and culture instead.

The Politics of Research

Within the field of eating disorders there are a number of different research agendas operating. In the United States, the most influential

organization is the National Institute of Mental Health, which administers research funding. Due to diminishing health care dollars, there is an immediate priority to focus research on treatment effects so that cost-effective interventions may be offered. Great Britain is also faced with diminishing resources, and some would argue that Canada's socialized health care system is rapidly being depleted. Such economic restraints are directly shaping the course and nature of research projects in the area of eating disorders. Most professionals attending the International Eating Disorders Conference (1996) agreed that it is crucial we expend time, resources, and creativity in formulating the kinds of questions that will yield worthwhile answers. I argue one of those sources lies in how we perceive self, identity, discourse, and the phenomenon of eating disorders, which all need to be re-examined in light of the fact that we are now living in a complex, postmodern age.

Purpose of the Research

The purpose of this study is (a) to understand the discourses that shape one person's self, (b) to contribute to the body of literature on women's development by using feminist analysis of women's experience, (c) to inform the counseling community and other health professionals about processes of reconstituting a self, and (d) to explicate the difficulties within and between discourses of treatment. Table 2 provides an overview of the organization of this dissertation.

Table 2

Overall Structure of the Dissertation

CHAPTER	TITLE	CONTENT	RESEARCHER POSITIONING
CHAPTER 2	Impressions of the Literature	Two bodies of literature (medical/psychological and feminist/cultural) are compared and contrasted. How the self of the eating-disordered girl or woman is conceptualized	Positioned within polarized perspectives
CHAPTER 3	Models of the Self	Discusses a model of the self that will be used to interpret texts	Takes up discourse of postmodern theories
CHAPTER 4	Discourse of Methodology	Connects the methodology with model of self discussed in chapter 3	Describes the experience of doing research; process notes italicized
CHAPTER 5	Briar's Story: Constructing the Narrative	A presentation of Briar's reflections on the process of change	Positioned as interpreter of experience from a social constructionist perspective
CHAPTER 6	Essays of Understanding	Various discourses are deconstructed in order to explicate how my relationships with discourse affect my subjectivity	Positioned to explore my own relationship to discourse

Research Path

Chapter 2 demonstrates how I used polarized positions of knowledge to sensitize myself to the underlying conceptualization of the self of the girl or woman experiencing an eating disorder. Chapter 3 describes the various models of the self that illuminate the experience of subjectivity in contemporary life. Chapter 4 describes the methodology chosen to explore self, gender, power, and agency within recovery from an eating disorder. Chapter 5 introduces and describes the primary participants in this study. And finally, Chapter 6 reveals the ambiguities, contradictions, and tensions I have experienced within and between discourses constituting the therapeutic and academic communities in a particular location.

CHAPTER 2: IMPRESSIONS OF THE LITERATURE

> Dialectics in its most essential form is the splitting of a single whole into its contradictory parts. The polar parts when brought into contact interact to produce transformation. Novelty then emerges from a dialectical synthesis. (Greenberg, Rice, & Elliott, 1993, p. 55)

This chapter provides background information for locating my study of reconstituting the self. It is not meant to be an exhaustive review of eating disorders research. Such knowledge is merely one of several discourses included in this study. This chapter does however highlight differences in how the self is conceptualized by certain bodies of knowledge, specifically, medical/psychological and feminist/cultural discourses.

Relationship to the Literature

During the past 5 years, like all doctoral students, I have collected articles and books in my area of research and filed them in boxes in my office. During this exploratory stage two distinct voices emerged from this vast body of research. The most prevalent and dominant one belonged to medical/psychological perspectives,[11] and the quieter, less prevalent voice

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[11] I am aware of the difficulties and potential errors when categorizing groups of people together under one overarching label. Such categories are constructed for the purpose of organizing the extensive literature on eating disorders. With the medical/psychological category I relied on mainstream research reviewing literature from medical, psychiatric and psychological journals. When I began to read outside of these bodies of knowledge, turning to feminist and cultural theories, fundamental differences began to emerge. Chapter 3 expands on some of these distinctions.

belonged to the feminist/cultural perspectives. I organized theories and theorists into distinct categories to reveal similarities and differences. The purpose of this effort was not to wage an intellectual debate, but instead to synthesize differences into a more inclusive perspective.

Reflecting on the Process of Comparing Two Worldviews

When I read traditional medical research on eating disorders I would often become angry and frustrated with their analyses of the etiology of the phenomenon. Article after article described women in pathological, sexist language; mothers were "enmeshed with their daughters," daughters were "manipulative," "psychosexually delayed," "impulse-disordered," "orally fixated," and so on. Ironically, fathers were rarely mentioned in the literature. Although I usually had to suppress my anger in order to learn from this perspective, at the same time there was something safe and familiar. I am familiar with the psychological language and quantitative research it embraces. I also understood how perceiving people through the lens of psychological categories has certain advantages. Paradoxically, while immersed in this literature, I frequently experienced both resistance and surrender. Resistance in that I found it difficult to believe that women are intrinsically more susceptible to psychological disturbances than men, and surrender in that such a perspective is dominant, convincing, and familiar.

My feelings of resistance and surrender highlight interesting parallels between my research experience and the lives of women with eating disorders. Women who suffer from eating disorders also struggle with issues of dominance and with pervasive ideologies. They also fluctuate between

acts of resistance and surrender, at times resisting sexuality, food, and parental control and, at other times, surrendering to cultural expectations and the "tyranny of anorexia nervosa" (Bordo, 1993). Similarly, my relationship to this literature reflects the same tensions experienced by women with eating disorders, who at times, resist cultural expectations for women, and at other times, surrender to this overpowering body of knowledge.

My relationship to the second worldview, that is, the feminist/cultural perspective, was dramatically different: anger and resistance were not common reactions while reading such analyses. Descriptions used to understand eating-disordered women were without pathological labeling and instead most frequently referred to the pathology of the culture. I became concerned however about the neglect of issues such as personal agency, choice, and responsibility. Not wanting to position women as passive pawns subject to sociocultural structures of power, I questioned the general inclination of this perspective to ignore what the psychological field has to offer in terms of theories of development, family interactional patterns, and psychological theories of self.

These perspectives are sometimes at odds with each other. Heated debates over a variety of issues, particularly the issue of sexual abuse and eating disorders, often take place. Wooley (1994) speaks of the divisiveness of such controversies.

> One side of the debate is anchored by male researchers for whom eating disorders represent a medical subspecialty; the other side is anchored by female clinicians for whom eating disorders represent a topic in the psychology of women. These designations locate many people in intermediary positions, and indeed I think there does exist a middle

> ground; however, it is notably silent as though its members wish to avoid being caught in the crossfire. (p. 172)

Parallel intermediary positions seem to be occupied by both feminist researchers *and* women with eating disorders. Fully aware that I, too, may be "caught in the crossfire," I intend to occupy the middle ground while reviewing the literature so that I can gain a broader perspective that uncovers, challenges, and disrupts taken-for-granted realities.

Throughout this chapter some of the essential gaps in the literature as they relate to the study of the anorectic self will be highlighted. Although occupying the middle ground and holding the tension between these contradictory voices has not been an easy task, at the same time I concur with Ebert's (1988) claim: "If one is always situated in ideology, then the only way to demystify these ideological operations . . . is to occupy the interstices of contesting ideologies or to seek the disjunctures and opposing relations created within a single ideology by its own contradictions" (p. 27). By occupying the "interstices of contesting ideologies" I intend to raise complex questions concerning the etiology of eating disorders and to more fully understand the contradictory conceptualizations of the self of the anorectic woman.

Defining Eating Disorders

The literal translation of *anorexia* means "absence of hunger," whereas *bulimia* means "ox-like hunger." Such interpretations are actually misleading because, contrary to what earlier theorists believed, anorectic women are actually starving. It is only through rigid control and discipline

that they manage to resist the temptation to eat. This chapter will include an overview of all eating disorders, with a specific focus on anorexia nervosa.

In the past it was generally assumed by the medical profession that both anorexia and bulimia nervosa were distinct psychiatric disorders with their own etiology, symptoms, and treatment strategies. This perspective has changed due to the discovery that 47% of patients with anorexia nervosa demonstrate bulimic behaviors (Casper, Eckert, Halmi, Goldberg, & Davies, 1980; Garfinkel, Moldofsky, & Garner, 1980) and 30-80% of patients with bulimia have a history of anorexia nervosa (Mitchell, Hatsukami, & Eckert, 1985). In light of these findings, Yates (1989) reports that in previous years the "common pattern was for anorectics to develop bulimia; now relatively more women develop bulimia first and then become anorectic" (p. 814). A significant revision in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, (*DSM-IV;* American Psychiatric Association, 1994) to the diagnostic criteria for anorexia nervosa occurred when the category was expanded to include "anorexia nervosa/bulimic" and "anorexia/restrictor." At that time, a new category, Eating Disorders Not Otherwise Specified (EDNOS), was added. (See Appendix A.)

Such classifications now avoid the confusing either/or diagnosis problem. According to Kennedy and Garfinkel (1992) "in keeping with psychiatric thinking over the past four decades, anorexia nervosa has been maintained as a distinct psychiatric syndrome" (p. 309). Even though these disorders are often on a continuum, the psychiatric medical community seem committed to keeping them distinct. In addition, although there appears to be some common symptomatology between anorexia and bulimia nervosa with other

psychiatric pathology, the authors maintain the differences are distinct enough to treat both disorders as unique from other kinds of psychological disturbances. Furthermore they argue for accurate diagnosis of both anorexia and bulimia nervosa rather than confusing them with other disorders. Such clarification, it is assumed, will lead to more effective treatment strategies.

Numerous researchers have attempted to seek similarities between eating disorders and other psychiatric illnesses. Such similarities warrant mentioning because various professionals explain both anorexia and bulimia nervosa as "just another pathological disturbance." It is important to clarify some of the differences. Kennedy and Garfinkel (1992) contend that psychiatric comorbidity frequently occurs with eating disorders in conjunction with depression, obsessive compulsive disorder, personality disorder, or substance abuse.

Depression

Despite studies claiming both anorexia and bulimia nervosa to be variants of affective disorder (Keck, Pope, & Hudson 1990; Sturzenberger, Burroughs, & Cantwell, 1977), there is a relationship between depression and eating disorders but not a positive correlation (Kennedy & Garfinkel, 1992). Stating that symptoms of starvation closely resemble those of depression, the authors refer to Toner, Garfinkel, & Garner (1986) who report a lifetime prevalence of major depression in over 60% of anorexia nervosa patients as long as 10 years after treatment. It is speculated there may be a subgroup of anorectics who are predisposed to depression even *after* the eating disorders symptoms have disappeared. This finding is consistent with other studies suggesting that once eating-disordered women are virtually in the system of treatment for

mental illness, they remain dependent on such help for extended periods of time.

Obsessive Compulsive Disorder

Based on common symptomatology such as family history, neuroendrocrine abnormalities, and responses to pharmacotherapy, there is also a relationship between obsessive compulsive disorder (OCD) and eating disorders, especially anorexia nervosa. The most misleading comorbidity, however, appears to be linked to the shared disturbance in the serotonin (5-HT) neurotransmitter system. Although a central 5-HT disturbance is associated with several psychiatric disorders, Kennedy and Garfinkel (1992) point out that recent studies have shown changes in diet also influence this kind of functioning, especially in women. Furthermore, they suggest that perhaps the most significant difference between an eating disorder and OCD is that the former disorder involves a drive for thinness that is ego-syntonic; whereas OCD is described as ego-dystonic. [12]

Personality Disorder

Piran, Lerner, and Garfinkel (1988) report a high incidence of impulsive personality disorders among patients with both anorexia and bulimia nervosa, finding 55% had borderline personality disorder (BPD). Conversely, Pope, Frankenberg, and Hudson (1987) use more rigid criteria for diagnosing BPD and find that only 2% meet their criteria. These contradictory findings

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12 According to Mahoney (1991), the individual diagnosed with a borderline personality disorder "is said to require the conditions and experiences that will help one strengthen and organize one's experience of self" (p. 246), thus suggesting that the ego is dystonic or in chaos. Other theorists would argue that an eating-disordered client is so preoccupied with self (syntonic) that the focus needs to shift from self to other.

highlight a variety of issues, including (a) the lack of stability of the measures of personality disorder, (b) the profound impact of starvation on perceptions of self, and (c) the result of inaccurate diagnosis and medical intervention.

Substance Abuse

There is also symptom overlap with eating disorders and addictions in that impulsive self-destructive behaviors are common in both illnesses. As stated by Kennedy and Garfinkel (1992), "Thirty percent of the women surveyed at an alcohol treatment program had clinically significant elevations in their scores on the Eating Attitudes Test[13]" (p. 311).

The significance of outlining the shared symptomatology of various psychiatric disorders is to emphasize the complexity of diagnosing both anorexia and bulimia nervosa. Although there are a number of similarities between eating disorders and other psychiatric disorders, it is generally agreed that eating disorders have a distinct etiology and symptomatology requiring unique treatment approaches.

The task of assessing eating disorders is a complex process, complicated by the degree of emotional and psychological impairment due to starvation itself (Bruch, 1978). Nagel and Jones (1992) echo this caution by stating that researchers (Bruch, 1978; Keys, Brozek, Henshcel, Mickelsen, & Taylor, 1950; Larcocca, 1984) explain "that starvation in and of itself has a marked influence on psychological as well as physiological functioning" (p. 382). Despite numerous studies describing and labeling the personalities of anorectic and bulimic women, there are major constraints on such research. An important

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[13] The Eating Attitudes Test (EAT) was revised by Garfinkel (1992) and is widely used as a diagnostic tool.

question remains unanswered: Is the eating disorder the result of an underlying psychiatric disturbance or does the eating disorder itself cause psychiatric abnormalities?

The Self of the Anorectic Woman

The following review of the literature focuses on how the self of the anorectic woman is conceptualized by different bodies of research. Because of the widespread concern over increasing cases of eating disorders, there has been an abundance of research generated to determine etiology, treatment interventions, and strategies for prevention. Most of this research resides within the medical/psychological discourses using traditional quantitative methods of inquiry. Although alternative research paradigms such as feminist, postmodernist, poststructuralist, and constructivist methods are beginning to emerge, the field remains dominated by traditional medical models of research. Such discourses have contributed to the creation of a stereotypic view of the personality of such women. In sharp contrast newer alternative paradigms are creating a different portrayal by raising questions about (a) the nature of the self, (b) the epistemological assumptions underlying mainstream positivist research, and (c) the impact of underlying power relations within a specific culture. Because my research question pertains to the self of the anorectic in relation to various contexts, I want to shed some light on questions relating to self, culture, and anorexia nervosa. I will specifically address the following questions: How is the self of the anorectic conceptualized in the various domains of research? Where do

certain theories situate eating disorders? How do such theories describe the relationship between psychological illness, culture, and the self?

Prevalence of Eating Disorders

There is a lack of reliable data within most medical communities over the prevalence of both anorexia and bulimia nervosa. Despite this scarcity of research, Rathner and Messner (1993) state that, with the exception of studies done by Lucas, Beard, O'Fallon, and Kurland (1988) and Nielson (1990), most studies using case register data have revealed increases in anorexia nervosa in the last 4 decades. The estimated percentage of increase, however, remains to be argued because of (a) differing diagnostic criteria, (b) vague and inconsistent case identification procedures (in-patient versus outpatient criteria), and (c) lack of common admission policies and procedures. Rathner and Messner (1993) state that "case-register studies underestimate the true prevalence because possible cases might never enter the health care system" (p. 175). Because of these biases, the authors suggest that comprehensive epidemiological field studies are needed to gain an accurate account of the prevalence of eating disorders.

Despite the limitations mentioned above, the general perception of professionals and the general public is that both anorexia and bulimia nervosa are rapidly increasing. At the same time, it is difficult to know whether it is the media focus on these disorders that has alerted people to recognizing the disorders or whether, in fact, they actually are increasing. According to Brumberg (1988)

> diagnostic drift may be occurring--that is, the greater the likelihood that a clinician who sees a very thin adolescent female with erratic eating habits and preoccupation with weight will describe and label that patient as a case of anorexia nervosa, rather than citing some other mental disorder where lack of appetite is a secondary feature. (p. 13)

Hospital admissions data can also underestimate prevalence because patients are often hospitalized for secondary symptomatology such as depression, gastric disorders, and malnutrition, when eating disorders have actually been the primary cause. Similarly, mortality statistics are also unreliable due to the fact that many patients die of related complications, such as heart failure and suicide, that are not recorded as eating disorders.

My own attempt to elicit local statistics on eating disorders led to vague and unreliable statistics. Through the Ministry of Health I was able to discover that in British Columbia for the year 1994-1995, there were 221 hospital admissions directly reported as "eating-disordered patients," requiring approximately 6,000 hospital days. However, hospitalization accounts for only 5% of the eating disorders population.

Through informal inquiries, I discovered that most people seem to know at least one person who has been diagnosed with an eating disorder. And, at my university, I have received approximately two requests per week for referrals for counseling related to eating disorders from students or the public, for themselves or family members. In addition, since I have made it known that I am studying eating disorders, I have had a number of women contact me who wanted to participate in this study or further research. Based on these personal experiences, I believe there is a significant increase in the numbers of adolescents and women who are engaging in "disordered eating"

behaviors or, at the very least, are perceiving themselves as having an eating disorder. Bordo (1993) confirms my experience by stating

> Individual cases have been documented, infrequently, throughout history, but it is not until the second half of the nineteenth century that something like a minor epidemic of anorexia nervosa is first described in medical accounts; and that incidence pales beside the dramatic escalation of anorexia and bulimia nervosa in the 1980s and the 1990s. (p. 50)

Some researchers refer to the increase in eating disorders as an epidemic; others compare it to mass hysteria. Position, gender, and culture all influence the prevalence of eating disorders. Not only does culture itself have an impact, but multicultural studies are also suggesting that the degree of urbanization has a direct impact on the incidence of eating disorders. As stated by Rathner and Messmer (1993) when referring to environmental factors, "Of all ecological and social environments, cities are generally considered to be among the more stressful in that they bear the brunt of technological and social dislocations in modern society" (p. 182). They further report that Blazer, Crowell, George, and Landerman (1986) found incidence of depression to be three times higher for urban residents when compared with rural populations. This difference was more pronounced for adolescent females; it is not surprising that a higher incidence of eating disorders would be found in major cities. Lack of support systems, alienated communities, greater emphasis on consumerism, and more exposure to advertising could all contribute to this higher incidence. Further research is needed before substantial conclusions can be made.

Davis and Yager (1992) conducted a critical literature review of the prevalence and nature of eating disorders in non-Western cultures. They cite that transcultural controlled studies of at-risk youth "have found rates of anorexia nervosa ranging from approximately 0.25% to 6.0% (Garner & Garfinkel, 1980; Pope, Hudson, & Yergelun, 1984a) and bulimia nervosa ranging from approximately 2% to 19%" (Cooper & Fairburn, 1983; Halmi, Falk, & Schwartz, 1981; Pyle & Halvorson, 1986; Pope, Frankenberg, & Hudson, 1984b). With such a range of statistical data it is difficult to determine the actual extent of eating disorders in other cultures. The most advanced and extensive research emanates from highly industrialized countries such as Sweden, Australia, Canada, and the United States, perhaps suggesting that the increased incidence of eating disorders in these countries demand more intensive research programs. Despite the low incidence and lack of extensive research programs in less developed countries, our Western ideals for body image appear to be contributing to the increase in eating disorders in the female population. As an example of such contagion, merely a decade ago the incidence of eating disorders in Japan was minimal; however, recently there has been an explosion of cases of both anorexia and bulimia nervosa, which some suggest results from the intense indoctrination of Western ideals through advertising and television (E. Goldner, personal communication, March, 1995).

The issue of what constitutes normal eating among women also needs to be examined. In a recent study exploring the relationship between eating problems and interpersonal functioning, researchers found that within normal control groups a high percentage had eating problems (O'Mahony &

Hollwey, 1995). Although these findings were not focused upon in their study, the results of their questionnaire raise more questions than answers about what is considered a "normal eating attitude" among the general female population. When analyzing the results of their control group, they found 64% were dissatisfied with their body appearance, 33% were preoccupied with a desire to be thinner, and 50% felt a need to do daily exercise to control weight. The range of ages for both anorexia nervosa and the normal group was 20-53 years.

Brumberg (1988) suggests that an explanation for the increase in eating disorders may be a "me too" phenomenon where the contagion of anorexia nervosa has spread--sometimes without initial clinical manifestations--because of an intense desire to belong. Building on this notion, Turner (1990) suggests that being sick allows for a special kind of "linguistic membership" through defining oneself as ill. If this phenomenon is actually occurring, the question becomes, why do young women need such a linguistic membership at this particular time in history? And furthermore, what is it about our culture that implicitly and explicitly may be promoting membership in such a club?

In attempting to answer such questions while referring to the increase in both anorexia and bulimia nervosa throughout the Western world in recent years, Laberg and Stoylen (1990) express concern that these disorders are being labeled the "pet mental disturbances" in nearly all affluent countries and that "striving for a thin body becomes an isolated area of control in a world in which the individual feels ineffective. Dieting provides a dangerous artificially induced sense of mastery" (p. 52). Although they conclude that

anorexia nervosa is a multidetermined disorder, where biological vulnerability, psychological predisposition, family situation, and the social climate may all influence the risk of developing anorexia nervosa, they believe that body image is the most significant cause. Arguing for an acknowledgment of the profound impact of cultural demands for body size, they claim, "The current emphasis on unrealistic slimness has more to do with the etiology of anorexia and bulimia than any other single factor" (p. 54). As indicated in the following discussion, this view is not held by all.

Medical/Psychological Conceptualization of Eating Disorders

This portion of the chapter focuses on the ways in which the self of the anorectic is described in the medical/psychological literature that primarily includes psychiatric, psychological, and medical research. Ironically the term *self* seldom appears when searched as a keyword in *Psychological Literature Abstracts* (PsychLit, 1990-1995). It appears from a preliminary search that the self of the anorectic is not adequately researched and in the small body of literature that does exist, there are substantive contradictions.

Santonastaso, Pantano, Panarotto, and Silvestri, 1991) interviewed patients approximately 7 years after hospitalization to evaluate long-term recovery from anorexia nervosa, specifically exploring the self of the patient. Their results indicate that 28% of the all-female patients experienced a full recovery from anorexia nervosa and the disappearance of psychological distress; for 20% of the women the disorder persisted; and for 52% various "mental disorders" apart from anorexia nervosa were reported. The authors concluded that "anorexia nervosa seems to qualify itself as a heterogeneous

disorder accounted for by various psychopathologies of varying outcome and is probably conditioned by them" (p. 184). Whereas their study contradicts studies done by Garner and Garfinkel (1992), indicating there are clear distinctions between eating disorders and other pathologies, Santonastaso et al. perceive eating disorders as the manifestation of deeper psychopathology. Once again, it is difficult to determine which came first, the eating disorder or the psychopathology. Perhaps once labeled a psychiatric patient, the anorectic woman perceives herself as mentally ill and thus "stories" herself into a "psychiatric identity." Or perhaps the underlying cause of the condition was not accurately diagnosed in the first place, resulting in inappropriate treatment. In light of such contradictions, I am particularly interested in the impact of psychiatric labeling, treatment, and "languaging" that occurs when patients begin their involvement with various treatment interventions and, furthermore, in how such discourses affect the self.

Etiology of Eating Disorders

According to Furnham and Hume-Wright (1992), five major theories can be found within psychological discourse: family systems theory, behavior theory, sociocultural theory, feminist theory, and physiological theory.

Family Systems Theory

Within family systems theory, the mother of the anorectic girl is often assumed to be responsible for contributing to the etiology of the disorder. Frequently these mothers are described as strong-willed, dominant, controlling, and overprotective, occupying the central position of authority in

the family. Conversely the father is described as meek, inoffensive, passive, distant, and aloof (Crisp, 1980). These fathers are typically described as unable to accept their daughters' transitions to adulthood, specifically their transitions into sexual beings. In addition to such parental attitudes about sexuality, the adolescent is also described as having difficulty adapting to the developmental challenges of adulthood, particularly individuation and sexuality.

Bemporad, Ratey, O'Driscoll, and Daehler (1988) further implicate the family when they suggest the adolescent has been subjected to an environment that "was not based on selfhood but a facade, and [the adolescent], at a time of transition, is desperately in need of another, externally based mode of being" (p. 102). They further assume that it is the interaction of a lack of ideal models and poor family functioning that result in pathogenic processes such as anorexia nervosa and hysteria.

Building on the tenets of systemic theory, Marcus and Wiener (1989) describe the interactional patterns of the anorectic family. Using the term *improvisational script* they emphasize that there is predictability in the family members' transactional patterns and that the content and words may vary with each exchange, but the overall themes remain the same. Their conceptualization is congruent with Sarbin (1985) who views emotions as "situated actions." A summary of the themes, or transactional patterns, identified by Marcus and Wiener in the families of origin of anorectic girls includes (a) *negativistic pattern,* where the child is resistant and rebellious, (b) *attention centering pattern,* where the child is eliciting attention from the mother or both parents, (c) *distracting pattern,* where the child hopes to divert

the conflict between mother and father by focusing on her behavior instead, (d) *childlike pattern*, where both parents and child engage in patterns that promote the "helpless child" syndrome, (e) *attractive pattern*, where the family is focused on appearance and "attractiveness," (f) *self-punishing pattern*, where pleasure is not a family value (for example, the child will repeatedly say she does not deserve to eat). Marcus and Wiener further emphasize that these themes are not mutually exclusive, that more than one can exist simultaneously. They also emphasize that this conceptualization is "an alternative way to understand the behavioral spectrum currently labeled anorexia nervosa" and that such an analysis will perhaps be useful in reformulating a pathological perspective (p. 354). In an attempt to move from pathologizing one family member, such as the mother or child, they suggest focusing instead on analyzing the communication patterns of the anorectic family.

Despite the attempts of some theorists to use a systemic approach to eating disorders--for example, diverting the blame from the individual to the family system--the most prevalent scapegoat remains the mother of the anorectic. Reviewing nine prominent mental health journals published between 1970 and 1982, Caplan (1986) discovered that mother-blaming was given as the primary cause of 72 different pathologies of children. Later during a follow-up study covering the years from 1978-1987, Wylie (1989) found that mother-blaming had actually increased. Rabinor (1994) points out that conceptualizations of eating disorders often acknowledge sociocultural factors, yet direct most of their treatment approaches towards mother/daughter relationships. The absent, distant father receives minimal

attention even when abusive behaviors are revealed. Miller (1976) argues that it is more convenient to implicate mothers than to comprehend the entire system that has restricted women historically and currently. Rabinor expands on this perspective by arguing that "as transmitters of the culture, mothers *and* fathers cannot avoid communicating the sexist/patriarchal realities of female powerlessness to their children" (p. 275).

Summarizing the family systems perspective of the self of the anorectic an image of the anorectic self emerges through language, particularly the descriptors assigned to the personality of the individual. Generally, the anorectic girl is seen as manipulative, controlling, unable to individuate from her mother, lacking self-esteem, preoccupied with body image, psychosexually delayed, and, although above average in intelligence, is cognitively impaired. Minuchin (1987) typifies the overall medical/psychological perspective of the anorectic personality and her family when he states

> The anorectic child has grown up in a family operating with highly enmeshed patterns. As a result, her orientation toward life gives prime importance to proximity in interpersonal contact. Loyalty and protection take precedence over autonomy and self-realization. A child growing up in an extremely enmeshed system learns to subordinate the self. Her expectation from a goal-directed activity, such as studying or learning a new skill, is therefore not competence or approval. The reward is not knowledge but love. (p. 59)

Within this systemic perspective, the character of the anorectic girl appears to be the result of a deficient, pathological, and dysfunctional family system. This popular systemic view of human development asserts that such dysfunctional family systems, for whatever reasons, are the primary cause of

eating disorders. However, Hoffman (1994), who was one of the founders of systemic family therapy, no longer holds the perspective that families can be studied apart from cultural influences. Treating the family as a closed system independent of historical, political, and cultural influences ignores issues of gender, power, class, and ethnicity. In acknowledging such oversights, she states

> We family therapists had ignored important social questions in our efforts to focus on the systemic properties of the family. While trying to rescue the person from the stigma of individual pathology, we had allowed social pathologies to blossom under our very noses. (p. 84)

Relocating herself in constructivist thought, Hoffman (1994) now recommends a responsible and reflexive subjectivity as opposed to the myth of counselor neutrality and to the expert position, promoted in traditional therapies. Doing so avoids pathologizing the family system.

Despite the abundance of North American literature, implicating the family as the primary cause in the development of eating disorders, the essential question remains: Is there such a thing as an anorectic family? Researchers at the University of Göteborg have studied families who raise anorectic children and have concluded that although such families have more family problems than matched controls, their types of family problems would not support a theory of "anorectic families" (Råstam & Gillberg, 1991).[14] Another European study also found no confirming evidence of

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[14] At the time of publication (1991) Rastam and Gillberg's research was the most extensive family study consisting of a population of 4, 280 children. All children from this group who were suspected of signs of anorexia were personally interviewed in depth.

dominant mother coupled with weak and absent father, commonly described in the family interactional pattern model (Engel & Hohne, 1989).

Behavior Theory

A much less prevalent theory focuses on the absence of healthy adaptation to maturational processes on the part of the adolescent. Fear of sexuality and intimacy leads the anorectic to avoid maturation and, in turn, reject food as the perceived agent of growth. This perspective assumes that by refusing to eat, adolescents can "prolong their childhood, practically forcing their mothers to continue to care for them as though they were still children" (Furnham & Hugh-Wright, 1992, p. 23).

Sociocultural Theory

The third theory focuses on the widening gap between cultural ideals for slimness versus the actual weight among women. This theory also draws attention to the kinds of professions women engage in that require them to attain a below-normal weight level. Because of the bombardment of media ideals for thinness it is also assumed women are indoctrinated into such unrealistic ideals in both private and public domains.

Feminist Theory

The fourth theory falls into a feminist perspective,[15] arguing that women are faced with numerous conflicting values. The need to compete and

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15 A comprehensive review of a feminist perspective is covered in the latter half of this chapter.

achieve equal status in professional careers juxtaposed with the need to spend time on personal appearance is assumed to create difficulties for women. As Furnham and Hugh-Wright (1990) suggest

> The result is that the woman experiences social uncertainty that conflicts with her attempts at embracing her autonomy and refuses to submit responsibility for her actions or her appearance to any other party. In the case of the anorectic, this attempt at autonomy is thought to further conflict with her symbiotic relationship to her mother. With this double conflict between her traditional values (represented by her mother) and those liberated values she is trying to embrace or, indeed, whole-heartedly embraces, the growing woman gets trapped into uncertainty of who she really is, what she really wants, and what her role in life really should be. (p. 23)

Generally it has been reasoned that the etiology of eating disorders falls within the theme of women's inability to adapt to contradictory definitions of what it means to be female in our culture. Lewis and Johnson (1985) conclude that such role confusion leads to lowered self-esteem and, finally, to the development of pathological eating. Consistent with such perspectives, Katzman, Wolchik, and Braver (1984) suggest that it is young women's perceptions of how they should define themselves that creates the most difficulty and consequently the greatest stress.

Physiological Predispositions

A fifth theory focuses on the predisposing factors that make certain girls more vulnerable than others. Furnham and Hugh-Wright (1992) suggest that

physiological factors need to be considered. Because female adolescents experience growth spurts earlier than their male classmates, they become increasingly more self-conscious due to their increased body size. The authors contend that "the final result is that the adolescent girl, aware of her 'fatter' figure, seeks to minimize her shape by dieting, at a time in her development when her nutritional needs are increased markedly" (p. 24). Other popular physiological explanations suggest that dieting itself can trigger the onset of anorexia nervosa (Bassöe, 1992).

Lask, Bryant-Waugh, and Gordon (in press) have recently isolated a biological vulnerability to anorexia through the use of neurological scans. In a study of 19 children (ages 8-16) there was a significant difference in the functioning of the anterior lobe that governs the regulation of appetite, sense of fullness, emotional expressiveness, and visual perception. The researchers caution people to note that this difference reveals a biological vulnerability, not a simple cause-and-effect explanation. They further argue that cultural, personality and family factors combined with this deficiency would put such patients at higher risk for the development of anorexia nervosa.

This body of literature appears to be inconclusive, with contradictory findings about the exact cause of eating disorders. Meta-analyses of recent research indicates that most medical professionals agree that the cause of eating disorders is multifaceted (Hsu, 1990; Schlundt & Johnson, 1990). Referring to the status of the etiology of anorexia nervosa specifically, Hsu (1992) states

> Because the etiology of anorexia nervosa is still unknown (although several risk factors have been identified), arguments regarding its

> nosology are based mainly on findings of clinical features, course of illness, family history, biological disturbances, and treatment response. Unfortunately, no single compelling finding has emerged to settle the debate. (p. 123)

Feminist/Cultural Perspectives on Eating Disorders: Voices From the Margins

> The anorectic thus appears, not as the victim of a unique and "bizarre" pathology, but as the bearer of very distressing tidings about our culture. (Bordo, 1993, p. 60)

Although feminist/cultural perspectives are taking a strong stand against traditional medical analyses of the phenomenon of eating disorders, their voices are only beginning to be heard. Fallon (1994) points out that even though women are the primary victims of eating disorders, the list of published works from feminist perspectives are few and that such a list "could easily fit on the cocktail napkins used at conference receptions" (p. ix). Despite this sparse body of knowledge, there are valuable contributions to issues of gender and eating disorders. I have relied extensively on the contributions of Bordo (1993), Fallon (1994), Steiner-Adair (1990, 1994), and Wooley (1994). These feminist/cultural researchers provide valuable theories that attend to omissions left behind by medical/psychological perspectives. Some of the additions include (a) an understanding of the learned, addictive aspects of eating disorders, (b) the role of culture and gender as "primary and productive" rather than triggering or contributory, and (c) a focus on analyses of the interaction between sociocultural influences and the individual.

In addition to borrowing extensively from these feminist theorists, I also include pertinent ideas expressed by cultural theorists, particularly Elias (1982, 1987, 1991) and Denzin (1991, 1992, 1994, 1997). Although they do not label themselves as feminists, their perspectives fall within the sociocultural domain and are congruent with some of the core beliefs and values of feminist theory. For example, they acknowledge the social construction of gender and the subordination of women, by critiquing the hegemonic power structures that create unhealthy responses to cultural discourses. Specifically I have included these cultural perspectives because they move beyond focusing on the eating-disordered woman and her family to exploring how she is situated and thus "spoken into" dominant cultural discourses.

Within mainstream medical/psychological literature there are numerous controversies over the etiology and treatment of eating disorders. Feminist/cultural perspectives examine these controversies by explicating and deconstructing taken-for-granted assumptions that have contributed to traditional mainstream perspectives.

The following is an overview of the more prevalent feminist/cultural theories of eating disorders as they relate to this research inquiry. These theories generally the language of pathology and, in doing so, create a unique analysis of the phenomenon of eating disorders. Whereas some of these theories remain focused on the same medical/psychological issues, such as family dynamics, particularly the mother-daughter relationship, and the influence of media messages, they generally perceive culture as the primary cause and factor in the development of anorexia nervosa and bulimia nervosa.

From a feminist/cultural perspective, naming culture as the primary cause differs from the way medical/psychological theorists conceptualize genetic versus environmental factors. Feminist/cultural analyses of eating disorders not only expose the cultural discourses that oppress women, but also focus on the underlying structures of power that socially construct the gendered woman (Probyn, 1993). An understanding of culture as a primary cause, involves more complex and comprehensive analyses than simply focusing on the impact of media messages as a primary explanation.

Five core themes have emerged from my review of the feminist/cultural literature and include (a) backlash theories where women's newly gained power is undermined, (b) sexual abuse as a primary factor, (c) the politics of the body, (d) fragmentation of the self, and (e) cultural conflict. Although I am aware of the inherent biases and limitations, presenting a synthesized thematic portrayal of the literature yields a more accurate picture of the self of the anorectic from these perspectives. These themes are not exhaustive of the literature, instead I have chosen the more prevalent themes that relate to my research inquiry.

Backlash Theories

Numerous researchers claim women are currently experiencing a backlash effect in response to gains made by the women's movement (Bordo, 1993; Fallon, 1994; Faludi, 1991; Wolf, 1990; Wooley, 1994). Such researchers clearly document examples of attempts to re-establish the historical patriarchal power structures that have maintained women's subordination, both in research domains and other areas of public and private life. Bordo (1993),

relying on Foucault's (1986) concept of "docile bodies," illustrates that the body is more than the instinctual drives and cravings described by Plato, Augustine, and later Freud: "It is the docile body, regulated by the norms of cultural life" (Bordo, 1993, p. 165). Such norms are not only the result of ideology but are also the result of practice--"through the organization and regulation of the time, space, and movements of our daily lives, our bodies are trained, shaped, and impressed with the stamp of prevailing forms of selfhood, desire, masculinity, femininity" (p. 166). From this perspective, the body becomes more than text; it manifests of those structures of power that filter down to everyday life and habitual practices.

Women, Bordo (1993) points out, are spending more time than ever managing and disciplining their bodies, so that at a time when women are gaining entry into the public arena, "the intensification of such regimes appears diversionary and subverting" (p. 166). Such disciplining and normalizing of the female body can be viewed as the ultimate means of exerting social control. When women feel compelled to occupy such an inordinate amount of time and energy on their bodies, other areas of their lives have to be neglected. Ironically, such body-image focus usually does not result in women feeling better about themselves. Indeed, the final outcome is that the majority of women feel worse; there is diminished self-esteem and feelings of worthlessness. Taking a strong position, Bordo (1993) argues that "at the farthest extremes, the practices of femininity may lead us to utter demoralization, debilitation, and death" (p. 166).

When referring to the media images of femininity, Bordo (1993) contends such an ideal has tormented many women's lives. Research has documented

that the ideal body size for women has shrunk during the past 20 years to a size that only 5% of the female population can attain. Given that the prototype for the "ideal woman" is ten pounds lighter than the Twiggy ideal 20 years earlier, an interesting phenomenon has occurred.

> Ironically, when women are demanding "more space" in terms of equality of opportunity, there is a cultural demand that they "should shrink." . . . Thinness may be considered a sign of conforming to a constricting feminine image, whereas greater weight may convey a strong, powerful image. (Hesse-Biber, 1991, p. 178)

On a final note Bordo (1993) contends as a way of counteracting the backlash we are experiencing we need a new discourse for the body, "an effective political discourse about the female body, a discourse adequate to an analysis of the insidious, and often paradoxical, pathways of modern social control" (p. 167).

Sexual Abuse and the Development of Eating Disorders

In the medical/psychological literature on the etiology of both anorexia and bulimia nervosa, sexual abuse was rarely cited as a primary or even secondary factor in the development of such disorders. It was much later in my review of the literature that I found a passionate article written by Susan Wooley (1994) where she emphasized the lack of attention paid to the area of sexual abuse and the impact of such neglect: "No issue has so threatened to divide our field as the largely concealed debate on the importance of sexual abuse in understanding and treating eating disorders" (p. 171).

While pointing out that most women would rather disclose sexual abuse to female therapists, Wooley (1994) argues that male therapists are not always privy to the impact of such violations on women's lives. Furthermore adding to the discrepancy between the stories being told and heard, is the fact that disclosing sexual abuse has different emotional meanings for women and men. Given these differences it is not surprising that male and female therapists would make different assumptions about the prevalence of sexual abuse and eating disorders. Voicing a protest against the criticism that sexual abuse disclosures are merely from self-reports during therapy and are thus "unscientific" sources of information, Wooley points out that most mainstream research has been based on clients' reports of their phenomenal experiences while anorectic or bulimic. Historically, learning about eating disorder phenomena relied on self-reports as a widely accepted method for gathering data within medical communities. Generally, Wooley (1994) reasons

> We did not label such reports unscientific because they did not involve comparisons with control groups. Nor did we demand, as we often have in the case of sexual abuse, independent evidence that patients' reports were true--that they had in fact binged and purged, stolen things or injured themselves. Distressing as these discoveries were, they were consistent with prevailing cultural and psychological models of female psychopathology. (p. 176)

Although statistics of abuse among women with eating disorders have been deemed "unscientific evidence," most female therapists working with clients will verbally attest to such disclosures. Few published articles can be found, but numerous stories of abuse have been told in the offices of female

therapists. Wooley (1994) makes a strong plea for researchers and therapists to consider abuse disclosures as a primary factor in some eating disorder cases and reminds

> We should recall that abuse was concealed from therapists of both genders for almost a century after Freud recanted his early views. But men are at fault in holding up a double standard for science: Observations made by them have been taken for fact, while reports of female clinicians have been dismissed as fabrications, gullibility, or gossip. (p. 185)

Some contradictory findings dealing with the issue of sexual abuse have to do with (a) the lack of universal definitions of sexual abuse, (b) whether sexual abuse is actually a precipitating factor, and (c) the relationship between interpretations of sexual abuse and psychological vulnerability.

Politics of the Body

The politicization of the female body is often described using warlike, combative imagery. Feminist analyses have drawn attention to how our culture exploits women's bodies.

> A feminist analysis provides a useful framework in which to explore how we experience our bodies. Our preoccupations with weight and body size are not neurotic; rather, it is a reflection of our innate understanding of how we are valued. Regardless of the gains women have made, our bodies continue to be the battlefield where our oppressors wage their war. (MacInnis, 1993, p. 78)

Women's bodies as battlefields is a common metaphor within eating disorders literature. Illustrating how women are exploited in our culture,

Bordo (1993) takes the analysis of the cultural explanation of the drive for slenderness to a deeper level than explanations in the medical field. She criticizes research that has been inclined to blame the media and the fashion industry for "indoctrinating and tyrannizing passive and impressionable young girls by means of whatever imagery it arbitrarily decided to promote that season" (p. 46). Claiming that such research has neglected to focus on the "*meaning* of the ideal of slenderness," she identifies the missing links: the context of the anorectic's experience and the "cultural formation that expresses ideals, anxieties, and social changes (some related to gender, some not) much deeper than the merely aesthetic" (p. 46). Taking a strong position, she claims

> This is a culture in which rigorous dieting and exercise are being engaged in by more and younger girls all the time—girls as young as seven or eight, according to some studies. These little girls live in constant fear—a fear reinforced by the attitudes of the boys in their classes—of gaining a pound and thus ceasing to be "attractive." They jog daily, count their calories obsessively, and risk serious vitamin deficiencies and delayed reproductive maturation. We may be producing a generation of young, privileged women with severely impaired mental, nutritional, and intellectual functioning. (p. 61)

Bordo (1993) tracks the history of the politics of the body back to Descartes' central thesis, claiming the dualistic split between the mind and the body has created problems for both men and women. Arguing that despite valuable contemporary views refuting Descartes' conceptualization of the material body and the metaphysical, spiritual mind, this basic dualism has remained deeply embedded within Western worldviews. It is interesting to note that

the central features of the foundations of the philosophical thinking of Plato, Augustine, and Descartes are seen within the symptomatology of anorexia nervosa. Such parallels perceive the body as (a) an alien, the not-me, not-self, (b) confinement and limitation, (c) the enemy, and (d) the locus of all that threatens our attempts to control ourselves and others (Bordo, 1993). Because the image of a battle between the mind and the body permeates the daily experience of the eating-disordered girl and woman, the only way to win such a battle is "to go beyond control, to kill off the body's spontaneities entirely--that is, to cease to *experience* our hungers and desires" (p. 146). The battle between two selves portrays the image of a controlling dictator against a weaker, uncontrollable self.

Bruch (1978) documents women's descriptions of the controller, for example, as "a dictator who dominates me" or " a little man who objects when I eat." Bordo (1993) describes such a character[16] as the "other self." Conversely, the female self of the anorectic is most often experienced as the "the self with the uncontrollable appetites, the impurities and taints, the flabby will and tendency to mental tupor" (p. 155). In Western culture males represent control, strength, and the intellect, whereas females represent "voracious and uncontrollable hunger." Bordo suggests two underlying meanings associated with the gender associations of the anorectic.

> One has to do with fear and disdain for traditional female roles and social limitations. The other has to do, more profoundly, with a deep fear of

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16 From my own experience in working with anorectics, these girls and women almost always describe the internal controller as a masculine figure. The "voice of anorexia" is a male voice, despite the fact that typically mothers carry the primary responsibility for feeding the family.

> "the Female," with all its more nightmarish archetypal associations of voracious hungers and sexual insatiability. (p. 155)

Such images of femininity are constantly portrayed by the media in the kinds of movies and commercials that dominates our culture. Despite gains made by the women's movement, females are still being portrayed as "voracious and insatiable," and call up "early fantasies of a possessive, suffocating, devouring, and castrating mother" (Bordo, 1993, p. 163).

Adolescents are increasingly exposed to such images, which Bordo (1993) assumes is having a profound impact.

> Watching the commercials are thousands of anxiety-ridden women and adolescents . . . with anything but an unconscious relation to their bodies. They are involved in an absolutely contradictory state of affairs, a totally no-win game: caring desperately, passionately, obsessively about attaining an ideal of coolness, effortless confidence, and casual freedom. Watching the commercial is a little girl, perhaps ten years old, whom I saw in Central Park, gazing aptly at her father, bursting with pride: "Daddy, guess what: I lost two pounds!" and watching the commercials is the anorectic, who associates her relentless pursuit of thinness with power and control, but who in fact destroys her health and imprisons her imagination. She is surely the most startling and stark illustration of how cavalier power relations are with respect to the motivations and goals of individuals, yet how deeply they are etched on our bodies, and how well our bodies serve them. (p. 164)

Elias (1991) refers to this kind of etching of the body as *social habitus*[17] because these ways of knowing are embodied and passed down from one

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[17] Elias (1991) uses the term *social habitus* to describe the process of knowing that lives in and through us. Such knowledge is historical in that it is passed

generation to the next, so that the exact origin of the taken-for-granted reality is no longer known. Such embodied knowing lives in and through us and has a direct impact on the social actions, or "tissues of mobile relationships" (Geertz, 1973), in which we engage. Both consciously and unconsciously people are spoken into identities through the social habitus of cultural discourses.

Fragmentation of the Self

Foucault (1972) provides an analysis of social control that includes the notion of surveillance that appears to be a central theme in cultural explanations of eating disorders. Anorectics in particular refer to anorexia nervosa as the "persecutor" who constantly monitors, condemns, and controls her appetite. This subjectification, it is argued, results in the adolescent feeling as if she is constantly being watched and consequently leaves her with the feeling that she must be excessively diligent in controlling her self. Elias (1991) sees this kind of monitoring as the result of more complex networks of interdependence within industrialized nations. Religion is no longer providing the roles and rules to live by, so we are being forced to adopt the internal keeper of morality, to self-monitor. Building on Elias's notion, Burkitt (1994) adds

> In such a world, persons must scrutinize and control their own individual behavior more closely than in previous periods of history, in order to

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knowingly and unknowingly through generations. In a sense it is similar to embodied knowing but also emphasizes the historicity of taken -for-granted assumptions.

> orientate themselves more effectively with the conduct of others. But this makes people more aware of themselves as objects of their own observations and thus as individuals who are separated and distinguished from the others around them. (p. 17)

But if this interpretation is true, then why not more men too? Perhaps this kind of alienation has a greater impact on women than men because of women's stronger intrinsic need, or socialization, to be in relationship. Gilligan (1982) and Steiner-Adair (1986, 1991) describe the valuing of autonomy and independence over the valuing of connection and interdependence that places women in a crisis of connection because of their strong need to be in community with others. Paradoxically, those experiencing eating disorders often need to strengthen connections with friends and family in order to survive the illness; however, the shame of the disorder itself frequently leads to alienation and isolation.

Cushman (1990) also writes of the alienation of our culture and describes the phenomenon of eating disorders through representations of hungry, emaciated selves. Such "empty selves," he argues, attempt to feed themselves--not spiritually--but through a preoccupation with materialism, independence, and autonomy. From another angle, Seid (1994) equates the ideology of eating disorders with a new religion that is having a devastating impact on the lives of young women in our culture. While making a plea for people to resist this new religion she argues

> We must abandon our new religion because it trivializes life itself. We must restore a humanistic vision in which self-improvement means cultivating the mind and enlarging the soul; developing generosity, humor, dignity, and humility; living more graciously with biology, aging,

> and death; living with our limitations. We need a concept of self-improvement that reminds us to learn from the past, to build on it, and to bequeath wisdom to future generations. We stand poised between a past for which we have lost respect and a future we must now struggle to envision. (p. 15)

Bruch (1978) refers to how the alienation of women from their bodies and their souls results in a loss of self. Although not specifically referring to the "fragmented self"--but consistent with that notion--Bruch refers to the delusions women have of "not owning the body and its sensations. These patients act as if for them the regulation of food intake was outside [the self]" (p. 254). Patients also often experience difficulty when describing other sensations such as hot, cold, and anxiety as situated within the self (Bordo, 1993, p. 147). One young female student's statement demonstrates the seperation between her body and her self.

> When I fail to exercise as often as I prefer, I become guilty that I have let my body "win" another day from my mind. I can't wait 'til this semester is over. . . . My body is going to pay the price for the lack of work it is currently getting. I can't wait. (p. 147)

Fallon (1994) also refers to the ways in which eating disorders symbolize the "fractured female experience," when she writes that such "fragmentation of the self is perhaps an unavoidable consequence of intergenerational discontinuity, impossibly conflicting role demands, and high rates of assault on the female body that are features of our age" (p. xi).

Cultural Conflict

Shorter (1991) portrays the history of anorexia nervosa as a response to historical cues and questions what happens during increases in eating disorders that uncovers cultural structures and practices.

> What about the nineteenth century made the cue of gastric pain and vomiting appropriate? Here the role of medical suggestion enters, as some cues are supplied to patients on the basis of what doctors consider "legitimate" diseases. So the evolution of anorectic forms may have partly been determined by the on march of medical interest in the viscera as sites of "neurosis" and finally by the recognition of pathological slimming as a legitimate "disease," called "anorexia nervosa." (p. 89)

Relevant to this inquiry, what about our culture at this time scripts some adolescent girls and women into an eating-disordered identity? What are the cultural discourses that promote eating disorders?

Shorter (1991) attends to some of these questions by suggesting that "starting with the modern family, apron strings start to be drawn tightly about adolescent children. Perhaps escape from these strings provided the subtext of anorexia nervosa in the nineteenth century" (p. 90).

Another historical perspective highlights the connection between the cultural analysis of anorexia nervosa and the political and economic forces within capitalism (Turner, 1985). Turner argues that the symbol of anorexia nervosa, slimness, is "promoted by food and drug and other industries for which this bodily product of hedonism and narcissism holds powerful commercial significance" (p. 180). There is much gained by the industries promoting the slender body, resulting in the commodification of the female body. Similarly, Wolf (1991) indicates

> The current market reflects a $33 billion per year diet industry, a $20 billion cosmetic industry, a $300 million cosmetic surgery industry and $7 billion pornography industry. (p. 10)

Simply stated, beauty sells. As long as women feel less than worthy themselves, they may spend money in an attempt to make themselves feel better. The success of the industries mentioned above relies on disempowering women so products can be marketed as a means to empowerment, success, and eternal well-being. The fashion industry can also be analyzed for its ability to socially restrict the movements of women. In addition to the effect of placing dieting before the health of women, promotion of miniskirts, bras, girdles, and high heels tend to further restrict women's abilities to fully function in the workplace. Historically, such restricted clothing was seen to represent self-discipline and control. When referring to the images portrayed by the garment industry, Bordo (1993) states

> The connection was often drawn in popular magazines between enduring the tight corset and the exercise of self-restraint and control. The corset is "an ever-present monitor," says one 1878 advertisement, "of a well-disciplined mind and well-regulated feelings." Today, of course, we diet to achieve such control. (p. 162)

Offering another analysis of the conflict, Appels (1986) asserts that contradictions inherent in being female in our culture contribute to the origins of anorexia nervosa. He acknowledges

> The disease is said to occur mostly in middle- or upper-class families and to stem from an identity conflict. This conflict appears to be associated

> with the contradictions between traditional demands to be physically attractive, to play a nurturant social role, on the one hand, and to be an independent, competent and assertive achiever on the other. One could say, then, that the cultural dynamics of post-industrial society seems to foster many of the conflicts which underlie the genesis of anorexia nervosa. (p. 477)

Feminist/Cultural Conceptualization of the Self

Feminist/cultural perspectives of the self of the anorectic stands in sharp contrast to the conceptualizations generated by the medical/psychological literature. A self emerges who is deeply embedded in the social habitus of our culture. She has become "separated" from a body that has been used as a text where those belonging to a capitalistic society are writing their own dividends. Attempts to control her originate from a number of sources: (a) male dominated domains such as business, science, and technology; (b) media by perpetuating images of helplessness and subordination; and (c) diet and cosmetic industries and, more recently, plastic surgery.

Feminist/cultural perspectives illuminate the image of a self-sacrificing woman who carries the pain of others. Paradoxically, the anorectic embodies and resists this image and, at the same time, surrenders to it, further fragmenting and disavowing her self. Ehrenreich and English (1978) cite the common cry of the Victorian woman: "What's a woman to do?" Now, 100 years later, Fallon (1994) asks another question: "What's the matter?" It is this matter that I would like to unmask through my study of one person's recovery from anorexia nervosa.

I conclude with Bordo's (1993) radical deviation from mainstream medical/psychological discourse. In the following quote she argues that there

is no underlying "character structure" represented by anorexia nervosa. Instead, the phenomenon

> appears less as the extreme expression of a character structure than as a remarkably overdetermined *symptom* of some of the multifaceted and heterogeneous distresses of our age. Just as anorexia nervosa functions in a variety of ways in the psychic economy of the anorectic individual, so a variety of cultural currents or streams converge in anorexia nervosa [and] find their perfect, precise expression in it. (p. 142)

Based on Bordo's perspective it appears that any research inquiry designed to define the self of the anorectic would be a fruitless endeavor. To end an analysis with the individual self would not only be misleading but would not result in understanding the complex interrelations between culture, self, and subjectivity.

Two Worldviews: A Final Comment

Few mainstream medical/psychological theories concern themselves with an historical account of the construction of gender, specifically, the social construction of the female self. Content with the assumption that the self of the anorectic is "maladaptive, pathological, and the result of family dysfunction," such theorists virtually ignore the subtle constructions of gender that may provide the ground for such psychological disturbance to develop. Those who do concern themselves with analyses of social context and social history are most frequently within the domain of the feminist/cultural perspectives.

Although the influence of the impact of the feminist/cultural perspectives on therapeutic interventions is currently underresearched, it appears most treatment approaches reflect the medical/psychological analyses of the etiology of eating disorders. Perhaps a domain of research that has such power and influence in our culture might neglect to call into question some of the misconceptions of women's psychology that are the bedrock of their research base. Gergen (1995), who became the target of outrage by psychological researchers when he dared to criticize the ideology of psychological practice, commented on the lack of space for such re-conceptualizations to take place.

> It seems to me that postmodern thought leaves a space for empiricist discourse and practice, but empiricism in itself operates much like fundamentalist religion: If one fails to embrace its tenets, the state of grace is denied. Under these conditions, how are viable forms of communicative practice to be established? (p. 494)

Along similar lines, Steiner-Adair (1994) argues for a broader conceptualization of psychology's interpretation of eating disorders and contends that the science of psychology as traditionally practiced is too confined a framework from which to heal. Its theoretical fragmentation, or splitting, of the psyche and soul, parallels a current struggle in the history of ideas between technology and ecology. Such a reductionist perspective moves us away from a model of inclusion, and "in both fields, if we practice a politic based on dominance, separation, and autonomy, then it is difficult to have a vision of the future in which we nourish and sustain the whole" (Steiner-Adair, 1994, p. 391). Emphasizing her position she cautions people to avoid

listening to the loudest and strongest voices and instead to consider alternatives generated by the feminist/cultural perspectives. Steiner-Adair is not alone in her criticism of the gridlock of contemporary psychology. Harre and Gillett (1994), Hillman (1990), Howard (1991), Gergen (1992), and Kleinman (1988), and a host of others are all making a strong case for a reconceptualization of mental illness, culture, and the self. I now turn to a discussion of theories of the self, focusing on how the postmodern self is conceptualized and researched.

CHAPTER 3: THEORIES OF THE SELF

In a recent article (Hoskins & Leseho, 1996) prevalent metaphors of the self, ranging from traditional metaphors featuring a unified, cohesive self (Kohut, 1977) to postmodern metaphors suggesting a decentered self (Gergen, 1991; Hermans, 1987a, 1989, 1992; Hermans & Kempen, 1993, Sampson, 1985), were discussed. We hypothesized that how the self is conceptualized by counselors has a direct impact on the kinds of interventions applied in clinical practice. For example, if a counselor believes in an integrated, cohesive self, strategies promoting a strong sense of identity are likely to be implemented. Conversely, if one believes in the multiplicity of self, such a professional may be more inclined to employ interventions that recognize diversity and multiplicity. We concluded that it is essential for helping professionals to take the time to explicate their own theories of self prior to working with others. The same can be said of researchers. Prior to researching the self it is important to explicate assumptions pertaining to the self and how, in turn, such assumptions may shape and influence the research methodology.

In chapter 2, when reviewing the literature, gaps, contradictions, and tensions between medical/psychological and feminist/cultural perspectives pertaining to the self of the eating-disordered woman, were highlighted. The differences between medical/psychological conceptualizations of self that focus primarily on intrapsychic structures and family dynamics, and feminist/cultural conceptualizations that focus primarily on socially constituted selves were discussed. How the self is conceptualized outside of

eating disorders research, is the focus of this chapter. Beginning with an overview of postmodern conceptualizations of self, the chapter concludes with a framework I intend to use when making sense of the variety of texts that surround this inquiry.

Theoretical Overview of Postmodern Selves

Social science research is based on assumptions about the nature of the self; however, such assumptions are often not explicitly stated. Within mainstream research on eating disorders it appears most studies adopt a model of the self that is fixed, cohesive, and measurable. Such modernist conceptualizations are currently being challenged by postmodern theories of self (Carlsen, 1988; Gergen, 1992; Hoskins & Leseho, 1996; Mahoney, 1991; Peavy, 1993, 1997). A postmodern perspective includes a self-in-transition, suggesting that "both the process of development and the self are in the midst of being deconstructed, which . . . can be taken to mean that the operative assumptions by which they have been understood and conceptualized are being undermined" (Freeman, 1992, p. 16). Given the dynamic, transitory nature of the postmodern self, it is difficult to grasp a working model stable enough to be useful and, at the same time, fluid enough to reflect the lived experience of selfhood.

A study which focused on the fluidity and multiplicity of self was undertaken (Arvay, Banister, Hoskins, & Snell, 1997). Although participants in the study attempted to apply abstract theories of self from the literature to their own lived experience, they struggled to find appropriate language. The participants often resorted to metaphorical descriptions as opposed to concrete

descriptions of being a self. For example, some spoke of the lived experience of defining self as a storied process where they continuously revised and edited their life positions. For these participants, the metaphor of "selves as storied" seemed to capture how they perceived the structure and process of the self. Other participants spoke of the often fragmented experience of multiple selves. When reviewing the transcripts of these interviews, the pauses, unfinished sentences, and the reliance on metaphorical language revealed a lack of adequate language to describe the experiences of being a self.

Despite the lack of adequate language, a review of the literature outside mainstream eating disorders research evidences a renewal of interest in the self. Theories, ranging from traditional metaphors of the self where the structure of self is seen as unitary, integrated, and relatively stable, co-exist beside postmodern theories that conceptualize the self as storied, contextual, and evolving.

Postmodern theories contend there is no essential self that has the capacity to transcend itself, nor one that exists in isolation--the self exists only in relation to others. Adding to relational theories of self, some theorists have further described the self as fluid, evolving, autopoetic, and postmodern (Carlsen, 1988; Kegan, 1982, 1995; Mahoney, 1991; Maturana & Varella, 1993; Polkinghorne, 1988). Elaborating on the fluidity of self, some describe the process of self-development as a narrative process, indicating the self is in a constant state of creation, actively co-authoring various identities (Hermans & Kempen, 1993; Howard, 1991; White & Epston, 1990).

Within the narrative metaphor, not only is the self conceptualized as storied, but culture itself is perceived as a "grand narrative" (Polkinghorne,

1988). Such a perspective suggests that in order to understand the self, it is essential to also understand the larger cultural narratives which shape individual self-narratives. Not only is this kind of understanding essential for researchers, but it is also important for counselors. According to Thomas (1996), in order for counselors to deal more effectively with the problems of postmodern society, they need to find theories that more adequately describe human development. Citing the shortcomings of current developmental discourse, he suggests

> What is lacking in much of the current developmental discourse in counseling is a conceptualization that adequately portrays the social context as a primary *reconstitutive* force in human development. . . . This means that social contexts do not just accentuate developmental traits already inherent in human beings; they are capable of systematically restructuring or actually developing one's development. (p. 533)

But what processes are involved when the self begins to reconstitute itself? How can one more fully understand the relationship between social contexts and development? For an explanation of the reconstitutive force of human development, I have turned to discursive psychology (Harre & Gillett, 1994), feminist poststructuralism, (Davies, 1993; Weedon, 1987), and cultural studies (Denzin, 1989, 1992, 1994, 1997; Grodin & Lindlof, 1996). It is important to note that although these theories share similar assumptions, they also have subtle distinctions that need to be clarified.

Implicit and Explicit Distinctions

Discursive psychologists contend that discourse (language, practices, symbols, systems of knowledge) shapes the self and in doing so recruits people into certain identities (Harre & Gillett, 1994). The foundations of discursive psychology lie in constructivist theory where it is assumed that meaning-making processes are central organizing principles of experience and, in turn, construct the self (Carlsen, 1988; Kelly, 1955; Mahoney, 1991; Neimeyer & Mahoney, 1996; Peavy, 1995, 1997). Consistent with constructivist thought, Kelly's (1955) *Personal Construct Theory* deviates from earlier personality theories that rely on psychoanalytic interpretations of self, ignoring the subject's role in constructing reality. Bannister and Mair (1968) draw on Kelly's work and summarize his main tenets by stating that the human being "is in a position to make different kinds of representations of his environment and so is not bound by that environment but only by his interpretations of it" (quoted in Harre & Gillett, 1994, p. 132). Discursive psychology, is based on the fundamental tenets of Kelly and other constructivist theorists.

Poststructuralists take a slightly different perspective by contending that a constructivist perspective ignores the relationship between *positionality* and subjectivity, revealing major shortcomings. Perhaps because of Kelly's own positionality, that of White male scientist living in the 1950s, the focus on how position--gender, class and ethnicity--influences construct systems at a fundamental level was not made explicit. Poststructural feminists (Davies, 1993; Weedon, 1987) argue that individual constructions present only one vantage point (position) within a larger landscape of human experience.

Individual interpretations are limited because of a person's own embeddedness. When a person is embedded within the dominant discourse, they argue, it is difficult to uncover the frames or constructs that have shaped the system of knowledge in the first place. In addition to acknowledging such difficulties, poststructuralists also add that not only do frames need to be explicated but how a person positions him or herself in relation to such frames needs to be more fully understood in order to recognize the complex relations between self and culture (Davies, 1993; Weedon, 1987).

Returning to Kelly's (1955) work, Harre and Gillett (1994) contend that self-location *was* an implicit part of Personal Construct Theory--yet not explicitly articulated. Referring to discursive psychology, it is argued that "self-location within discourse is the key to understanding constructs and, through them, personality. People adopt or commit themselves to certain positions in the discourse that they then and there inhabit" (Harre & Gillett, 1994, p. 140). The question then becomes: How much freedom do people have, given their positionality and access to available discourses, to engage in constitutive processes?

Where constructivism deviates from poststructural and discursive perspectives is in how it positions discourse. Constructivism accentuates the existence of self-organizing processes in construing reality, but often minimizes the centrality of discourse. Discursive psychologists, on the other hand, have developed a theory positioning discourse as a central organizing feature of personal constructions. At the same time, however, there is a fragile balance to be struck between dominant discourses and individual construing when discussing how people constitute themselves in a

postmodern world. Harre and Gillett (1994) emphasize the importance of refraining from replacing psychoanalytic instinctual forces with sociological forces and the need to avoid negating or minimizing the active agent when focusing on sociocultural explanations.

Agency, Discourse, and Positionality

Issues of agency, discourse, and positionality are aspects of the self that have become central to feminist, poststructural, and constructionist perspectives. To begin with, feminist researchers take a unique perspective on the subtle differences between agency and structure, that is, to the old debate framed as free-will versus determinism. Feminists contend that such a debate is essentially an oversimplification of experience, which is also indicative of Western culture's inclination to dichotomize or polarize positions. Gordon (1986) states

> This debate (structure versus agency) unfortunately has often been reduced to a schema in which structural analysis implies determination, while analysis in terms of human agency implies indeterminacy or contingency. (p. 25)

Offering a solution to the dichotomy between structured determinism and agency, Gordon (1986) suggests that researchers incorporate the diverse experiences of the lives of women by "presenting the complexity of the sources of power and weaknesses in [their] lives" (p. 25). In other words, an analysis of the constraints that maintain women's subordination needs to be presented in order to more accurately portray their positions within certain cultural contexts. Expanding on such analyses, Nielsen (1990) refers to these

research pursuits as the uncovering of dialectical processes. Women are often described as being caught in a double bind[18] where they frequently face conflicting choices and dilemmas. More relevant for feminist theories is not to diminish the ambiguities but to document the "dialectical tension that characterizes both women's experience and feminist research" (Nielsen, 1990, p. 25). It is only through feminist consciousness that we can gain an understanding of the "discontinuities, oppositions, contradictions, tensions, and dilemmas that form part of women's concrete experience in patriarchal worlds" (p.25). When referring specifically to eating disorders, Bordo (1993) suggests that, underneath such surface contradictions, the cultural definitions for femininity at this stage in our history are contradictory in themselves.

> The rules for this construction of femininity (and I speak here in a language both symbolic and literal) require that women learn to feed others, not the self, and to construe any desires for self-nurturance and self-feeding as greedy and excessive. (p. 171)

Focusing on the constitutive aspect of discourse, Althusser (1971) claims individuals are made subjects by recruiting them into certain identities. Describing such recruitment he suggests

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[18] When reviewing the literature on eating disorders, double binds are often mentioned as a common experience among women. Neilsen also states that women, in general, face contradictions, tensions, and dilemmas that appear to be fundamentally different from men's experience. Thus, when studying the self, an analysis that illuminates the unique aspects of women's experience in all its contradictions, tensions, and ambiguities should be viewed as an essential research endeavor.

> Ideology "acts" or "functions" such a way that it "recruits" subjects among the individuals (it recruits them all), or "transforms" the individuals into subjects (it transforms them all) by the very precise operations which I have called interpellation or hailing, and which can be imagined along the lines of the most commonplace everyday police (or other) hailing: "Hey, you there!" (p. 162)

Interestingly, not only do people get recruited into ideologies, they actually believe they create them. Building on Althusser's notion, Weedon (1987) argues, "It is misrecognition in the sense that the individual, in assuming the positions of subject in ideology, assumes that she is the author of the ideology which constructs her subjectivity" (p. 32). Based on these perspectives, how much choice does the anorectic woman have in resisting recruitment into the dominant ideology and--germane to this inquiry--into the discourse of eating disorders? And how does the process of recruitment and of taking up a particular discourse affect one's sense of self? How does discursive psychology and poststructuralism explain such processes and their effects? The following section focuses on these questions through a discussion of the concepts that are central to discursive psychology, poststructuralism, and feminist theory.

Positioning

Positioning is central to discursive, poststructural, and feminist perspectives. Nielsen's (1990) interpretation of positioning, as *standpoint theory,* clarifies the difference between ontological and epistemological interpretations of experience, by moving beyond an individual's experience to "a level of awareness and consciousness about one's social location and

this location's relation to one's lived experience" (p. 24). From this perspective, it is assumed that an individual is limited in what she is capable of knowing through experience alone. Poststructural theorists believe that although people have the capacity to shape the direction of their lives, they are, at the same time, restricted by the identities they are "spoken into" (Brookes, 1992; Davies, 1993; Weedon, 1987). It is a mistake, these theorists assume, to believe we all have the resources to be entirely agentic. Such a misconception ignores the fact that some people have more flexibility and more choices because of ethnicity, class, and gender. Consistent with feminist theories, discursive psychologists also describe the intricacies of positioning when they contend

> An individual emerges through the processes of social interaction, not as a relatively fixed end product but as one who is constituted and reconstituted through the various discursive practices in which they participate. Accordingly, who one is is always an open question with a shifting answer depending upon the positions made available within one's own and others' discursive practices and within those practices, the stories through which we make sense of our own and others' lives. (Davies and Harre, 1994, p. 46)

Referring to feminist research, Brookes (1992) claims that although certain theorists label themselves as "feminist" in their approaches, they fall short of incorporating what lies beneath individual constructions of reality. Brookes, using Belenky, Clinchy, Goldberger, and Tarule's (1986) research on how women learn as an example, contends that although this kind of research contributes to knowledge of gender differences, it often neglects to explicate *causes* of such differences. In other words, researchers often neglect to

include an analysis of the power structures that have shaped gender differences in the first place. Brookes contends that such research lacks "attention to the ways in which learning and knowing are political practices" (p. 56). She subsequently voices her resistance to the limitations of this oversight by saying that some researchers have ignored "the social relations and structures which organize knowing and learning to prevent either women or men from seeing differently, and hence, changing" (p. 58). Finson (1985) uses Gadamer's phrase "hermeneutic of suspicion" to refer to the need to interpret women's experience "not in regard to the words of the women, but rather in regard to the context within which and out of which they [the women] are functioning" (p. 115).

But do these feminist, poststructural, and discursive perspectives differ from what traditional qualitative researchers have been recommending for the last few decades? According to most qualitative researchers meaning is contextual and must be related to the positions and perspectives of various observers--both the researcher and the researched. According to Dey (1993) researchers "can make mistakes in attributing particular meanings to particular observers, but the biggest mistake would be to imagine that meaning can somehow be understood independently of the context in which it is observed" (p. 35).

But what context? Poststructuralists, specifically Weedon (1987) and Davies (1993), go beyond merely acknowledging the constitutive aspect of context, to describe the social and political contexts that exist for both men and women. Consequently, what distinguishes feminist approaches from other qualitative approaches is a particular analysis of the context. Such an analysis

does not merely include a description of the context of the person's life taken at face value, but also includes an interpretation based on the lens of power relations due to class, ethnicity, and gender. A feminist researcher assumes the self is constituted by the dominant discourses of the culture, specifically in this culture by patriarchal systems.

In this study I became interested in how a person relates to certain discourses, in other words, the meanings they attach to the signs, symbols and images within the discourses they situate themselves within. A broad question was considered: Do individuals perceive medical/psychological discourse as the ultimate authority and position themselves as passive patients, or do they act in resistance to such knowledge? I wanted to understand the meaning of taking up certain discourses from my participant's perspective. Once engaged in this inquiry I also realized the importance of understanding my own subjectivity in relation to similar discourses.

Power Relations

Discursive psychology and feminist poststructuralists focus their attention on how power relations shape the self. Within certain structures and systems, power works in a particular way. Patriarchy is such a system of power. As a form of social organization, patriarchy positions the father as the supreme authority in the family. Descent follows the male line, with children belonging to the father's clan or tribe. Patriarchal societies are hierarchical and exclusive, where the male gender dominates the female gender. In our culture it is assumed that males still dominate females

throughout a variety of domains, It is also assumed that power is attributed to some and not others, depending on ethnicity, class, and gender.

Although feminists agree on the pervasive influence of patriarchal power relations underlying women's experience, the task of uncovering the more subtle structures of domination can be challenging. Secrecy surrounds power structures, concealing them in taken-for-granted realities. Foucault's (1972) analysis of the subtleties of domination provides a rationale for the use of such secrecy, because power is maintained by keeping people unaware of the operations of power within institutions and organizations. Rejecting the notion that power is inherent within discourse or within interpersonal force, he perceives power as a particular use of knowledge, techniques, or practices in relationships. He cautions researchers, however, to avoid focusing on the individual and their intentions, and instead, to "analyze the netlike organizations and multiple fields of power-knowledge dynamics" (quoted in Kvale, 1996, p. 251).

Concurring with the subtle nature of power relations, feminists seek to uncover how dominant knowledges, or discourses, shape the self in a fundamental way. Frye (1990), who also writes about the subtleties of power relations, sheds light on the subject of the difficulties associated with such an analysis when she states

> It is now possible to grasp one of the reasons why oppression can be hard to see and recognize: One can study the elements of an oppressive structure with great care and some good will without seeing the structure as a whole, and hence without seeing or being able to understand that one is looking at a cage and that there are people there who are caged, whose

> motions and mobility are restricted, whose lives are shaped and reduced. (p. 5)

Understanding and analyzing power relations, therefore, requires an astute ability to be both observer and observed, and to be able to notice structures while embedded within them. Such an embedded position conceals the function of the cage as a restricting structure. Instead, a considerable amount of time and energy is spent observing merely the bars without noticing their function within the structure of the cage itself. Feminist psychology has helped to expand such limited perspectives by helping women search past the bars and view their personal struggles and "deficits" from a systemic perspective. Pertinent to this study is how such personal struggles are influenced by dominant discourses and how a person positions or constitutes herself in relation to such discourses.

Taking up Discourses

The issue of taking up discourses is central to discursive and feminist poststructural perspectives. It involves the process of identifying and integrating certain aspects of specific discourses. Language, symbols, significations, metaphors and images, it is assumed, have been interpreted by individuals into their personal construct systems, hence, into their own constitution of self. Although discourses have common, socially constructed meanings, they are also subject to multiple interpretations by individuals. Consequently, discursive and feminist poststructural researchers focus their attention on how certain discourses are claimed by some people and not

others. In addition, they focus on how people relate to certain discursive practices and how they fashion their lives in response to such social practices.

Focusing on my research topic, I assume that eating disorders reside within certain cultures and are constituted and maintained by specific discourses. For me, the manifestation of anorexia nervosa is not the epitome of a diet gone amok, but of a culture gone amok (Bordo, 1989; Bordo & Jagger, 1993; Fallon, Katzman, & Wooley, 1994). How one steps out of ideology, specifically, how a woman recovers from an eating disorder, will illuminate the relationships between self, culture, and identity. Central to this inquiry is the following question: When a person is embedded within a particular discourse, how does she begin to disembed her self?

In order to leave one discourse, a person needs to become aware of the discourse itself, which, of course, is always difficult when discourses are not spoken in a way that allows for an alternative "speaking." Furthermore, a person needs to gain a certain awareness, or have consciousness. Based on the origin of the word *consciousness*, "con" means to "be with." Further, "scio" means "I know." Harre and Gillett (1994) contend that the historical perspective of the meaning of "to know" was never a solitary process; rather, knowing was the result of shared meanings and negotiations. Particularly relevant to my inquiry, Harre and Gillett (1994) claim that a "cluster of significations" are used to "describe a situation in which a set of conditions gives rise to a meaningful orientation of the perceiver, thus consciousness" (p. 172). One cannot know in isolation by simply turning inward to discover inner knowledge. Social activity generates knowledge whereas collective understandings elicit the social constructions of knowing.

In addition to Harre and Gillett's (1994) explanation of consciousness, is their interpretation of psychological disorders. Using the example of the lived experience of a person diagnosed with borderline personality disorder, Harre and Gillett argue that such people are limited in "articulating and understanding the events of their lives and the relationships among them" (p. 175). Furthermore, "this lack of depth and richness in the discursive content of their subjectivities translates itself into a human and relational lack in their lives in general" (p. 175). Difficulties in acting agentically arise when a person lacks consciousness in thinking of him or herself in a different way. Consciousness therefore is the "subjective springboard of agency" (p. 175).

To illustrate the discursive restrictions placed on people's lives, Harre and Gillett (1994) use the example of a "happily married and settled woman" who has "nothing to complain about" and finds it impossible to articulate the fact that aspects of her self have been lost in the restrictions of her everyday life. The discourses in which she moves may only offer limited ways of construing her situation that are adequate and fulfilling. Given the limitations of what can be spoken, she may never be able to find a ready signification for those aspects of her experience that she currently cannot express. Harre and Gillett (1994) assert

> Discursive resources are constituted and therefore limited by the conventions of the situations within which she lives. Were such a woman to be introduced into a different set of discourses, she would subsequently find that her subjectivity became transformed because the vague feelings of intimations of absence were made explicit by becoming namable. (p. 179)

In other words, different experiences were not available because of the limited discourses available to her through her position. Traditional psychologists, who claim they can help the client to release a "new self" that sits dormant within the unconscious, are in sharp contrast to discursive psychologists. Discursive psychologists contend that believing those events and situations are invested with meaning *prior* to being spoken is to obscure the role of the subject in the process of meaning-making. Harre and Gillett (1994) contend that currently "we focus not so much on the entities lurking in the Cartesian interior of a human subject (because there are none) but on the significations that are available and permitted within a given moral reality" (p. 179).

Discursive Psychology and Research

Using a discursive psychological perspective of the phenomenon of eating disorders suggests that when a person stands on the edge of the intersection of multiple and conflicting discourses, reflective tension results. Hence, a female adolescent, given certain aspects of her positionality, has a limited number of discourses available to her, yet may have an awareness of alternative discourses that are not accessible. The resulting tensions from having restricted choices lead to different kinds of speakings or subjectivities. Therefore, as a researcher, one needs to perceive

> mental life (the self) as a dynamic activity, engaged in by people, who are located in a range of interacting discourses and at certain positions in those discourses and who, from the possibilities they make

> available, attempt to fashion relatively integrated and coherent subjectivities for themselves. (Harre & Gillett, 1994, p. 180)

The focus then becomes one of exploring the available discourses, how the person relates to those discourses, and how a person fashions a life accordingly. From this perspective agency is only possible once a person becomes aware of discourse itself. Elaborating on how this perspective would affect research Harre and Gillett (1994) assert

> Social causation disposes the person to certain reactions and ways of acting but does not determine that they will act thus or so. This means that we will be able to make statistical predictions of behavior on the basis of social variables but we will not necessarily be able to make sense of the actions and reactions of an individual in a particular situation. The latter project will only be amenable to a detailed, empathic, and individualized understanding of the way someone has construed and come to organize their own *location in a range of discourses* [italics added]. (p. 142)

It makes sense that a range of discourses needs to be established first. For example, what are the various discourses that impact a person's constitution of self? How can they be identified and then studied? Furthermore, how is it possible to study one's subjectivity when discourses are contradictory and ambiguous themselves?

Harre and Gillett's (1994) overall perspective on an appropriate discursive research endeavor begins with the assumption that people use the meanings available to them through discourse and create a psychological life by organizing their actions accordingly. Such a life has meaning in the same sense as a piece of literature has meaning in that it cannot be summarized in

words, but is understood by those who are well versed in discourses, their structures and their interrelations. From a discursive perspective, when studying the self one needs to explicate discourses, describe how a person positions herself within such discourses, and document how a person organizes her life in relation to both position and discourse. A discursive approach while researching eating disorders would include (a) an analysis of the discourses surrounding eating disorders, (b) an exploration of how a young woman takes up some discourses and not others, and (c) a description of how she discursively fashions a life from the available discourses. This study focuses on these aspects of constituting and reconstituting a life.

Media, Culture, and Self

> The bodies of disordered women in this way offer themselves as an aggressively graphic text for the interpreter--a text that insists, actually demands, it be read as a cultural statement, a statement about gender. (Bordo, 1993, p. 16)

Given that I perceive eating disorders as a culturally specific phenomenon, methodologies that focus on discourse, as well as personal experience, are consistent with how I conceptualize the self of the anorectic. Because of the contextual focus on eating disorders, I have found an exploration into studies that focus on culture and the media particularly informative when conceptualizing the self. Denzin's (1992, 1997) research (discussed in chapter 4) has helped to clarify the interrelationship of media, self, and subjectivity. Also particularly informative is the work of Grodin and Lindlof (1996) who illustrate the impact of mediated communication, such as electronic mail,

television, and virtual reality, on the constitution of self. Poststructural ideas regarding the discursive nature of the self, also highlight "how and why the mediated environment is so influential" (Grodin & Lindlof, 1996, p. 10).

If we assume that language is the site where subjectivities are formed, then language transmitted through media has a constitutive capacity. How models of the self are portrayed through the media do not shape the self after it is formed; instead, media constitute the self, hence the term *mediated self.* Such a self is the result of historical influences that become embedded in certain discourses of self. For example, the concept of *autonomous self* has permeated Western culture for decades, rendering it "natural," rather than socially constructed. Grodin and Lindlof (1996) explain

> Autonomy has also been a term closely tied to the dream of self-determination. Being autonomous suggests separation from restrictive conditions that had for many centuries determined the course of everyday existence. Autonomy also referred to the idea of "going at it alone." In America, it was thought, one could "help oneself" (Benjamin Franklin's notion of self-help) to shape a life uniquely satisfying and unfettered. (p. 5)

Such autonomy was not without its drawbacks as increased alienation through urban development replaced traditional connections found in rural communities. This kind of social restructuring is often blamed for anomie, and, at the same time, credited for promoting increased preoccupation with self. When studying the constitution of the self, we need to consider the impact of media not as an "add on" but as a central developmental force. Consistent with the *self as mediated through technology,* Gergen (1991) suggests we think of ourselves in a different way, because of our exposure to

diverse lifestyles and personalities through media. The effect of the postmodern condition means that we need new theories of self that focus on interdependence rather than independence. Gergen coins the term *relational sublime* and points to social constructionists, discourse analysts, and communication theorists as examples of researchers who move away from an interior psychological self. Furthermore, he recommends methods that begin "the task of reconstructing the various processes once believed to be 'within the psyche' of the individual as constituents of relationships" (p. 136).

Formulation of Relational Selves

A brief historical review helps to illuminate the formulation of a new conceptualization of self that began to emerge in the first few decades of this century. In 1913, Jessie Taft refers to the social self theories of Royce and Baldwin and argued these theorists still assumed "a consciousness of self arising first of its own accord, that is, absolutely, and then projecting itself onto others" (quoted in Deegan & Hill, 1987, p. 29). Criticizing their interpretation of social selves, Taft argues

> This is to make the self social in name only. It remains just as mysterious and unapproachable as before. There is no real interdependence of self and other. To escape from the absolute self, to make the self genuinely social and thus to keep it within the range of possible social control, we are convinced that we must take the final step proposed by Professor Mead on conceiving the self to appear and develop as the result of its relations to other selves. We must postulate a social environment as an absolute prerequisite for consciousness of self and assume that the self thus developed continues to take on more highly conscious forms according to the increasing extent and

> complexity of the social relations which it actively maintains. (quoted in Deegan & Hill, 1987, p. 30)

Taft summarized three distinct historical stages of development of consciousness of self. The first she referred to as *objective consciousness of self*, where the pursuit of universal Truth and objective reality was the primary focus. This Greek type of self, Taft describes,

> tended to become a split up metaphysical object, made up of the various absolute qualities in which it shared and valued for their sake. Personality was not a supreme category for the Greeks as it is for us, nor was the individual necessarily conceived of as having certain inherent rights and value, just because he was a human being. (quoted in Deegan & Hill, 1987, p. 35)

The second stage of conceptualizing self, *subjective consciousness of self*, emphasizes the subject as the constructive center of the world, "the seat of law and order. What this meant for human lives was the absence of external authorities to validity, since nothing is valid which does not spring from the very nature of the self" (p. 38). The final, reflective stage, *social consciousness of self*, is characterized by the interest in social responsibility and "awakening of social consciousness in all classes and countries" (quoted in Deegan & Hill, 1987, p. 34). Making her case for a relational theory of self, Taft asserted

> Individuals are so interrelated and dependent that each one depends on the rest for obtaining his own ends. No person can seek his own health as his object excluding all reference to the health of his neighbors. Unless health is a common object of desire in a community and is sought for by each person with regard to all others, no one individual is safe from infection. (quoted in Deegan & Hill, 1987, p. 39)

Dating back to the turn of the century, Taft identified the struggle between the private and the public as the source of gendered conflict. Until such time occurs when women will be valued in both public and private realms for their contributions, she explained, such sources of conflict will continue to constitute the female self. Almost a century past Taft's foundational contribution, Lather's (1991) similar argument asserts

> We live in both/and worlds full of paradox and uncertainty where close inspection turns unities into multiplicities, clarities into ambiguities, univocal simplicities into polyvocal complexities. As but one example upon close inspection, "women" become fragmented, multiple, and contradictory both across groups and within individuals. (p. xvi)

Given such gendered differences in experience, Lather (1991) argues that what is essential to a feminist inquiry is the focus on the social construction of gender; hence, gender becomes the lens through which various human conditions are interpreted. Arguing for the need to place gender at the center she states, "Through the questions that feminism poses and the absences it locates, feminism argues the centrality of gender in the shaping of our consciousness, skills and institutions as well as in the distributions of power and privilege" (p. 71). Inherent within the feminist interpretation of gender is the acknowledgment that there are power differences due to gender that shape the social organization of knowledge and, in turn, the self. Probyn (1994) suggests the combination of an analysis of power structures combined with an analysis of individual constructions as a viable research method.

> As one way of placing the self, I argue that it should be seen as a mode of holding together the epistemological and ontological. I want to emphasize the importance of ontological moments of recognition--moments when I realize my gendered being. Consequently, I argue that the ontological must be met with an epistemological analysis. (p. 4)

Unger (1992) suggests that the primary task for feminist psychologists should include an analysis of the sociocultural constraints on human behavior. Posing specific questions as examples, she asks

> Under what conditions are specific social norms activated, especially when the behavioral consequences of behaving in a gender-specific manner may have negative results for the individual at that time? What social processes are responsible for individuals' acquiescing to societal norms that are harmful to themselves as well as to groups of which they are a member? (p. 131)

By attending to these kinds of questions, Unger (1992) further argues that contradictions, ambiguities, and double binds should be revealed in the lived experiences of women. Analyses of such double binds "makes it clear that the dilemmas for women in these contexts . . . are produced by situational constraints rather than by personal flaws" (p. 134).

Despite the abundance of theorists arguing for more holistic conceptualizations of self, culture, and eating disorders, I found few studies occupying the spaces between individual constructions and the surrounding social discourses that are discussed so often in feminist scholarship and discursive psychology. In eating disorders research, few studies focus on how the ontological is met by the epistemological as recommended by many

theorists (Brookes, 1992; Davies, 1993; Probyn, 1994; Unger, 1992; Weedon, 1987).

Given their recommendations, what kind of research can be conducted that will shed some light on the phenomenon of eating disorders as lived by women? What model of the self will lend itself to the most viable portrayal of the discourse of anorexia nervosa in relation to the everyday experience of the phenomenon?

It seems that the question regarding whether culture impacts the lives of eating-disordered women has been answered by prevalence studies. High incidence of eating disorders in industrialized countries indicates that certain cultures appear to contribute to eating disorders, whereas others have little evidence of the problem. More important, therefore, would be to address how culture becomes internalized within the self of the anorectic. Further, what is the experience of medical and non-medical discourses on the lives of families whose lives are affected by eating disorders? How does a young woman disembed herself from a problem-saturated narrative situated within restrictive discourses?

Marsh and Stanley (1995) emphasize that few researchers have explored the personal meanings of anorectics regarding self-perceptions or, further, how they make sense of their conditions. Using repertory grid technique, Marsh and Stanley discovered that girls' perceptions of themselves did not coincide with clinicians' descriptions. Based on these findings they suggest a "therapist must be willing to gain insight into the individual world of the anorectic woman" (p. 113). I would add that prior to such an understanding we need more research to fully understand the intersection between the

everyday experience of the one recovering from an eating disorder and the discourses surrounding eating disorders in our culture.

Constituting Myself As Researcher

Although I immersed myself in the literature of discursive psychology and feminist poststructuralism, I still struggled with "owning" the language of these perspectives. I believed my struggle was worthwhile because grappling with *positionality, subjectivity, discourse, power,* and *speaking* helped me to reexamine my own subjectivity as a researcher, counselor, and educator.

This kind of language, however, has often felt foreign and unfamiliar and is seldom used in the contexts in which I live and work. Although the meanings of the words fit with my experience of being a self, they felt awkward at certain times. Having admitted my hesitations and reservations about the language itself, I was not willing to abandon postmodern discourse. Instead, I wanted to experiment with this language and struggle a little longer with the unfamiliarity of the terms, hoping that the result would be an authentic languaging of my theory of self and research.

I have become convinced that inadequate models and language exist to describe how the self reconstitutes in a postmodern world. Therefore, I am adopting a flexible model to help to make sense of the complexities of self, recovery, and eating disorders. I am disregarding the old before really knowing the new, by taking a leap of faith. I begin this effort by describing my model of the self by articulating what I have gleaned from various theories covered in this chapter.

I define the self not as a fixed entity but as a meaning-making process. Such meaning-making processes involve the ways in which people make sense of experience, interact with various discourses, and position themselves in relation to such discourses. Because I conceptualize the self as a meaning-making process and culture as a nexus of competing discourses, my theory of self is explicated through discussing the location of meanings. Table 3 illustrates the evolution of my theory and understanding of various locations of meaning. It is important to note that none of these perspectives ignore the construction of meaning; however, some emphasize discourse as primary and constitutive, whereas others minimize the relationship between discourse and self.

Constructivism claims the self is not a fixed entity, but is a cluster of self-organizing or meaning-making processes (Carlsen, 1988, 1996; Hoskins, 1996; Kegan, 1982; Mahoney, 1991; Peavy, 1993, 1995, 1997). Furthermore, "meaning-making is about the journey of development and the creation of self--the activity of each person who is both shaping a self and shaping a coherent, meaningful life" (Carlsen, 1996, p. 352). The self uses a feed-forward mechanism that organizes and constructs reality, rendering templates, or construct systems, as part of an organizational map used to make sense of the world. This dialectical system is both rigid and flexible, depending on life circumstances, personal construing processes, and context.

Meanings are constructed by combining these dynamic personal construct systems with shared social realities. Meanings are both personally and socially constructed; "we are both the guards and the prisoners of our construct systems" (Mahoney, 1991).

Table 3
Location of Meanings by Theories

LOCATION OF MEANING
Self actively construes meaning (*constructivism*)
Meaning is socially constructed through language (*social constructionism*)
Structures shape meaning (*poststructuralism*)
Meaning resides in the nexus between the singular and the collective (*interpretive interactionism, discursive psychology*)
Meanings are historical, contextual, gendered, cultural, singular and collective (*feminist social constructionism*)

Social constructionism locates meaning in language between persons. Personal constructions are constrained by culture or the "shared language and meaning systems that develop, persist, and evolve over time" (Lyddon, 1995, p. 77). Whereas a phenomenological approach seeks to *understand* by searching for meanings below the surface--claiming there are essential meanings within a phenomenon--social constructionist perspectives differ. Deviating from phenomenology, social constructionists claim such meanings are not inherently there but are co-constructed through various interactions, conversations, and practices. Social constructionists also differ from radical constructivists who claim there is no reality, that social realities exist but only as local knowledges. What becomes problematic for me from this perspective

is that if there is no self, no individual, that exists outside of relations with others, then where is the active agent located? The domain of social constructionism has expanded to include diverse and ambiguous meanings when it comes to the issue of agency. Although some argue there is no essential self existing outside of language or social relations (Efran & Fauber, 1996; Gergen, 1991), others contend people are more than passive pawns subject to normalizing discourses (Potter, 1996; Wetherell, 1996). It appears some theorists need to re-examine their own language when it comes to the issue of agency. Stevens (1997) points out that although Gergen (1991) in *The Saturated Self* argued for a no-self theory, he also writes of the "free play of being" where a person "has the capacity to explore and manipulate different discourses to some extent" (p. 10).

Poststructuralism argues that structures and positions shape individual constructions of meaning. Gender, ethnicity, and class all structure positionality. Agency occurs when an individual interprets such structures in diverse ways. Analysis of structures of power and domination, that is, how certain discourses are dominant although others are subordinate, are focused on by poststructural theorists. In addition to analyses of power structures, poststructural theory positions culture as a central organizer of meaning, leaving individual acts of construing in the background.

From the perspective of *discursive psychology,* meanings or self-organizing processes are spoken into existence by taking on certain discourses. This is not a one-way movement; it is discursive in that individuals shape discourses and discourses shapes selves. Meanings,

themselves, are discursively created. Interpretive interactionism (1989) also holds this perspective on the interpretation of meanings and the self.

As a *feminist social constructionist*[19] I assume that, although people share similar life experiences, how they interpret such experiences consists of unique, multiple, and often contradictory processes. In addition, such interpretations are situational, gendered, contextual, biographical, political, and historical. All of these variables not only shape the uniqueness of interpretations but also shape one's unique biography, in other words life position, interpretations of experiences, sense of self, and personal history (Denzin, 1989). Consequently, when studying the self it is necessary to explore historical, cultural, and life projects that people engage in collectively and individually. My feminist social constructionist perspective claims that conversation is the location of meaning and the self; positionality and discourse open the possibilities for certain speakings or "selvings" to take place. Agency is possible within given significations, symbols, and interpretations of discourse.

Identity is not fixed and stable, but is storied and continuously constituted through discourse. Furthermore, I acknowledge that the self I attempt to know constantly shifts and changes while I attempt to more deeply understand it. Denzin (1997) confirms my experience while conducting this research by arguing that "language and speech do not mirror experience: They create experience and in the process of creation constantly transform and

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[19] *Feminist social constructionism* is the term I am using to define my research methodology, which is a synthesis of perspectives.

defer that which is being described. The meanings of a subject's statements are always in motion" (p. 5).

Although my participant and I are co-authoring a shared narrative, I acknowledge that we are two distinct selves with separate subjectivities. We each bring life history (biography) to the research relationship. We also have intersubjective realities in that the boundaries between self and other are permeable. We enter into the space between us, between self and other, to work towards shared understandings of experience. Although the focus of our conversations was on my participant's experience, particularly in chapter 5, my own subjectivity enters as I interpret her descriptions of experience.

The Process of Constituting Self As Researcher

The experience of developing a methodology for this inquiry is indicative of how I perceive the fluid process of self-identity (subjectivity). In the beginning I found myself moving back and forth between interpretations of the everyday experience of doing research and the discourse of methodology. Blending my interpretations of the experience of research practice with the larger discourse of methodology moved me discursively between theory and practice. Theory informed research practice and practice informed my developing theory. When reviewing the literature, I was influenced by certain methodological traditions that I authorized as sources of legitimate knowledge for studying the process of reconstituting a self; epistemological knowing was met with the ontology of research. The larger structures of

knowledge, that is, the discourses of research, were blended with the *phenomenal experience*[20] of everyday research practice.

Agency came into play when I decided how to interpret such knowledges and whether I wanted to accept or resist particular discourses. Poststructuralism helped to develop a new language to understand experiences pertaining to speaking, voice, position, and subjectivity. These new concepts have helped me understand my own identity in a different way. Language shaped the construction of self, in this case my researcher self. Deconstructionism helped me to look beneath the surface textual representations and to critique these as well, attempting to explicate what "frames the seeing" (Lather, 1993) and how some research discourses are privileged in certain contexts and others are marginalized.

Throughout this study both the researcher and the participant have co-authored narratives of subjectivities. In addition to this joint project, I have also expanded our co-narrative by focusing on how discourses shape everyday lives and how individuals position themselves within and against such discourses. The following chapter links my working model of the self with concepts and ideas from certain methodologies.

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[20]I am aware of how my language separates lived experience from larger structures of knowledge as if there is a clear distinction. I am still struggling with how to talk about the experience one has and then later reflects on.

CHAPTER 4: THE DISCOURSE OF METHODOLOGY

> The difficulty, however, is that the world places little confidence in the play of things and a great deal of reliance on constraints, authority, and institutional structures, and that is why we are overrun with creeds and criteria, rules of life and rules of method. The fact is that the advocates of free play meet resistance at every step. They are suspected of anarchism, nihilism, of intellectual, social, and moral irresponsibility: Those who would dance and play before their God have constantly to dodge the theological bullets aimed their way by the defenders of the true faith. (Caputo, 1987, p. 211)

Caputo's quote describes my experience when conceptualizing this inquiry. Although at times I could identify external sources of "criteria, rules of life and rules of method," none were as harsh as my internalized critic. Positioned as both the guard and the prisoner, I needed to dodge the "theological bullets" that I aimed at myself, while negotiating my way through an exploration of traditional and postmodern methodologies. Moving into the paradigm of interpretive inquiry, into "messy texts" (Denzin, 1997), I begin this chapter with a discussion of how I came to synthesize certain methodologies for this study.

During the last several years I have been actively engaged in the study of constructivism, particularly constructivist counseling. Recently, while studying feminist theory, I became increasingly aware of issues of power, gender, voice, and position. Although I felt at home with constructivism, particularly its attention to plasticity, autopoesis, and self-organizing processes, I became frustrated that so few constructivists were acknowledging the broad systemic influences that shape social constructions of knowledge.

This frustration prompted me to turn to other theories to advance and refine my evolving constructivist theory. Through my review of the literature on methodology, and consistent with how I perceive the self, I have drawn from three perspectives: interpretive interactionism, deconstructionism, and feminism.

Blending Research Methodologies

Interpretive Interactionism

Denzin's (1989) interpretive interactionism studies the self in relation to others. Symbolic and interpretive interactionist perspectives focus on interactions between persons, specifically how persons make sense of experience and how an individual acts in a certain way. The formation of meaning and action replaces cause-and-effect analysis and instead contends that "social action must be studied in terms of how it is formed; its formation is a very different matter from the antecedent conditions that are taken as the 'cause' of social action" (Blumer, 1969. p. 4). Hence, in this domain of research, actions are intricately connected to meanings, not in a stimulus-response way, but in a way that recognizes *how* actions are mediated by individual and collective interpretations. Denzin's theory of interpretive interactionism expands on symbolic interaction by reflecting the cultural embeddedness of the postmodern self.[21] Arguing that the postmodern age is

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21 Denzin (1992) criticized aspects of symbolic interactionism for two conceptual oversights. First, the reporting of research traditionally found in symbolic interactionist ethnographic studies tends to use the voice of the researcher as opposed to the voice of the researched. Examples of participant's lived experience were rarely included. Second, in addition to neglecting to include the voice of "other," early ethnographic inquiries tended to present a romantic portrayal of the phenomenon under study.

dominated by advertising, mass media, and computerized technology, he suggests that human experience and social relations need to be re-examined in light of these changes. Consequently, my desire to study the interrelatedness of self and various discourses has been satisfied by drawing on some of Denzin's (1989, 1991, 1994, 1997) key concepts. As a methodology that explores the relations between self and society, Denzin (1989) contends

> Interpretive interactionism fits itself to the relation between the individual and society, to the nexus of biography and society. Interpretive interactionism attempts to show how individual troubles and problems become public issues. In the discovery of the nexus, it attempts to bring alive the existentially problematic, often hidden, and private experiences that gives meaning to everyday life as it is lived in this moment in history. (p. 139)

In addition, interpretive interactionism builds on feminist critiques of positivism, concerning itself "with the social construction of gender, power, knowledge, history, and emotion" (Denzin, 1989, p. 19). Various research methods are consistent with an interpretive interactionist approach including "open-ended, creative interviewing, document analysis, semiotics, life-history, life-story, personal experience and self-story construction" (p. 7). Although I deviated from following the specific method outlined by Denzin (1989), I used epiphanies and biographical experience (discussed later in this chapter).

Offering solutions to his main criticisms, Denzin suggests that symbolic interactionism needs to shed its pretensions to "ethnographic realism" and suggests, instead, that insights from poststructural, feminist, and cultural studies be adopted.

Deconstructionism

Expanding on the tenets of interpretive interactionism, deconstructionism provides another lens for viewing human experience. Accentuating the multiplicity of meanings that lie beneath the text, Feldman (1995) claims

> A deconstructionist looks for the multiple meanings implicit in a text, conversation, or event. A deconstruction points out both the dominant ideology in the text, conversation or event and some of the alternative frames that could be used to interpret the text, conversation or event. Taken-for-granted categories (often in the form of dichotomies) and silences or gaps are elements that support the dominant ideology. (p. 5)

Deconstructionism as a research method is based on several underlying assumptions. First, it assumes that ideology imposes limits on what can and cannot be said. Second, authors write and actors act from within ideology; thus the person's embeddedness restricts alternative perspectives. Third, deconstructionism as an alternative method of inquiry features how language creates some meanings and suppresses others. And fourth, meanings change with context. Spivak (1989) distinguishes deconstructionism from a process of exposing error to, instead, exposing "a way of thinking . . . about the danger of what is powerful and useful. You deconstructively critique something which is so useful to you that you cannot speak another way" (p. 135). Hartsock (1987) states it clearly when she says that deconstructionism is "when we learn to 'read out' the epistemologies in our various practices" (p. 206).

Rather than a structured method, deconstructionism is a stance taken in order to question dominant discourses. Therefore, it requires the researcher

to pay attention to what is spoken and unspoken, the position of the speaker, and who benefits from certain speakings. While conducting this inquiry I paid attention to who gets to speak, and why, in various contexts. Watching for the ways in which people silence themselves and others helps me to see relations of power that often go unnoticed. Sensitizing myself to acts of speaking and silencing leads to deeper understandings of the everyday dynamics of discursive practices.[22]

Feminist Research

Feminist research was developed in response to increasing awareness and acknowledgment of gender biases within various research areas. Such enlightened perspectives were part of an underground movement created primarily by groups of women who were also part of mainstream research. This underground, hidden agenda uncovers the feminist struggle between being embedded within patriarchal institutions and needing to work outside the confines of certain systems in order to find more authentic voices. The realization that social science research endeavors have been sexist is now acknowledged by both feminist and nonfeminist researchers. Although the basis for the label *sexism* is varied, most agree when researching the experiences of men and women, that the male lens has dominated the field; most early research on development was conducted by men, using boys as subjects. From these studies conclusions about both genders resulted even though women and their development were absent (Mirkin, 1994).

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[22] *Discursive practices* refers to the process of how language, symbols, ideals, images, and metaphors become social and psychological "realities."

Sherif (1979) elaborates on this position by highlighting the historical and contemporary sex bias in psychological research. Making a strong argument for the need to destroy myths that perpetuate these biases, she proposes expanding "the framework within which knowledge is sought, then persist in the difficult tasks of relating events within that broadened framework through a variety of methods and research techniques" (p. 51). Consistent with Sherif's perspective, Du Bois (1983) adds, "The male perspective throughout all our modern disciplines is overriding, and, until recently, with the beginnings of feminist scholarship, unquestioned, axiomatic" (p. 106).

Moving beyond this perspective, Eichler (1990) maintains that arguments over the existence of sexism are passé and that social science research is simply sexist because it is "informed and shaped by a male viewpoint, resulting in a distorted picture of social reality" (p. 21). Eichler contends that in attempting to eliminate sexism in social science research, a variety of solutions have been suggested. These solutions are embedded within the following broad responses.

Business As Usual

Social scientists assume that the notion of sexist research is of marginal importance and therefore minimize or ignore the concern by going about their "business as usual."

Liberal Response

This response acknowledges the significance of non-sexist research and attempts to remedy the lack of it by adding women. One is reminded of the phrase "just add women and stir." Eichler (1990), cites methodologies, such as

phenomenology, ethnomethodology, demography, symbolic interactionism, and role theory, as examples of expanding frameworks that attempt to incorporate women.

Women-Centered Approach

This approach claims that to merely add women to androcentric frameworks will not result in nonsexist research. Instead, its proponents recommend that the starting point should be the position of women in order to reach "a better understanding of the particularities of the female condition" (Eichler, 1990, p. 25). By concentrating entirely on women, new questions as well as new answers will be generated.

Integration of Women Into Transformed Social Science

This final approach recommends a complete transformation of existing methodologies so that they can integrate "the concern for women into social science in such a manner that transforms both the current male-centered (sexist) approach and the incipient female-centered approach into a non-sexist approach" (Eichler, 1990, p. 26).

The above categories, Eichler cautions, sometimes overlap in actual practice and are not mutually exclusive. Most feminists argue that research has constructed a female self that is only the "other" in relation to a male self and that the core of what constitutes female is missing. Krieger (1991) elaborates on the omission of women in social science research by arguing

> The male self in social science is, I think, largely what we know; it is possibly a more straightforward construction than the female self might be were it more fully expressed in our studies. The male self is more straightforward (more simple) because men are socialized in our culture to

> take for granted a great deal about their underpinnings that women cannot take for granted, since women often are the underpinnings. (p. 45)

The question then becomes, if we devote research to studying women's experience, what are the essential issues and how can they be addressed? When feminism is the answer, what are the essential questions? And relevant to this study, what kinds of questions can a feminist perspective answer that medical/psychological research has not provided? Specifically, what kinds of questions about eating disorders cannot be fully dealt with within traditional research paradigms?

Striegel-Moore (1994) outlines such neglected questions while advocating for more inclusive methodological approaches to researching eating disorders. Based on Worell's (in press) description of emergent feminist research criteria, Striegel-Moore highlights four main categories: "affirmation of a positive view of women; adoption of a 'contextual' approach; utilization of a broad spectrum of research methods; and consideration of the implications of research findings for social change" (p. 440).

Studies, documenting the lived experiences of women, that move beyond merely depathologizing women and move towards paying attention to hearing women's voices need to be undertaken. Making a strong case for studying adolescent girls in particular, Striegel-Moore (1994) points out the that mainstream eating disorders research has ignored a fundamental question: What does it mean to be a female adolescent in society during this time in our history? And further, she asks, what issues of identity from the adolescent's perspective are generally not adequately researched? Contending that these kinds of questions have, for the most part been ignored, she

suggests "we should focus our energies on exploring more fully how girls and women experience their bodies, and how this in turn affects female identity" (Striegel-Moore, 1994, p. 444).

In addition to identifying the kinds of issues needing attention, Striegel-Moore (1994) argues for adopting a contextual approach when studying eating disorders. Without exploring context, research lacks authenticity and is often biased. Such biases can be viewed from two perspectives. The first, "alpha bias," exaggerates the differences between sexes by identifying essential qualities, such as relatedness and connection versus individualism and autonomy, as being intrinsically female and male, respectively. Although contextual research has contributed to the holistic portrayal of humanness, it has neglected within-group differences and the acknowledgment of power relations that have shaped the differences in the first place.

The second, "beta bias," minimizes gender differences based on biological determinants and claims that social constructions of gender are the primary factors contributing to differences between men and women. Both biases lead to oversimplified interpretations of human experience.

Advocating for broader research methods, Striegel-Moore (1994) states, "The potential costs of using a limited range of methods are diminished ecological validity and a narrowing of our vision. Despite the recognition that a contextual approach to studying eating disorders is needed, few, with the exception of Crandall (1988), have moved away from the individual as the unit of analysis. Unfortunately, "Methods determine, to an extent, the kinds of questions we can ask, and they limit the kinds of answers we may find" (p. 446). In my recent search of the literature no studies were located that

combine discourse with gender, in other words, a feminist poststructural analysis of eating disorders. Although valuable contributions have been made to the historical and social context of eating disorders (Bordo, 1993; Brumberg, 1988), no researcher to my knowledge has undertaken research on the individual in relation to discourse from a poststructural perspective. I concur with Striegel-Moore (1994) that the reason more contextual research has not been conducted is that "studying larger units poses enormous methodological challenges" (p. 445). Studying the self through historical, gendered, and other contextual lenses requires the ability to understand the individual with all her uniqueness and, at the same time, to understand the discursive aspects of certain discourses.

Despite enormous methodological challenges, Wooley (1994) makes a strong plea for researchers to pay attention to the value of a gendered analysis of eating disorders. With passion, she argues

> Our generation has the power to influence not only the way in which particular illnesses are defined, but the understanding of gender that we bequeath to our children. The psychology of women is being persuasively reformulated in many quarters. It would be ironic if our field, which deals with clearly gender-linked and culture-bound phenomena, should fail to contribute to this transformative cultural undertaking. (p. 172).

I now move to a discussion of research practice, in other words, how I moved my theoretical perspectives into the everyday world of research praxis.

Research Texts

Table 4 illustrates the various texts including transcripts, texts from the media, researcher and participant journaling, and the literature. It is important to note that although the process of selecting and interpreting texts appears to be linear and sequential, actually, my path was discursive, meandering, rhizomatic[23]) and spiraled back recursively.

Researcher

Biography

It is important to acknowledge that biography based on life history, familiarity with the phenomenon, and connection with the inquiry is not a static process. Throughout this inquiry my positions shifted and I found myself taking on various perspectives, depending on each particular vantage point. For example, when I attended medical meetings I often silenced myself because I did not feel safe or accepted; whereas in groups made up primarily of women (such as a local community board), I would take a fairly radical position, voicing my concerns about women's issues. My behavior--that of

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[23] Rather than using a method that moves in a linear process, Lather (1993) uses the metaphor of rhizomatics to describe the "journey among intersections, nodes, and regionalizations through a multi-centred complexity"(p. 679). She further contends that "rhizomes work against the constraints of authority, regularity, and commonsense, and open thought up to creative constructions (p. 680). Using the metaphor of rhizomatics in research, reminded me to follow paths of inquiry that risked taking me off course, yet, in the end, led to deeper understandings of the structures surrounding the re-constitution of self. Paying attention to such processes enabled me to (a) stay open to multiple sources of knowledge, (b) create multiple interpretations of experiences, and (c) work discursively between social structures and everyday experience.

deferring to different authorities in some situations--helped to sensitize me to the process of silence and voice in my everyday life.

Table 4
Texts and Other Research Data

RESEARCH TEXTS	
Researcher	• Biography • Reading research • Counseling practice • Reflective journaling and field notes • Observations in community • Informal interviews • Diary from adolescence • Epiphanies
Participant	• Biography • Journaling during residential care • Taped interviews • Informal conversations
Texts and Discourses	• Medical conferences and proceedings (discourse) • Treatment contexts • Media representations

Reading

Constant reading of research literature and popular psychology, as well as paying attention to media versions of eating disorders, all helped to deepen my knowledge of the social construction of eating disorders. Such knowledge enabled me to refine my questions when meeting with my participant. In

turn, her reflections on her experience helped me ground my knowledge of everyday experiences of recovery.

Counseling

Throughout the last few years I have been asked to consult on a number of cases where eating disorders have been the primary issue. Although I have temporarily withdrawn from my counseling practice, I continue to meet with students and others suffering from eating disorders. These opportunities help to keep me intimately connected with everyday experiences of struggling with eating disorders.

Journaling

Throughout this research inquiry, I recorded hunches, research questions, and experiences of power, silence, and speaking in my journal. Consequently, because of my journal entries, I was able to see the shifts and turns that had occurred. The journal is also a tool for engaging in the process of deconstructing my biases and assumptions. By writing through difficulties, I was able to deepen my understanding of some of the underlying issues.

Observations[24]

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[24] While sitting back from direct interactions, I was able to *observe* subtle dynamics. During such instances I was positioned further along the subjectivity-objectivity continuum, closer to objectivity. This does not mean however, that I believe I could be objective, but that I could a step back from the interaction.

Although attending various meetings and local conferences I observed certain dynamics that occurred and recorded the kind of language used to describe the women experiencing eating disorders and their treatment. In addition, I could also observe who spoke and who was silenced. Such observations helped me to see certain structures and rules from a metaposition, enabling me to begin the process of deconstruction while stepping back from in-the-moment reactions.

Informal Interviews

Conversations with mothers, physicians, psychologists, and women who had recovered from eating disorders all helped to add to my understanding of the phenomenon. Often I would consult with professionals in the field to help make sense of some particularly difficult issues that emerged in the interviews with my participant. At other times I would discuss various aspects of the recovery process with those who had recovered, to see if my interpretations made sense to them given their familiarity with such processes. It is important to note that I was not seeking validation in these quests, but rather deeper levels of understanding. Therefore, when descriptions of my participant's experiences did not "ring true" for others, the gap, or the discrepancy, became a valuable site for further exploration.

Diary From Adolescence

During my adolescence, from 12-17 years old, I kept a diary. Rereading this journal prompted an interesting journey for me into my experiences of reconstituting self. The language used when describing my experiences

revealed some interesting aspects of adolescence during the 60s. For example, there are no references to eating disorders or body image throughout the diary, but, when I recall those times, I remember dieting, exercising excessively, and so on. Somehow these events were not significant enough to be recorded.

Epiphanies

Epiphanies (Denzin, 1989) were used to describe those turning-point experiences where private experience (subjectivity) intersects with sociopolitical discourse. Such experiences ranged from simple insights (minor epiphanies) to events that dramatically shifted perceptions of self (major epiphanies). Epiphanies are woven throughout the text to illuminate specific moments of deeper understanding of the intersection between self and culture.

Participant

Biography

My participant is a 30-year-old woman, who heard about my study and volunteered to participate. She was chosen for a number of reasons. First, she has been struggling with an eating disorder for approximately 14 years and, although chronologically past adolescence, can recall and articulate events leading up to the onset and duration of her anorexia nervosa. Second, she has experienced a variety of treatment approaches, both lay and professional, and is therefore able to compare and contrast differences. Third, although she perceives herself as fully recovered now, processes of recovery

are recent enough to be remembered. Fourth, she is willing to share insights about her recovery that are necessary for this kind of study. Fifth, during the most critical stages of her illness, she kept daily journal entries, which became rich data for exploring the intricate processes of change.

Journaling

For approximately 3 months while in a treatment center, my participant recorded her daily experiences, documenting various aspects of her recovery process. Her journal was coded using the computer analysis program Nud*Ist (discussed later in this chapter) and read for themes of shifting selves, power, silence, ambiguity, and agency. Excerpts from her journal have been included in chapter 5.

Taped Interviews

Ten face-to-face interviews were recorded, transcribed, and coded for themes. The duration of each interview was approximately 2 hours and the interviews were conducted in a variety of settings. Although initially I had planned to conduct our interviews in an office setting, instead, we met at restaurants, a local beach, my participant's home, and the university. All of these locations provided opportunities to get to know each other in more natural ways. The visit to my participant's home in particular, provided me with an inside view of her life not otherwise available.

Following Kvale's (1996) idea of the interview as "inter view," our conversations were centered around one question: How did you manage to recover from anorexia nervosa? Because of my assumptions about how a self

is reconstituted from the available resources and discourses, to uncover her sense of agency in the face of indoctrination, I asked how she resisted certain power structures and how she struggled for and against her self. Some of the "agentic questions" were as follows: How did you manage to free yourself from your eating disorder to carve out a new identity for yourself? When did you decide to turn away from anorexia? Looking back, how would you describe yourself? How do you describe yourself now? How did you manage to "esteem" your self? Sometimes these questions seemed awkward because they challenged my participant to reflect on her experience in a different way. At times I would have to explain why I felt these kinds of questions needed to be explored in more depth. We then proceeded to discuss the complexities inherent within the questions themselves and how they connected with her own experience.

Moving into the kinds of questions that elicit deeper meanings, we could then make further sense of her experiences of recovery. Asking meaning-making questions that required explanations and provided entry points into how certain events were interpreted helped to explicate various structures of knowledge and point to how such knowledge subsequently related to her sense of self.

The interviews were unstructured in that there were no specific questions to be answered; consequently we often deviated from questions focused solely on processes of recovery. There were times when we talked about our families, in particular, parenting, marriage, divorce, and so on. Although conversations sometimes meandered, such meanderings often led to insightful discussions that moved from personal experiences into

sociopolitical discussions. In essence the links between the personal and the political were highlighted.

Informal Conversations

In addition to scheduled interviews, we also engaged in numerous informal interviews such as telephone conversations, lunch meetings, and visits over coffee where we discussed topics pertaining to treatment and recovery. Often such conversations focused on different reactions to media representations of eating disorders, significant events in my participant's life, further reflections on recovery, and ideas about needed resources in the community.

Texts and Discourses

Media Representations

Various texts such as media transcripts, newspaper articles, and videos were used throughout this study. These texts added to my contextual understanding of (a) the discourse on eating disorders, recovery, treatment, and the self, (b) mediated versions of eating disorders, and (c) alternative perspectives on treatment approaches. Two transcripts of television shows (Winfrey, 1996; Winfrey, 1997) dealing with eating disorders were read and interpreted. Attention was given to the use of language, particularly metaphors of helping, self, and eating disorders. Numerous videos were also reviewed to gain a general knowledge of how the media portray the phenomenon of eating disorders. Local videos and various news journals were reviewed in depth. Collectively these various texts sensitized me to

diverse perspectives of the self of the anorectic. They also became catalysts for discussions when I met with my participant.

Specific questions were used as a framework for reading the variety of texts selected for this study. These "protocols" (Altheide, 1996) include the following: How do the media refer to recovery, particular treatment approaches, and lay helping? How does the text "script" the medical community and treatment of eating disorders? What descriptors are used to describe the relationship between lay helpers and professionals? How do the texts conceptualize self, identity, and women?

Treatment Contexts

Contexts for this study included treatment discourses that surround eating disorders. Such discourses were particularly focused on a community health agency, a hospital setting, and a private clinic, all of which provided the background for the exploration of self and recovery. At times during this inquiry, these were rarely mentioned by my participant; at other times, they moved from background to foreground, comprising constitutive texts for deeper understanding(s) of self. Unlike traditional ethnographic studies where the researcher spends hours conducting in-the-field observations, I visited these locations only enough to gain an overall sense of them. These particular sites were chosen because of my participant's first-hand experience with them and because they are representative of a variety of approaches to treatment, ranging from traditional medical models to alternative models outside the medical community.

Medical/Psychological Meetings and Conferences

The International Eating Disorders Conference (1996) was used as a site to explore conceptualizations of self, eating disorders, and recovery. Most industrialized countries were represented at this conference consisting of professionals,[25] including physicians, psychologists, psychiatrists, geneticists, professors, and researchers. I tape-recorded relevant parts of the conference and later transcribed them for analysis. In addition, I wrote journal notes to record reactions, insights, and language.

Interviewing: The Journey

Kvale (1996) uses two metaphors to describe epistemologies that shape the nature of the interview process. The first, described as the "minor metaphor," is used to refer to the kind of research that seeks to discover knowledge--to discover and reveal inner, authentic essences of experiences. The second metaphor is "the traveler," who Kvale depicts as seeking to co-construct knowledge.

> The interviewer-traveler wanders through the landscape and enters into conversations with the people encountered. The traveler explores the many domains of the country, as unknown territory or with maps, roaming freely around the territory. The traveler may also deliberately seek specific sites or topics by following a method, with the original Greek meaning of "a route that leads to the goal." The interviewer wanders along with the local inhabitants, asks questions that lead the subjects to tell their own stories of their lived world, and converses

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[25] The brochure for the conference stated: No lay persons allowed: The meeting is closed."

> with them in the original Latin meaning of conversation as "wandering together with." (p. 4)

This metaphor of the traveler fits with how I interacted with the phenomenon of eating disorders during my research. Prior to beginning my interviews, I roamed the territory by exploring both medical and feminist perspectives. I met with various professionals involved in lay helping and psychological settings. I attended national and international conferences where I talked informally with professionals from numerous countries, while trying to understand the similarities and differences between cultures. Locally, during the last 5 years I talked to mothers of anorectic girls, students suffering from anorexia, and concerned friends of those suffering with eating disorders. Together, my participant and I essayed, or "walked around an idea" (M. Carlsen, personal communication, March, 1996), exploring the broad territory of eating disorders and then began to co-construct a story of recovery. Lather's (1993) rhizomatics also fits my experience where the research process does not progress linearly, but through various pathways and corridors. Therefore, based on my epistemological position that knowledge is co-constructed--not discovered and measured against objective reality--her metaphor constantly reminded me of the need to wander together.

Counseling and Research

Kvale (1996) distinguishes interview conversations by shedding light on the differences between the therapeutic interview and the research interview. The therapeutic interview, he contends, "aims to instigate changes in the patient's personality and self-understanding through interpretations in an

emotional interaction." Conversely, the research interview "seeks through questioning to obtain knowledge of the subject's world" (p. 21). Although his assertions that emotional personal knowledge is distinctly different from empirical knowledge of the everyday world, in my experience of research conversations such clear distinctions were non-existent. Some conversations led to insights for both my participant and myself and led to changes in our perspectives and behaviors. There were also times when emotional interactions and reactions occurred. I believe it is impossible to be fully engaged in this kind of research without deeply connecting with another's experience--intense emotions are neither avoidable nor undesirable.

From a postmodern perspective the boundaries between doing therapy and doing research are not as clearly drawn as they are in positivist paradigms. Fundamental assumptions about the nature of therapy, research, and self are under revision. For example, from a constructionist perspective, therapy, conversation, research, and the relationship between self and other are all intricately connected. The scientist-practitioner model of counseling found within constructionist therapies (Kelly, 1955; Lyddon, 1995) addresses the need for counselors to engage with clients in researching the client's lived experience. Adding a feminist perspective to this approach brings context, history, and gender to counseling *and* to research projects. Despite these innovative reconceptualizations, the primary purpose of counseling conversations is to assist clients in processes of change, whereas the primary purpose of research conversations is to generate knowledge. Although these goals often overlap in research practice, the primary purpose of this research was not to initiate participant change.

During the interviews however, I constantly blurred the boundaries between research and counseling. Adopting a meaning-making approach to counseling and research, I found it difficult to separate one from the other. While exploring dominant discourses of recovery and treatment and my participant's relationship to them, our positioning shifted at various times. This shift in positionality also altered our subjectivity; hence, through explicating taken-for-granted assumptions and meaning-making processes, change occurred for both of us.

Concerning myself with how the research influenced my participant's life, I needed to constantly clarify and revise how I positioned and constituted myself as researcher. Such reflection required me to return to fundamental questions. What is research? What is counseling? How do I describe, define, or constitute myself as researcher? When I perceived myself as one who speaks for another, such an identity inhibited my ability to write freely. Once I reconstituted myself as interpretive researcher who synthesizes multiple texts, I felt the constraints disappear. The identities or subjectivities that I spoke myself into as researcher shaped the course of this inquiry. As I reflect back now one year after the formal interviews, this realization seems so obvious to me now. My earlier research journal, however, portrays my struggle with this issue.

> *I worry that somehow the research experience is going to upset my participant's newly discovered way of living her life. I also worry that somehow I will let her down--that her experience in this project will be disappointing. What if I can't re-present her the way she wants me to. I know that she hopes her story will be told so that others will not have to go through what she experienced. I sense at times she hopes I will do*

something about certain treatment practices. How can I voice her experiences as if they are "factual"? How can I voice another's experience? I feel like I am exploiting her if I don't reciprocate to some degree. We seem to have such different agendas. I need to know more about recovery processes for my doctoral work, she needs to verbalize her anger and frustration with various treatment approaches. Although I want to focus our interviews on recovery alone, removed from specific treatments, this is not always possible. It is all so interconnected. Her experience in a treatment center was a major part of her recovery and is the site for exploring acts of resistance, surrender, isolation, and silence.

The Research Relationship

Despite the fact that we had shared reasons for engaging in this study, I believe we each benefited in different ways. My participant stated she learned things about herself and her recovery through our conversations and claimed she found our conversations worthwhile. Despite these positive aspects of the research process, I believe my debt will never fully be repaid. My participant allowed me to learn from her most painful experiences, offering me rich texts to enhance my understanding.

Upon completing my first interview, I find myself faced with the anguish of feeling that I may be exploiting my participant for my own gains. She mentioned others who had tried to publicize her story: Was I just another person voyeuristically delving into the trauma of her life? I find myself trying to justify my curiosity, in order to rationalize why I am fascinated with her experience. What strength am I attempting to identify in myself I now wonder? I know that although I care deeply about what is happening for adolescent girls in our culture, if I am truly honest, I have my own personal rewards for engaging in the study of women. I, too, could be perceived as one person in a position of power exploiting another.

Josselson (1996) writes of the necessity to refrain from denying or minimizing the anguish that results from the kinds of tensions I encountered. Describing the process and ethics of portraying the narratives of people's lives, she cautions researchers not to suppress the discomfort in doing so, but instead to be mindful of them.

> Doing narrative research is an ethically complex undertaking, but I do not advocate that we stop doing it. Rather, I am suggesting here that although this is important work, it is work we must do in anguish. . . . To be uncomfortable with this work, I think, protects us from going too far. It is with our anxiety, dread, guilt, and shame that we honor our participants. To do this work, we must contain these feelings rather than deny, suppress, or rationalize them. We must at least try to be fully aware of what we are doing. (p. 70)

Added to Josselson's (1996) perspective, feminist research has been beneficial in helping to sensitize me to the ethics of working with participants in a deeply personal way. For me, feminist research clarified the subtleties between the researcher and participant by illuminating the (a) differences in doing research *on* and *for* women, (b) politicization of research itself, (c) fragile balance between the voices of the researcher and the researched, (d) significance of depathologizing people, (e) ambiguities, incongruencies, and double binds that permeate women's experience, as well as the research experience, and (f) need to uncover the power structures that underlie the differences between women's and men's experiences of researcher and researched.

Postmodernism and Truth

When beginning to write this dissertation, I discovered that although I understood postmodern meanings for *multiple realities, social construction of knowledge, meaning-making,* and *co-creating realities,* for the most part our legal system does not appear to share this perspective. I consequently found myself positioned between two fundamentally different interpretations of truth. The first interpretation falls within the traditional, positivist notion of the Truth, a direct representation of an objective reality. The second interpretation falls within the postmodern conception of truth as multiple, allowing for multiple and viable interpretations of experience. Such differences became problematic when, during the interviews, my participant referred to professionals and lay helpers who had been helpful and others whom she believes were a hindrance to her recovery.

It was during a discussion with one of my committee members, that I began to consider some of the possible implications of voicing negative comments. How could I write about my participant's experience without implicating others? How could I remain true to my participant's experience without being libelous to a third party? As I grappled with these questions I consulted a number of experts, including a medical ethicist, members from the Human Subjects Committee at the university, a lawyer, and a freedom of information consultant--all who deal directly with Freedom of Information and Right to Privacy legislation. It soon became apparent that a fundamental contradiction began with epistemological differences. The legal paradigm uses *libel, slander, fact, truth beyond reason;* whereas the postmodern

paradigm refers to *perception, multiple truths,* and *interpretation of experience.*

I was not concerned with "historical truth." Instead I wanted to understand how my participant made sense of her experiences and how those experiences had a profound impact on her sense of agency, power, and identity. Therefore, whether or not certain events actually happened are less important for this inquiry than how the interpretation of such events shaped the self. This was not always an easy position for me to maintain. My journal reveals such struggles.

> *Did these events actually happen or was my participant so ill that she was out of touch with reality? Given that the disorder itself creates delusion, paranoia, internal dissonance, and extreme resistance to recovery, how valid are these renditions of experience? I feel like I am bouncing between attempting to be "objective" where I can listen and respond from an intellectual, distant stance and being subjective where I can listen and respond from an emotional, empathic stance. When stepping inside her recollections of her experience, I share her pain, her confusion, her sense of betrayal and find myself making judgments based solely on her interpretations of a particular incident. And then I begin a more rational process of telling myself, yes, but remember this is just one experience, this is not a proven fact, don't fall into making premature judgments, do not foreclose, stay open to multiple interpretations and, at the same time, validate the impact of this truth for her sense of self. Resisting my inclination to judge the efficacy of one treatment approach over another, I have to remind myself of my intention which is to study how my participant made sense of her experience so that I can more fully understand the relationship between the self of the anorectic and the surrounding discourses. At various times the tension arising from this ambivalence seems impossible to tolerate. I desperately want to believe in a simplicity of Truth, not a complex entanglement of multiple truths.*

Between Connection-Disconnection

Taking a constructionist position on the nature of reality, I believe true objectivity is cognitively impossible. Personal construct theory, explains how the world is viewed through hierarchical systems of constructs in order to make sense of the world. Without such constructs, it is argued, a person has no way of distinguishing one experience from another, a table from a chair, or hot from cold (Kelly, 1955). It is through these constructs that people both shape and experience self and others and can actually perceive and make sense of diverse experiences. The idea that a person can actually "bracket," or put such constructs on hold, is impossible because one cannot function without a frame of reference or construct system; consequently, absolute objectivity, from a constructionist perspective, does not exist. Agreeing with this perspective, I believe that researchers need to become aware of their own personal constructs (beliefs, attitudes, values, and positions) and then temporarily soften their own perspective or vision in order to view other perspectives. The continuum of connection-disconnection can be understood as a process of blurring and sharpening one's focus. In my research journal I write:

> *There are times throughout the interviews when my degree of connection-disconnection interferes to the point where I lose sight of the boundary between my participant and myself. During these times my listening becomes desensitized as I subsume my participant's experience into my own. I begin to gloss over the uniqueness of her experience for the sake of trying to grasp a quick understanding of her interpretations. At*

such times I miss the meanings that are so crucial to her narrative--without the tape I would have missed these subtleties entirely.

This interview process, in itself, has provided valuable reminders for me as counselor and as researcher. At times the content of the story is so unsettling that I become overwhelmed by my own emotional reactions. I find it helpful during the interviews to use the metaphor of "reading over the shoulder" the cultural text from which she is reading. This metaphor keeps me focused on how my participant is making sense of her experience given the discourse she is reading at the time.

Using the metaphor of reading over my participant's shoulder also positioned me as an interpreter of the text from which she was reading. The research process does not merely mirror what is observed, as if discovering and reflecting objective reality. As Pinar (1988) so aptly states, "It is the researcher's eye, his capacity to penetrate the surface of situations--the language of the participants, their public intentions, and their observable behavior--to qualities discernible but not yet present, which makes possible [deep] understanding" (p. 143). Therefore, unlike an inquiry that searches for essences and allows "objects to speak," the interpretive researcher moves dialectically with participant voices she herself has selected and blends her own voice throughout the text. In a sense the participant acts as a catalyst for the researcher's quest for knowledge.

Although the interview consisted of shared understandings and degrees of connection-disconnection, I also needed to be mindful of the differences in our positionality. My knowledge was primarily from the literature and my professional experiences; my participant's knowledge was from the lived experience of recovering from an eating disorder. The authority in our

culture given to intellectual knowledge as opposed to experiential knowing put me in a privileged position. To suggest that the interview was a true sharing of perspective would be to ignore explicit and implicit power differences and, in doing so, to enact one of the phenomena we were exploring, that is, power relations. Because my participant--along with the rest of us--has been socialized to defer to higher authorities, I needed to be sensitive to my inclination to use academic jargon when responding to her experiences. Therefore during our conversations I was continually mindful of when my interpretations of experiences were silencing hers and when I needed to open space for her voice to be heard.

Interpretation of the Texts

> To speak of methodology is not simply a formality or a preliminary exercise that takes place before we get to the interpretive data. In the methodology, the interpretation has already begun. (Schick, 1994, p. 12)

In that my collection of and immersion in various texts progressed in a nonlinear way, the same can be said of the process of interpretation. Such processes of coming to "know" the texts were also nonlinear and rhizomatic in that deeper knowledge was gained by synthesizing various modes of knowing. Frequently I would have a feeling that things were "not right" and I would return home to write through my difficulty. This process would begin with a sense of discomfort experienced internally, somewhere deep inside myself. Such embodied knowing often led me to understandings not possible through rational processes alone. Struggling with how to make sense of such a process of coming to know, I turned to the research literature

for validation and found little evidence of the credibility of such a tactic of analysis.

Heshusius and Ballard (1996), however, lend support for acknowledging these multiple ways of knowing and research. Documenting the Cartesian dualism of splits between mind and body, the authors conducted a brief survey asking researchers to write about the ways in which they came to know the process of doing research. Often such accounts from researchers began by saying that they knew "in their hearts" long before being able to rationalize their understanding. Berman (1981) documents the history of denying such means of knowing, claiming that prior to the Scientific Revolution the practice of *not* including "somatic and affective modes of knowing was regarded as strange and unreliable" (p. 112). Such knowing, also referred to as *participatory knowing,* requires the researcher to engage in a total immersion in the phenomenon under study. Profound interest and complete openness are terms often used.

There are some interesting parallels between the mind/body split, scientific discourse, and madness. Most women experiencing eating disorders speak of their bodies as if "split off from them" (Bruch, 1988) and treat the disorder as a separate entity. They experience this split as disembodiment. Dominant scientific discourse claims that true objectivity is the only method of knowing that is deemed valid and reliable, consequently disconnecting themselves from other ways of knowing, such as intuitive, spiritual, emotional, visceral, and somatic modes. In a telling statement about the dangers of splitting the mind from the body, Berman (1981) states

> Ever since the rise of Western science . . . we have lost our sense in the way we approach knowledge of nature, of others, and of ourselves. And to lose your sense, to leave your body behind and believe you still can know anything at all, is quite literally a form of madness. (p. 110)

Engaging in participatory knowing meant I needed to pay attention to the feelings and reactions I was experiencing in various contexts. For example, while attending the international conference, I was constantly plagued with unsettling feelings that "things are not right." My bodily reactions to some of the objectifying language, the distancing from human experience, and the silencing of different voices, grounded my interpretations of voice, silence, and so on in my lived experience. These reactions were not unlike those experienced by women with eating disorders. At times, I could not "stuff down" my reactions and I would turn to food to control my emotions. Paradoxically, I wanted to speak out *and* I wanted to remain silent. The following description from my journal written while attending the conference illustrates such feelings:

> *The room is massive, with high ceilings making it acoustically perfect. Despite the large audience, the sound system brings us closer together. The rules are established early in the conference. Questions posed to the panel are to be written on yellow cards, passed to the far aisle to the left where student volunteers will collect them. The moderator will then decide which questions get posed to the four panelists. All four male psychiatrists have presented their research and recommendations for treatment strategies. Cognitive behaviorism wins the race, despite questions concerning variable outcomes when comparing different research sites. Filled with anger and fear, I write my question on the yellow card. "Does your program," I tersely write, "address any of the inequities in our culture due to power and gender?" I quickly pass it to my*

left. Slowly it makes its way to the end of the aisle and before I can do anything it's gone, on its way to the podium at the front of the massive ballroom. It's too late. I can't get it back. He'll know I asked the question--everyone will know. My heart is racing. "Where is your respect," I hear my mother asking. "This man's a doctor, for heaven's sake."

His response is empty. "My publishers wouldn't let me include such controversial issues," he replies. This renowned psychiatrist, author of numerous international publications, head of a prestigious hospital, was not allowed. Too controversial. What is so controversial about the oppression and commodification of our daughters and their bodies I wonder? The swallowed anger moves from my stomach into my heart.

Reading the Texts

Although I held a number of principles and epistemological assumptions, the actual details of how I was going to interpret the data were only clear after immersing myself in the transcripts. First, using the traditional method of highlighting units of meaning, I manually color-coded for themes. This process of analysis required me to "read" the transcripts for themes such as (a) the factors that precipitated the recovery process, (b) references to self, and (c) participant's perceptions of recovery. I then turned to the computer analysis program, Nud*Ist, to simplify the process of organizing the data.

The second phase of the interpretation involved moving away from the computer analysis and required a different kind of immersion. During this immersion I needed to think holistically and to read for global themes such as power, gender, and dominant discourses. As well, I needed to constantly read and reread the original transcripts so that metaphors began to appear while I connected different pieces of the overall story. Such a process of reading

involved embodied, or participatory knowing, in order to envision the more subtle connections within and between themes.

All these steps required me to read from two positions. Metaphorically, the first reading positioned me reading, over my participant's shoulder, the cultural texts that she was reading. Whereas she made sense of her experience from her perspective, I needed to understand how she made such interpretations. Although I have read about this kind of positioning, I came to fuller awareness while playing golf one day. As I watched my partner line up to putt, I thought he was way off in his interpretation of the green and would miss the hole entirely. It was only when I walked over to stand behind him that I could understand how he was reading the lie, the slope, and the overall terrain of the green. Similarly, when I positioned myself facing my participant I could not see what she was seeing; it was only when I metaphorically read over her shoulder that her interpretations made sense, revealing how she situated herself within certain discourses.

The second reading involved taking a metaposition where I assumed to know more than my participant knew because of my positionality (Nielson, 1990). Although the computerized program helped to explore the transcripts for language, categories, and themes, deepening my understanding of some of the processes within recovery, this process of data analysis did not assist me in understanding my participant's relationship to cultural discourses. Consequently, merely relying on thematic analyses, whether assisted by computer programs or not does not allow for the metaperspective needed to explore the discursive relations of discourse.

In addition to the processes described above, I needed to read the transcripts for instances of dramatic shifts in perspective. Denzin (1992) describes such events as *epiphanies*:

> Epiphanic experiences rupture routines and lives and provoke radical redefinitions of self. In moments of epiphany, people redefine themselves. Epiphanies are connected to turning-point experiences (Strauss, 1959). The interactionist locates epiphanies in those interactional situations in which personal troubles become public issues . . . In this way the personal is connected to the structural, through biographical and interactional experiences. (p. 27)

By immersing myself in the transcripts, those everyday events that became illustrative of sociopolitical connections were selected as catalysts for deeper understanding. Using my own epiphanies as well as those described by my participant, I carefully selected the events "which radically alter and shape the meaning people give to themselves and their life projects" (Denzin, 1989, p. 13). Within such epiphanies I was able to explore how the construction of self could be viewed as a life project constructed from discourses made available through the telling of the event. Whereas narrative analysis helps to see the patterns of experience that people use to make sense of their experience, epiphanies describe moments of self-definition where personal experience connects with public issues. I am speculating that transformation or reconstitution of the self occurs when series of epiphanies cluster together to instigate radical change in perspective.

Reconceptualizing Validity

Some postmodern researchers dismiss the term *validity*, leaving it within the positivist paradigm; others have reconceptualized the term, rendering it congruent with postmodern research (Denzin, 1992, 1994, 1997; Kvale, 1996; Lather, 1991, 1993). Aligning myself with postmodern researchers, I have chosen to re-appropriate the term for this research by synthesizing some of the literature on validity with my own experiences while engaging in this study.

The origin of the word *valid* comes via the French *valide* originally from the Latin *validus* meaning "strong, effective" (Ayto, 1990, p. 553). Synonyms include "logical," "substantial," "satisfactory," "authoritative," "convincing," and "binding." Whereas validity from a positivist perspective refers to truth and accuracy, claiming there is one reality is to be discovered, postmodernists dispute such claims to Truth. Based on the premise that "acts of representation" include interpretations of both the researcher and the researched, validity as a representation of "reality" for postmodernists becomes problematic. Frequently these researchers acknowledge the futility of striving for an accurate portrayal of reality and, instead, focus their attention on uncovering how certain knowledges themselves came to be adopted. Expanding on this premise, Lather (1993) suggests that from a poststructural perspective, the "crisis of representation" is not the end of representations, but the end of "pure presence." Rather than a quest for uncovering reality, the responsibility is shifted towards portraying the networks of interrelationship between everyday experience and what Derrida (1978) refers to as the "play of social relations." A postmodern analysis as articulated by Lather (1993) contends that "it is not a matter of looking harder

or more closely, but of seeing what frames our seeing--spaces of constructed visibility and incitements to see which constitute power/knowledge" (p. 675). According to Lather, research has ironic limitations in terms of accuracy of representations. A text does not represent reality; instead it is a copy of an interpretation in its very nature, thus remaining "an ironic representation of neither the thing itself nor a representation of the thing, but a simulacrum"[26] (p. 677). If the quest for uncovering an external reality is abandoned once and for all, it is possible to work with rich interpretations rather than illusory representations. No single interpretation has access to the Truth; rather, multiple interpretations have various truths. This research inquiry does not attempt to verify the actual events by interviewing others who may have observed certain practices taking place, but instead discusses how certain interpretations of events shape a person's sense of self.

Congruence as Validity

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[26]*Simulacra*, defined as "copies without originals," (Lather, 1993) suggests we have moved from a culture of representations to one of images, which masks the absence of referential finalities. Contending we have entered a televisual age where the image has been confused with reality, some cultural theorists argue we are in an age of hyperreality where reality is no longer what it used to be (Baudrillard, 1983; Lyotard, 1993). Along a similar theme, Denzin (1991) refers to the use of codes lacking the same kinds of representations. When referring to how the self is confused with its image, he contends "When the picture becomes the reality, and when that reality is ideologically coded, then the essential humanity of human beings is reduced to a code. That code strips each of us of our dignity and pride. It reduces us, in the end, to signs which bear the traces of racism and sexism. This is the dilemma of the postmodern self: to find an essential humanity in a forest of signs which deal only in reflections" (p. 18).

Because I am taking a discursive conceptualization of self by illuminating the interaction between self and culture, my method is also discursive; as a researcher I move back and forth among a variety of discourses (Table 5) that surround the phenomenon of eating disorders.

Table 5
Research Content, Method, and Form

STRENGTH OF CONNECTIONS	
Model of Self	Model of the self is conceptualized as discursive, constituted, multiple, shifting, contextual and gendered.
Researcher/Participant Subjectivity	Researcher and participant engaged in ongoing processes of reconstituting themselves throughout the research process.
Research Method (Process)	The method relied on multiple texts and domains of knowledge (medical/psychological and feminist/cultural). The process was discursive and nonlinear (rhizomatic) and has included historical, and biographical texts.
Form (Dissertation)	The final form is a synthesis of multiple texts including epiphanies, journals, conference proceedings, media transcripts, and conversations.

In the field of counseling psychology a theory is valid, that is, strong and useful, if there is internal congruence between (a) assumptions about self, (b) assumptions about change, and (c) those interventions chosen. Similarly, a study is strong if there is congruence between the (a) content or topic, (b) method, and (c) form of the text (A. Oberg, October, 1996). (See Table 5.)

Critical Reflection As Validity

Critical reflection[27] is the process of making one's beliefs, values, and assumptions known or brought to one's awareness. Because this study intends to explicate the constitutive aspects of certain discourses, congruence occurs when the research methodology uses a critically reflective process throughout the inquiry. The application of critical reflection pertains to how motives and intentions were explicated during the interviews. I purposely discussed my hunches, observations, thoughts, feelings, interpretations, and reactions with my participant. Often this involved returning to the previous transcript to ask for further clarification. This process helped us to communicate in a collaborative way, often literally positioning me beside my participant while we read a passage in the transcript. Similarly, when studying my participant's journals kept during residential treatment, I could explicate my reactions, interpretations, and so on, and later encourage her to add her interpretations to my understanding.[28] Because of this process of

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[27]Examples of critical reflection are the excerpts from my research journal, showing the evolution of my thinking about research dilemmas encountered during the process of engaging with my participant.

[28] Such explication is also consistent with social constructionist models of therapy (Epston & White, 1990; Tomm, 1987a). Feminists, constructivists, and

explication, together, we began formulating ideas about some of the underlying frameworks that may be held by those working in the area of eating disorders. Validity was gained during the research conversations through continuous explication and clarification. Apart from using reflexivity to strengthen this study, the commitment to this critically reflective process also helped me to resist using categories and psychological language, enabling me to stay open to my participant's interpretations of experience rather than assigning pre-established constructs.

The second aspect of critical reflection relates to the form of this dissertation. In weaving my assumptions and difficulties throughout the body of this text, I attempted to reveal the processes of coming to understand my self in relation to how my participant reconstituted her self. Such researcher reflexivity is difficult as illustrated in the following journal entry:

> I have been thinking about how the researcher makes herself known to--about the notion of making oneself known to the reader. What is the process of revealing oneself, or of revealing one's process of critical reflection? If as we are truly to work collaboratively with our participants, then we need to share honestly and disclose our vulnerability. We need to share who we are and be willing to ask ourselves the same kinds of questions we ask of our participants. In interpretive work the self of the researcher must be made visible, but how? How do I write myself into the research? Beside, before, or after my participant? There is something so personal about writing oneself into the text, yet this is what I am expecting of my participant. But I am ensuring confidentiality and in a dissertation that is not possible for the author. Am I willing to be known to the extent that my participant is willing?

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constructionists use similar ways of deconstructing power relations so that relationships are authentic and nonmanipulative.

I constantly grappled with these kinds of questions. In avoiding a writing style sounding like either a confessional tale or a chronology of personal experience, I decided to focus on events (epiphanies) that illuminated my understandings of particular phenomena. Therefore, this inquiry is valid or strong if it explicates intellectual pathways for the reader to move from the subjective experiences to cultural discourses.

Pragmatic Validity

Pragmatic validity addresses the usefulness of research. Social change becomes the goal, and the researcher commits herself to making a positive difference to a person or community (Denzin, 1989, 1997; Kvale, 1997; Lather, 1991, 1993). Of course, it is difficult to predict whether or not a research project will, in fact, promote change. Feminists also address the need for researchers to contribute through policy, front-line work, or educational forums. Denzin (1997) echoes this perspective through his discussion of norms for doing interpretive research. His model, The Feminist Communitarian Ethical Model, presents ethics and principles for a strong moral inquiry that puts community, moral identities, empowerment, convenance, love, and mutuality at the heart of research. Contending that community precedes the self, Denzin argues that "dialogical communication is the basis of the moral community"(p. 274) and the major goal of any research endeavor should be civic transformation. Although he is referring to his "new ethnography," the word *interpreter* could also be used. His lengthy, but worthwhile, quote clarifies the usefulness of research.

> The ethnographer's tale is always allegorical, a symbolic tale, and a parable that is not just a record of human experience. This tale is a means of experience and a method of empowerment for the reader. It is a vehicle for readers to discover moral truths about themselves. More deeply, the ethnographic tale is a utopian tale of self and social redemption--a tale that brings a moral compass back into the readers (and the writer's) life. The ethnographer discovers the multiple "truths" that operate in the social world--the stories people tell one another about the things that matter to them. . . . Like the public journalist, the ethnographer writes stories that create "pockets of critical consciousness . . . discourse[s] of cultural diversity" (Christians, 1996. p. 11). These stories move oppressed people to action, enabling transformations in the private and public spheres of everyday life. (p. 284)

Quality of Craftsmanship

When moving away from the positivist conception of truth as representing an objective world, the quest for "absolute, certain knowledge is replaced by a conception of defensible knowledge claims" (Kvale, 1996, p. 240). Validity, in this case, becomes a quest for the most convincing and trustworthy of the competing discourses, and "quality of craftsmanship" becomes the strategy for determining validity. Kvale outlines several aspects for determining the quality of craftsmanship, and the one that stands out as particularly relevant to this inquiry refers to literary style. Research is strong, he suggests, when questions of validity, appear superfluous.

> Ideally, the quality of the craftsmanship results in products with knowledge claims that are so powerful and convincing in their own right that they, so to say, carry the validation with them, like a strong piece of art. In such cases, the research procedures would be

> transparent and the results evident, and the conclusions of a study intrinsically convincing as true, beautiful and good. Appeals to external certification, or official validity stamps of approval, then become secondary. Valid research would in this sense be research that makes questions of validity superfluous. (p. 252)

Crystallized Validity

A final conceptualization of validity is borrowed from Richardson (1997) who uses the image of the crystal to represent the complexities of valid research. She suggests that rather than relying on old methods of triangulation, where only three points of reference are used, we should think of the crystal

> which combines symmetry and substance with an infinite variety of shapes, substances, transmutations, multidimensionalities, and angles of approach. Crystals grow, change, alter but are not amorphous. Crystals are prisms that reflect externalities and refract within themselves, creating different colors, patterns, arrays, casting off in different directions. What we see depends upon our angle of repose. . . . In postmodernist mixed-genre texts, we have moved from plane geometry to light theory, where light can be *both* waves *and* particles. (p. 92)

I now turn to a discussion of how the multiple texts of this study crystallized to create a narrative of how the self is reconstituted.

CHAPTER 5: CONSTRUCTING THE NARRATIVE

This study of reconstituting the self has multiple story lines that when blended together, reflect my understanding of how a self is reconstituted. First, there is the participant's story of recovery from anorexia nervosa, of how she managed to occupy a different position, to reconstitute herself in a new way. Second, there is a story line that connects the ways the complexities of difficulties during recovery are discursively influenced by larger systems of influence and power. Third, there is a narrative constructed around the questions my participant and I kept trying to make sense of during our interviews together. And fourth is "mystory" (Walstrom, 1997), describing how I came to understand the various discourses that surround eating disorders in our culture at this time and reflecting on my experiences of interacting with various discourses of knowledge, in other words, how I have reconstituted myself throughout this research process. Chapter 5 focuses on my participant's experience; chapter 6 focuses on mine.

As I script a story of how one woman reconstitutes herself amidst a culture in a state of flux,[29] contradiction, and rapid change, I am presenting a multivocal, intertextual form. In keeping with my understanding of how a self is constituted, I divulge the heart of my research with a narrative woven from various texts, epiphanies, insights, and "stings" (Denzin, 1989), inviting the reader into my interpretations of voice, discourse, and reconstituting a

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[29] *Flux*: "(a) a continous moving on or passing by (as of a stream), (b) a continued flow, (c) change, fluctuation, (d) a substance used to promote fusion, (e) the rate of transfer of fluid, particles, or energy across a given surface." (Webster, 1989, p. 450)

self. The construction of the narrative unfolds by including both the content (the story itself) and the process of constructing the story. As Denzin (1997) argues, "There are no stories out there waiting to be told and no certain truths waiting to be recorded; there are only stories yet to be constructed" (p. 267).

Whenever another is being studied, understandings are always filtered through the self of the researcher (Krieger, 1991). Higgins (1994) refers to such filtering when she states that while at "Harvard I once heard someone remark that all dissertations are veiled autobiographies. Perhaps this is true of all committed professional work varying mostly in the transparency of the veil" (p. xviii). Therefore, although it was not my original intention, I have positioned myself as both the researcher and the researched, at the center of this inquiry. Such a reflexive position makes me responsible for the stories being told and adds to the authenticity of this research; hence I have studied my own reconstitutive processes while studying "other."

Struggling to Find Order in Chaos

> Every topic of investigation must be seen as carrying its own logic, sense of order, structure, and meaning. Like a novelist or painter, the interpretist moves the reader back and forth across the text of his or her prose. In so doing, the researcher makes recognizable and visible a slice of human experience that has been captured. (Denzin, 1989, p. 24)

Although Denzin's quote appears to simplify the process of narrating a "slice of human experience," such a process has inherent difficulties. The following chapters reveal such difficulties. Beginning with a reflection on the

process of writing research, I reveal my struggles in weaving narrative strands of experience together.

While struggling to make sense of how one actually goes about reconstituting a self, I soon realized not only the difficulty in studying a self that is always in process, but also the difficulty of trying to understand the cultural discourses that discursively shape it. However, at the same time that I acknowledge all of these complex reconstitutive processes, I also believe that people have the capacity to create order out of chaos, to superimpose structure when there is none--to create, design, develop, and organize a life using available resources and discourses. Paradoxically, however, some people spend considerable amounts of time and energy seeking to discover patterns, themes, and threads of continuities they suspect are buried within the phenomenon they seek to illuminate, in this case within the self of an "other." Frantically, in order to understand more deeply, I painfully searched . . . . until one day at last, I finally realized that I had to create the threads of continuity myself and that the meaning-making structures were *within* me.

Although I have attempted to present the most salient features of the conversations between my participant and myself, in reality they are my interpretations of what I perceived were the most significant changes in the process of recovery. Therefore, Wolcott's (1994) confessional matches my own: "It is I who put the themes there. I did not find them, discover them, or uncover them; I imposed them" (p. 108). I have chosen to claim my own authority to make an interpretation consistent with the theoretical perspectives discussed in chapters 3 and 4. Within these perspectives, using constructs such as voice, speaking, and positionality helped me to place

frames of understanding around often chaotic and contradictory stories. Rather than assuming a fixed, stable conceptualization of selfhood, I relied on complex, shifting reconstitutive processes in keeping with my theoretical orientation.

None the less, during this research, there were times when I thought I could stay open to what I was hearing and somehow let the data speak for themselves--that somehow themes would emerge from reflections on raw biographical experiences. Now I do not believe it is possible to make sense of experiences without theorizing. The challenge is to hold a theory that has enough flexibility to adapt to the shifting evolving nature of self-in-relation and self-in-context. Balance is needed between being open to the unique aspects of my participant's experience--the wonder, curiosity, and intrigue--while simultaneously applying a working model as a template to hold patterns, themes, and interrelated concepts.

The experience of trying to maintain balance between so many theories, positions, and diverse and competing discourses has moved into other areas of my life during this research. Trying to live in this intermediary position frequently resulted in uncomfortable emotional states. Although the intensity of my experiences were much less than my participant's, reflecting on my own emotions helped me to understand her experiences. I began to feel anxious and unsettled for a number of months, experiencing a churning, low-grade wave of uncertainty. Self-doubt crept into my life, often in the middle of the night when there was nothing else to distract me from my nagging inner voices of ambiguity. How much longer until I can get out of this confusion, I would wonder? Often, I would get up the next morning

convinced that what I needed was just one more book, one more article, one more conversation with one of my committee members, or, for that matter, anyone else who would listen. There were times in the night that I awoke with an amazing clarity, believing I had finally reached that deep level of knowing, only to have such insights slip away again once facing the blank screen of my computer.

There were so many strands, so many story lines I was trying to understand simultaneously. I was determined to convey the processes of how a self is created as holistically as possible. I wanted to work within and between overlapping circles of influence, creating a colorful representation of self and other living inside larger circles of influence. In this period of time, when isolating the self still seems to be the norm in psychological research, I wanted to expand women's experience, to show its complexity, contradiction, ambiguities, and, in the end, its richness. Using the metaphor of a mosaic of life, I needed to zoom in on the individual tiles for awhile and then pan back so that I would not lose sight of the whole, the overall images and story lines of cultural narratives.

Moving between personal experience and larger cultural narratives felt overwhelming at times, exciting at other times. By focusing on one person's experience I was hoping to gain insight into the larger structures of power, as if somehow I would see them, as if somehow they would reveal themselves to me.

But trying to grasp the nature and process of a self by studying one person's experience was similar to trying to grasp a hologram, the structures kept vanishing in thin air. At the conference in New York, for example,

there were structures constructed that maintained authority, power, and professionalism. Lay people could not attend the conference as it clearly stated in bold print in the registration package. Consequently, medical practitioners and researchers became uncontested authorities. Although some, Niva Piran, Debra Katzman, and Joan Brumberg, spoke of women's experiences, for the most part such experiences were hidden behind advanced statistical analyses and psychological categories. When I observed the psychiatrists, geneticists, and physicians, I could see how certain practices supported structures of power, such as where people were seated, how they were introduced, and how scientific plenaries were scheduled. Power structures were visible in time and space during the conference. When I interacted on a personal level with certain professionals in positions of authority, however, power seemed to disappear. Power structures crumbled in the relations between.

Foucault (1972) claims that power cannot be read off the surface and instead can only be studied by exploring the relations between persons, in other words, by observing the effects of power relations. Probyn (1993) also argues that we cannot make assumptions about power structures; instead we must take each person as an individual capable of making meaning. We cannot assume power relations exist as objective realities.

This is not to minimize the reality that there are structures and rules that reduce and restrict movement for some and not others. Explicit structures (rules, norms, laws) and implicit structures (gender stereotyping, myths, fairy tales) shape how a person speaks her self into being. Language, as the location where subjects express their subjectivity, is not a fair playing field for all.

There are choices to be made in how structures are construed, but individuals cannot single-handedly change the structure that surrounds the field. Recalling Frye's (1990) image of how a person can be trapped in a cage without seeing the bars offers an appropriate metaphor for how oppression can be so embedded that it seems natural rather than socially constructed.

Throughout this research I had to constantly engage in the kinds of reflection just described. My theories kept shifting and evolving as I critically reflected on them. Perhaps not surprisingly, while I was trying to focus my attention on my participant, I was also experiencing similar themes of difficulty, silence, and compliance surrounding the experience of engaging in this research process. Shining the light on my participant's struggles also illuminated my own. Although such experiences could be explained through the concept of countertransference, they are considered healthy and necessary processes when conducting this interpretive research. As a feminist constructionist I accept the premise that coming to know is a proactive and participatory process. Connecting with the phenomenon on multiple levels--emotionally, cognitively, spiritually, and bodily--leads to authentic research.

Framework for Narrative of Reconstituting Self

Relying on Metaphors

The strength, or validity, of this inquiry rests on its ability to present multiple texts that link together into a cohesive whole. The challenge is to narrate a process that is true to the experience of reconstituting a self, in other words, to present a process that is nonlinear, discursive, unfolding, contradictory, ambiguous, and, at time, cohesive. Given these complex

constitutive processes, I have chosen to use certain metaphors as frameworks for linking multiple interpretations and complex issues that underlie both the experience of recovery from an eating disorder and the discourse of treatment. Throughout this study, there were dominant metaphors that kept being presented to me both in everyday conversations and while reading numerous texts on the issue of eating disorders. For example, a lay clinic was constantly referred to speakers and writers by using angel imagery and descriptors; whereas anorexia was consistently characterized as a monster, demon, and oppressor. Rather than ignore such metaphors I highlighted them in an attempt to reach deeper understandings of how discourse shapes perceptions of self and other.

The value of metaphors rests in their ability to be flexible enough to accommodate differences and, at the same time, rich and strong enough to link one set of ideas to another. Metaphors linking ideas and concepts from one understanding to another; metaphors further illuminate the phenomenon under study (Lakoff & Johnson, 1990).

There is a growing interest in the use of metaphors in psychological research (Bruner, 1986; Hoshmand, 1989; Olds, 1991) as well as clinical practice (Carlsen, 1988, 1991, 1996). Although metaphors are widely used in everyday language, in structuring concepts, perceptions, and emotions, they are often implicit and taken for granted. Carlsen (1996) states

> More than poetic figures of speech, metaphors shake and shape our systems of meaning. For these reasons, we do well to contemplate our conceptual systems in assembling their elements for thoughtful scrutiny; metaphors have a way of dropping below the surface of awareness to

> influence us in ways that we may not fully acknowledge or understand. (p. 131)

In addition to metaphors being "subtle shapers of meaning," metaphors are also pragmatic in that they serve a particular function in discourse. Describing them as linguistic tools, Olds (1992) elaborates their function by suggesting that metaphors

> can be understood as ways of imaging reality, or portraying a concept, image or symbol of something about the nature of what one is trying to understand or express. As we have seen, metaphors intervene to bridge a gap or see something new in another field. (p. 55)

By paying attention to the words, phrases, and images within discourse, it became apparent to me that different metaphors resulted in certain discursive practices. Exploring metaphors further enabled me to make language, history, and social practices more visible. Consequently, it made sense that the phenomenon I was seeking to understand could be explored more fully by relying on reading texts for metaphors. The metaphors that I read in the texts and subtexts became "the backbone of the bottom line, the blueprint for the blueprints" (Olds, 1992, p. 55) for this study. Although I am not expecting everyone to acknowledge or appreciate my particular reading of the metaphors in my various research texts, I find solace in Old's assertion that metaphors "are often the last to be seen by those who frame them, so deeply embedded are they in support of the system they hold together" (p. 55).

Dominant Discourses

Poststructural theorists contend that people are not socialized into the world but, instead, go through a process of subjectification by taking up certain discourses (Davies, 1993). *Socialization* implies that shaping is done by others, whereas *subjectification* implies that there is a certain degree of agency or personal choice, involved. The possibility of agency exists because discourses shift in meaning according to the context and the positioning of the subject. Opportunities to act agentically occur because we can choose both position and discourse. But discourses are not clearly constructed *either* by society or individuals. They have internal contractions and ambiguities. They are also often in tension with each other, "providing the human subject with multiple layers of contradictory meanings which are inscribed in their bodies and in their conscious and unconscious minds" (Davies, 1993, p. 11). Weedon (1987) clarifies this perspective by stating

> Although the subject in poststructuralism is socially constructed in discursive practices, she none the less exists as a thinking, feeling subject and social agent, capable of resistance and innovations produced out of the clash between contradictory subject positions and practices. She is also a subject able to reflect upon the discursive relations which constitute her and the society in which she lives, and able to choose from the options available. (p. 125)

The options available, however, exist in a "hierarchical network of antagonistic relations in which certain versions of femininity and the sexual division of labor have more social and institutional power than others" (Weedon, 1987, p. 126). It is through an exploration of various hierarchical

discourses full of diverse metaphors that my participant's subjectivity and reconstitution of self will be explicated.

There are two dominant discourses that my participant positioned herself between while living in a residential clinic: her metaphors of rescue and salvation, what I am referring to as the discourse of angels, and her discourse of anorexia, constructed around the metaphor of battles. My participant vacillated between aligning herself with one versus the other at various times. Although most of the time she wanted to position herself within the discourse of angels, she was often lured into collaborating with the discourse of anorexia instead. The tensions between these discourses became internalized into my participant's constructions of self. The narrative presented in this chapter documents how she moved between these two positions and began to reconstitute her self. Self-descriptions and references will be highlighted in relation to her shifting dominant discourses, but first an overview of the dominant discourses available to her during the initial phase of her recovery.

The Discourse of Angels

The various texts surrounding the clinic where my participant received help for anorexia consistently used references to angels when referring to certain helpers and treatment approaches. "Rescue," "surrender," and "taking a leap of faith" are examples of descriptors used by newspapers, news journals, and magazines. Popular culture met psychological discourse through the media representations of angels.

Angels have recently become prominent in our culture both in popular literature, consumerism, and sometimes, human science research (Lather, 1996).[30] Cards, calendars, coffee mugs, and t-shirts are sporting images of angels. Angels sell. Given such widespread infiltration of angel imagery, it is not surprising that media texts would capitalize on this trend. It is also not surprising that angel language and imagery would enter other discourses, in this case the language and practices of treatment and eating disorders.

The story line has been scripted in many texts, many times by the media:[31] A clinic outside the medical community reports 100% success rates with those suffering from eating disorders. Willing to take high-risk cases when others have given up, the director "rescues these wounded spirits" who have one last chance for life. And the story continues: Images of devotion, complete dedication, and endless energy for saving lives constitute media-produced versions of recovery in this treatment setting. Repeatedly, the director has

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30 Is the flurry of interest in angel mythology indicative of the yearning for salvation that permeates the discourse of treatment? I believe we are experiencing a loss of faith in the scientific world that promised salvation and are therefore willing to consider leaps of faith in domains that sit in opposition to scientific knowledge.

31 Perhaps of all the treatment programs in the United States and Canada, the Montreux Clinic has received the most extensive publicity. News journals (20/20. Prime Time, Oprah Winfrey, Maury Pauvich, and numerous others), magazines (*Time, Life, Chatelaine, Vogue*), newspapers (*Times Colonist, Vancouver Sun, Toronto 's Globe and Mail)*, are all texts that have scripted the identity of this particular clinic. I struggled with with the ethics in referencing the Montreux Clinic, because of implications in identifying a " third party." There were a number of factors bearing upon my decision to identify the clinic: (a) the clinic is unqiue and easily identifiable, (b) the clinic is in the public domain because of media attention, (c) no malicious intent or libelous comments were included, and (d) numerous media texts (identifying the clinic) were essential to this inquiry.

been scripted as an "angel who walks where others fear to tread" (Walters, 1995; Winfrey, 1996, 1997).

Angel mythology is complex, diverse, and at times contradictory. The fundamental meaning of *angel* in the Western tradition is messenger of God. Intermediaries between heaven and earth, these messengers have the task of making God more accessible to humans. In addition to the role of intermediary and messenger, angels are also teachers, guides, companions, and comforters. Contradictions surface because angels are described as both guardians and punishers.

Angel metaphors can be used to explore the social constructions of agency, power, silence, and self. Using this metaphor, I intend to offer interpretations and connections between social constructions of recovery and reconstituting a self, while comparing and contrasting it with other discourses. In other words, how angel discourse is situated within a range of competing discourses.

One site for exploring the relationships among discourses is to examine media portrayals of eating disorders. Although I am aware of the influence of media representations on people's lives, I had never been so acutely aware of how such representations fundamentally shape the self until engaging in this study. Not only do the media blatantly script restrictive identities for women, but, through its omissions and exclusions, they also script counter-identities for both genders. Such counteridentities, although not overtly scripted, are left to evolve, sometimes through acts of resistance contributing to feelings of anger, self-doubt, and resentment.

Scripted identities are not only problematic. It is possible to accept the fact that they are just scripts, simulacra with no referential beings (Baudrillard, 1988a; Lather, 1995). Careful reasoning may reveal that angels and representations of women are illusions and that television journalism is full of stories of sensationalism.[32] Yet what comes into play when one person gets the part of an angel? What other identities are left to be claimed? Baudrillard (1988a) argues that the cinema and television are America's reality and "what matters is that if we do not somehow insert ourselves into this reality, we run the danger of being, in our own eyes, unpersons" (Schickel, 1985, p. 263). In a study conducted by Priest (1996), entitled *Gilt by Association*, the author interviewed subjects who claimed that until they appeared on talk shows they experienced marginalization. Once featured on television, their identities began to shift. Furthermore, when appearing on such shows, participants become "insiders" alongside celebrities and politicians--those other groups allowed access to this hallowed place. Participants' membership shifted from "outcast status to celebrity, from margin to center, outside in" (p. 79).

The media have also scripted the relationship between the clinic and medical/psychological discourse. Focusing on "rescued souls" in one context and "failures, disappointments, and death" in the other, the media have

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[32]Sensationalism means "spectacular" and "thrilling." Sensationalism is very seductive in our culture right now. There is a sensuous draw that pulls us into raw emotions evidenced by the fascination we have in talk shows, soap operas, and news journalism. Throughout this inquiry I had to resist my own inclinations to join with journalists exploring this topic. And yet parallels were obvious: I was the voice for my participant, just like the reporter wanted to be for me.

constituted a controversy that positions the discourse of angels against medical/psychological discourse.

Experiencing first-hand the tensions between medical and nonmedical perspectives, I began to wonder how such tensions affected the everyday life of a person suffering from an eating disorder. Leaving the broader sociopolitical context and turning to subjective experience I focused on the following questions: What is it like to live in the middle of two polarized positions, to be caught between different discourses of recovery as my participant was during her treatment process? If a clinic is compared to a "haven" where angels rescue wounded spirits, what identities are taken up by the rescued women within this discourse? And what happens if souls are not saved? Amidst such mediated versions of salvation and rescue, how does a soul who has not been saved make sense of her experience? What resources or scripts are used to speak herself into a new subjectivity?

Shifting my focus from the individual to professional identities, I began to notice how the media have scripted other groups of people. If the staff at this particular clinic, for example, are given the identity of angels, then what identities are left to be claimed by the medical community? What scripts are left for those who work in mental health facilities, hospital settings, and counseling offices? Can angels only work outside of these institutions? If one group of people claim a divine identity, what scripts remain for others?

By scripting one treatment context into the discourse of angels, others in the field may be left to constitute themselves in resistance to such an image. From my observations and interactions with various professionals in the community, when such a process occurs it appears to involve anger,

resentment, pain, and "it's not fair" responses. If eating disorders can be treated in merely a loving environment, with uncredentialed[33] helpers, then what does this say about professional identities within psychology, psychiatry, and counseling? When the media versions of one group of people call into question the identity of another group, how does one subjectivity affect another?

Discourse of Anorexia

Numerous theorists have drawn from war and oppressor metaphors when describing the characteristics of anorexia reported by their students and/or clients (Bordo, 1993; Bruch, 1978; Orbach, 1978). Such descriptions script anorexia as an evil character who controls people, primarily women, and manipulates people into believing they are not worthy of living normal lives. Consequently, "he" destroys those who do not obey. These metaphors appear in different contexts, among diverse client populations. Viewing the disorder as an external entity, that is, as a persecutor, appears to be a common perception that transcends both time and space. These images are part of the larger cultural discourse of anorexia. Within medical/psychological and feminist/cultural literature, as well as contemporary media representations, anorexia has been discursively shaped into a social and psychological identity. There are several common descriptions taken up by those affected by the disorder. Such descriptions also come with common practices that are taken up in response to anorexia being personified. For example, young women

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[33] I am using the term *uncredentialed* to distinguish helpers from professionals who belong to organizations who mandate and license.

often refer to the voice of anorexia as loud, controlling, domineering, and hateful, and. in response to such voices, silence themselves.

Early references made by my participant also described the entity as nongendered, an "it," and a "condition." She described this entity in the following ways: "It plays very cruel games but it never outsmarts her [the helper]." "The condition feels threatened and begins to dim." "The condition hates her and thrives on every possibility to gain strength." "It plays games and tricks and clings like a huge magnet." A few days later, anorexia became gendered and was referred to as "he." My participant wrote: "He's really mad at me for even trying to listen to her. He tells me I'm not crazy." When I asked my participant why she used a masculine reference, she explained that the most forceful and powerful people in her life had been males. Thus it made sense to her to envision such overpowering forces as masculine.

My participant had a consistent image and language that she used when referring to the power "he" had over her: He forbids her to tell, so she must not divulge his plans. He sets out bait, attempting to trick her whenever he can. He plays cruel games. He also smothers people and speaks in a horrible voice. Attributing such power to anorexia left her with limited options for her own behavior and identity. In order to play his cruel game, she felt compelled to take a subservient position and to deny her own authority.

The next portion of this chapter focuses on how my participant positioned herself between two competing discourses and moves to a discussion of how she began to take up a new discourse and, in turn, a new subjectivity.

The Participant: Briar

Without seeing the recorder, one could easily mistake us for a mother and daughter duo, two women simply enjoying a hot, sunny afternoon together. Sitting on the grass overlooking the ocean, sipping iced tea, totally immersed in serious conversation, the only noise that disturbs the silence is the steady hum of the tape recorder. But we are not mother and daughter, instead we are researcher and researched. Briar and I are "doing research," solemnly piecing together the difficult processes of her recovery from anorexia nervosa. This interview, however, is not the same as the others, it has a uniquely different quality. This time, we have met at Briar's new home instead of the university or local restaurants we usually frequent.

It is an odd feeling going to her place--I feel like I know her so well, yet today it feels strange and unfamiliar, as if I am intruding too far into her personal life, perhaps crossing a boundary that I should not be crossing. What right do I have to enter this private world? At the same time, I am deeply curious about this aspect of her life.

The house is immaculate. There is a wonderful feeling to the house--warmth, care, connection, children's pictures on the refrigerator, toys neatly placed in each child's room. Briar excitedly shows me where the "new" children will be sleeping. A modern blended family in the making--three of her own, two arriving with her new partner, all five under 12 years--all five under one roof.

Nearing thirty, Briar has a calmness about her. Always dressed immaculately, she conveys a graciousness about her that I cannot help but admire. Asking me if I want to sit outside on the patio or down on the grass closer to the beach, I quickly tell her she can decide, hoping she won't notice how intrigued I am with her surroundings. As she continues to talk about this new living arrangement her excitement

> becomes contagious, spilling over into my own feelings of hopefulness for her. This new family will be different. This time things will work out. Hope, wisdom, and a sense of peace have replaced despair, severe anxiety, and spiritual, emotional and physical starvation. Had I met Briar four years earlier, there would have been a remarkably different scenario.

In sharp contrast to the serene setting above, there is another version of Briar's life that can be presented, one depicting the most severe stages of her eating disorder. What follows is Briar's reflection of her experience while living in the clinic. This portion of her narrative has been woven together from her personal journal entries while in treatment.

My participant has been in a number of different treatment contexts including general hospitals, a private clinic, a psychiatric hospital, and the offices of private counselors and psychologists. Her 14 year history as a client with an eating disorder has resulted in her being well-versed in various discourses of treatment. There are numerous stories that could be told--some about lashing out at perceived injustices involving what she perceives as "unprofessional conduct" and others praising certain individuals who "walked beside her" while she turned away from anorexia nervosa. Although some interventions depended on the personal characteristics of the helper, others relied on the unique characteristics of the setting.

Her narrative of recovery is full of confusion, despair, pain and contradiction. Struggling to determine how to speak of her negative experiences of recovery has been an on-going challenge. Inner strength and "newly discovered wisdom" have accompanied her in her painful journey into health, while she turned away from discourses that restrained her

choices to speak herself into a new identity. As the author of this narrative I have chosen to present the dominant story that was most frequently described to me, one which features resilience, determination, and strength. Through my presentation her narrative, along with the questions she bravely poses, the phenomena of silence, power, agency, and the re-constitution of the self can be more fully understood.

Briar began restricting her food intake when she was 14 years old. What began as dieting behavior as a teenager resulted in years of bingeing, fasting, excessive exercise regimes, and obsessive preoccupation with body image. Although Briar has numerous stories of struggles with anorexia and bulimia during these years, this study focuses on how she currently makes sense of her recovery processes during her critical stage of anorexia and shortly after. Table 6 illustrates the sequence of events during this time.

Overview of Phases of Recovery

The narrative text has three main temporal sequences. Phase I includes a discussion of the discourses Briar positioned herself within and against during the acute stage of her illness. Phase II highlights a transitional discourse, one where Briar refuses both available discourses of recovery, including the discourse of psychology, and the discourse of angels. Phase III concludes the narrative with a discussion of her chosen discourse that scripted and positioned Briar as a survivor of an eating disorder. During Briar's recovery she situated herself between the discourse of angels and the discourse of anorexia. In her mind both of these competing

Table 6
Sequence of Events

Phase I	Discourse
Step I [1993 Briar leaves mainstream psychological discourse and takes a position against such rules, norms and discursive practices. She feels she has no voice and believes she is "trapped in her own personal hell" by the voice of anorexia. All of her hope and faith has been situated in this new discourse that speaks of rescue, saving, and surrender.	Resists the discourse of psychological treatment Begins to take up the discourse of angels
Step II [1993, May–October] The voices of anorexia are beginning to soften for Briar and the helpers' voices are becoming louder and stronger. Her helper makes all of her decisions and attempt to take away all of her responsibility.	Moves between the discourse of anorexia and the discourse of angels
Phase II	
Step III After a few months in this setting, Briar begins to manifest symptoms of coronary complications. Caught in between two competing discourses, she begins to take up acts of resistance	Returns to the discourse of anorexia and begins to engage in acts of resistance
Step IV [Nov. 1993] She is admitted to a psychiatric hospital. and begins a cycle of admitting and discharging herself over the course of a year.	Adopts the discourse of psychological illness
Phase III	
Step V [1993-94] Once leaving the hospital setting, she is referred to a private therapist who begins to facilitate the re-constitution of self. She begins to take up the discourse of psychology.	Returns to the discourse of psychological recovery
Step VI [1994-present] Briar begins to work on life long issues such as those covered in the latter half of this chapter and begins to accept responsibility for own recovery while also accepting support from others.	

discourses required her to relinquish the last sense of control she felt she had over the course of her life. When she relinquished this control to anorexia there were certain practices she was compelled to comply with. The rules were stringent.

Food restriction, certain rituals, and rigorous exercise regimes were demanded. She had to obey all of them or the game would not continue. If she just stayed with the rules, she could paradoxically feel a sense of mastery and control over her life. In exchange for this sense of mastery the price was total loyalty to other and denial of self. By relinquishing her internal origin of control and giving her power to an external discourse of authority, in this case anorexia, there was a sense of order and continuity to her life. Trusting this powerful discourse gave her the illusion of complete command over her life.

When Briar positioned herself within the discourse of angels, she also had to relinquish her autonomy and follow another set of rules and expectations. From her perspective, the rules in this discourse were also strict. She needed to trust, to let go of control, to give herself over to another and to accept unconditional love.

Binary opposites existed between the two discourses. Goodness, salvation, and love were juxtaposed with metaphors of control, domination, and battles. Surrender of self, however, permeated both discourses. Briar often spoke of taking a leap of faith when she situated herself within the discourse of angels.

But what does it mean to take a leap of faith? Is it similar to a process of letting go, trusting another, giving one's authority over to another site of

authority? Faith means to have confidence, as well as constancy. In order to have faith, there has to be a certain degree of consistency. In fact, for Briar, both discourses required a leap of faith on her part. The voice of anorexia kept saying, "Trust me, I know what is best for you. Follow my rules and I will look after you." When she believed these promises, she needed to silence what she believed was her own inner voice and script herself as vulnerable, powerless, and helpless.

Briar's narrative of recovery consists of three main phases: (a) Phase I: The Discourse of Anorexia and the Discourse of Angels, (b) Phase II: The Discourse of Resistance, and (c) Phase III: The Discourse of Psychological Recovery.

Phase I: The Discourse of Anorexia and the Discourse of Angels

Table 7 displays the differences and similarities between the two dominant discourses constituting Briar's subjectivity during her stay in the clinic. The column on the left identifies the constituents focused on while exploring the reconstitution of self. They refer to language, images, metaphors, discursive practices, and responsibilities (viable actions) engaged in by my participant. Self-references are also included. The battles between these discourses mirrored her internal battles between self and other and between the conflicted selves within her. Her inner sense of knowing was in a sense de-authorized and called into question, overruled, and denied by both discourses. Ultimately she scripted a version of herself as a victim of others' dominant discourses that wrote her into a powerless character.

Table 7
Interplay of Competing Discourses

	ANOREXIA NERVOSA	ANGELS
METAPHOR	Anorexia as enemy	Treatment as rescue
DESCRIPTORS	Controller, jailer, monster, evil	Rescuer, savior, messenger, intermediary, spreads goodness
PRACTICES	Restricts, punishes, degrades	Loves unconditionally, holds, cares, comforts, maintains close proximity
RESPONSIBILITY OF PARTICIPANT	Follow rules, resist happiness, serve his needs, demonstrate total loyalty, surrender	Follow rules, convey total loyalty, convey gratitude, receive love and care, surrender
SELF-REFERENCE	Worthless, selfish, wicked, evil	Chosen, special, loved, worthy

The text portraying the discourse of angels begins with her first journal entry, dated May, 10, 1993:

> *No one said this would be easy. In fact, Ann[34] told me that this would be the hardest thing I'd ever have to do in my life. Every day that had passed was like living in hell, and I had hoped I'd never have to spend another second there. She had promised to hold me until the pain was gone and if it wasn't for her I wouldn't have seen tomorrow. I can remember the first*

[34] Fictitious name used to refer to worker at private clinic.

day I met Ann. I had been out of the hospital for a couple of weeks and was putting in time until I would wither away or my heart would stop. I hated the pain I was putting my husband and three children through and I hated myself for it. The condition had taken over and the tiny whisper of me that was left, was left without hope. No one could understand how I felt and I was too tired to fight. Months of doctors telling me I was wrong and if I really cared about living I would just eat. For them it was easy, but for me it was easier to die. But Ann is one step ahead. It's taken a long time to trust her, but I'm slowly feeling like I can lean on her now. She's the only one that makes me safe and when she's there the condition feels threatened and seems to be dimming with her presence. The condition hates her and thrives on every possibility when she's gone to gain strength. It knows it's slowly dying and is very angry and desperate, waiting for a perfect chance to make things right once and for all. It wants to gain enough trust and then, at the perfect chance, devour. That's what scares me and it forbids me to tell. But it plays games with me. I don't know what is real anymore. I feel as if I've gained some strength, but I'm afraid because I know the rules to this game. It manipulated everyone around it and I'm the bait. How do you get rid of something that is so much a part of your life but not real? The pieces are impossible to put back together. How do you make nothing into something? It doesn't let you laugh or smile and any possible thing you might look to for hope, it smothers it. It's so terrible . . . my worst enemy. I'd rather go though torture than be tormented by its voice anymore.

This journal entry was written by Briar during the critical stage of her of anorexia nervosa. Referring to the clinic where she felt safe at that moment, she feels ambivalent about being there, yet is almost convinced this treatment is her last hope for recovery. At that point she is handing over all the responsibility to the primary helper whom she believes can "outsmart anorexia." Briar writes that she has now lost the ability to distinguish what is

real and what is illusion. The sides in the battle have been drawn: the helper on one side; anorexia on the other. Briar is positioned in the middle. Holding this intermediary position she vacillates between positioning herself within the discourse of anorexia and within the discourse of angels. Based on this excerpt the competition is obvious. At one point her struggle to overcome her condition is referred to as a "game" and at other times, as a "battle." Anorexia at this point is nongendered, an "it."

The following excerpts describe the dynamic shifting tensions between Ann (her helper) and anorexia. When Briar positions herself within one discourse, the descriptors depict certain images of self. When she moves to the other discourse, her self-references are altered. Anorexia has now taken on the masculine identity, she indicates below. Although she does not believe in "him," she is too tired to fight:

> *He's really mad at me for even trying to listen. He tells me I'm not sick, I don't deserve to be here, only good people are here and I'm far from it. If I don't run away he will kill me. What am I supposed to do? I promised Ann I wouldn't run away or throw up. I can't break my promise, but anorexia says a promise is nothing. I'm too exhausted to think straight and I believe his every wish.*

Confused, frightened, and afraid, Briar begins to question why she has to go through such a "living hell" and wonders what all of this means in terms of her own sanity.

> *Am I losing my mind? Maybe that's why I'm here. I'm crazy. If I am such a good person then why am I so afraid and sick? It's not fair. I hope Ann is*

stronger than anorexia because right now it's a tug-of-war between them, and I'm stuck in the middle and too confused about which way to go.

For the next few days, Briar's journal entries reveal a self that is full of self-contempt. She tells herself she is "selfish and wicked," a "burden" to everyone around her: Ann, her husband, parents, and her three young children. She maintains she is not allowed to eat because food is only for good people. Although she is trying to recover, she perceives and experiences a force that exists beyond her control. Ultimately, no matter what she does, anorexia is constantly yelling at her, especially when she tries to be happy.

I try so hard to possibly stand on my own, but there's a force that's sucking every little part of me away. I wish this monster would just go away. You don't love them, how could a real mother who loves her children and husband leave them. You don't deserve them, you're a fool to believe it or believe anyone that tells you that. If you listened to me you would have never got yourself in this situation. Now look at you. You deserve nothing, you're an idiot and no one cared but me. If someone said run or I will kill you, what would you do? That's how afraid I am. He says I'll be safe if I hide from everyone. I must never take any drinks from Ann again or I will lose. My mind is made up. I will win and she will lose. I don't need her anymore.

At this point the voice of anorexia has become her own and Briar takes on the role of enemy in battling Ann, not anorexia. She has positioned herself within the discourse of anorexia. The indexical "I" position indicates that she has no longer externalized the eating disorder; the conflict has now shifted to Ann versus herself. Dispersed within a text primarily full of despair, however, there are some journal entries describing days full of hope. During

such days Briar hopes that anorexia will be silenced and the voice of her helper will win. Although it takes Briar a long time to trust others, the foundations of a trusting relationship are being formed.

> *I'm going to give it my all today to try and find a little happiness and see if anorexia lets me have that feeling without punishing me for it. I think since I've been sleeping at Ann's house and getting sleep, I feel like I'm actually relating to people a little better and my thinking is a little more rational. Ann was right. I would snap out of the deep trances within 3 or 4 days and I feel I have. I think today will be a step on the right track and hopefully from here on there won't be so much backtracking. I'm really feeling safe with Ann now and I totally trust her. Now I have to do the same with myself. I think this is going to be hard because I don't like who I am and can honestly say I have no self-esteem. Where do you find such a thing and when I do how will I know? And after working so hard to find it, can it be stripped away?*

Briar believes that happiness is just something that happens to others and that self-esteem can be discovered if she works hard enough. She wonders, however, if it can be taken away again. Perceiving self-esteem as a commodity or an external entity, she believes it has a life of its own. This kind of thinking is consistent with how she also conceptualizes anorexia--it is outside of her, not part of her. Just one day later, however, this hopefulness has vanished into thin air.

> *Ann help me please! I want to phone but it's not allowing me. Am I slowly slipping back again? Please no. I can't take it one more time. Someone help. It's telling me to run away again. I don't want to because I promised Ann I wouldn't, but it tells me I must. It's the only one that has never let me down.*

The battle between anorexia and Ann begins again, and this time she believes they (her family, Ann, other helpers) are all lying to her and that people say they are a friend but, in the end, walk away. She is now feeling betrayed, full of despair, and extremely anxious. Wanting to run, she turns inward, constructing a wall around herself. She is alone and, at the same time, emotionally connected to Ann. She knows she is being a "burden" but experiences severe anxiety when Ann leaves for just a few hours. She has now become dependent on this helper for food, love, protection, and emotional stability.

> *How did she do it? I drank it. It's like she put me in a magical trance. I can feel her but I can't see her. My whole body is numb and he's telling me how rotten I am. Why? I only had a drink. I'm thirsty and Ann said it was all right. Now I can see her. Her eyes are so peaceful, full of love and happiness. Please take this ugly beast from me. Promise you won't let him get me. I know you will [promise] and please don't let me go or I will die.*

Without support from this one person, she experiences hopelessness, starvation, and intense confusion. In her deepest despair, contemplating suicide, she is convinced by Ann to hand over her life for 5 months. Taking up the discourse of angels means she has to surrender to another force. Thinking this is her last hope, for a few days she experiences a sense of peace. In keeping with the discourse of rescue and salvation, Briar assumes that her helper has the power to transform her into a different person. The self-

references begin to script an identity as one who is worth saving despite her inability to understand why.

> *I told her I couldn't do this any more and I didn't know what to do and she promised to guide me all the way until I didn't need her any more. I kept thinking how lucky I was and what did I ever do to deserve to know her. She must have known something about me and I hope she will tell me one day, but for now all I can do is give myself totally to her. Not to think or feel guilty and let her take care of me. Let her show me who I am and why I'm here. I'm now to the point where I have no strength to fight and I will totally lean on her. She will do the fighting. She will give me the right to live and show me that it's okay to be happy. I only hope that one day, when I'm totally better, I will have something to offer her.*

Briar is clearly positioning herself within the discourse of angels. She looks to her helper to guide, to be capable of "giving her the right to live." Although she is not sure how she can reciprocate, she believes she will offer her something in return some day. Such faith in her helper is transitory, however. For the next week Briar vacillates daily, if not hourly, between wanting help and wanting to be left alone. She makes a concerted effort to surrender, but the voice of anorexia prevents her. The battle between Ann and anorexia, good and evil, wellness and illness, sanity and insanity, rational and irrational continues. She desperately wants to believe the discourse of angels will win but worries that anorexia is too strong and too evil to give up.

> *God I hope Ann can win. I'm too tired to fight or listen to rules. I feel like I can't breath and I'm slowly falling closer to the ground. It's pulling so strongly and I only have Ann to hold on to. Tonight I will stay at her house overnight again and then come back to the safe house in the day. I*

get a little bit of strength from Ann each time I see her and feel a little safer. Hopefully, this nightmare will end one way or another soon. I can't take much more of it. She says the worst is almost over. I wish I could see it. I would do anything to be happy for one second. I forget what it feels like or can't even remember the last time I felt it. I hope one day soon I'll forget this living hell.

Briar put all of her trust in this one helper whom she believes will rescue her and fight off the "monster anorexia nervosa." While at this stage in her recovery, she is willing to let this helper be entirely responsible for her life, this was not always the case.

Last night I spent the evening at Ann's again. The minute I lay my head down I can finally take a full breath and relax. All the worries seem to float away. I feel safe and calm. My mind is at peace knowing Ann is close by. I know anorexia can't get me. I feel terribly guilty--guilty to be such a burden to her. What will happen when I will have to do it on my own? I've never had to rely on any one before in my life and now I would still be so lost if she hadn't grabbed hold of me. I sound and feel like such a small child, yet I'm married and have three children. How is it someone my age feels like this? I try so hard to stand on my own, but there's a force that's sucking every little part of me away. I wish this monster would just go away.

And the next day she expresses her confusion, pain, and ambiguity. She writes that while she understands that Ann cannot be with her all the time, the old feelings of betrayal are becoming more intense again. She wants Ann with her *and* she wants to be left alone.

Ann is really busy today with meetings and she wants me to drink water with others. I don't know if I can do it. Well, if I pushed hard enough I

know I can, but I'd rather not. I hate being bombarded by all these terrible thoughts. See what anorexia does when I don't see Ann. Am I totally insane or what? Should I call her and talk to her? No, I can't. She's too busy or she would be here wouldn't she? What the hell is the matter with me? I just want everyone to go away, including Ann. She promised me she wouldn't let other people feed me and I feel as if I've been betrayed. Anorexia is gaining some of its strength back again. I feel a cold chill in my body and my head is in a daze. I know I'm not thinking right. Please go away and leave me alone. Ann help me, please!

These contradictory emotional journal entries take place over the course of Briar's first month in this clinic. While they provide valuable insights into the contradictory discourses that were available during this time in her life, the texts reveal a self that is difficult for Briar to identify. Throughout our interviews we often referred to her journal while Briar offered four different interpretations from multiple "I" positions (Hermans & Kempen, 1993).

The first interpretation was presented to me as she gave me her journal. Wanting to prepare me, she cautioned me to read them as if they were written by a very disturbed child. She described how, when she reads them now, she cannot believe she ever felt that way. The second interpretation pertains to how she wants to present herself. Knowing that her journal entries would be read by others, she censored herself, Briar explained. Thus, she believes they are not an accurate representation of how she really felt. Offering a third possible interpretation, Briar stated that she often wrote about her idealized version of herself, how she wanted to be, not who she actually was. Consequently there was a discrepancy between her present self and her

future self (Markus & Nurius, 1987). Consequently, her journal was used as a vehicle for experimenting with different identities: victim, surrenderer, and unworthy, loved, saved, and privileged ones. Contradictory and complex selves emerged at different times within the pages of her journal.

The final interpretation was given when I questioned her about referring to anorexia as an evil monster who constantly berated her. "Did you always think of anorexia in this way," I asked? She explained that it was while she was in this clinic that she learned to externalize her eating disorder and construct an entity that she could attempt to battle for control. When she reflects on this process now, she believes it was not a helpful strategy. If anything, she contends, it added to her confusion and anxiety by introducing a dominant "subpersonality" who joined with the rest of her conflicted internalized others.

These interpretations of her journal entries reflect multiple truths that are the result of taking different perspectives while reflecting on her experiences. Now that Briar has recovered, she refers to such texts as "unbelievable," from where she is presently positioned. Whether or not they are useful reminders of how far she has traveled is not really relevant to her at this time. Instead, she is more concerned with using them to illustrate the intense pain, confusion, and ambiguity she experienced during the critical stage of her recovery. I end this glimpse of Briar's journaling of her experience in this residential treatment setting with her final journal entry, dated May 31, 1993:

> *Holding on to the past only prevents us from moving forward. I guess the only way for me to move forward is to let go of all my responsibilities and guilt from the past, so I can go forward. The last few days have been hell*

and I have felt so alone and afraid. Just when things seem to be going in the right direction, everything is shattered by anorexia. I know now I'm going to stop trying so hard for everyone because I'm not really getting better. Now I realize that I won't get better if I do it for everyone else and the wrong way. I'm going to work hard at being more patient and stop letting anorexia make so many demands on me. Ann has gotten upset with me several times and I feel totally rotten. I can't imagine ever hurting her or making things difficult for her because I love her dearly, but sometimes I lose total control of who I am and what I want, and I feel being here is such a burden. She says she talks to me like that to scare anorexia away. I find this rationalizing hard to understand, but because Ann is someone I totally trust with all my life, I just listen and hope it makes a little sense to me.

For a variety of reasons, the next month her optimism faded and she became consumed with how to leave the clinic. From her perspective she felt she was kept against her will. When she finally left the clinic she began a process of lengthy hospitalization and psychiatric treatment.

So how does Briar make sense of what she perceived as confusing experiences now that she reflects back? How did she exit her former self-destructive way of living her life and begin to carve out a new, healthier self? When referring to her former self, she describes herself as acutely sensitive, without boundaries, without expressed anger, and worried too much about others. How did these descriptors fade to the background and allow for a new self to emerge?

From a discursive psychology perspective, change had occurred when she positioned herself in a different way within the dominant discourses that she had taken up. She had begun to position herself *against* both dominant discourses by moving herself into a discourse of resistance, adopting

oppositional language. I believe when she put herself into this position, only *against* without being *for* something, that she experienced severe anxiety and psychological and emotional distress. In the clinic there was no support for resistant positions; therefore, she was forced to deny, suppress, and conceal her feelings. There was no room for alternative speakings. Harre and Gillett (1994) lend support for what I heard in Briar's description of how she left one discourse and adopted another. Arguing that a person cannot leave one discourse without taking up another, they contend

> A person is always trying to make sense of their life and the situations around them, they cannot just abandon their established discursive positionings and put nothing in their place. Alternative meanings have to arise and be validated in some way. For some individuals this validation may be more or less independent of any values evident within shared interpersonal contexts but for others the existence of a shared context for the new evaluations is crucial. To the extent one can negotiate, more or less on the basis of one's own discursive skills, which actions would most suit one's intentions in different contexts, one acts freely. (p. 127)

The kind of intentional positioning suggested by Harre and Gillett (1994) implies a level of mindfulness and reflexivity often concealed by the complexities of human relationships and experience. Such knowledge is not readily available for a person who is unaware of the influence of discourse on the constitution of the self. Discursive psychologists assume that awareness of discursive positioning is the first step towards change— moving from one discourse to another becomes much more complicated than simply taking up new language. Ultimately, support for such maneuvering is essential.

Phase II: Acts of Resistance

Yesterday I was able to drink a glass of grape juice on my own. I knew I could do it and now I don't feel so afraid. Anorexia did bother me after, but I got through it and it doesn't seem so bad after all. I think if I really put my mind to it, I can do it. I'm really feeling like I'm being held captive at this point and I'm dying to get the hell away. It's not that I don't love everyone here because I do, but I feel better and want my space. People around me 24 hours a day is driving me crazy and it doesn't seem like I can do what I want to do because I always have to ask for permission. I hate that.

After being at the clinic for approximately one month, Briar began to shift her position of compliance. She began resisting the rules, structures, and control characteristic of the two available discourses. This resistant stance manifested itself in her strong desire to leave. From her perspective, she needed to leave and she assessed herself as capable of doing so. Her acts of resistance were strategic in that they allowed for the possibility for an alternative speaking of herself. Silencing internalized voices of power and domination allowed her to let a more compassionate self come to the foreground of her subjectivity.

Acts of resistance do not require a new discourse to be taken up, but instead, require oppositional stances. When a person spends considerable amounts of energy pushing against or resisting something, doing so constitutes a central organizing construct (Mahoney, 1991). Resistance to both the discourse of anorexia and the discourse of angels, meant Briar still

constituted herself through these kinds of images, symbols, language, and discursive practices. In order to change, the person has to allow the old discourse to fade into the background of experience. Acts of resistance keeps the discourse in play.

When Briar reflects on her experience of taking up the discourse of angels, she believes there was little room or acceptance for acts of resistance. Total compliance was expected; therefore premature acts of independence were viewed as the voice of anorexia returning. Briar felt she had no other choice than to direct her energy towards finding her power, autonomy, and voice in secretive ways.

Resistance, within some mainstream psychological discourse, means "obscuring or burying psychological truths or avoiding key memories and feelings, and thus has been seen [by some] as an impediment to the creation of a working therapeutic relationship" (Gilligan, 1991, p. 1). Conversely, resistance is perceived by others as a healthy protection against change that is too threatening to the integrity of the person's self-system (Mahoney, 1991). Briar believed that resistance in this particular setting was also viewed as an impediment to change. In our conversations as she reflected on remembering [35] her desire to leave, she said

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[35]Although Briar remembers journaling her experiences of resisting the discourse of rescue and salvation, these journals could not be located. Somehow they were lost along with numerous other journals stored at the clinic. Therefore, the discourse of resistance is based on interview transcripts where Briar recalls the incidents of protesting against certain discursive practices.

Every day I went through this panic attack sort of thing: I've got to get out of here, thinking they were holding me against my will. They knew that I was so sick that I probably wouldn't be strong enough. They'd talk me out of that sort of thing, and so I was trying every tactic possible to get out of there, like writing phone numbers on pieces of paper. Writing "help me" and chucking them out the window. But I always got caught and Ann would just laugh and say, "You don't really want to go, sweetheart, do you?" And then, I would say, "No, I don't." But I really did.

These acts of resistance increased for Briar. Although a part of her realized she was too sick to leave, another part struggled to break free. Small protests, such as writing notes and refusing to eat again, paradoxically gave her the feeling of power in what she perceived was a powerless situation. The discourse of angels was now experienced as an overpowering voice of domination and control. Interestingly this discourse was beginning to resemble the discourse of anorexia in a variety of ways. The rules were perceived as oppressive. There was strict surveillance 24 hours a day. When the voice of anorexia began to whisper derogatory comments, it was silenced by the louder voices of angels. Her own voice remained silenced. Even though the voice of anorexia seemed to be well-intentioned, it still represented the voice of authority and had the power to silence Briar through what she perceived as domination and force. Angels were now being perceived not as saviors, but as domineering figures of authority.

The idea that angels have the capacity to silence has been discussed by others (Bateson & Bateson, 1987; Rogers, 1991; Woolf, 1944). For example,

Woolf's "Angel in the House" features an angel who was so compliant that she gave her self away.[36*] Woolf (1944) describes her as

> intensively sympathetic. She was immensely charming. She was utterly unselfish. She sacrificed herself daily. If there was a chicken, she took the leg; if there was a draught, she sat in it—in short she was so constituted that she never had a mind of her own or a wish of her own, but preferred always to sympathize with the minds and wishes of others. Above all, I need not say, it, she was pure. (quoted in Rogers, 1991, p. 58)

Similar to Woolf (1944), and later Rogers (1991) who became plagued by the symbolic angels who attempted to silence their own voices in different ways, Briar also came to experience the voice of angels as representations of people and structures that had prevented her from speaking herself into existence. Angels colluded with cultural norms, rules, and expectations of compliance for women. For example, Woolf writes in the voice of her angel: "Be sympathetic; be tender; flatter; deceive; use all the wiles of our sex. Never let anyone guess you have a mind of your own" (p. 59). At different times, Briar listened to the voice of her helpers, resolving to be the most compliant and grateful patient. Conversely, there were other times when she became deceptive, manipulative, and resistant to the discursive practices situated within the discourse of angels. The conflict shifted from anorexia versus her helper to Briar versus her helper. Such a position meant she could either

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36 Rogers (1991) describes how Woolf's "Angel in the House" was similar to the psychotherapeutic angel she internalized in her formal training while becoming a therapist. All of these "shoulds" about distancing herself from clients became obstacles for her to overcome later in her practice. The internalized rules were entrenched by the internalized voice of an angel.

surrender to the voice of angels, relinquishing her own power and authority, or she could give voice to the whisper of a self that remained. In order to listen to this self, she needed to act and position herself against both discourses, against the discourses of both anorexia and angels.

In the past, Briar had positioned herself within psychological discourse. This positioning, however, offered limited options for languaging a new self. Acts of resistance were also seen to be pathological, leaving her with descriptors such as "crazy," "in denial," "out of touch with reality," "cognitively impaired," and so on. Despite the limitations of the language, Briar returned to this discourse to assist her in restoring her physical and emotional health. Aligning herself with this psychological discourse she first took up the language of psychological illness and, later, the psychological discourse for healthy women.

It is important to note that, although Briar began to take up this new discourse, this did not happened quickly. At times, she lapsed into what she refers to as nothingness, the abyss where she experienced a sense of falling in space. These feelings were described to her in psychological language, such as *regression, catatonic states, psychosis,* and *intense dissociation.* Although these descriptors were not ones she would have chosen for herself, they offered labels and categories for her intense experience.

Phase III: The Psychological Discourse of Recovery

An example of taking up this discourse can be seen in Briar's description of an activity engaged in during one of her recovery groups.

I had drawn this picture of a volcano with boiling lava inside. The bottom of the volcano represented my feelings. The lava exploding out of the top of the volcano was my rage which had to come out in order [for me] to get down to the underlying feelings at the bottom. So the volcano had to explode to let the depression come out.

The volcano metaphor symbolizes Briar's understanding of the necessary process of recovery within mainstream psychological discourse. Feelings, such as rage, need to be expressed in order to lift the lid off depression. This psychoanalytic perspective of the necessity of cathartic re-experiencing of traumatic life events is deeply embedded within the discourse of mainstream psychology. Briar's voice was beginning to reflect some of the basic assumptions underlying this discourse.

Metaphors, Relational Capacity, and Discursive Practices

Phase III of the narrative of Briar's recovery illustrates how she began to take up the discourse of psychology. Metaphors, relational capacity,[37] and discursive practices were constructs I used to conceptualize Briar's recovery from anorexia. Table 8 illustrates how the various aspects of her recovery were organized. Such organizers represent the most meaningful turning points in Briar's story of recovery, focusing on relational patterns which reflect ways of relating *between* persons. This new languaging of self has been adopted consisting of ideals, intentions, desires, and actions allowing for more flexibility and multiplicity of selves.

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[37] I am indebted to Gwen Hartrick for the term *relational capacity* which describes the ability people have to be engaged in authentic relationships.

Table 8
Discourse of Recovery: Languaging of Self

METAPHORS OF SELF	RELATIONAL CAPACITY	DISCURSIVE PRACTICES	
BOUNDED SELF Constructing Boundaries	Intimacy and Separation	Uses the discourse of boundaries to choose viable actions.	
DIALOGICAL SELF Speaking with Wisdom	Voicing and Silencing	Speaks herself into a new identity, reading strategies, and voice.	***Discourse of Mainstam Psychology***
AGENTIC SELF Living with Purpose	Meaning and Anomie	Sees self as authority, can help others by assisting others with recovery. Derives meaning and purpose from family and community.	
NARRATIVE SELF Re-storying a New Self	Continuity and Disruptions	Makes sense of different experiences, reflects on transformative processes of change, and begins to be able to tolerate ambiguity.	
REFLEXIVE SELF Making Sense of Recovery Process	Micro and Macro Positions of Self Process	Understands therapeutic interventions, tolerates contradictions and ambiguities within the discourse of treatment, and takes a metaperspective on self.	***Discourse of Social Constructivism***

In constructivist terms, rigid construing has been replaced by fluid and inclusive constructions of reality. Such loosening of constructs has enhanced her relational capacity to facilitate the integration of diverse and sometimes contradictory story lines. Building on a constructivist analysis, a poststructural lens focuses on how Briar positioned herself within mainstream psychology. Such positioning is not static; she could move between intimacy and distance, voicing and silencing, meaning and anomie, making sense and accepting ambiguities, and reading micro and macro structures of her own development. Different metaphors of the self, as well as other language, have provided the vehicle for such flexible positionings. Such selves were drawn from contemporary metaphors of the self within mainstream psychological discourse.

Taking a critical look at these metaphorical themes, it is interesting to note that the first three categories on Table 8 contain common descriptors often included in mainstream psychological literature on recovery from numerous disorders. This should not be surprising because both Briar and I have been influenced by the discourse of mainstream psychology. It is not surprising that Briar's psychologist joined in the co-creation of her new way of being by focusing on some of these themes. This is not to minimize the usefulness of such themes. Indeed, Briar is now able to construct her life around healthy relationships never possible when she repeatedly felt out of control of her own emotions.

The last two categories use a social constructionist framework to understand and describe the experiences, discourses, and processes that

helped Briar reconstitute her self in a different way. By languaging and structuring experiences around certain constructs, she could make choices that helped her to relate to others in more satisfying ways. Unlike the conflicting descriptors used in her journal entries while critically ill, Briar now uses dramatically different self-references. These references did not arise from solitary reflection on experience, they were taken up from various discourses, specifically the psychological discourse of recovery. Denzin (1992) contends that we can never truly know raw biographical experiences, and that

> the closest we can ever get is when a subject, in an epiphanal moment, moves from one social world to another. In these instances the subject is between interpretive frameworks. When this happens, experience is described in words that have yet to be contaminated by the cultural understandings of a new group. (p. 91).

Perhaps the psychologist who first saw Briar in a psychiatric hospital after she had left the clinic, observed the movement from one discourse to another in its uncontaminated innocence. On the other hand, meeting Briar much later in her recovery process, I was brought into her "understandings of a new group" where the language used reflected a new construction of self shaped by psychological discourse rather than her earlier possible discourses. Although certain psychological discourses needed to be experimented with, Briar was now able to make sense of formerly confusing and contradictory constructions of herself in relation to others. Consequently, the constructs became useful ways of understanding her experiences--of making sense of the sometimes overwhelming events of her life. Now, she has structures, processes, and language that can be applied to her experiences in a healthier

way. The structures help Briar to make sense of her unique experiences in different situations; the processes position her in relation to others in novel (Mahoney, 1991) ways; and the language helps her to re-construct new meaning.

The various metaphors of self do not represent the kinds of fixed traits Briar hoped for in her journal entry when she asked where she could find self-esteem. Instead, they are fluid dimensions that Briar positions herself on depending on a variety of factors. For example, she can move between intimacy and distance by envisioning a particular strategy, that is, the strategy of boundary setting. Languaging new perspectives of relationships helps her to construct a different reality and, in turn, to begin to constitute herself in a new way.[38]

During this later stage of her recovery, in order for Briar to reconstitute her self, she needed to position herself within the discourse that described the self as independent, autonomous, confident, and capable of differentiation (Kegan, 1982; Kerr & Bowen, 1988). Although she was not aware of what this positioning would mean, and did not initially use psychological language, she did talk about believing that any alternative was better than the "hell" she was in. Briar came to the realization, however, that none of the competing

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38 I have borrowed from Neimeyer and Mahoney (1995) who write, "Any form of symbolic display, action or communication within human communities--verbal or nonverbal--intended to establish, question, or otherwise negotiate social and personal meanings and coordinate behavior. Languaging includes, but goes beyond the content and grammar of formal languages defined by linguists. Languaging also makes possible the phenomena of self-referencing and self-awareness and, therefore, it is a central concern of constructivist therapy" (p. 406).

discourses she positioned herself within provided her with the subjectivity she desired for herself. All of the discourses restricted her sense of agency and did not allow for the freedom to make her own decisions. As Davies (1993) contends, "Agency as it is usually understood is a combination of individual choices, of power and correct subjectification" (p. 199). Briar's escape from the discourse of anorexia as well as the discourse of angels required her to insert herself into a different discourse, in this case the discourse of mainstream psychology. The structures in the form of rules, norms, and story lines that Briar is both subjected to and creates for herself provide openings for her to alter her personal theory of self. Such openings allow for experimentation with a new theory of self, which prompts the phenomenon of breakthrough (Caputo, 1987) or novelty for her while she is co-creating a new narrative.

I now turn to a discussion of how Briar began to speak herself into a new identity by positioning herself in a different way and by taking up a different discourse. Although for the most part she has aligned herself with mainstream psychological discourse she has also rejected some of the myths and contradictions within such discourse. For example, she refuses to believe that eating disorders are diseases and instead refers to her condition as a habit that was taken to the extreme. She also resists the *DSM-IV* criteria (APA, 1994) that diagnoses people into rigid categories of experience, such as bulimia and anorexia nervosa. She also rejects a prevalent theory within eating disorders research on recovery that maintains a person will most likely relapse during stressful life events.

A Bounded Self: Intimacy and Distance

During our conversations Briar repeatedly referred to the language of boundaries in a variety of contexts. References for determining how to separate herself from others' emotions and expectations were made frequently throughout our interviews. Briar felt a healthy part of her new self now had the ability to construct boundaries between herself and others. Various concrete examples from her everyday life were provided in order to demonstrate how confident she felt in being able to prevent herself from being subsumed by someone else's needs, problems, or feelings. What seemed to fit for Briar now was the image of a string which she wrapped around herself to protect her from being violated emotionally and physically. In the past, she said she would often imagine constructing boundaries around others so they would feel safe and confident, leaving herself exposed and vulnerable. Part of her recovery involved taking the string from around others and circling herself instead.

> *I was just working on the issue of boundaries the other day. I was imagining putting a piece of string around myself, pretending it was a boundary that you could actually see. I always leave an opening in my boundary. That opening is unusual because a lot of people would just put a complete circle around themselves. I like to leave an opening so that I always have a way of escaping. I always have a plan in case somebody crosses over my boundary continuously. This way I don't have to fall over and pick up the pieces for myself. . . . And I'm not afraid to walk away from people now, if they really upset me. You know when you get really upset and you can't deal with things properly, well that hole is the space for me to walk away and to take the time to think about my next step.*

Briar has come to the realization that she does not have to be subjected to overpowering emotions and issues of others and instead can choose to position herself in a different way both physically and emotionally. Making sense of such realizations helped her to see that she had some degree of choice and responsibility and ultimately does not have to feel guilty for leaving unpleasant situations. Because of this new perspective, she is beginning to alter her position within her story as one who has choices rather than one who experiences domination while in relationship with others. Visualizing such situations, Briar explained that she leaves an opening in her circle so that she can escape when she feels people are getting uncomfortably close. When I asked her if the space also allowed her to connect more deeply with others, she was not sure and wanted to focus on her new ways of separating rather than connecting during our discussion.

Reflecting on her experiences while in various treatment contexts, Briar remembers feeling that her boundaries were constantly violated. Such violations often left her feeling exploited by various professionals and nonprofessionals. Because of her struggles with boundaries it is not surprising she would have been suspicious of certain therapist interventions. She had a long history with therapy consisting of positive and negative experiences. Some therapists, she felt, just wanted to get inside her innermost thoughts so they could "figure me out" and inevitably control her. Although she concedes this may have been helpful, at times she felt she had "nowhere to hide" and had no ability to protect herself from what often felt like "voyeurism." Her current therapist however is perceived as different from most of the others. While this therapist knows "almost everything"

about her, Briar also seems to be clear about the need for boundaries, both professionally within their relationship and personally with friends and family. She credits this therapist for teaching her concrete strategies for managing some of the overwhelming emotions that interfered with "protecting myself from others."

Moving the discussion from her own experience to treatment in general, Briar revealed that anorectic patients, while in treatment, are carefully and diligently watched. Such strict surveillance intruded on boundaries that she continuously attempted to construct in order to feel safe. From her perspective, although there were boundaries for helpers, perhaps dictated by codes of ethics and training in professional conduct, the patient herself is stripped of such protective strategies. Briar guessed that the rationale for such invasion of personal space was the assumption that boundaries inhibit the client from acknowledging the severity of the disorder. Consequently, the process of setting boundaries is often not encouraged or modeled by helpers and health care professionals. In hospitals and other treatment settings, this issue was not discussed.

When we grappled with how Briar made sense of such surveillance tactics, she acknowledged that what appears to complicate the issue of boundaries is the fear of young anorectics committing suicide while in care. Not only do these patients need to be monitored for their compulsion to either purge or engage in excessive exercise regimes, but also to protect patients from harming themselves. Depending on the setting, guards, monitoring devices, workers, nurses, and others, all take on the role of controllers. Although this function seems acceptable for Briar in some

medical contexts, for the most part, such surveillance and constant monitoring became challenges for her to overcome. Resisting power and control with greater power and control became what she perceived as her only possible defense.

For Briar, after learning about boundaries later with her individual therapist, applying the concept to relationships allowed her to feel in control of situations that previously would have been avoided. She could be with people that she believed could potentially offend her, feeling confident these situations could be handled in much safer ways. Setting boundaries was equated with gaining control over previously disturbing emotions. In Briar's mind these life skills should have been taught while in residential treatment; she regrets they were unfortunately only learned much later in her process of recovery. When speculating on how a therapist would act when he or she respected clients' boundaries, she described a nonintrusive relationship by using the following metaphor.

> *I remember as a child when I wanted to learn to dance I would stand on my father's feet and we would twirl around the room, laughing together. Having someone to guide me without interfering with my own process was how I actually learned to dance. This is what a therapist is supposed to do. Be there for the client, but just to guide her when she goes off course.*

Later, when I questioned her about her relationship with this particular therapist, I asked, "Do you still see a lot of this therapist now?" She responded, saying

Of course not. She knows I can dance alone now.

Conceptualizing therapy as a dance helped Briar to clarify what she perceived as helpful and not so helpful interventions. Later, she elaborated the kind of relationship that was effective for her.

> *It's almost like someone is watching over me in a sense. Not that they're really there suffocating you but that they're just kind of keeping an eye on you to make sure that you're walking forward. That makes a big difference and it makes it go smoothly, not faster, but just smoothly, because everybody's got to work out their lives at their own pace.*

As a consequence of her newly discovered way of conceptualizing relationships, Briar began to reflect back on her experience in the clinic. Such reflection led her to wonder about professional boundaries, to wonder what kinds of relationships are helpful when young women are recovering, and to more fully understand relationships that are confusing and misleading. Frequently she would ask thoughtful questions such as: "Are therapists supposed to act like that?" "Aren't there professional codes of ethics that counselors need to comply to?" Wanting to believe there were rules and guidelines to which helpers are mandated to conform, Briar found such lack of clarity frustrating.

Briar's questions led me to consider similar issues within the researcher-participant relationship. While struggling with Briar's confusion over how therapists are supposed to act, I became increasingly sensitive to the boundaries within the research relationship. Because she perceived her

boundaries had been intruded upon by certain helpers, I needed to be careful not to make similar mistakes.

Briar also discussed other boundary issues which led to discussions of intimacy and distance. Relational tensions, particularly while she was in treatment, became the focus of some of our discussions. Finding the balance between being-for-self and being-for-others is an ongoing challenge.

Research on the experience of tensions between being-in-relation and pursuing self-interests is well documented in research on women's development (Banister, 1997; Belenky, Clinchy, Goldberger, & Tarule, 1986; Gilligan, Lyons, & Hammer, 1990). Such research contends that women struggle more than men when it comes to living with the tensions of relationships. For example, a common story line is that women are supposed to deny self-interests in order to accommodate and nurture others. Put simply, in our culture, women are not supposed to be "selfish." Faludi (1991) describes numerous examples of backlash against women when they step outside of the dominant gendered scripts and story lines. Inner tensions often exist when trying to balance goals, dreams, and aspirations against needs of connection and belonging. In addition to these inner tensions, there are also discursive tensions resulting from the scripting of restrictive parts for women who resist the dominant discourse.

Knowing how all of these tensions are manifested in my own life helps me to understand the tensions and contradictions Briar needed to also come to terms with. Although she spoke of times when she constituted her self as friend, wife, and mother, she also found it difficult to let go of her identity as "one who is eating disordered." The disorder had provided an identity for

her; one that served her in a variety of ways. First, anorexia gave her an explanation for distancing herself from others, particularly from the demands and expectations of others. Second, the disorder had its own set of rules, norms, and structures for providing a sense of control in her life. By taking up the discourse of anorexia, Briar was provided with a well-defined subjectivity that had multiple meanings in social and political contexts. Third, although her ability to speak herself into a range of subjectivities was limited while critically ill, there was some degree of agency available to her. For so many years, positioning herself within this discourse had scripted the center, or ground, from which she organized the constituents of her life. Anorexia was the synthesizing construct that held other selves together. Describing her eating disorder as her friend, her companion, and her comfort she said

> *You know how it is when you get really tired and stressed out. It would just be so easy to go back to the eating disorder, because in a way it's safe and you know what the rules are.*

Reconstituting herself meant she needed to separate herself from anorexia as a friend, a comfort, and a focus for her life. Loss of an old identity meant initially living with an emptiness that felt overwhelming. Once the organizing structure, that is, anorexia, had been overruled (dethroned), she experienced a severe state of reorganization where there was no ground to locate herself and no capacity to make sense. Speaking of everyday experience, Briar explained that she needed to fill this emptiness with activities such as sports, her children, and her volunteer work. She described

how she had actually forgotten she liked to do other things rather than devoting all of her time and energy to her eating disorder. After she began to play tennis, she described how strange it felt when she participated in some of the activities she had ignored for so long. Understanding boundaries helped her to envision a different way of relating to people; using this sanctioned[39] metaphor also gave her permission to focus energy on a different kind of self.

Briar often struggled with how to construct boundaries around herself when the media wanted to discuss her experience at the clinic. First, because she believes she did not have a successful experience in the clinic, she was often approached by reporters wanting to hear about details of her experiences. At first, she would comply to their requests and would willingly meet with them. After a few interviews with different journalists she realized that her stories were not being reported the way she wanted them to be. She was often misquoted and, in turn, felt misrepresented. At times she felt used and betrayed by these reporters who at one point appeared to care, but in the end "just took advantage" of her. Second, she felt the media generally misconstrue young women suffering from an eating disorder and, "don't really understand eating disorders." Once again like so many other times in her life she felt misunderstood. During our interviews she would often speak about how certain media-produced versions of eating disorders exploit those suffering by sensationalizing their stories. We would often discuss issues of voyeurism, exploitation, and sensationalism, leading us both to wonder how people can protect themselves from such intrusions into their

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[39]I am using the term *sanctioned* to convey that the psychological discourse of recovery uses a model of the bounded self as its healthy model.

personal lives. We also wondered if the self can build up enough strength to resist such intrusions? And, if so, how?

Multivocal Self: Voicing and Silencing

A crucial part of Briar's recovery process was learning how to assert herself, which meant to her, "learning to speak with wisdom." Knowing when to speak out and to remain silent has been an on-going concern. Briar believed that the meanings of *wisdom, sense, understanding, discretion, insight,* and *tact* describe the ways that she wanted to express herself. A vision of speaking with wisdom now guides her actions; in the past such awareness often eluded her. For most of Briar's life she has been fearful of speaking her mind in case she might offend others. Reflecting on early childhood experiences, she recalls some of the messages that became embedded within her personal theory of when and how to speak.

> *You know I was taught growing up not to talk about things. "If you don't have anything nice to say, don't say it." My mother was a very modest person, who didn't talk about anything. She went through a really awful first marriage, to the point that she is still afraid of this man even though he doesn't live in this country.*

Although Briar realized that remaining silent had not worked well for her mother, the scripts learned in her family of origin were deeply ingrained. Briar was also fully aware of how such messages are firmly embedded within the larger cultural narratives for women. Simply stated, nice girls do not speak their minds. However, at this stage in her life, Briar is beginning to question this story line passed from one generation to the next, both within

the culture and her own family. She has begun formulating her own beliefs about speaking her mind.

> *I used to be shy, I never talked. In fact, a lot of people said they thought I was a snob or shy. That was because I didn't say much. Another friend of mine said I used to seem so sad. People used to say I never even smiled and my friend used to say [about me], "She does smile but when no one else is around." I would go into a room and be afraid that everybody was looking at me. I would be very placid, not sad, and not happy, because I didn't want to draw attention to myself. And it was almost as if I wasn't there. I would try to dissociate so that I wasn't aware of others, in a way, as if those people around me didn't exist. They were just figures but not people. I couldn't see their faces, because once you see their faces, then you have made contact with them. And now it's different. I'm more liable to speak up about things that tick me off, because I'm not so fearful of people just saying, "Oh, could you imagine what that woman said!" Now, I think, so what?*

In addition to being more comfortable in crowds, Briar was now able to relate numerous incidents where she could say what was on her mind rather than retreat into silence. She related an experience she had on the playground with a neighbor's child. The child had been overly aggressive and rude to the point where Briar felt that something had to be done. She expressed her concerns to the mother and child in what she referred to as a calm, but assertive way. The act of speaking up was such a new experience for her that although it felt justified, she began to question whether it would really make a difference or not. A few days later she received a letter from the child apologizing for her inappropriate behavior, validating Briar's new theory that "speaking is the right thing to do."

This new way of speaking has reduced the frequency of times when she would, as she described it, dissociate. She described such experiences as times when she would take herself emotionally out of a situation. During these times she would take herself to another place instead of connecting with the person she was with. Her therapist would refer to this behavior as "splitting," a habit Briar still struggles with from time to time. But now she is more inclined to stay with the discomfort, confident in the belief that she can handle it. Staying physically and emotionally present in certain situations, however, means she needs to know when to speak and when to be silent.

Although Briar has made healthy choices about when to speak during the past year, she has also struggled with how to convey her experience of various treatment contexts and interventions while recovering from anorexia nervosa. Feeling as if so many of her concerns and questions were not being dealt with, she needed to decide which people were best equipped to understand her experiences. Often, she wished certain people would take her questions more seriously. Paradoxically, a part of her wanted to forget about the pain and suffering and another part could not let go.

Conceptualizing these differences in terms of the multiplicity of selves, one self was more passive, adopting a laissez faire approach; the other drew on the same inner strength she relied on to finally "outsmart anorexia." Consequently, she had two constructions of self functioning at the same time; one who was passive, the other strong and determined. While there was support for the passive self, both in her current relationships and the cultural expectations for women, there was little support for the self who wanted to protest and express her sense of injustice. Opening space for this newer self to

emerge required her to constitute herself in a less familiar way, as one who speaks on her own behalf.

Adding to the difficulty of when to speak were Briar's interpretations of the implicit and explicit rules for how girls and women should behave in our culture. Living most of her life centered on a construction of self as peace-maker, mediator, the sensitive one, and the listener, positioned her within a narrative where she most often put others' feelings and reactions first. Such hypersensitivity to others left little room to allow a "more assertive self" to emerge. In her mind and based on her interpretations of experiences, the choices were limited.

Social constructionists argue that notions of inner strength, passive selves, and so on are not fixed intrinsic traits and refer to positionality and speaking oneself into various subjectivities. Change is described as a process of "reading culture" in ways that allow for alternative speakings. A person does not have a dormant self waiting to be set free, but has a capacity for repeated re-construction of self. Intersections, openings, gaps, and spaces clear the text for a re-storying of the person. But such opportunities do not just happen, they need to be created by the person herself while reading and negotiating her way through various discourses. Agency comes into play when a person recognizes the constitutive power of discourse (Davies, 1993).

Discursive psychologists, Harre and Gillett (1994) offer an explanation of how people decide to act in relation to certain rules and norms. They claim "the rule gives a thinker the tools to formulate certain reasons for action. It does so by giving them an adaptive and discursive reason to organize their activity in certain ways" (p. 120). The rule itself does not compel a person to

act, but instead acts discursively to both structure and interpret understandings of a particular action taken. The rule Briar made prominent in her life, that is, "girls do not speak their minds," provided her with an explanation for why she had remained silent most of her life and, at the same time, influenced ongoing choices and actions. That is, the rule did not *cause* her to act a certain way.

In some feminist analyses of human experience, it often appears that the act of "taking up discourse" is caused by social structures. For example, media versions of ideal body images cause eating disorders. This kind of analysis leads to the kind of theorizing that positions women with eating disorders as powerless pawns subject to sociopolitical forces. As Harre and Gillett (1994) argue, we need to be careful about replacing psychoanalytic structures with sociological constructs that suggest cause-and-effect relationships.

Despite Harre and Gillett's insights into agency, the language used in our conversations reflected the inclination for both of us to defer our own authority to dominant discourses. During our conversations about various conceptualizations of self and recovery, we frequently used the expression "caught in the middle." At times I referred to being caught in the middle of two diverse perspectives of treatment, of being caught in the middle of discourses that had the potential to restrict how I conducted this research, and of being caught between my own desires to speak and to silence myself.

Briar and I questioned the meaning of being caught in the middle and how such a position is related to gender. One question became: If claiming one's authority means that one can author one's life, how does the

experience of being caught in the middle relate to authorship, voice, and agency?

If an aspect of psychological health means to take up a position (Harre & Gillett, 1994), to insert oneself into the nexus of signs, intersections, and contesting indices (Bordo, 1993), how is it possible to "catch" oneself in the middle and achieve optimal psychological health? Is it possible to claim one's subjectivity while straddling both worlds?

Women often speak of being pulled in different directions, feeling trapped in the middle, and having to balance others' needs with their own. Briar discussed her role in her family of origin as the one who mediated, often feeling she was caught in the middle. We grappled with issues of women positioning themselves in the middle: What is to be gained by taking such a position and what is to be lost?

Research with adolescent girls reveals experiences of self-silencing and listening to the male voice of authority instead (Belenky, Clinchy, Goldberger, & Tarule, 1986; Brown & Gilligan, 1991; Gilligan, 1982). Within mainstream eating disorders research the prevailing theory is one where it is assumed that eating-disordered girls have an over-reliance on external acceptance for self-evaluation. Research on girls without eating disorders, on the other hand, documents that such external evaluation is part of their socialization process. Steiner-Adair (1991a) contends that

> girls are encouraged to remain fluid and ambiguous between their self-definition and external confirmation in self-definition; girls are oriented towards an external audience for a sense of self, for making judgments, and for signs that will confirm self-esteem. (p. 165)

This emphasis on the relational component of self-worth creates a double bind for girls in our culture. Faced with the cultural emphasis towards independence and autonomy as opposed to an intrinsic or socialized propensity for interdependence and relational capacity, girls experience ambiguity at an early age. A recent search of literature (PsychLit 1990-1997) revealed that 157 studies on women and ambiguity were conducted between 1992-1996, whereas only 53 were conducted on men. The experience of ambiguity appears to be a central theme in women's development, suggesting that the scripts and story lines for women may themselves be full of contradiction and ambiguity. If the fundamental rule for women is that in order to be a self you have to deny a self, the contradiction becomes apparent. If *avowing* means to claim, to hold, and to declare, then what is it about our dominant discourse that scripts young girls into processes of subordinating self for the sake of others? Furthermore, if the self can be disavowed, what is the process of reconstituting self?

When Briar constructed her identity through the discourse of anorexia nervosa, the rules and significations embedded within the practices of the eating disorder constrained her own subjectivity. Psychological/medical discourse characterizes women with eating disorders as hypersensitive, obsessive compulsive, perfectionistic, and selfless. These psychological descriptors are internalized by these women structure, shape, and interpret their experiences for them, and define their subjectivities. It can be assumed that, in addition to the constitutive forces of media versions of identity,

dominant psychological categories are also constituents of self-development (Lindlof & Grodin, 1996).

The Agentic Self: Living With Purpose

> Through the microscope of molecular biology, we get to witness the birth of *agency*, in the first macromolecules that have enough complexity to *perform actions*, instead of just lying there *having effects*. Their agency is not fully fledged agency like ours. They know not what they do. We, in contrast, often know full well what we do. At our best--and at our worst--we human agents can perform *intentional* actions, after having deliberated consciously about the reasons for and against. (Dennett, 1996, p. 20)

Briar, acting agentically, has changed how she conceptualizes anorexia. She now realizes some of the problems she had with conceptualizing an eating disorder as an entity outside of her self rather than a choice. Briar has begun to authorize her self. She has begun to take up the actions and language of independence and autonomy. Briar sees herself as one who claims an informed position, who has first-hand knowledge, and is therefore able to deeply understand the painful processes of recovery. Taking a position of authority in this context of helping others, Briar feels worthy and capable of directing her energy towards another's well-being.

> *That's how you deal with an eating disorder. Stress is always coming on and I really hate it. It's actually just that it's unfamiliar and you think you can't deal with it. So I'd let the eating disorder take over. It's actually worse though because that's when I realized, once you start dealing with stuff--even though it's really painful and it's so unfamiliar--it feels*

awkward at first. If you don't turn to your eating disorder, then you're going to get through the stressful time. You're going to wake up tomorrow and you're going to be fine. If you've got an eating disorder to deal with too as well as all these other things to deal with, then eating is sort of consuming your life. Those other things aren't going to go away until you deal with them. Some girls think it's a disease because it's easier. Then you can give in to it.

From this passage it is possible to gain a sense of how difficult Briar's recovery was. Because of these difficult experiences, Briar believes she has the strength to help others. As a peer counselor Briar is involved with an organization that provides support and encouragement for those who are struggling with eating disorders. This commitment to helping others provides deeper meaning in her life and allows her to reconstitute her self as one who helps rather than one in need of help.

That stretch of recovery is brutal. I mean so many times I just wanted to give up, and I did by attempting suicide. I was just so tired that I just would wake up in the morning and say, "I don't want to fight this today." You know sometimes you've got the flu and you wish you didn't have to be a mother today. . . ..There was no place to go. Nobody to phone up and say, "I can't deal with this today. I need help or whatever." And that's kind of why I wanted to get enough peer counselor training to be that person in between the support groups and the clinic and hospital. You need somebody there--24 hours a day ultimately when you're going through recovery.

It is interesting to note that she has not derived meaning from engaging in political action, such as joining advocacy groups, lobbying against indoctrination by the media, or resisting cultural norms for women, in her

everyday life, but instead has engaged in intimate and individualized political acts. For example, she sees value in being able to help, as she said, "pull someone else along" through the process of recovery. Her need to contribute to another person's health is related to how she stories her process of recovery. There were several times in our conversations that she would say that she did not want others to go through the pain and suffering she experienced, so she felt compelled to help, much like Hillman's (1996) "sense of calling."

A dominant story line in our culture is that those who have "been there" are better prepared to help, as evidenced by the popularity of the Alcoholics Anonymous movement. The metaphor of those who have made it to the other side, reaching back for others, is also dominant within the discourse of angels. The hand reaching out for others is a prominent image in angel mythology and one that has permeated our culture, filtering down to the discourse of helping. Briar has aligned herself in similar ways to this metaphor of helping.

The idea of women helping other women is prevalent in the psychology of women's literature. Care and connection for others has been a central theme of development, particularly in recent publications (Brown & Gilligan, 1992; Gilligan, 1982; Goldberger, Tarule, Clinchy, & Belenky, 1996). Steiner-Adair (1986) offers an informative statement:

> By adolescence, girls have been clearly educated through home, school, the media, and the culture at large that compliance and dependency and interpersonal sensitivity are expected of them. (p. 166).

But what does it mean to be compliant *and* dependent? Given that women are often pathologized by eating disorders research for being too sensitive, how does interpersonal sensitivity manifest itself in everyday life? What is the relationship between interpersonal sensitivity and a strong sense of self? Is it actually possible to be separate and connected at the same time? What is the boundary between self and other in helping relationships?

A Narrative Self: Storying a New Subjectivity

> Persons as speakers acquire beliefs about themselves which do not necessarily form a unified coherent whole. They shift from one to another way of thinking about themselves as the discourse shifts and as their positions within various story lines are taken up. Like the flux of past events, conceptions people have about themselves are disjointed until and unless they are located in a story. (Davies & Harre, 1990, p. 58)

While in the clinic, Briar struggled with trying to locate herself in a story of recovery. She constantly questioned why she had to experience such a "living hell" and why everything was so confusing. None of the events of her life at that particular time made sense to her. Like the inconsistency of the lived experience of past events, fragments of disrupted events are disjointed until and unless they are located in a story (Harre & Gillett, 1990). Although Briar still struggles with making sense of the competing discourses of recovery, for the most part she can now connect various story lines of recovery into a cohesive whole. In her current narrative of recovery she positions herself as the autonomous subject who eventually found and

trusted her inner strength and knowing. This strengthened position provided opportunities to write herself into a healthier story.

Using another writing metaphor to understand processes of change, Davies (1993) describes the historical practice of writing on the palimpsest, analogous with re-authoring self. Scribes, she claims, would rewrite history not by erasing old documents, but by using the same parchment and merely writing over faded texts. Consequently, upon the partial erasure of the old, new inscription boldly writes itself onto the surface of the parchment.

Similarly, the process of re-storying self does not involve total erasure of the old discourse, but instead, involved a gradual rewriting over the palimpsest, the old parchment. There were numerous times throughout the recovery process that Briar felt helpless and powerless, which resulted in her waiting for someone else to "fix" or rescue her. Eventually her story line shifted from themes of rescue and salvation to experiences of resilience and strength.

The ability to script life events into a cohesive narrative is documented by research on resilience (Higgins, 1994). Illustrating how adults who have been traumatized made sense of such experiences, Higgins describes how

> resilient relationships unfold, become selectively internalized, and contribute to an extensive vision of life's promises--a vision that is embellished over the life span. Thus resilience is a cumulative process, not a product, and is open to all in some measure. (p. 126)

Personal Construct Theory (Kelly, 1955) argues for the need to have a personal theory that makes sense to the individual and that anxiety exists

"when we are caught with our constructs down." Consistent with social constructionist perspectives, Polkinghorne (1988) describes the process of narrative and meaning as a "cognitive process that organizes human experiences into temporally meaningful episodes" (p. 2). During the critical stage of her illness Briar could not rely on such cognitive processes, partly because of her physiological state and partly because she could not yet make sense of her process of recovery. She could not put words to her experiences and was therefore not able to communicate her confusion to others. And she doubted her questions would be welcome and therefore never be answered.

Without the ability to make meaning of experiences Briar was left with no way of weaving "the fragmentary episodes of experience into history" (Rosenwald & Ochberg, 1992, p. 5). A person's identity is not to be found in behaviors or in other's reactions to such behaviors; instead, identity relies on a person's ability to keep a certain narrative going in a fictive sense and also to keep it consistent with an external world (Giddens, 1991). Ultimately personal realities need to be consistent to some extent with cultural discourses.

Briar now has the ability to keep a consistent narrative going and to make sense of the most difficult events of her life. She has also been able to create an overarching theme of resilience that permeates her narrative of recovery. Despite what she believes were often psychologically confusing interventions, she was eventually able to make sense of them. Briar's new version of her story began to unfold during the following interaction when I inquired: "Last week you made the comment, 'Anorexia is easy. It's the recovery that's hard.' Can you tell me more about the difficulty?"

Mainly being really, really scared was the hardest part of recovery. Fearing that you actually might die. You don't really think that you are going to die but when people keep telling you that, all of a sudden you think, I really don't want to die, so I've got to eat. When you make the decision that you have to eat it's really, really hard. Psychologically and physically, too, on your body. So you've got all these things going against you when you're trying to eat. You have to try to keep it down physically. And then you've got the psychological part of it. Also when you start eating you have this fear of not being able to stop because it's not that you didn't like food, it's just that you thought you didn't deserve it or it wasn't good for you. Actually, when you get to the severe stages of anorexia you don't think properly so you start thinking different things about food. And then when you do start eating, it just feels so terrible in your body and gaining a pound, just feels awful. Even a quarter of a pound feels like 20 pounds, especially when you're so light. You get really bloated too and I couldn't stand being in my body. Every time I got to that 10 more pounds, it would be just terrible. Then I would go backwards again. But once I adjusted to what my body weight was, then I was okay for a couple of weeks. After I'd gone through it a few times, I was able to remember, "Okay, I'll get over this feeling." But nobody was ever there to support me or tell me what was going to happen or say, "This is okay. Remember you felt this before." I had to really work 100%--it exhausted me this whole recovery thing. It felt like I was on an emotional roller coaster all of the time.

Briar explained in terms of the separation between mind and body, remembering that her mind would tell her one thing and her body would resist the message. Internal conflicts between mind and body were constant and exhausting, resulting in her feeling emotionally drained.

Berman (1981) writes extensively about mind/body splits in our culture. Blaming the dominance of the Scientific Revolution for the separation

between mind and body, and subject and object, he argues such splits create illness, specifically illnesses of the soul.

> Subject and object are always seen in opposition to each other. I am not my experiences, and thus not really a part of the world around me. The logical end point of this world view is a feeling of total reification: everything is an object, alien, not-me; and I am ultimately an object too, an alienated "thing" in a world of other, equally meaningless things. This world is not of my own making; the cosmos cares nothing for me, and I do not really feel a sense of belonging to it. What I feel, in fact, is a sickness in the soul. (p. 17)

In Briar's most severe stage of anorexia nervosa, she often spoke of this kind of separation between body and mind and how she believed she could take herself out of her body. At times, she claimed she would hate being in her body so much that she used to want to run from herself to leave her pain behind. She even believed at one point that if she moved to another city, anorexia would not be able to find her.

Not only did she conceptualize her subjectivity in terms of the split between mind and body, she also struggled with knowing how to create space between self and other. While Briar felt tremendous guilt for neglecting her children, being with them caused more emotional turmoil than she could tolerate. She explained that when she was not with them, she could imagine that they were alright. When they came to see her, she was reminded of her inability to be the "good mother." Distancing herself from what were often experienced as painful relationships, appeared to be her only option at that particular time. Being distanced from what was most meaningful to her, that

is, her children and certain family members, left her with limited ways of constituting herself--she could either be the best anorectic or the best client. For her, being the best client in most treatment settings meant total compliance and surrender to another's power and influence (see chapter 6). Neither choice was perceived by Briar as satisfactory.

Months later, following residential treatments, Briar came to the realization that there were few rules made by others that worked for her and that she alone had to create them for herself. She believed that when she tried to live her life according to others' expectations, she ended up with an eating disorder. Knowing she had to create her own rules and her own self was both liberating and terrifying. When she described the most difficult part of recovery she talked about having no sense at all of who she was or who she could become. When I asked her to explain what this meant, she said

> *The hardest part is giving up control. It gets confusing because you actually think you are giving up control when all along the eating disorder has controlled you. This is when you have no sense of where or who you are or what I'm supposed to do or what's right and wrong. It's like you just don't know anything and there's nothing. I guess it's because you don't like the rules that supposedly work for everybody else. They didn't work for you so that's why you ended up with an eating disorder. So there's no book that gives you the rules.*

Making sense of her experience, Briar believes that rules of society resulted in an eating disorder and, similarly, that rules, norms, and discursive practices within certain discourses led her down what she referred to as an "unproductive path." Realizing that she could create rules for herself shifted

her position from one who waits to one who actively steps into a new position. In other words, one who acts on behalf of self.

In the past when she was in the clinic she would alternate between the overpowering discourse of anorexia and the discourse of angels. Both positions restricted her capacity to act agentically. Waiting to be saved, rescued, and ultimately defined put her in a helpless position where nothing was expected of her except compliance and devotion. She spent most of her time hoping to be saved, rescued, and pulled out of a dark hole, waiting to be discovered by someone else. Wanting to be reconstituted by another, she wrote in her journal, "I can't wait until she tells me who I can be." All of her control was externalized to outside influences. When locating herself within this discourse no longer allowed for the subjectivity she wanted, she began to take up a different discourse. By taking up the discourse of mainstream psychology she could also use agentic language embedded within its discursive practices. Such meanings also provided a deeper level of understanding that helped her to design a new life for herself. She adopted the language and discourse that convinced her that only *she* could create the person she wanted to become. She explained to me that it was while in the depth of despair, when she felt without a ground before she began to reorganize the constituents of her self in a new way. Such a "moment of midnight reckoning" (Caputo, 1987) came from intense emotional pain and confusion as if the chaos became so overwhelming that she was left with no other choice but to reconstitute her self. Deep within the black hole she remembers hearing a small voice--what she referred to as "a small voice that she wanted to fight for." This almost inaudible voice became the ground

from which she began to re-create a new self. Caputo refers to a similar black hole when he argues that no matter what one believes in there is an interior place, an existential aloneness, that one needs to acknowledge before moving forward.

> For whether or not one believes in God or mystic, one can still speak of something like a ground or fine point of the soul, a certain deep spot in the mind where the constructions of science grow dim and the cunning of common sense and the agility of *phroneses* go limp, where they wither away and lose their power. Whether one is a Domincan friar or not, there is a fine point in the mind where one is brought up short, a moment of midnight reckoning where the ground gives way and one also has the distinct sense of falling into an abyss. (p. 269)

It was only after leaving the clinic that Briar came to understand that she could act agentically by positioning herself within a different discourse. Ultimately, she acquired a new discourse that in her mind offered greater freedom to speak herself into a new subjectivity.

> *It was ultimately realizing that nobody can do it for you. You can talk about it with other people and they can give you ideas, but you're the one who has to be with yourself 24 hours a day and make the choice. I could have made the choice to go the opposite way. It's when you start realizing that you actually made the choice to survive that you discover how much strength you actually have. That must be an incredible amount of strength to make the decision to give something up. It's like anyone who is addicted to something.*

Switching between the subjective "I" positions (Hermans & Kempen, 1993) to the generalized "you" position allowed for the kind of thinking that moved from the personal to the political. Briar is author, character, and philosopher in this epiphany of choice, responsibility, and action. Putting herself into the position of "other" by using "you," she can objectify her experience and begin to create some truths both for herself and others, such as "its hard to give up an addiction" and "people can only help themselves." She had begun to narrate a story of determination based on her own strength instead of relying on the expertise of a therapist, physician, or other helper. Consequently, she is beginning to constitute her self in a different way by linking significant events into a coherent narrative of strength and determination.

> *Nobody can get you better except yourself. So I think I pieced all these little things together and I just thought, I'm going to do this to show everybody.*

Later in this interview I summarized what Briar had told me about this new construction of her self as a survivor and then asked her if there was anything else she could add. I asked: "What were the other pieces that you finally put together for yourself in order to say, T've had enough'?"

> *I realized being away from everybody that they were behaving the same way when I wasn't with them. I used to think that I was the bad person because of the way that things were happening to me and the way that they reacted, particularly as far as my husband being abusive. When I was away he was still behaving like that and I started realizing that it wasn't me. People were always saying, "You're not bad," but I always believed*

that I was. . . . I was always so worried about what everybody thought. If I started thinking I'm not bad then it's going to make them think they're bad.

Briar was beginning to expand her construct system from rigid dichotomous thinking towards dialectical thinking that was more inclusive and accepting of differences and ambiguities. On a concrete level, the realization that bad things occur with and without her allowed her to distinguish what she could take responsibility for and what was the responsibility of others. In addition to loosening her construct system (Neimeyer, 1995), she was also moving to another phase of development where she could separate herself from others (Kegan, 1982). Her newly acquired perceptions and her ability to position herself in a different way caused internal shifts in beliefs, values, and assumptions. By loosening her construct system, there became an opening for a new positioning of self, resulting in a new storying of self.

Narrative therapies have paved the way for a new conceptualization of processes of change (Tomm, 1987; White & Epston, 1990). Working with clients' stories, narrative theorists and practitioners have documented the usefulness of co-authoring stories of hope and resilience with clients. By waging wars against stories of oppression and domination, clients and counselors work to register protests against discrimination and marginalization. Building on the work of Bruner (1986) and Foucault (1972), narrative therapists and theorists have developed ways to work effectively with stories that have succumbed to themes of oppression. Although narrative therapeutic language often uses combative imagery, (White &

Epston, 1990), the therapists maintain that old stories do not disappear, new ones are merely re-authored.

The metaphor of the palimpsest was appropriate for Briar's process of reconstitution. She could not erase the old story but could continuously write and rewrite a newer version. Although the parchment itself remained the same, her new scripts constituted subjectivity. Sometimes her stories featured a possible future self (Marcus & Nurius, 1987) where desires, hopes, and dreams were spoken into existence; other times, the old stories of hopelessness, powerlessness, and victimization would begin to reappear beneath the new inscription. At times her stories were full of contradiction, ambivalence, disjunctures, and inner conflicts. Coherence, continuities, and new story lines needed to be created and re-created. In telling the story, inconsistencies can be scripted out of the text, eventually making sense of often chaotic events. In such cases, the self takes on the role of narrator, synthesizer, and author and is assigned the on-going task of making sense of experience.

Listening to clients' stories can reveal how a person organizes elements of experience. Such organizing processes points to how meaning is made by the person, in other words, how they link the events of their lives together. Stories, however, have both potential for change and potential for further entrenchment, as Rosenwald and Ochberg (1992) assert

> Some stories reflexively mobilize tellers to new actions and thereby surmount and replace the existing meaning structure. Other stories perpetuate themselves by the redundant, self-certifying actions they instigate.

Although it appears there is infinite potential for change when thinking of life as "storied," unfortunately there are also limitations. Stories still reside within larger grand narratives of the culture; there are not just endless stories waiting to be written. While, on one hand, scripting oneself into a new identity implies limitless agency, women's life stories often challenge such perspectives. In addition, because our culture conceptualizes and endorses a unitary and coherent self "we tend to assume it is possible to have made a set of consistent choices located within only one discourse. And it is true that we do struggle with the diversity of experience to produce a story of ourselves which is unitary and consistent" (Rosenwald & Ochberg, 1992, p. 59). If we do not create this congruent story then others will create it for us. Taking up this stream of continuity is considered to be of our own making. Most frequently we story ourselves in a way that makes us believe we are self-creators, not subject to discursive practices. The concept of agency helps us to believe we have freedom and movement and some control over the discourses we choose to take up.

Although in certain contexts narrative therapies are being adopted, narrative discourse was experienced as contradictory by Briar. One of the main goals of narrative therapy is to locate the responsibility for certain disorders within culture itself. As a first step, in an attempt to position the person in a different way with the phenomenon, narrative therapists recommend separating the person from over-identifying with the eating disorder, by externalizing the problem entity. For Briar, anorexia became the enemy who needed to be exorcised from her being. Voices of anorexia would

often tell Briar what to eat or not eat. When she found herself slipping back into old habits, it was explained to her that this was the voice of the disorder, not a voice of cultural domination and power. Voices were spoken about as if they belonged to another entity, in this case anorexia, but they were never situated within the culture. Without locating and connecting the voices of anorexia with the cultural discourses of power and domination, Briar could not see how such voices had been internalized from certain public discourses. Consequently, this explanation never really made sense to her. Blame, guilt, and responsibility were declared as her own, not attributed to flaws in sociopolitical systems.

For Briar, trying to make sense of this construction of her disorder was overwhelming; in fact, she never really understood how such a tactic could be helpful. As she remembers her experience in the clinic, her lack of trust in the narrative strategy of externalization (White & Epston, 1990) began the early stages of resisting change while she questioned this approach to treatment. Although such lack of trust, Briar recalls, was perceived as negative, another reading could view her new position as healthy resistance. Refusing the discourse of externalization of problem entities opened more space for her to take up the discourse of mainstream psychological health.

Reflexive Self: Perspective Taking

> In the swampy lowland, messy, confusing problems defy technical solutions [however] in the swamp lie the problems of greatest human concern. (Schon, 1983, p. 3)

According to Lyddon (1990) there are three levels, or orders, of change. First order change describes the process that a person undertakes when making revisions to "maladaptive cognitions, behaviors, or emotions" (p. 125). Second order change is when a central organizing construct shifts to make way for a new conceptualization of reality. Patterns and processes are both implicated in this level of change and according to Carlsen (1996), "This birth is most frequently unpredictable, is often difficult, and is not particularly amenable to precise planning for its resolution" (p. 144). The third phase involves a level of awareness that enables the person to move away from *being* one's own problem to *understanding* one's own problem. Carlsen frames this process clearly when she contends this last phase "can represent the reconciliation stage of therapy, in which a client is able to look in on his or her self, to see how he or she thinks, to make adjustments in those processes, or to transform into new forms of processing" (p. 144).

Briar clearly understands how she managed to turn her life around. Although the moment she realized that she would have to save herself was the most dramatic shift in perspective, change did not occur until she began to take up the discourse of psychological recovery. Change involved numerous small transformations in language and self-references that when blended together constitute a new subjectivity. Like the palimpsest where the new script writes over the old text, Briar was beginning the process of speaking herself into a new identity. She could now begin to take up the discourse of recovery, that is, save herself instead of waiting for another person to rescue her, take charge of her own life, protect herself by

constructing boundaries, speak about her process of recovery, and learn to "speak with wisdom."

Making sense of why she was not successful within the discourse of angels has not come as easily. A part of her simply wanted to accept the fact that she was the wrong personality type for discourses that required her to surrender her self. For example, there were times when she felt she was just too strong to be willing to give in to another person's rules, expectations, and from her perspective, control. Recognizing her need to be the author of her own life she explained that she felt she had to give up being herself in order to fit with what she perceived as overpowering structures of conformity. There was no room for her to make her own decisions. At one point, as revealed in her journal, she welcomed such domination. Later, when she reflects on her experience she remembers rebelling inwardly against such power. Briar speculated that she may have been too mature to "fall for such treatment strategies." She also talked about other issues such as trust, the meaning of unconditional love, and the right to privacy. Exploring all of these issues allowed for the insights that helped her to re-create new perceptions of herself. Illustrative of this kind of meta-awareness is Briar's response to my questioning of her explanation of why she thought she had not been rescued as so many others appear to have been.

> *So I must be a different kind of person. Some people just fall into it, and think it's wonderful and if you go on believing that for the rest of your life you would never think that anything was wrong or whatever. There are just those kinds of people around. It's not to say what they are doing is right. It's just that some people fall into it and to them it's acceptable and if they get that sort of nurturing--whatever kind it is--I don't know.*

While Briar struggled with trying to identify the possible explanations for why she was not saved or rescued as so many others appear to have been, she often raised difficult questions about therapy and eating disorders which will be explored in chapter 6. At times I would give rather shallow answers, drawing from my own knowledge of what therapy is supposed to be; other times I would have to admit my inability to even begin to resolve some of the contradictions within my profession. Despite the profound progress Briar has made by overcoming severe anorexia, she is faced with unresolved questions concerning her process of recovery.

Reflections on the Research Relationship: Into the Quagmire

Despite Briar's successful recovery from her eating disorder, she still experiences ambivalence, ambiguity, and confusion when she reflects on some of her experiences of treatment. Living with these emotions disturbs her in varying degrees at different times in her life. Although for the most part she understands her process of recovery, there are still some experiences that remain a mystery to her. Wanting to be an ethical researcher, I needed to decide how to speak of such experiences in this dissertation. For me, knowing how and when to "speak with wisdom" was a challenge I also needed to face.

Fine (1994) discusses the ethical dilemmas and tensions that exist when trying to represent an "other" in social science research. In a convincing statement she critiques qualitative researchers for their inclinations to speak

for others: "Once out beyond our picket fence of illusory objectivity, we trespass all over the classed, raced, and otherwise stratified lines that have demarcated our social legitimacy for publicly telling their stories. And it is then that ethical questions boil" (p. 80). While such tensions have not been resolved, Fine further suggests that generating knowledge or advancing a career are poor rationales for intruding on a person's life. Instead, social action and the betterment of a community or society prove to be ethical goals for the kind of research that intrudes on private lives. For me, to merely describe the difficulty that Briar so often articulated, without struggling alongside her, would have violated my own ethical principles. Solely exposing one person's struggle so that I could complete this dissertation was not justifiable from my perspective. Therefore, in the final chapter of this dissertation, I enter the quagmire with her to deepen my understanding of the sources of the difficulties we were both narrating and experiencing within the discourses of eating disorders and recovery.

Briar's struggles and her difficult questions are the heart of this study. Without her willingness to reflect on painful experiences, I would have been left with abstract speculations. She allowed me into her many personal experiences, often what she described as her "personal hell," in the end, privileged me with the opportunity to ground difficult abstract questions in everyday life. In the final chapter, I script an identity for Briar as one who raises questions and who acts as a catalyst for my own thinking about and understanding of the phenomenon under investigation.

What has been written so far is my interpretation of Briar's reflections on how she managed to reconstitute a healthier self. Had Briar been the primary

author of this text, the narrative would have been different. As a social science researcher, I believe the only narrative I can write is one depicting how I made sense of my participant's reflections on experience. The metaphors I have organized this chapter around came out of my immersion in the transcriptions of our interviews. Such immersion was not taken lightly, however, as it required me to feel and experience the struggle and pain Briar shared with me over the last 2 years; while she spoke of her experiences, I in turn *felt* them. There were times when I really did not want to hear any more, times I began to feel traumatized. There were other times when the ambivalence that surrounded the various treatment contexts began to creep into other aspects of my life. I longed for the luxury of holding one position, of taking one stand for or against something or someone--enough ambivalence, make a statement, make a judgment, take a stand or let me "escape through the back door of flux" (Caputo, 1987).

The purpose of chapter 6 is to describe how our parallel stories blended to deepen understandings of some of the paradoxes, ambiguities, and difficulties that are embedded within the discourses of treatment, recovery, and eating disorders. Expanding on the everyday experience of recovery, the focus moves outward to a discussion of how certain discourses have the authority to silence persons, primarily my participant and myself, in different ways.

CHAPTER 6: ESSAYS OF UNDERSTANDING WHILE STANDING UNDER DISCOURSE

> Lying in wait, set to pounce on the blank page,
> are letters up to no good.
> Clutches of clauses so subordinate
> they'll never let her get away. (Szymborska, 1993)

Richardson (1997) asks for whom do we do research? And, furthermore, she asks for whom do we speak and why? When I first began this study I wanted to give voice to one woman's story that I believed had been silenced by competing discourses. Although this purpose still remains close to my heart and close to the surface of this text, there are other equally important purposes that have moved from subtext to the main narrative.

I contend the only way I can authentically give voice to others, both literally and metaphorically, is to understand how I give voice to myself. If I cannot understand the processes of my own subjectivity, how can I speak of and for others? How can I understand how another person positions herself within discourses without understanding my own discursive relationships? To thine own self be true; speak your own truth before speaking the truths of others.

Autobiographical writing, which has gradually eased its way into this story of recovery, is a method of narrating self. Through the process of writing this dissertation I am inscribing my subjectivity onto the pages. Flipping back to earlier pages I now find it interesting and at times disturbing to observe my former style of writing. It reads so tentatively, so softly. I have italicized my own subjective voice, marginalizing myself from the objective authoritative

voice of the text; I have subjected my voice to being edited and deleted by the overpowering discourse of what constitutes academic writing.

The form and style of traditional dissertation writing symbolizes the authority of the literature and the normalizing gaze of the academy. Self-surveillance by the student is often the result. Living in the panopticon, the prisoner has become her own guard. Deferring myself to authoritative voices from others, I concealed myself in subordinate clauses . . . "clauses so subordinate" (Szymborska, 1993), I silenced many voices from within.

Nearing the end of this research narrative, I now have a different relationship with the text. I no longer view this work as evidence of all I have learned and read over the past 5 years, nor as a way of validating my legitimacy as a doctoral candidate. Instead, I view it more as evidence of how two selves reconstituted themselves during a particular time and place, a freeze-frame representing a moment in time.

Pressing harder on the palimpsest to prevent the old, tentative script from reappearing, I move forward into my closing essays of understanding of self, ambivalence, agency, discourse, and subjectivity. Like intermittent flashes from a lighthouse tower, they are moments of recognition, moments of ahas, and insights. These steady repetitious moments are the threads that make up the cords of continuity connecting me with the heart of this research, with the re-created ground of the constitution of two women--my participant and myself.

There will be no more subordination in this final chapter. Although I have internalized countless voices of others, both friends and adversaries from the literature, I now speak for myself and about myself--the voices live

through me. I have moved from italics to plain text, as the sole author of these essays of understanding.

An e-mail friend once commented on how I interjected my responses into his messages by using capital letters. "You don't have to SHOUT," he wrote back. Although I considered writing this chapter in bold capitalized print to indicate my transition from italics to the main text, instead I will firmly give voice to myself, not by shouting because it is not how I constitute myself, but by using a soft firmness for my ideas. Essays of understanding will be spoken audibly--no longer whispered in the subtext. Unlike research within positivist frameworks, however, this research does not work towards resolution of particular contradictions and ambivalences. Instead, it works towards openings, deconstructions, and breaking out of restrictive categories of confining worldviews or discourses.

Taking Up Scripts While Scripting Oneself

It is late at night and my eldest son is phoning from university to discuss a chapter he has just read. Coincidentally, we have both just read Donna Haraway's (1988), *Simians, Cyborgs, and Women*. Last week we had focused our conversation on his struggle as he put it, "to really get the big deal about gender and identity." He had argued, "What's so new about this way of thinking--boys and girls are different because they have been socialized in different ways. So?"

But tonight our roles are reversed. Tonight the conversation focuses on my struggle to grasp the language of postmodernism. Tired and frustrated, I begin to complain about Haraway and Lather's unfamiliar abstract terms for

describing human experience. I go on to question the usefulness of such elitist, inaccessible language. "But don't you get it," he argues, "the feminists are trying to change the world. If social realities are constructed in language; then language is the site for change. If we don't change the language, nothing will change."

As I breath a sigh of relief, both because he is beginning to understand the complexities of gender and because he is beginning to use the collective we when he refers to change, I remember a cartoon that appeared 4 years ago on the cover of the *Family Therapy Networker*. Under an image of superman flying through the air, the caption read: "The constructivists are coming and they can change reality with their minds." Then, I felt excited and encouraged by these empowering ideas about the social construction of knowledge. Now, I understand a further development in this way of thinking about human experience. Today I would add, "The constructionists are coming and they are changing reality with their words."

Not only did Briar change her words and how she used language, she also changed her position within certain discourses. The transcripts of our conversations together show how Briar was able to re-position herself within the discourse of mainstream psychology. She consciously adopted the psychological language. And, by engaging in reflexive language when verbalizing her understanding of her own recovery, she revealed her acceptance of this discourse. She had changed her own reality by changing her language, the meanings attached to such languaging, and her relationship to this discourse. No longer rejecting this particular knowledge, she now

used it to understand her own subjectivity at a deeper level, as opposed to allowing it to script her into a pathological identity.

From a feminist perspective, the site of her political activism had moved from her body, outward, and was now directed towards different discourses. No longer accepting some of the "myths" and discursive practices perpetuated by psychological and other discourses, she refused to accept that she needed to be rescued or saved, and continually in treatment, and forever on guard for potential relapse. Agency came into play when she resisted, debated, and refused certain scriptings just because at one time in her life she had taken up the identity of an "eating-disordered woman." She could chose which scripts she was willing to keep and which ones she could reject.

Perched on the brink of my own new career in academia, I could make similar choices. By refusing to be defined, scripted, and possibly subordinated by the discourse of academia, I could also change my relationship to an institution and discourse. As a tenure-tracked professor, I can explore the language--track, for example. Does *track* mean I need to stay on track; if so, what track? Who will decide which track is better than another? Is there only one track to be on?

Perhaps I will decide to use the word *path* instead of track. Which path will I take? Once on this path how will I constitute my self as a researcher, an academic, and an educator? What does it mean to be scholarly? What is scholarship? Who gets to define it? What does it mean to live it?

When I complained in frustration to one of my supervisors about how long this dissertation was taking and how guilty I felt that I was not contributing more to my new faculty, she thoughtfully asked, "And did they

hire you to be an academic, to be a scholar?" This simple straight-forward question challenged me to define myself and my work. If I did not view my dissertation as scholarly work and value it as a contribution to academia, then why didn't I? What other script was I positioning myself within instead? Was I allowing the discourse of productivity to minimize the discourse of scholarship, of quality research that has the potential to profoundly influence how I teach, counsel, publish and do research? This kind of questioning helped me to explore my relationship to various discourses and, in turn, to explore how such relations constitute my subjectivity.

Throughout this research, I purposely created polarities and then positioned myself at the center of competing discourses. In my review of the literature, for example, I created polarities by choosing to focus on differences in how the self is conceptualized by two worldviews. It was through these polarizations that I enriched my understanding of discourse with its discursive practices, rules, and normalizing strategies. In this chapter I continue highlighting differences, attempting to write through the difficulties that permeate my experiences as well as my participant's. I begin these essays, or wanderings, by juxtaposing contradictory voices that represent different vantage points I have taken while conducting this research. Some are anecdotal pieces of writing; others are media texts and other voices of authority. Such essays of understanding are located in relation to certain discourses that I have situated myself within and against. Such positionings are verbs not nouns--active not stagnant--and they actively constitute my subjectivity.

These active intersections of multiple voices have become vantage points for viewing the complexities of constituting a self. While I tried to hold onto the threads of continuity that needed to be woven together, what constantly interrupted my pattern of understanding were themes of ambiguity and contradiction. And although these inconsistencies interfered with the construction of a cohesive narrative, they are inherent within the complexities of constituting self. It is precisely the uncertainty of things that makes us human, connecting us together against "the dispersal of power structures which think they have the final word" (Caputo, 1987, p. 288).

This final chapter is organized around the discourses that dominated my experience while engaging in this research. They came to the foreground of my consciousness contradictions collided, when I had to stop to pay attention to feelings of discomfort, or, at other times when I was faced with difficult decisions. These prominent discourses include the academic, legal, and psychological domains, however, first my essay of understanding the experience of ambivalence and discourse itself.

Colluding with Ambivalence

As a starting point I begin with my own experience of living in ambivalence during this research. When relating to psychological health, Brill (1924) claims, "It is chiefly ambivalent complexes that influence pathology" (p. 126). Frequently hearing about ambivalence in different conversations, I soon realized that ambivalence was a common experience constituting both this research process and my participant's experiences of recovery. Consulting the computer *Thesaurus* I found the following

synonyms: remorse, contrite, ashamed, sorrowful, guilty, and awful. When I positioned myself between two diverse discourses--angels and medical/psychology--I experienced some of the same emotions. Questioning both authorities has often sensitized me to my own reluctance to question those in positions of power and authority. By paying attention to these feelings, when faced with the need to deconstruct taken-for-granted assumptions, I was better prepared to understand some of the feelings my participant was experiencing.

Not only have I struggled with experiences of ambivalence, but I have heard several professionals in the community speak of their ambivalence as well when describing their experiences of trying to reconcile two diverse discourses of treatment in our community. Frequently, they have expressed their opinions in whispered tones, asking not to be identified by name or occupation. Preferring to remain anonymous, they often explained that their professional identities prohibited them from publicly stating an opinion. When one professional, who is considered to be an expert in medical ethics, decided to break the code of silence by voicing his own difficulty around different discourses of recovery, he also used the word ambivalence.

Given the prevalence of ambivalent attitudes surrounding both the discourse of angels and the discourse of mainstream psychology, I began to wonder if it is possible to position oneself between two contesting discourses, by taking up an "intermediary position" (Wooley, 1994)? And, if it is possible, how does this intermediary position constitute one's identity? Furthermore, how might such an "intermediary position" be similar to women's experience of eating disorders?

Within this chapter, the difficulties associated with ambivalence will be explicated by illuminating some of the contradictions, ambiguities, and paradoxes experienced while exploring various discourses dealing with eating disorders. While at one point during this research process I believed I could resolve feelings of ambivalence, I now realize that ambivalence cannot be eliminated. Therefore, I will not be deluded by a fantasy of hopeful resolutions. Caputo (1987) aptly points out the errors in such assumptions by claiming that "what breaks down in the breakthrough is the spell of conceptuality, the illusion that we have somehow or another managed to close our conceptual fists around the nerve of things, that we have grasped the world round about, circumscribed and encompassed it" (p. 270). Rather than striving to master or eliminate ambiguity, my intention is to more fully understand it. Consequently, I intend to pose thoughtful questions resulting from my willingness to dwell in ambivalence.

Dwelling in ambivalence however does not make it easily available for exploration. It is elusive, shifting, secretive, and often difficult to expose. Deeply embedded in our culture, it hides in language, experience, symbols, and other cultural artifacts. Like discourse, people can choose to take it up knowingly or choose to deny and avoid the discomfort of bringing it to the light.

The essays presented in this chapter, therefore, are my interpretations and relationship to the ambivalence that I kept feeling during this inquiry. Reflections on such feelings have rendered insightful moments and created a kaleidoscope of understandings. Davies' (1993) description of a similar

process of piecing moments together in her research with children parallels mine.

> These moments seemed . . . like precious fragments of coloured glass, each one to be treasured, mused over, polished or placed next to other pieces in a pattern. Each piece of glass could be gazed at or looked through, so that the other bits took on a different hue. There seemed an infinite number of ways to order the pieces, each pattern making a different story, each piece looking different depending on what I placed next to it. (p. 15)

Deconstructing Discourse: Breaking out of the Grand Hotel

> If there is no master name, if there are too many truths, what has become of science and ethics, thought and action, theory and practice (provided we can make such distinctions)? If the flux is all, and linguistic, historical structures are nothing more than writings in the sand which we manage to inscribe in between tides, what then? What can we know? What ought we to do? What can we hope for? Who are we, we who cannot say "we," we who are divided from ourselves, our (non)selves? (Caputo, 1987, p. 209)

What I came to realize during this study was that in order to study discourse I needed to be able to see contradictions and ambiguities that were often concealed by mixed metaphors, competing interests, and conflicted desires and ideals. Discourse itself is not a tangible objective body of knowledge available for scrutiny, but instead is a complicated tapestry of similarities and differences. Although there are commonalties and shared symbols within discourses, there are also disruptions, inconsistencies, and internal incongruence. Culture, sometimes equated with discourse, also has

these same characteristics. One culture, with a capital *C*, no longer exists in a postmodern world. Culture itself can no longer be perceived as "a Grand Hotel, as a totalizable system that somehow orchestrates all cultural production and reception according to one master system" (Collins, 1989). Furthering this argument, Anderson (1995) suggests that we can think of the postmodern world

> as a kind of jailbreak from the Grand Hotel, with people charging in all directions while anxious conservatives try to round them up and get them back inside. But the situation is a bit trickier than that because the symbolic environment is still all around us and within us. What's happening now is that we are all becoming increasingly aware of it; we are like fish who are beginning to figure out that we live in the water. (p. 17)

However, this water is not one substance, it consists of multiple streams of influence flowing through diverse populations of fish. Symbolic environments themselves are contradictory and ambivalent. I came to this understanding while watching a basketball game with my youngest son. When we both saw the Nike check image flash on the screen, the sign for him signified competition, Michael Jordan, his own passion for sports, awe and respect for the NBA, and so on. Seeing the same sign has different meanings for me: tennis, my first pair of "real" jogging shoes, guilt over my current neglect of my own level of fitness, third world exploitation, child labor, and so on.

Although a sign or symbol remains the same, different discourses are used to interpret the meanings. At the same time that countless meanings can be associated with one simple sign, the meanings assigned by the person,

involve the person's subjectivity. For example, when I associate exploitation and child labor with the Nike check, as a buyer of their product I acknowledge my part in perpetuating third world colonization, which in turn affects (a) how I position myself in relation to this discourse, (b) how such positions shape my own subjectivity, and (c) how certain discursive practices sustain or resist the discourse of Nike's involvement in exploitive practices. Despite how the Nike corporation anticipated people would interpret their symbol, people will assign their own meanings depending on their unique biographies.

The same can be said of other discourses. Certain systems of power, institutions, and agencies as well as corporations, portray certain images, metaphors, symbols, and significations in order to reflect the philosophy or ideology put forward. Universal meanings are intended although they remain left to the individual to interpret and assign. In order to understand the constitutive influence of discourse it is essential that we understand how the active agent interacts or positions him, or herself within a particular discourse. To study discourse apart from the active agent is similar to studying an individual apart from his or her context. The only viable way to study discourse is to not only study one's interpretation of discourse, but also one's relationship to it.

Postmodern writings signal the move from one Grand Hotel or metanarrative, where we all live regardless of unique biographies, to multiple narratives and symbols to which we assign different levels of power and influence. Much like Sampson's (1985) decentered self, where there is no central Self in charge, but, instead, a board of directors collaboratively making

decisions, culture with a small *c* has a similar organizational structure. But just as the self is not created out of nothing, similarly cultures are also not created out of nothing. The reality is that

> the genes have their say, the environment has its influence--but they are still creations. This is a fundamentally subversive idea, because if you absorb it and accept it at all, you are likely to begin to (a) notice that you live in a culture, (b) think of it as something that was created by human beings, (c) wonder who created it and for what purpose, (d) wonder what it does to you and (e) think about making some choices and/or changes. (Anderson, 1995, p. 16)

There were numerous times throughout this study when I would step back from the discourse of psychology and cynically wonder who created it and for what purpose. What I repeatedly observed and experienced during those times was a loss of faith in the medical/psychological discourse. I was not alone with my perspective of psychology falling from grace; several others, professionals and nonprofessionals, and psychological communities had not been effective when dealing with eating disorders. In some cases they believed certain discourses had worsened some women's conditions. Iatrogenic illness became a commonly used description. The system had failed, consequently alternatives were eagerly pursued. A news journal states:

> Last year we met a woman on this show who many believe is an angel on Earth. Her name is . . . , and she has literally saved young men and women from the brink of death. How does she save these young people's lives? (Winfrey, 1997)

At the same time there was a loss of faith in the dominant scientific discourse, there was a hesitancy to trust other discourses, in this case the discourse of angels. Ambivalence, when thought of as ambi-valence means that two contrasting perspectives are valued. My own struggle with trying to hold two contrasting perspectives simultaneously matched others' experiences. There was frustration, confusion, and the discomfort that arises from the lived experience of ambivalence itself. For me, throughout this research, the luxury of firmly planting both feet in one discourse was only temporary--a fleeting moment of stability.

In addition to uncomfortable experiences of ambivalence, another tension occurred: reaching out towards something new and better, juxtaposed with a desire to hold onto the old. When such reaching out or yearning occurred, it was sometimes accompanied by a sense of loss, a sense of emptiness. However there was a distancing process that helped to lift me from the discomfort of ambivalence. Unfortunately this temporary reprieve also led to another psychological state--disengagement.

Valuing both perspectives but feeling compelled to choose one over the other, I felt I needed to somehow foreclose on one before switching loyalties to the other. Such a sense of not having a constant ground leads to a kind of free-floating weightlessness described by Neimeyer (1995). In a description of drifting on the ledge while diving deep below the depths of the Atlantic ocean, he writes of the struggle to hold on to an anchor of familiarity while exploring the uncertainty of the new.

> My clearest, starkest memory. . . is of holding on to the drift line with one hand and stretching out toward the infinite void beneath me to see the

> fullest extent of the light's revelation. Unprepared for the outcome, I drew back in horror. There the lights cease to penetrate; a thousand watts fell dead in space, failing to pierce the depths, failing to reveal what lay concealed in the vast depths before me. The futility of those lights and my weightlessness in the fluid that surrounded me are vivid companions at critical points in my therapy practice now. Images of myself "on the brink" have acquired an almost surreal quality: clinging to a tendril being swept along the contours of nothingness, buoyed only by a cork tethering me to the familiar world above. (p. 112)

Frequently, during this study my experiences paralleled Neimeyer's feelings of floating in an infinite space, without ground. Moving rhizomatically through the complexities and intricacies of human experience, through the profound experience of how a person recovers from a traumatic experience, often left me feeling like I was falling into an abysmal abyss without a tether, without a lifeline of continuity.

Where were the patterns of experience, the threads of continuity, the themes, the stability, and the ground where I could locate myself and my participant? Familiar territory had disappeared, there were no rules for this kind of research, no proscriptive method to rely on to hopefully resolve the ambivalence, ambiguity, and contradictions I was noticing and experiencing.

Recalling another time in my life when I had a similar experience, I remember feeling the ground shifting beneath me. Broken promises, shattered beliefs, feelings of being suspended in space, a dark space with no walls, no structures, no form. I can remember struggling with trying to make sense, to rationalize the experience, to psychologize it in order to categorize it and put it into a perspective I could live with.

But sense-making never occurred because at that time there was no available discourse for this kind of experience. It was an experience that was not supposed to happen because within the discourse I had adopted the rules had been followed very carefully and diligently. Paradoxically the only thing that made sense was that there was no sense to be made. I remember having to let go--of allowing the cognitive, emotional, conscious and unconscious processes to reconstruct themselves without me. It was as if I had to stand above myself and watch as another self did all of the work.

This experience in my life has, like Neimeyer's account, become an experience that reminds me of the intense disorientation, disequilibrium, and pain that exists when core-ordering processes are re-organized (Mahoney, 1991). Dialectical self-constitutive processes are contradictory themselves. Two polarized tensions often work against each other. One is a process of meaning-making where a person struggles to make sense; the other is a process of surrender, where a person struggles for closure, and resolution. One process expanding, the other contracting. Doll (1993) writes of the postmodern perspective encompassing layers of openness and closure overlapping with each other.

> Thus human openness carries its own paradox, a desire for closure, resolution, definitiveness. It is the complex interplay between openness and closure at a number of levels (conscious, biological, molecular) that appears key for transformations to take place. Further, as a paradox of the paradox once we look at human activity in this transformative frame we see analogies with other systems, biological, and chemical where the concepts of purpose, self-organization, communications now seem apparent. Thus, the original separation of systems into a simple open-closed dichotomy lead not only to a realization of another, or second way

> of cosmological framing but also to an alternative third way, which transforms each of the first two frames and provides a new level of complexity with openness and closure embedded within each other. (p. 58)

My reflection on my own experience confirmed Doll's conceptualization of the paradox of transformative processes. When I let go of sense-making another kind of process was able to take over, as if the self-organizing processes had the capacity to organize without me, like a computer search engine that goes off to search without my assistance. Pascuale-Leone and Greenberg (1995) explain this process as "experience . . . created by the dialectical interactions between hardware operators and schemes--not simply by schemes alone" (p. 171). There were two dynamics taking place: one was letting go, the other was busy organizing the experience--as if there were two selves or processes working simultaneously, two selves that were brought forward. The processes of recovery seemed to be contradictory--letting go and reorganizing simultaneously

Prior to the past traumatic experience described above I had immersed myself in constructivist theory, trying to grasp a conceptual understanding of how the self reorganizes. All of this knowledge had been stored as abstract, theoretical understanding, and then later from my own experience, I began to really know how periods of intense disorganization could be followed by higher, more inclusive levels of re-organization. I had also studied mindfulness and how by attaining such psychological and emotional states cognitive complexity could be enhanced (Langer, 1989). My knowledge of Eastern philosophy blended with my new Constructivist theory. In the midst

of my disorientation I particularly focused on Thich Nhat Hanh's (1975) writings, enduring moments of intense pain and confusion while simultaneously feeling a profound sense of inner calm. Moving in and out of disorientation while also struggling to make sense was accompanied by a profound sense of comfort. When I finally surrendered to the idea that I could no longer make sense of a senseless experience, I felt a sense of peace—I experienced struggle and surrender working collaboratively.

But this experience was different from what Briar felt she was being asked to do in certain treatment contexts. I did not surrender myself to another person's definition of the process of change or recovery; instead I surrendered to another one of my own inner processes. Such surrendering occurred not by giving up or disavowing self, but rather by giving up a certain habitual way of knowing and allowing a different process to take over. Without taking the easy way out, I needed to step aside, to let another self take center stage for awhile.

What this experience illuminates for me is the recognition that two polarized processes can actually work in synchrony with each other. Two oppositional tensions can come together to create a more inclusive level of human experiencing, to discursively shape psychological and social realities.

When I allow myself to reflect on the intensity of my experience, the terror of falling into the abyss never to surface again, helps me to understand Briar's experience. When she felt there was no longer ground, no sense of who she was or could become, when "there was no thing" I could connect her pain with the memory of my own.

I often wonder how my experience might have been different had I sought medical treatment. How might a professional or lay helper have conceptualized my intense pain and confusion? What if I had foreclosed on the flux too early, never really knowing that it is possible to create ground, a kind of holding environment for the self. Perhaps this is the ground of the soul Caputo (1987) speaks of when he writes of his desire to believe in the construction of ground.

> And that is why I like the talk of the ground of the soul. For I think that all of us . . . to some extent or another, to a greater or lesser degree, more or less implicitly do reach some sort of an accommodation with the flux in a deep corner of our soul, make a kind of deep construal of the flux and learn to live with it. I am not sure if it really matters *how* one does this, that is to say, what sort of accommodation one reaches, so much as it matters *that* one does it, that is, that one hit a point of breakdown, breakthrough, breaking out. To each is granted his own way. And if it is true that this is a possibility for all of us, it is also true that some of us are especially adept at repressing and excluding the flux and trying to arrest its play. We have all acquired considerable skill at taking the easy way out the back door of the flux. (1987, p. 271)

Caputo's words are meaningful in a number of ways. First, he accepts that there may be no ground amidst the flux but that it is necessary to act "as if" one does exist, perhaps in a deep corner of the soul. Second, how one comes to this point is not important, more important is that one actually reaches the point of breakdown, breakthrough, and breaking out. Finally, it is important to avoid mindlessly escaping out the back door of flux too soon, arresting its play.

Scripting Identities and Being Scripted

Throughout this study I became aware of how identities are taken up, and are scripted by discourse. As much as Briar wanted to maintain her changes, old scripts often re-appeared beneath the new script she was authoring. We are both the scribe and the parchment; the prisoner and the guard. Inscriptions are written upon us. Contra-texts, contra-dictions, and contra-speakings collide on the palimpsest. Paradoxes, however, also often slip into parodies of existence.

Within the discourse of angels there is also paradox--pain and despair are mixed with hope and optimism. Angels have two contradictory functions; they both protect and punish. Although they have reached sainthood, they have no answers of their own, they are merely messengers themselves. Like mortals, they too have been inscribed by others, most recently, the media.

Given angels' subservient role in religion and popular psychology, who decides who should speak for angels? Is it the media, thankful parents, or rescued patients? Is the discourse of angels just another way of escaping out the back door of flux? When does a leap of faith become akin to escaping out the back door of flux? Conversely, have we created elaborate psychological theories only to find out that if we had just loved a little more, change would have occurred?

Reviewing the restrictive metanarratives of our culture, I began to wonder if there is space within postmodern discourse for the discourse of angels? If we ourselves, struggle to locate ourselves within the turbulent flux and uncertainty of our postmodern condition, then where can we locate angels in our culture? If postmodernism signals the breakdown of modern systems, what systems will listen to the discourse of angels? If the flux is all there is,

and all we have are "writings in the sand" (Caputo, 1987) what is it to believe in authority? What is there to tether ourselves to when the currents of flux move too rapidly? How can the postmodern condition account for such existential dilemmas?

Giddens (1990, 1991) explains how the macrostructures of culture that create these kinds of existential dilemmas can be more fully understood through his sociological analysis. First, he claims there is no ultimate authority either culturally or intrapsychically. During conditions of high modernity, or what some refer to as postmodernism, he argues "in many areas of social life, including the domain of the self, there are no determinant authorities" (1991, p. 194). Such absence of determinant authorities has not always been the case however. Historically, premodern societies were guided by traditional sites of authority, primarily religion, as well as local communities and kinship relationships. Such authorities "were the source of binding doctrines as well as forms of behavior endowed with strong normative compulsion" prior to modernism (Giddens, 1991, p. 195). The minimizing of such authorities, as well as the decentering of the self (Sampson, 1985), creates conditions that potentially become problematic for the modern subject. Because of the difficulty in accepting diverse, conflicting authorities, some individuals are at risk for psychological difficulties (Giddens, 1991).

Briar talked about her own difficulties in realizing there was no ultimate authority. She believed there were no rules to follow and that ultimately she had to create her own. Similarly, I faced the same dilemmas both in my work and my personal life. Several years ago I abandoned the seventies discourse

of finding one's self and instead embraced the discourse of creating a self. Cultural rules and norms for women had not worked in my own life, therefore, I needed to create my own. Consequently, I became sensitized to the tensions between submission to the authority of cultural expectations and living with uncertainty and doubt. Theoretically, ideologies of doubt (Richardson, 1997), characterizing the postmodern condition, have abandoned efforts of pursuing one Truth, one Reality. The myth of pure objectivity, one universal reality, in research has also been abandoned.

Giddens (1991) situates the contemporary condition along the dimension of total, uncritical submission to authority versus extreme existential doubt. The submission-to-authority end of the continuum exists when a person gives up critical judgment and is "not necessarily a traditionalist, but essentially gives up faculties of critical judgment in exchange for the convictions supplied by an authority whose rules and provisions cover most aspects of his life" (p. 198). Such a position is distinguished from faith where the person is engaged in trust relationships[40] as opposed to acts of submission

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40 Giddens (1990) distinguishes the experience of engaging in trust relations in modern times from premodern cultures. In premodern cultures a person could refuse to accept the expert knowledge of priests, sages, and sorcerers and get on with the routines of everyday life. In modern life, however, such refusal is not possible. The abstract systems that constitute contemporary life require us to take a leap of faith into distant, abstract knowledge. As Giddens states, "The grave deliberations of the judge, solemn professionalism of the doctor, or stereotyped cheerfulness of the air cabin crew all fall into this category. It is understood by all parties that reassurance is called from, and reassurance of a double sort: in the reliability of the specific individuals involved and in the (necessarily arcane) knowledge or skills to which the lay individual has no effective access" (p. 85). Furthermore, respect for technical and scientific knowledge "usually exists in conjunction with a pragmatic attitude towards abstract systems, based upon attitudes of scepticism or

in the face of dominant authority. This is a crucial distinction. Acts of submission position an individual as victim to another's control. When this happens, resentment works its way into the psyche of the self. Constituting oneself as victim positions oneself as a nonagentic subject. Faith is replaced by despair and disempowerment. But "faith is not magic. It is only worth its salt if it functions in continual exposure to its own deconstruction" (Caputo, 1987, p. 282). But how can faith be deconstructed or more importantly, can it?

At the other end of the continuum is universal doubt and uncertainty, where in its most extreme manifestations a person experiences paranoia or paralysis of will so extreme that she withdraws from everyday life (Giddens, 1991). Briar eventually reached this place of total withdrawal from everyday life. Although she wanted to return to believing in the authority of psychological discourse, universal doubt, and uncertainty towards both the discourse of angels and the discourse of psychology dominated her experience immediately after leaving the clinic.

Similarly, I was faced with my own doubts and uncertainties when I reflected on how I had chosen to position myself within certain discourses and not others. Although at times I lapsed into existential despair over my feelings of helplessness when I bumped up against rules and norms that I perceived as silencing and restricting, at other times I saw the futility in believing discourses had captured me. In fact the webs of discourses I felt constrained by were partially spun by myself. Networks of mobile discourses and relationships were of my own creation. Even during acts of resistance I

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reserve. Many people, as it were, make a 'bargain with modernity' in terms of the trust they vest in symbolic tokens and expert systems" (p. 90).

caught myself within the same web, within the same continuum of polarized positions.

But are these polarized positions the mainstay of trust relations that we are reluctant to abandon? Returning to Giddens's (1990) sociological analysis, because of the nature of highly industrialized nations who experience high levels of distanciation,[41] the need for trust relationships becomes increasingly important. Technological advances have contributed to the need for people to trust expert systems of knowledge (Giddens, 1990). However, trust relations in postmodern culture take a different form from previous premodern societies. Giddens contends that premodern societies relied on cultural structures such as kinship, local community, religion, and tradition to provide everyday guidance and to structure the experience of self. By placing ultimate authority in one of these cultural structures, a person could identify with concrete sources of knowledge. Now that we have moved into a modern society the ease of placing trust in such bodies of knowledge has disappeared. Currently in highly industrialized nations, "trust is a medium of interaction with the abstract systems which both empty day-to-day life of its traditional content and set up globalising influences. Trust here generates that 'leap into faith' which practical engagement demands" (p. 3).

Given the prevalence of eating disorders in highly industrialized countries, some interesting observations can be made. If distanciation means that people must engage in faceless acts of trust in order to achieve

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41 *Distanciation* is the term coined by Giddens (1990) for time-space distance between persons and abstract systems. Modern cultures have increasing levels of these kinds of relationships that has psychological and sociological implications for the modern subject.

psychological health, then perhaps the difficulty inherent within the postmodern condition, where sites of authority are being contested, deconstructed, and overruled, results in difficulties for certain segments of the population. With certain kinds of people, submission to an uncontested authority may be preferable to what Giddens refers to as psychological paranoia or paralysis of will. During certain developmental phases, "Attitudes of trust, or lack of trust, toward specific abstract systems are liable to be strongly influenced by experiences at access points" (Giddens, 1990, p. 91). If trust is the mainstay of healthy development (Erikson, 1968), how are trust relations constructed in postmodern societies where distanciation has minimized face-to-face commitments? What is the impact of trust, faith, and submission to sociopolitical structures, on how the self is constituted?

Given these broad conceptualizations of the shifting nature of postmodern selves, how are we to position ourselves within a discourse that is multiple, diverse, complex, and forever changing? What is there to constitute ourselves within? How does this flux affect the constitution of self? What is there to trust and to put our faith in? If there is no ultimate authority, no Grand Hotel, how do we negotiate our way through the "forest of signs that deal only in reflections" (Denzin, 1997)?

Although postmodern thought signals generalized dissatisfaction with modern structures, transformation has yet to occur; breaking out has not taken place. The disappearance of old, outdated, and repressive structures has not taken place. Postmodernism is frequently defined by what it is *not*, not by what it is. Like the rebelling adolescent who resists imposed cultural norms and expectations and pushes against walls of conformity, postmodernism is

actively engaged in similar acts of resistance. Hence, while oppositional in its nature, postmodernism remains trapped within a continuous and confining dimension of modernist thought. While lodged within this continuum or pathway--defined primarily by what it is not--it neglects to carve out a new identity free from being an "other," free from being the underpinning of modernist thought. Although we are called to a new responsibility when we take up the discourse of postmodernism, we have yet to arrive at a different place, to differentiate from modern identities.

Given our enmeshment with modern structures, combined with a recent postmodern awareness of their shortcomings, how is it possible to engage in healthy trust relations when we are in a state of postmodern flux? What are the signs that point to the differences between a leap of faith, uncritical acceptance, or pathological uncertainty and anxiety? Can the discourse of angels which demands a leap of faith, compliance, and surrender, co-exist with the discourse of psychology that demands proof, evidence, and scientific rationality? How do leaps of faith translate into psychological constructs such as agency, autonomy, individuation, and differentiation? Whose voice becomes the voice of authority? Can the voice of angels be harmonious with the voice of psychological discourse?

Discourse, Speaking and Authority: Who Gets to Speak?

In attempting to answer the kinds of questions posed above, I began to pay attention to whose voice had the most influence, to whose voice carried the most authority. I focused on times when certain people got to speak and others were silenced. I also paid attention to how people authorized

themselves to take certain positions and how such positions were embedded within different discourses. Specifically I paid attention to my own process of finding voice as well as my participant's. It is important to note that I am using the term *voice* both literally and metaphorically. I am interested in how people position themselves at the center of their knowing, as well as those times when people literally speak for themselves.

I begin this essay on voice and speaking with references to two discourses: the discourse of angels and the discourse of psychological perspectives. The following questions structure the discussion. Who gets to speak in our culture? Why do some people get to speak and others are silenced and/or silence themselves? Why do some people believe they must remain neutral and therefore silent? Is there such a thing as neutrality? If those in positions of power cannot speak their truth, who in our culture can?

The Angle on Angels

> Let's face it. Angels *are* difficult. They are elusive, they do whatever they want most of the time and cannot be controlled by anyone other than God himself. They are accountable only to Him and no one else. They are enmeshed, fused and codependent. They are mischievous and uncontainable. They have *no* boundaries. They are determined. They meddle in other people's lives. Constantly challenging mortals making their lives difficult, angels call people to task, forcing them to choose good over evil. (Today, they are almost always women.) But how do angels speak or do they? Do angels speak or do they relay others' messages? Who in our culture speaks for angels? (Journal writing)

Biased Neutrality

> Professionals and nonprofessionals are gathered around a table waiting to begin a meeting about eating disorders. One of the psychiatrists has something urgent to say before the meeting begins. He appears agitated, flushed, and quite visibly upset. He begins by saying that he has just heard from a reporter who wants to do a story on a local clinic but this time wants to hear from *all* sides. The reporter is curious about hearing his opinion, yet he told her that he is not able to comment--he must remain "neutral." At the same time, he is suggesting that those around the table who would like to comment can phone the reporter in New York. (Journal writing)

Focusing on the psychiatrist, how is it that this man who is "privileged" believes he must remain neutral and therefore, cannot speak his mind? He must remain silent when speaking to certain audiences, he claims. But I thought that only the marginalized were silenced? He has power, why can he not speak his mind? Or is it because he *has* power that he cannot speak? What happens to discourses of authority when those in positions of power silence themselves? If those who are marginalized cannot speak and those in positions of power believe they must silence themselves, who in our culture gets to speak and how?

Using the social construction of eating disorders as the location, I began to pay attention to hierarchies of power relations. Seemingly power relations work in mysterious ways. They silence those who are included as well as those who are excluded--those with power and those without it. Perhaps professionals do not really have power after all; it is just an illusion perpetuated by the professional organizations themselves. Perhaps they too are subject to power relations. It is just that they are subjected to power

relations different from those who are marginalized. How is it possible to determine who has power and who is without power, so that sites of authority and power relations within the field of eating disorders can be more fully understood?

Foucault's (1988) analysis of power relations sheds light on these questions by illustrating how certain sites of authority and knowledge affect the lives of individuals. Through his historical review of domination, subordination, and mental illness, he documents how certain groups of people are given the authority to categorize what constitutes normal and abnormal behavior. These groups of people construct knowledge, that is, power/knowledges, which have normalizing effects on the lives of individuals. Through the enforcement of such knowledge and authority (domination) people are both described and constituted (subordinated and subjugated). It is through these kinds of "dividing practices" that people are defined as normal and abnormal.

> On a more specialized level, all the human sciences (psychology, sociology, economics, linguistics, even medicine) define human beings at the same time as they describe them, and work together with such institutions as mental hospitals, prisons, factories, schools, and law courts to have specific and serious effects on people. (Fillingham, 1993, p. 12)

The *DSM-IV* (APA, 1994) criteria (see Appendix A) documents how eating behaviors have been categorized and pathologized. Even eating behaviors that do not fit within these categories are pathologized. There is now a new subcategory, "eating disorders not otherwise specified" (EDNOS). Although there is some utility for such diagnostic criteria, there is also the risk of turning a healthy activity, in this case eating, into a pathological disorder.

In addition to the constitutive aspect of categorizing human experience, Foucault (1965) also documents how there is a correct "order of things." Sharing of information, only happens in one direction. Consequently, power/knowledges are kept in place in the following way:

> The psychologist tells us about the madmen, the physician about the patients, the criminologist (or the legal theorist, or the politician) talks about the criminals, but we never expect to hear the latter talk about the former--what they have to say has already been ruled irrelevant, because by definition they have no knowledge (but that is code for not wanting them to have any power). (Fillingham, 1993, p. 18)

According to Foucault (1965), knowledge is instrumental in wielding power over others, which in turn privileges some people and marginalizes others. Privileged knowledge is not only transformed to wield power over others, but in postmodern culture knowledge itself can be equated to power and economics. The National Institute of Mental Health, the largest research funding organization in the United States, awards grants to those holding the most powerful positions within the hierarchy of medical discourse; knowledge, power, and privilege are intricately connected. Not only are these interconnections obvious in medical discourse, they also evident in academia. New collaborations between business and academic institutions, when funding certain research projects, raises ethical dilemmas. Because of these collaborations, scientific and academic research are at risk for no longer becoming an enterprise in search of truth for humanity--instead, economic gains replace the desire for knowledge (Lyotard, 1984). Agreeing with this perspective, Denzin (1991) writes

> The university becomes a site where capitalism directs and controls research, directly through grants from large corporations (IBM, DuPont, and so on), and indirectly through the state (for example, Defense Department contracts funneled through private corporations). (p. 37).

When knowledge and capitalism become codependent partners in the pursuit of knowledge, difficulties arise. Power/knowledges no longer become the property of privileged segments of the population, but instead become the property of those with financial resources. Given the intricacies of power, knowledge, and privilege it is difficult to determine the dynamics that silence some and not others.

Returning to the psychiatrist above, what structures prevent him from speaking his mind? Are they moral, legal, or personal restrictions? What prevents others in positions of power from vocalizing their positions? If they position themselves within certain power/knowledges, what is their responsibility when asked to speak on behalf of those in less powerful positions? What is the role of advocacy when working with marginalized people? And, pertaining to my own reluctance to speak against certain authorities, how can I speak for my participant?

A physician and psychiatrist's code of ethics (Canadian Medical Association, August, 1996) prevents him or her from making certain kinds of public statements or advertising health care. The medical profession is one site where structures of power silence those who belong to the organization and assume positions within those structures. Codes of ethics determine what can be said and how. But what happens when codes of ethics that

dictate what can be said clash with responsibility to individuals, particularly responsibilities to clients and patients?

Although I believe these questions need further attention, this has not been the primary focus of this study. However, paying attention to my own experience of speaking and silencing myself in certain situations and how I made sense of such experiences has been. I began to focus on my own reluctance to speak. What discourses, for example, do I position myself within that explain my own experience of being silenced and silencing myself? And when advocating for others, how is it possible to speak for others when we cannot speak for ourselves?

Positioning Oneself: The Discourse of Academia

Like the discourse of the medical/psychological domain, academic institutions have their own culture, language, rules, norms and discursive practices. Such aspects of discourse are often implicit, operating below the surface of everyday awareness. Lakoff (1990) refers to these implicit operations when she suggests

> the university has a complex mission, only some of which is supposed to be overtly visible, even to insiders. Therefore, its power relations are complex, and its communications--to outsiders, and to and among its members—are more often than not obscure and ambiguous. In fact, the discourse of academe seems (and not only to non-initiates) especially designed for incomprehensibility. This is demonstrably true. (p. 144)

When faced with what appeared to be contradictions and ambiguities within and between discourses, I reflected on my own relationship to

different discourses surrounding my research and how when positioning myself within such sites of authority I felt silenced at different times. For example, I felt a shift in my own freedom to speak once I accepted a faculty position at a university during my doctoral program. Prior to this appointment, I was not overly concerned with having to consider the broader political implications of voicing controversial ideas. Once I accepted this position, however, I became cautious about what I perceived could and could not be said. Despite the fact that I was now in a more powerful position within the institution, I began to silence myself in different ways. Instead of visualizing how certain individuals might receive my perspective of a certain issue, I began to imagine how the institution might regard such a position. For example, would I be seen as a radical feminist with all my interest in feminist psychology? If so, what might such an identity mean for me in my future career? Like the psychiatrist, who is subject to rules, norms, and expectations held by the medical profession, I also had to pay attention to the "normalizing gaze" (Foucault, 1965) of my own profession.

In addition to paying attention to when to speak and when to silence myself, there were also times when I felt I had a certain image to uphold. I began to pay attention to certain expectations and rules for professors to act in certain ways. I began to feel the weight of expectations not only to generate and facilitate knowledge, but also to uphold a certain "academic identity." Thus, I was experiencing first-hand, how a discourse of authority shaped selves both openly and behind their backs. What I have become sensitized to is the way in which the overt and covert rules, norms, and expectations of an institution have a constitutive influence on how I choose to define myself.

As much as my subjectivity is connected to my worklife, how I identify myself as professor, academic, or researcher, and how I position myself in relation to these professional categories, will have "serious effects" (Foucault, 1972) on how I constitute myself. I can either position myself within such discourse and/or position myself in "resistance" to such discursive practices by questioning taken-for-granted realities. Ultimately, agency comes into play when I have the ability to see the possibility of taking up different positions and discourses. The discourses or structures themselves do not silence me. Conversely, it is how I choose to interpret such authority, whether I give my power over to another to define my subjectivity or whether I engage in conscious acts of constituting myself through awareness of discourse.

From a humanist perspective, agency exists when a person recognizes his or her own capacity for autonomy and works to restructure perceptions that interfere with acting agentically. Poststructural theory offers a different conceptualization of *agency* by suggesting that a combination of the following needs to occur:

> (1) the ability to recognize the constitutive power of discourse; (2) the ability to catch discourse/structure/practice in the act of shaping desire, perception, knowledge; and, (3) engagement in a collective process of re-naming, re-writing, re-positioning oneself in relation to coercive structures. (Davies, 1993, p. 199)

Legal Discourse and Research

> The stereotype is the word repeated without any magic, any enthusiasm, as though it were natural, as though by some miracle this

> recurring word were adequate on each occasion for different reasons, as though to imitate could no longer be sensed as an imitation: an unconstrained word that claims consistency and is unaware of its own insistence. Neitzsche has observed that "truth" is only the solidification of old metaphors. (Barthes, 1989, p. 42).

But what happens when new metaphors bump up against old metaphors? Or when the discursive practices of one discourse contradict another? What happens when the discourse of postmodern research contradicts or challenges legal discourse? During informal conversations with people interested in my research, my awareness of the power and authority of legal discourse was heightened. I began to feel a sense of discomfort about some of the complex questions and concerns that were being raised. For example, could I implicate myself by repeating some of the stories of recovery Briar was describing to me? If I voiced certain stories that involved a third party, was I putting myself at risk for libel? I had been told by legal experts that they do not take a postmodern perspective of truth and that I should be cautious when voicing certain experiences that cannot be verified. Couching potentially libelous statements as just "one participant's truth or perception" does not necessarily protect the researcher from the legal definition of libel. As the primary author of this narrative, I could be implicated in what the legal system refers to as "malicious comment." There are "facts" and "consensual Truths" that have been constructed by legal discourse.

How truth is interpreted by the legal community takes precedence over postmodern conceptualizations of truth as multiple, partial, contextual and conditional. In our culture, legal discourse is the ultimate authority. While I struggled with moral and legal implications of questioning certain treatment

discourses, I relied on concrete guidance from the legal profession and the academic institution that would publish my work. From my understanding of how the legal system interacts with academic research, there are two legal principles that could not only offer me protection from libel but could also help me make ethical decisions regarding what could and could not be said. I put my faith in these structures of authority to guide my decisions.

The first protection falls within the legal principle known as *fair comment* that claims potentially derogatory comments can be made if facts can be substantiated. I was not positioned to establish veracity. Examining the texts from media and how my participant made sense of her experiences were the research data germane to studying the phenomenon of reconstituting self.

The second legal protection that I may be able to rely on is the principle known as *qualified privilege*, which can be applied to members of the academic community, as well as those outside of academia. Voicing certain information and opinions that could implicate a third party can be justified if there is a "legitimate occasion" to present my research. For example, if there is a person, or persons (in this case my doctoral committee), who have an "interest" in receiving such information about my research in order to evaluate my scholarly work. Such an interest, however, needs to fall within established academic, scholarly pursuits and not fall into sensationalism or accrue financial or personal gains for the researcher. Even though these legal principles may protect the publication of a dissertation and support academic freedom, such work is sometimes constrained and silenced by legal discourse[42]

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[42] In our culture "absolute privilege" for making statements that may be defamatory is limited to narrowly defined circumstances. Examples include

Thinking of myself as having qualified privilege was something I had never really considered before. Although I know at one level that I have privilege as a White academic, I also know that I am subject to marginalization, being female in a male-dominated culture and institution. I experience both privilege and marginalization at different times. Both of these realities shape and influence the decisions I make to speak or remain silent in different contexts. Being sensitive to such distinctions requires me to monitor the reactions of others. Consequently, the shifting positions I occupy at certain times are dependent on how I have "read" different power relations. Whereas such processes appear discernible as I articulate them now, they are most often embedded within the background of my experience. At different times, however, such reading strategies swiftly move to the foreground as I decide whether to speak or remain silent.

The act of speaking, or claiming one's authority, has different meanings and challenges for women than men. A woman's difficulty connecting the act of speaking one's authority with human agency is the result of a conception of the self-in-isolation from others as opposed to a self-in-connection with others. Developmental research documents how young girls are socialized to pay attention to "other" often at the expense of self (Gilligan, 1982; Gilligan, Lyons, & Hammer, 1991; Steiner-Adair, 1991, 1994; Stern, 1991). Girls move from being strong and confident at the beginning of adolescence

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statements made by members of parliament in the House of Commons and statements made by Judges in judicial contexts. Thus, the hierarchical structure for the right to speak is illustrated.

to being less confident and less sure of their own truths as they develop within patriarchal structures of power.

Briar and I have both struggled with trying to reconcile the truth and integrity of our experience within overpowering discourses of conformity and compliance that no longer make sense. Both of us struggled with how to voice our concerns about treatment, recovery, and our perceptions of the silencing practices of certain discourses. While intrapersonally we each grappled with these internal conflicts that interfered with speaking our truth, our interpretations of how certain discourses also silence us came into play. And, when the discomfort became too intense for me, I would silence myself by adopting my professional identity, deferring to my internalized stance of professional distancing. I would protect myself from the confusion and ambiguity, hiding behind other voices of authority and beneath the voices, norms, and rules of the "professional" counselor.

Taking on this authoritative discourse meant I could construct boundaries to attempt to protect myself from countless ambiguities and contradictions I kept seeing and experiencing. I chose to deny what I perceived as contradictions within my own profession, including cover-ups for acknowledging how little we actually know about recovery processes, the lack of adequate language for healthy recovery, and my generation's inclination to position psychological expertise as the ultimate authority on human experience.

But what is the price women--and academics--pay for stepping back? What happens psychically, spiritually, and emotionally when one avoids taking a stand or silences oneself, and in the end, denies what one knows?

What happens when contradictions and ambiguities are ignored or, at the very least, minimized?

Ambiguity, Integrity, and Research

While engaging in this research I encountered numerous contradictions and difficulties when attempting to blend a constructionist perspective with a deconstructionist analysis. While the former requires the researcher to engage in "credulous listening,"[43] the latter requires the researcher to explore the frames that hold the participant's constructions in place.

Remaining open to another's story was familiar to me as a counselor; the person's truth and how it has influenced his or her life is what counselors are trained to listen for. As a postmodern researcher however I needed to shift my focus from the conversation between researcher and participant to reading and deconstructing the cultural scripts she was relating to. What became increasingly complicated was that we both read from similar scripts. Therefore, I had to deconstruct the same scripts I had taken up as my own. Our similarities were much greater than our differences--we were both embedded within similar discourses. In order to see more clearly I needed to be able to step outside of the boundaries of my own subjectivity. Moments of recognition were at times illusive and elusive, at other times, insightful, full of vision. Through encountering obstacles, contradictions, and ambiguities

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[43] *Credulous listening* is a term used in Constructivist Theory that means the counselor assumes the story is true for that client. It serves the client in that it helps her to make sense of often overwhelming experiences. It is therefore essential that the counselor accept the client's truth when the story is being related.

in this research process, I gained a deeper understanding of how discourse actually colludes in shaping identities. For example, when I was confronted with the legal discourse's language of defamation, libel, and malicious comment, I began to examine and sometimes question my own integrity. I began to wonder if my intentions were as honest as I thought. Further, I began to wonder what kind of person ends up in litigation because of such allegations and what it would mean to be accused of being malicious. While grappled with the kinds of questions that prompted me to question my own integrity, I also heard remnants of my former research position. When I felt uncertain, old scripts began to reappear on the palimpsest. From the discourse of mainstream psychological research, one voice said.

> Engage in research that protects and advances the status quo. Make sure you preserve the categories that have painstakingly been created before you. Answer difficult questions, particularly the "so what?" question. Work towards definitions and closure. Stay focused on what you want to discover. Minimize the confusion and the complexity of human experience so that expert knowledges can be understood and debated. Dispute ambiguity so that coherent arguments are made. Remain true to the data. *Honor the text.*

Conversely, the voice of my reconstituted self:

> Be willing to disrupt congealed and no longer useful categories. Raise difficult questions; they are better than shallow answers. Refuse closure; keep the text open. Expand the complexity of human experience. Reveal

> ambiguity, contradictions, and ambivalence. Suspect the truth as it presents itself. *Honor the subtext.*

While I grappled the tensions of these philosophical research traditions, there were also everyday rumblings that grounded me in practical concerns. Because of the abundance of publicity surrounding the clinic, there were several times when I was approached by reporters asking me to state opinions about the efficacy of the clinic's approach to treatment. Although my study is not an evaluation of one program versus another--and I made this known--my opinions were deemed worthy by certain journalists. Because of this contact, I began to wonder about differences between my research and the kinds of research journalists engaged in pertaining to issues of treatment and recovery from eating disorders. As journalists and researchers we seemed to struggle with similar difficulties, such as how to live with ambivalence, how to speak of multiple truths, and how to raise difficult questions in an ethical way. Although on one hand I assumed journalists engaged in modes of inquiry motivated by the commodification of knowledge, possibly moving private lives into the public domain for profit, on the other hand, this assumption of mine was shared by several journalists. They too shared my struggle in living with the ambivalence surrounding the discourse of angels and the discourse of psychology. But how are journalism and research related? Are researchers also journalists to some extent? What are the similarities and differences? And further, how do I determine the difference between research and journalism for my own identity as an academic and a scholar? Shedding some light on these questions, Denzin (1997) asserts that

> there are two normative, inscriptive systems--two ways of telling things about life in a democratic society, two ways of writing culture in the sixth moment. Journalism operates under the rule that the public has the right to know certain things and the First Amendment guarantees freedom of the press. Social science operates under another rule--the cloak of secrecy associated with a state-sponsored project that maintains the illusion of privacy within the postmodern world. (p. 280)

Furthermore, as Denzin (1997) reveals, "these two norms clash" (p. 280). One way to resolve the clash, he suggests, is for social science to move away from the norms of silence, compliance, and secrecy. Although such a suggestion sounds plausible because it "evidences a desire to connect with people (citizens) and their concerns and biographical problems" (p. 280), the issue of how to protect certain people, agencies, and public institutions becomes confusing. Although at one point Denzin says, "The identity of those written about should always be protected," later he states "The writer must be honest with the reader. The text must be realistic and concrete with regard to character, setting, atmosphere, and dialogue" (p. 283). The task becomes difficult when the researcher has to balance authenticity with protecting the right to privacy for participants, agencies, institutions, and other third parties. Despite these kinds of difficulties, Denzin describes what this new form of writing would look like.

> The new writer stirs up the world, objectivity is a fiction, and the writer's story (mystory) is part of the tale that is told. The writer has a theory about how the world works, and this theory is never far from the surface of the text. (p. 283)

Taking these words to heart, I began to wonder about the differences between a story that "stirs up the world," for example, a deconstructionist text, and being truthful to my perceptions of the overall coherence of the story. Although philosophically I agreed with Denzin's (1997) principles of ethical research, in actual practice I experienced some significant difficulties. Through the process of trying to resolve some of these difficulties, I began to question the research discourse I had claimed during this study. Whereas initially I took a feminist social constructionist approach, believing that ethical research aims to emancipate and instigate political action for the betterment of a community (Lather, 1989), later I began to question who would benefit from my research. Furthermore, if research is to be part of the emancipation of those who are oppressed, which story is one of oppression? Is it my participant's, the clinic that sits outside of medical/psychological discourse, or the medical community who has been excluded from the media scripts of "successful treatment interventions?" Who needs protection from the intrusive gaze of the researcher--a public institution or a private individual? Am I a political activist who believes that research should help to emancipate the oppressed or am I an academic who seeks knowledge for the sake of knowledge itself?

These questions continuously surfaced throughout the research process. I was constantly challenged with having to constitute myself as researcher, academic, and protector of privacy. Throughout this research I kept looking for the rules and the guidelines that would help me take a firm position--unfortunately there were none. Both legal and ethical issues had multiple

interpretations, involving conflicting emotions, contradictions, and ambiguities.

Consequently, in addition to having to constitute my identity as a researcher and academic, I also needed to create ethical principles to guide some of the difficult decisions implicit in my questions above. Similar to other "experimental writers" (Denzin, 1997) I was faced with the challenge of creating new rules for operating in a paradigm (social constructionism) that at times has been criticized for its relativism. Howard (1992) expands on this perspective by claiming that

> Even though I am not an ethicist or a legal scholar, I can foresee numerous difficulties that would need to be overcome before most constructionists would be comfortable in endorsing any set of legal or ethical principles. But to say that we cannot know Truth absolutely does not, I believe, imply that we cannot establish minimal standards for responsible conduct (and discriminations of the relative merit of various courses of action) *within* each constructed worldview or tradition. (p. 163)

What I have come to realize from this interaction between academic and legal systems is that researchers are not entirely free to voice participant's stories. When stories implicate or name others, as personal narratives often do, researchers are obligated under the *Freedom of Information and the Right to Privacy* to protect participant stories. Therefore, our legal discourse mandates what can and cannot be said. And, although I supposedly have more power than my participant because of my position within academia, paradoxically I have been more restricted than she has been in what can and cannot be said. My position and my professional status mandate me to censor

my speaking in different ways. Briar, as she expressed it herself, has no intrinsic power through an institutional position and, therefore, has nothing to lose by speaking her mind. Despite such freedom to speak, however, there were times when she felt the conflict of her old construction as a person who refrained from voicing potentially negative statements juxtaposed with her new construction of a person who "speaks with wisdom." Often, when she was faced with such conflicts the old texts beneath the surface began to reappear.

Briar and I both felt the burden of needing to censor our voices. There were times when I simply stated that I could not speak about certain things because the university would not allow me to publish names of agencies, people, and events that may implicate others. I felt justified in deferring my authority to the institution. There were other times, however, when I knew I was using the excuse of the institution to avoid having to face the difficulty of the complex issues that my participant and I were both struggling with concerning the discourses of treatment of eating disorders. When I engaged in the process of deferring to another authority I could let go of any responsibility I had felt to reach deeper levels of understanding contradictions, ambivalences, and tensions. Silence and compliance replaced speaking and advocating for self and other.

There are parallels between silence and compliance in research (Denzin, 1997) and silence and compliance within the experience of eating disorders. Women with eating disorders often speak about how they silenced themselves at an early age, became compliant by yielding to family and

cultural expectations, and eventually lived in the secret world of eating disorders.

Similarly, there were times throughout this research that I was faced with issues of compliance and silence when deciding what could and could not be said. Reporting research is full of ethical and legal decisions that need to be made. The tensions between whether or not to report sensitive information needed to be constantly dealt with.

Ultimately, Briar had come to the realization that she had nothing to lose by speaking out because she did not occupy a position of power that could be taken away; for the most part she felt both compelled and justified in relating her experience. Ironically, I was in a very different position. Not only under the *Statute of Qualified Privilege* did I need to determine whether a particular audience had an "academic interest" or not, but I also had to live with the ethical dilemma of presenting a story that contradicted the dominant media texts. Thus I had to live with the tension of challenging the discourse of angels. Adding to this tension was the difficulty of deconstructing the discourses that I was deeply embedded within.

But what does it mean to speak one's truth--to take a firm position and speak on behalf of self? Although Briar spoke of the dimension of "speaking with wisdom," there was another aspect of speaking that seemed to fit both of us. Both of us recalled early childhood experiences where we adopted the story line of "the need to get along with others," "to only make pleasant comments," and "to mediate often at the expense of self." For women who have been socialized, or subjectified, (Davies, 1993) to value connection and relationship (Gilligan, 1982, Gilligan, Rogers, & Tolman, 1991; Steiner-Adair,

1986, 1991), the act of speaking can potentially lead to separation and isolation. For those in powerless positions, to act against the correct order of things often risks further marginalization. Paradoxically, Briar's acts of resistance were often directed towards herself. Her refusal to eat and her refusal to take up the discourse of rescue positioned her as the kind of "freedom fighter" identified by Bordo (1993). Unfortunately, her political action was restricted to a "body politic" (Steiner-Adair, 1986); her body became the only forum or text through which she could express herself.

Reflecting on my own experience of being political, I realized that a part of me wanted to "stir up the world" by explicating contradictions, ambiguities, and injustices, but another part of me wanted to ignore such discrepancies. There was a self who wanted to believe that people are altruistic, well-intentioned, good, and pure. Socialized into Christianity as a young child, the rule "ours is not to question, argue, refute, or debate God's truth" permeated my subconscious and superconscious. While I wanted to identify myself as a postmodern researcher by disrupting what I believed were destructive power/knowledges, there was also another self who wanted to refrain from dislodging taken-for-granted realities. Although I felt compelled to expose and oppose compliance for its part in silencing people, particularly women, it was difficult to envision how an oppositional lifestyle would manifest itself within the discourses I had taken up for myself. And further, how such a stance would shape the direction of the method of inquiry, how I reconstituted myself, and how I would ultimately speak for self and other.

Dislodging power/knowledges involves taking a deconstructive stance in order to see what frames our seeing (Lather, 1993). Deconstruction, as a

research method, derives from literary criticism where the primary purpose is to engage in "an impassioned debate among adversaries who try to defend their view against counterexamples and produce counterexamples to opposing views" (Schweickart, 1996, p. 311). Its purpose is also to advance a winning argument, to overpower another, not through personal attacks, but through the elegance and sophistication of the debate. All of these processes focus on the act of speaking, arguing, debating--all of the processes that as a women I have been socialized to refrain from, to retreat back from in silence.

Deconstruction also requires a break with connection, a stepping back, the application of analytical thinking and disconnected knowing. Credulous listening, on the other hand, requires trust and acceptance on the part of the researcher and a deep connection with the phenomenon under study. These two positions are polar opposites: one full of doubt and critique; the other total acceptance of the story being told. How is it possible to be doubtful and connected at the same time, to dwell within while stepping back? Connected and separate appear to be contradictory processes when it comes to the practice of research. What does it mean to honor the story and explicate disruptions in the subtext?

For me it meant I needed to ignore issues of accuracy, proof, and evidence and listen to how Briar's interpretations of experience were constituting her. I had to position myself to make the kinds of interpretations of discourse that my participant would not have been able to make because of her own embeddedness. My knowledge of discursive practices positioned me in a different location from Briar. Just as my knowledge is situated, embodied, and partial (Haraway, 1988), so is Briar's. We each brought these aspects of

knowing to this inquiry, but as the author of the text, my voice became privileged, thus louder. I also now feel a stronger responsibility to describe the truth as I see it, and to honor my interpretations of the subtext as I heard it.

Authorizing Texts: Authorizing Self

In the early chapters of this dissertation I often quoted others to validate the point I was trying to make. One of my committee members repeatedly asked, "Where are you?" I want to hear your voice." But I could not really understand what she was referring to. I believed it was my voice and I was only validating it with the voice of "other," usually the voice that academic discourse deemed as expert knowledge. It was much later in my writing process that I began to see the difference between citing sources of knowledge as validation and using sources of knowledge as communicative, dialectical, and catalytic voices. When I connected in this latter way with my writing of this text, the voices began to live through me and take up residence within me, becoming embedded within my own subjectivity. This kind of connected knowing has a strong affective component; I actually feel the texture of the meanings within chosen quotations. It is during these times that I experience authentic knowing, an acknowledgment of what I honestly know, believe, and value. During these times, it is easier to speak or to engage in connected, or embodied knowing. I no longer need to look outward: I can now look inward while deeply connecting with other texts without disavowing myself. I have a sense of my own truth being enhanced, advanced, and refined by other truths, not denied or disavowed. There is no deferring of authority--no

detouring around myself. Instead, I walk beside the quote. I have a sense of being in communion *with* unlike the communion I used to take *from* God, the Father, whom I believed was the ultimate authority over self.

Briar tried to take communion *from* rather than *with* as she looked to other authorities while denying her own. Stepping over her self, abdicating to others, waiting to be saved, cured, and rescued, she denied the knowledge that sat deep within her. Holding authoritative quotes (texts, discourses, rules) high above her, she looked upward instead of inward.

In order to authorize self a person needs to catch discourse in the act of shaping knowledge (Davies, 1993). Briar and I both had difficulty catching the discourse of angels. Somehow it seemed easier to deconstruct the faceless, powerful discourse of psychology instead. Perhaps one of the fundamental difficulties when it comes to deconstructing discourses of angels is the language of unconditional love that protect angels from scrutiny. Rejecting compassionate, protective, and focused care in a quest for independence runs counter to images of gratitude and surrender. Whereas mainstream psychological discourse, which is one of Western culture's dominant discourses, values separation and autonomy, submission to angels scripts a counter-narrative.

Another difficulty when trying to catch the discourse of angels involves the issue of idolization and love in therapeutic relationships. Often unacknowledged in mainstream psychological theories, issues of love are masked by the language of transference and projection. The distinctions between love, idealization, and idolization need to be clarified. Although many psychologists say they care deeply for their clients, most would not refer

to loving them. Within the discourse of angels, however, love is a common descriptor when referring to the helper/client relationship. Withdrawal from this loving relationship can be problematic for certain individuals. Separation may be even more difficult when the helper has not allowed for freedom of choice at a crucial stage in the client's development. Vaughan (1995) speaks of the difference between idealization and idolization.

> No matter how lofty, any idealization of idols, parents or teachers [or helpers] interferes with liberation. Sometimes, when a person has finished with a particular phase of the journey he or she may turn against a former teacher or community in anger. This is likely to happen when a person has stayed too long at a particular stage, or when the teacher has not encouraged the student's freedom of choice. Blaming the teacher does not help the student, but anger can achieve separation. (p. 34)

Therapy within the discourse of angels takes on different meanings and practices that may work against cultural norms of independence, autonomy, and agency. Perhaps Briar had a difficult time leaving the discourse of angels because she was not given the kind of freedom that she needed during a particular stage of her recovery. Perhaps treatment programs that offer universal interventions directed towards common stages of recovery, gloss over individual differences and the nuances of particular phases of development.

The Discourse of Psychology: What Is Therapy?

The predominant treatment discourse surrounding eating disorders recovery belongs to the medical/psychological perspectives. Treatment

programs are located almost exclusively within these professional domains and their territories. Membership within such domains depends on educational status. The more education, the higher the status (code for power Foucault, 1965).

During this research I explored my own relationship to overpowering constructions and sites of knowledge. I began exploring the social construction of psychological knowledge by relying on Cushman's (1995) historical overview.

> Psychotherapy is one of the most complex, colorful, and significant artifacts of our modern American cultural terrain, reflecting and shaping the central themes of the past 100 years. The history of psychotherapy is intertwined with the history of the United States: its promise, optimisms, and vitality; its corruptions, collusions, and dangers. (Cushman, 1995, p. 21)

Although Cushman (1995) refers to American culture, Canada has shaped a similar hierarchy of power by allowing the Canadian Psychological Association to mandate research and practice. Given the co-opting of the self to serve certain elements of society as well as certain professions and professionals, how is it possible to position oneself in relation to such dominant, ethnocentric knowledge? How is it possible to develop a model of self that is inclusive when it comes to issues of ethnicity, class, and gender? How do I position myself in relation to the discourse of psychology?

From Cushman's (1995) perspective, the contradictions embedded within the discourse of psychology become apparent. "Its promises, optimism, and

vitality" are juxtaposed with "its corruption, collusions, and dangers."[44] It is neither one nor the other. It is both vital and dangerous at the same time. Like the discourse of angels, it is complex, contradictory, and ambiguous.

Reconstituting Self Through Context

The discourse of angels and the discourse of psychology can been observed within two dramatically different locations. I began to wonder how settings within certain discourses affected the identity of those with eating disorders. How does the setting itself impact on the self of the women suffering from an eating disorder? Following psychiatric admission women often view themselves as mentally ill; following alternative residential care, perhaps women are more likely to construct a nonpathologized identity. How do certain physical structures and settings influence the reconstitution of the self? What is the impact of settings described as "havens of hope" (Chatelaine, 1996) versus psychiatric hospitalization?

Contradictory Settings: Hospitals and Mansions

> I walk down the long, cold corridor. There is no one in sight. The dark, gray colors on the walls fade into the background. The sound of my footsteps sound so loud and harsh against the muffled silence of the austere cold walls that I begin to lift my heels off the floor as if it

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44 Cushman (1995) addresses the impact of psychological practices in gaining access to the private realm of the individual. He states, "Psychological practices have refined the technologies that psychotherapists, advertising executives, and political tacticians use to gain entrance into the private" (p. 22).

was just freshly washed. I feel like an intruder into a world of mystery. I also feel a sense of fear.

I have a vague recollection of being here at another time in my life. Or did I just imagine it? I begin to walk more slowly, quietly, trying to read the signs on the closed doors and, as I struggle to read a small nameplate on a door to my left, I glance upwards to the right, straining to see a sign above yet another long, dark corridor. There, in bold, red print over the doorway is written "PSYCHIATRIC UNIT--DO NOT ENTER," screaming out at me.

I must be in the wrong place. This can't be an eating disorders program. No one in their right mind would take young girls out of their comfortable homes and house them in this kind of setting. I must have turned the wrong way. Go back. Do not enter. RUN. (Journal entry)

My introduction to the medical/psychological discourse begins. I meet the chief psychiatrist, a psychologist, and a nurse practitioner who fill in the details of stories of treatment, recovery, and, sadly, relapse. The room where therapy happens is cold, sterile, and distant. The professionals mentioned above are warm, caring, and connected. They care deeply for the women they work with--sometimes so deeply that they imagine doing other things with their lives instead. Their work is hard. One medical professional said that fighting the bigger picture, the media versions of the emaciated bodies, is like fighting a nuclear war with a pea shooter. It is overwhelming, painful, frustrating, and exhausting. Another professional admits these women do not belong here. They need to be in a different setting, a house perhaps with a

yard, fresh air, far removed from the psychiatric narrative of pathological selves.

In this context, these professionals work with families in this setting, consisting primarily of mothers and daughters. Most of the initial sessions involve shifting the blame away from the mother/daughter relationship, despite the prevalence of mother-blaming so pervasive in the psychological literature. Although I believe as researchers and academics we are remiss in not making our research more accessible to practitioners, I am relieved that these practitioners are resisting some of the more prevalent theoretical positions such as those mentioned in the medical model of treatment in my review of the literature. This particular treatment approach, although positioned within a traditional medical structure, is making small protests against the ideologies of its own profession. However, based on my reading and conversations with other professionals and patients, I believe their approach is not the norm within medical settings.

In British Columbia another option for treatment of eating disorders exists.

> Driving down a wonderful old street in the provincial town of Victoria, we come upon a large Tudor home with a wonderful garden. The house itself appears well-kept as if people really care about it. A winding driveway curves through the garden, to the foot of the front stairs. There are young people sitting on the grass, peacefully taking in the pleasure of a warm summer afternoon. There are no signs, no red screaming signs. One could easily mistake the house for a boarding home or perhaps an English bed-and-breakfast inn. Images of fresh baked bread, young people having meaningful conversations, peace, hot baths, music play around in my mind. I try to imagine, if I had a daughter, where I would like her to

> receive help. There is no doubt in my mind. This is where young women should be treated, cared for, and nurtured. But these thoughts, images, and imaginings are only speculations woven together from the bits and pieces I have heard over the last few years . . . for I have never been inside. (Journal entry)

A journalist also describes her impressions of this particular setting.

> Starved for Love? A Victoria clinic has become a haven of hope for anorexia sufferers and their anguished families. Behind its doors, the founder . . . wraps her patients in a blanket of love and encouragement. Is she succeeding where others fail? (Chatelaine, July, 1996, p. 49)

It appears that settings themselves can contribute to how the self begins to reconstitute itself. My own experience of visiting different hospital settings, with their medical language, rules, and structures, at times left me doubting the credibilty of cultural explanations of the disorder. On the other hand, driving past the lay clinic, seeing the warmth and character of the physical setting itself, made it easy to accept and welcome alternative analyses of the phenomenon.

Given that discourses shape the self, discourses within our medical system may also have a constitutive effect on the self of the anorectic. Rules, norms, and practices within certain discourses determine who can and cannot work with eating disordered patients. For example, once a patient has been hospitalized, a counselor cannot continue offering counseling sessions in this setting. The rule within this discourse is that only certain professionals have access--norms are mandated through institutional structures. Psychiatrists,

and occasionally psychologists are used because they have hospital privileges, are protected under malpractice insurance, and are often funded by the Ministry of Health. Despite what formerly may have been an effective working relationship between counselor and client, once the "patient" enters another system, or structure, in this case a hospital setting, boundaries around certain professions are constructed. Some professionals are included within such boundaries; others are excluded. With all of the recommendations in this province and beyond for multidisciplinary practice and collaboration, certain professions remain excluded. Because institutional rules restrict access for some professionals, inclusion becomes difficult, if not impossible. Within the medical/psychological discourse, institutional structures dictate who provides funded treatment and how such interventions are delivered. Rules and norms, that is, discursive practices, shape social and psychological realities for those seeking treatment.

Apart from some of the constraining structures that interfere with collaborative practice initiatives, the field of therapy itself is also subject to and actively constructs structures of power. Although there are numerous theorists deconstructing the discourse of therapy (Gergen, 1992, 1995; Harre & Gillett, 1994; Hillman & Ventura, 1992), Cushman's (1995) central arguments explore the hegemony of such bodies of knowledge.

Cushman (1995) claims the self has been discursively shaped in order to fit with the discourses of psychotherapeutic communities. Arguing that he does not believe there was an overt conspiracy to construct a self that would, in the end, need psychological interventions to "fix" it, he does contend

> that psychotherapy theory and practice [discourse] are social artifacts and as such both reflect and shape the configuration of the self and the illnesses of their era. Artifacts such as political institutions, psychotherapy theories, and common psychiatric illnesses fit together. They are not direct, conscious conspiracies, they are interactive forces that mutually infiuence each other. (p. 34)

Psychological discourse has shaped the self, by categorizing, describing, and defining the private worlds of individuals. Further, psychotherapy has provided a rationale for the need to enter this private world in order to correct, fix, and repair that which has gone awry. By contextualizing the history of psychotherapy, Cushman (1995) has been able to demonstrate the relationship between the state's need for control over the individual and the development of a profession of "doctors of the interior." It is through this kind of historical and contextual analysis that the cultural embeddedness of what can mistakenly be assumed to be "a transhistorical science that treats universal illnesses" (p. 23) can be deconstructed. Without such an analysis it is too easy to assume that "because psychotherapy is a science, its findings are akin to facts and that because it is a transhistorical technology, its practices are apolitical" (p. 23). Cushman challenges these assumptions by documenting how the configuration of the self has been shaped by economics and the state's need for power and control in order to monitor productivity. Economics and politics have created the self as bounded, masterful, and subjective.

Despite such powerful descriptions, the self has also been described as "empty." As Cushman (1990) argues, "Several prominent psychiatric symptoms today feature an empty self that yearns to be filled up" (p. 53).

Hence, filling the self has become the major marketing strategy of our time, suggesting that identities can be transformed simply through the act of purchasing commodities. Once the argument that psychotherapy is merely a cultural artifact (the ability to recognize the constitutive power of discourse) has been accepted, Cushman contends that we can refrain from confusing facts with social constructions and shift from viewing the self as intrapsychically flawed to culturally depleted. Instead, as "doctors of the interior" we can describe, and therefore define, a self that has a different configuration. He concludes his historical analysis by suggesting that by configuring a new self

> we might be able to collude less with contemporary capitalism and actually devise ways of treating the primary causes of psychological ills, the political and economic structures of our particular social world. In the long run this might bring about a much greater healing. (p. 58)

Reflecting on my experience of relating to psychological knowledge, I recall some of my reactions when I began to shift from viewing this knowledge as scientific fact to viewing it as a social construction. Reflecting back to the beginning of this research, when I initially began to review mainstream psychological literature on eating disorders, there were times I felt outraged by the lack of understanding of women's experience Although I continued to study this body of research, I began to seriously doubt the usefulness of such knowledge.

Despite my loss of faith, I still have volumes of psychological knowledge stored within the files of my memory and occupying the shelves in my office.

I turn to the most recent volume I have been immersing myself in *The History of Psychotherapy: A Century of Change* (Freedheim, 1995). With its thick, black cover it is a symbolic representation of the strength and authority of a profession. Beginning with Freud, the text proudly cites the major influences in the field of psychology, staking its territory and its legitimacy as a "scientific body of knowledge." Although I am in awe of the breadth and depth of such knowledge, I feel betrayed by such a narrow perspective on human experience, particularly when it comes to women's development. I also begin to question my own profession, counseling psychology, wondering why it has aligned itself so closely with psychological knowledge.

When positioning myself within the feminist discourse while engaged in this inquiry, I often experienced different kinds of emotions. Hope and optimism, and, paradoxically at the same time, a sense of emptiness were felt when I turned away from familiar psychological perspectives and moved towards this new, less familiar discourse. Loss of tradition, established credibility, authority, and power were some of the losses I experienced. Moving away from the "psychological citadel" I lost a clearly defined subjectivity: If I am not going to claim an identity as a psychologist, then who am I? I found myself positioned between two very different worldviews: one that has power, history, and tradition and the other that has less power, less credibility and a short history. Although there were times I wanted to restore my faith in mainstream psychological perspectives, I no longer felt convinced this worldview provided viable models for understanding the complexities and diversities of human experience. At other times, I felt the tension of straddling both worlds because I was not prepared to completely abandon the

psychological worldview in favor of another. In order to reconstitute myself I needed to be strong enough to resist the dominant discourse within my profession. Such resistance meant breaking former theoretical beliefs, resulting in leaving an old, no longer useful discourse, before really believing in the new.

While doubting some of the fundamental assumptions of psychological discourse, I began to wonder what it really means to practice therapy within mainstream psychology. Based on a dominant model of the psychoanalytic self that is singular, bounded, and masterful, eating-disordered patients are often diagnosed with a self that is fragmented, fractured, and broken. Humpty Dumpty images come to mind--but who should put Humpty back together again?

Within psychological discourse, however, there are new perspectives beginning to emerge. Social constructivist theory offers a new perspective on therapeutic practice, by rejecting the bounded, autonomous psychoanalytic conceptualization of self in favor of one who is instead, relational and dynamic. McNamee (1996) conceptualizes therapy as conversation, arguing that modernist views position identity within the individual, paying minimal attention to theories of relational patterns. Arguing that such perspectives do not take into account relational features of postmodernism she maintains, "Our daily connection with diverse ways of being--including diverse moral and ethical codes--suggests that a situational/relational identity would be a more reasonable by-product of our day-to-day lives than a universal objectively grounded one" (p. 143). MacNamee distinguishes between *monologism,* where the therapist assumes the role of objective

observer capable of diagnosing and assessing client problems, and *dialogism*, where client/therapist conversational practices consider relational patterns. Monologism, she argues, remains the dominant view. This acceptance of a singular, stable identity as the norm, she further argues, has been held in place by the media. Such supports have been provided by (a) scripting what are perceived as normal identities, (b) perpetuating the discourse of psychotherapy as a process of fixing flawed identities through various talk shows and on-line therapies, and (c) legitimizing therapy as a means to attain normalcy (McNamee, 1996). Because of these media scripts, technology has contributed to the necessity of psychotherapy.

Although the media have promoted the modernist self in the above ways, they have also added to the multiplicity of images and connections made possible. The media discourses for who we are, what it means to be an ethical or moral person, a wife, husband, friend, or daughter, have expanded to include contradictory and juxtaposed images (McNamee, 1996). From McNamee's position, the fundamental purpose of therapy has changed.

> Therapy is no longer viewed as a professional service sought by individuals, couples, or families who need to understand their core identity, their true feelings, or their denied problems. Therapy in a postmodern mode seeks to explore the multiple possibilities for identity construction and how they fit with the significant relational networks with which a client or clients engage. (p. 152).

This postmodern way of conceptualizing therapy needs further development when it comes to how problems themselves are construed. Psychic pain Lakoff (1990) argues

> arises from what cannot be said, or cannot be said so as to be understood either by another person or by the speaker's own conscious adult mind. Symptoms (illnesses, dreams, errors) are distorted communication: a way of saying the unsayable, a compromise between what must be spoken and what cannot be; therefore, finally, an unsatisfactory way of communicating. Psychotherapy is the process of figuring out the real message (the interpretation) contained in one's distortions, omissions, and fragments of memory, and then of learning how to make one's "story" coherent again--to give oneself a meaningful history by making everything fit together for the first time. (p. 62)

From this definition, the focus of change in a psychotherapeutic model is one of languaging a new narrative. In a straight-forward manner, Lakoff (1990) contends that "psychotherapy is discourse about discourse, discourse within discourse, discourse for the sake of discourse" (p. 63). Therefore, from this perspective, the counselor or therapist needs to maintain a metaposition in order to envision larger themes that have become the constituents of the self of the narrator, that is, the client. Further, the process of change involves language games or speech genres (Bakhtin, 1986). The art of therapy relies heavily on linguistic competency on the part of the counselor, who helps the client to speak, both literally and metaphorically, in a more satisfactory way. The counselor assumes the role of co-author in order to help the client construct a more viable narrative (Lakoff, 1990). Language both creates and solves problems: therefore, the medium of psychotherapy is the conversation between therapist and client (Efran & Fauber, 1995). However, attempts to engage in a problem-solving conversation never occurs in isolation.

> It resonates with themes that are afoot in the larger community, and it reflects the progress that the community has made in terms of figuring out how people ought to live together. In other words, the problems that arise in a local venue have parallels in the broader social order; they are regional manifestations of a civilization's unfinished business--the debris of unresolved boundary disputes. (Efran & Fauber, 1995, p. 280)

Issues between client and counselor are manifestations of sociopolitical structures; interpersonal shortcomings often reveal unresolved boundary disputes within the discourse of psychology and other disciplines. For example, the discourse of psychology has leaned towards exclusion rather than inclusion. According to Lakoff (1990) the metamessage of one of the traditional languages of psychotherapy, psychoanalysis, is: "This field knows the truth *because* it is a science. As a twentieth century person, you must listen when we speak or be cast into the hell reserved for scientific heretics--ignorance" (p. 65). Psychotherapy, wanting the credibility science has attained, borrowed metaphors from natural science to explain its methods, rather than borrowing from conversational and linguistic practices. Authority came from being perceived as scientific. Prior to scientific legitimation, however, religion held the position of authority.

> It [religion] was the basis of metaphor about the meaning of life and what it was to be human. It was where one looked to find the answers, all the answers. Toward the end of the nineteenth century, science began to take the place of faith as the discourse of authority and knowledge, a role it has continued to play with even greater prominence." (Lakoff, 1990, p. 65)

Moving away from metaphors that embodied what it means to be human and adopting scientific metaphors such as "mind as computer" and "body as

machine" could be one of the fundamental difficulties in psychological discourse. If metaphors shape our lives and we are dominated by metaphors borrowed from science, how possible is it to alter the discourse pertaining to self, change, and how people live together? If the metaphors we live by (Lakoff & Johnson, 1990) are intrinsically flawed or inappropriate for postmodern life, then how can the discourse of recovery be useful? And further, if psychological discourse conceptualizes eating disorders as pathological deficits either in the self or the family, and the discourse of angels conceptualizes those with eating disorders as wounded, unloved, or abandoned souls, which conceptualization of self is more appropriate?

Do We Have to Invite the Angels? Inclusion/Exclusion

While grappling with the fundamental differences in how the self is conceptualized by different discourses, I also observed others' struggles when attempting to assess the merits of two fundamentally different worldviews. Although I believe the media have been partially responsible for positioning the medical community against alternative treatment options, it often seemed that practitioners and the general public also wanted to situate themselves within one perspective or another. I began to focus on how some people were included in meetings, dialogues, and advisory committees about eating disorders and others were excluded. One of the contexts for this kind of exploration was an eating disorders conference.

Excluding Angels

> I'm sorry, I don't care how long you've been flying today. This meeting is closed. Didn't you get the brochure? What? You just saw someone else's and decided to come down. But it says right here, look, NO LAY PERSONS ALLOWED. THE MEETING IS CLOSED. But you've saved how many girls lives? (Imagined scenario)

It did not take long to realize at the International Eating Disorders Conference in New York that what was written on a name tag had a direct correlation with the kinds of conversations a person could be included in. To my disappointment, my name tag mistakenly read, "Marie Hoskins, BSW." Intuitively knowing that such a label would exclude me from the kinds of conversations that I wanted to hear at this particular conference, I quickly requested it be changed to read, Visiting Professor, University of Victoria. I rationalized my pettiness in wanting the correct designation by convincing myself that I needed to be included in conversations in which the traditional medical community described women, but, in all honesty, I wanted recognition for the status I felt I had earned. My title and degree designation have become an integral part of my identity and without them I would have had to rely on my other selves. And I knew only too well that those selves were not allowed. The meeting was closed.

Perhaps I was naive in thinking that somehow this conference would really speak to the pain and suffering that affect the everyday lives of those with eating disorders. I put great faith and optimism in this highly educated group, particularly some of the feminist researchers and practitioners whose work I respected. But their silence at the conference was deafening. Only in obligatory ways were these women visible. They presented awards, reviewed

others' research projects, and moderated panels. Token roles were taken. Tokenism took its toll.

Desperately wanting to know what happened to the voices of feminism, I managed to corner one of them, asking for an explanation of her silence. "I just got tired," she said. "Tired of what?" I asked. "Tired of carrying all the other women on my shoulders. The struggle became overwhelming and increasingly difficult as I began to work my way up through the system," she explained. "When I was not a threat to others, when I held small research grants, I was often viewed as a feisty young woman who was bright, but still had a long way to go. Once I began getting large research grants, and got into the competition, things changed. The struggle became really difficult and I just . . . got . . . tired."

Systems of power had constituted this woman in an restrictive way. Initially identified as a protester, as one who challenged the status quo, she was perceived by some as a leader in the field. As she gained more credibility, however, she had more to lose by taking an oppositional position, particularly by voicing concerns over discourses that marginalized women. In order for her to continue her work, she needed to secure research funds and research dollars are primarily awarded to mainstream psychological research. Funding agencies have such power. Paradoxically she needed power in order to have a voice, but too strong a voice resulted in a loss of power. Like the psychiatrist who believes he cannot speak, this woman also knew the cost of speaking (potential loss of research grants) and the cost of not speaking (disavowing her own knowledge).

Not only did I observe individuals being silenced in different ways, but for the most part, voices of those suffering from eating disorders were also silenced by the presentation of objective, remote research. Despite the amount of human and economic resources allocated for research presented at this meeting, essential questions concerning women and eating disorders remain ignored. Why women, why now and why some women and not others (Streigel-Moore, 1994) are essential questions yet to be answered.

Preston Zucker, President of the Academy of Eating Disorders, summarized the conference by candidly admitting that despite psychology's best efforts in treating eating disorders, it has not been very successful. The 5-year prognosis for successful outcome is less than 50%. Multidisciplinary efforts are essential: "We need to combine our knowledge from a variety of disciplines in both research and practice" (P. Zucker, personal communication, April, 1996).

I could not help but wonder, if feminist perspectives had been heard, whether there would have been a different summation. What if voices from other discourses such as feminist/cultural perspectives and the discourse of angels had been openly spoken rather than whispered in small groups of women?

How is it possible to combine our knowledge from a variety of disciplines when one discourse excludes others? How do quieter voices gain legitimacy within mainstream psychology, which at times refuses to change? As Harre and Gillett (1994) so aptly comment

> Psychology . . . has changed much more than any other of the human sciences. Not only its transformation but its lack of transformation in the

> last 20 years have been quite extraordinary. It is both remarkable and interesting that the old psychologies continue to exist alongside the new ones. This is a phenomenon that should be of interest to sociologists of science. It is quite unique, so far as we know, in the history of science, that old, outdated, and manifestly inadequate ways of doing research, and untenable theories, have persisted alongside new and better theories and methods. (p. 2)

Given what some claim is the rigidity of a profession (Cushman, 1995; Gergen, 1995; Hillman & Ventura, 1992; Hillman, 1996), is it possible for the discourse of angels to be heard above and by the discourse of psychology? Can these two diverse discourses be synthesized to create a more inclusive perspective on recovery?

> There are hundreds of patients on [the] waiting list at the Montreux Clinic; hundreds of people from all over the world waiting, hoping that the clinic can help save them from the demons within. Take a look at how [the director] and her team of angels go about healing children who nobody else has been able to reach. (Winfrey, 1997)

Insights From the Quagmire

Through the process of raising questions in this chapter, I have been able to identify future research for myself and others. In a sense these paths chart the sources of difficulties between the discourse of angels and the discourse of psychology when dealing with eating disorders. The difficulties located on these paths also act as points of convergence between everyday experience and the constitutive aspect of discourse. They include a range of issues that I believe have not been fully dealt with by researchers, practitioners, and others who have an interest in eating disorders. They begin with difficulties

regarding current models and metaphors of self, difficulties inherent in mediated selves, and ethical difficulties within the discourse of recovery.

Models and Metaphors of Self

Throughout this inquiry I used a feminist social constructionist model of the self (chapter 3) in order to understand how (a) discourses are interpreted by individuals and groups of people, (b) people author their lives in relation to certain discourses, and (c) subjectivities are claimed. I focused on language--metaphors, rules, norms, and discursive practices. I also focused on how the self is scripted by discourse, by specifically focusing on the scripts Briar and I have taken up as our own. Concepts such as position, scripts, discourse, subjectivity, and discursive practices have deepened my understanding of how people engage in processes of reconstitution. Adding the proactive nature to these concepts---recognizing, catching, and rewriting discourse (Davies, 1993)--helped me to understand the dynamic relationship between discourse and identities (subjectivities).

Ultimately I concluded that the postmodern subject has the capacity to shift her relationship to discourses that may restrict her potential to direct her life. Scripts on the palimpsest can be changed. In reconstituting self, not only can a person shift her relationship, she can participate in the co-creation of new discourses. Rather than reconstituting self in relation to "other"--still trapped within the dichotomy of binary opposites (Davies, 1993)--new subjectivities can be constituted as part of new discourses.

This perspective on how the self reconstitutes itself, however, needs further development. Although poststructuralism pays attention to both the

constraints of positionality and the freedom to act agentically, the theory is underdeveloped when it comes to working with change processes. There is a scarcity of literature dealing with issues of clinical practice for various kinds of professionals. Although feminists including Maureen O'Hara, Catherine Steiner-Adair, Sheila McNamee, and Susan Wooley are using poststructural theories in their practice, for the most part, these ideas have not been clearly translated into clinical practice. Further development of this theory is needed if it is to become an accessible theory for practitioners.

In a way our everyday language has not caught up with our theoretical and philosophical hopes and desires. Although O'Hara and Anderson (1995) describe how their clients often use awkward, unformed descriptions of their experiences, the same can be said of theorists and practitioners during this time of transition. We know something is profoundly different but have yet to find words to describe it.

> People [clients] are aware of having let go of something but not really confident of having found something with which to replace it. Neither they nor the culture nor the mental health establishment has a language for naming such small discoveries as explorations and triumphs. (p. 176)

We are situated on the edge of a new postmodern world, yet we are without easily accessible language to describe what that world will be like. Although the constructionists are trying to change reality with their words, we are still grappling with the words themselves.

Media and Mediated Selves

Another underdeveloped area in terms of clinical practice and research is the acknowledgment of the role of media in the process of constituting a self. Although cultural studies have long acknowledged such influences, psychological discourse has neglected to incorporate contributions from media studies into existing theories of change. *Media* is defined as "a medium of cultivation, conveyance, or expression" (*Merriam-Webster's Collegiate Dictionary,* 1993). Appearing originally in the field of advertising during the fifties, the term referred to an "in the middle position" between individuals and culture. Recently, the perspective that media is a constitutive force rather than just an extension of the socialization process has been adopted (Denzin, 1992). Furthermore, media as a particular discourse has become the site and process of subjectification for adolescent girls' norms, realities, and identities (Grodin & Lindlof, 1996). Steenland's (1988) study (mentioned in chapter 2) discusses the alarming ways that women are portrayed by the media. Girls' appearances are portrayed as more important than their intelligence; those who are portrayed as academic are scripted as social misfits. As well, girls are frequently portrayed as passive, obsessed with shopping, and incapable of serious conversation. When scripting the discourse of anorexia, anorectic girls are portrayed as consumed with the pursuit of the perfect body and obsessed with achievement in academics and competitive sports.

Media stereotypes have deified the anorexia nervosa identity to the extent that young girls sometimes aspire to be anorectic. Given the negative consequences of media influence in contemporary Western culture, further understanding of the constitutive aspects of mediated identities is essential.

Others argue, however, that media has little if any influence on girls' development. Often when girls with eating disorders are asked if the media had an impact on the development of their condition, they minimize or deny such influence. This is not a surprising reaction. When one is embedded within discourse it is difficult to uncover the structures that have shaped social and individual constructions. Taking girls' appraisals at face value reflects an oversimplification of how discourse becomes embedded into the subjectivity of the person. What media scripts for women is a "not good enough syndrome" where the only way to be happy and make up for one's shortcomings is to purchase one's identity. Market research reveals that when people feel less than worthy, they spend more in an attempt to fill an empty self (Cushman, 1990). Therefore, girls may deny that the desire to be thin triggers their eating disorders, but they do acknowledge feelings of worthlessness, despite their inability to identify the origin of such feelings.

How girls decode the messages portrayed by the media needs to be further researched. It is also necessary to pay attention to how preventive programs can teach young girls to read and deconstruct the scripts presented by the media. Without falling into the trap of assuming universal meanings, we need to more fully understand how individuals assign meaning and specifically how girls can rescript their own identities free of restrictive narratives. Discourse cannot be read off the surface alone--media relations[45] need to be explored in order to understand how certain scripts are taken up.

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[45] I am using the term *media relations* to refer to the process a person engages when she reads culture through a variety of media texts. It reflects the constitutive aspects of scripting oneself into the text and at the same time being scripted by the text.

Another neglected area in eating disorders research is the impact of the social construction of sexuality on adolescent girls' development. According to Harris (1988), Americans view more than 27 instances of sexual behavior per hour. Gendered sexuality--rules, roles, and discursive practices--are scripted subtly and not so subtly. We need to know more about how girls take up certain identities in response to media portrayals of sexuality and the constitution of the self.

Finally, although Giddens and other postmodern theorists refer to the disappearance of ultimate authorities (such as kinship relations and religion), media as the ultimate site of authority has been neglected. Throughout this study I observed how the identity of an alternative clinic could actually be scripted by the media. Angel discourse was positioned, or scripted, in opposition to psychological discourse. According to the majority of media texts, when it comes to treating eating disorders, medical and psychological professions have lost their credibility with the general public. Given the constitutive power of constructing social and psychological realties, the media as ultimate authority needs to be acknowledge. Rather than separating ourselves from journalists, we should instead, begin to reconstitute our identities and continuously ask ourselves whom we do research for (Richardson, 1997). And further, what is our moral responsibility to "provoke transformations and changes in the public and private spheres of everyday life" (Denzin, 1997, p. 275)?

Ethical Difficulties Within the Discourse of Recovery

Focusing on aspects of the discourse of recovery, the following questions need more attention from researchers and helping professionals. First, what does it mean to recover[46] from an eating disorder? How can a person's relationship with food be evaluated? Second, how is it possible to evaluate alternative treatment options that sit outside of the medical/psychological community without using the measures and methods of the dominant discourse? Third, from a legal perspective, what needs to be considered when treatment alternatives sit outside of legislative mandates (such as The British Columbia Health Care Act and The Psychology Act) to assure public accountability? And fourth, in the context of socialized medicine, how can we support options that exclude many people who do not have necessary financial resources? All these questions are difficult, problematic, and often glossed over by those in positions of power. Although they have been raised by some concerned professionals, these issues have yet to be resolved by decision-makers within health care systems. Does collusion come into play when those government officials who have been asked to speak publicly about issues of private health care fall into silence and compliance (Lather, 1989; Weedon, 1987)?

The Difficulty of Questioning

I believe that because of the intensity of flux we are in the midst of in contemporary postmodern culture, there is an inclination to "escape out the

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46 Unlike other treatment evaluations, where abstention from problematic behavior is the desired outcome, total abstention from food is not a viable outcome, or indicator of recovery.

back door of flux" (Caputo, 1987). Assuming that media representations may have some validity, a loss of faith in medical/psychological discourse has left a void needing to be filled. Throughout this study I have witnessed a tendency to give angels the task of calming the discomfort of living in voids[47] and in flux. Although the discourse of angels is appealing, there is concern by many that relying on angels when it comes to treating those with eating disorders is not enough. Others question the adequacy of psychological discourse. Therefore, careful exploration of the interrelationships among surrender, leaps of faith, and avowing self within these discourses needs to take place. Difficult questions need to be asked and grappled with.

What I discovered was that the most difficult questions arise when discourses contradict each other. One discourse often calls into question the credibility of another, when situated within the interstices of contesting ideologies (Ebert, 1988). When one discourse offers an alternative perspective, professionals are often compelled or at least inclined to examine their own identities.

Apart from the difficulty of having to examine one's professional identity, other difficulties arose. People appeared to experience difficulty when questioning images of "unconditional love," "endless sacrifice," "compassion," and "boundless commitment" situated within the discourse of angels. When reflecting on these qualities I came to realize that these qualities also constitute the discourse of motherhood in our culture. Questioning the discourse of angels is similar in some ways to questioning the dominant discourse for women which symbolizes nurturance, caretaking, and protection. Both are at times sacred domains in our culture. What

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[47] In Canada there is a void when it comes to offering residential care for those with eating disorders.

becomes contradictory however is that although qualities such as selflessness, self-sacrifice, and disavowing oneself for other's needs, dominate the discourses of angels and motherhood, Western culture also depicts mothers as devouring, overprotective, and castrating (Bordo, 1993; Walters, 1992). Bette Davis's image of the evil mother continues to co-exist beside nurturing images in popular media portrayals of motherhood. The cultural portrayals of angels, motherhood, and discourse of recovery needs further exploration within the experience of reconstituting self.

Disruptions and Temporary Restings

When I review this dissertation I still feel the intensity of the difficulties surrounding differences between (a) psychological traditions and feminist/cultural perspectives, (b) mainstream treatment interventions and alternative approaches, (c) scripting identities and being scripted, (d) individual subjectivities and simulacra perpetuated by the media, (e) angels and psychologists, and (f) trust relations and leaps of faith. At times the source of the difficulty is murky, still buried deep within the quagmire, intertwined with different moral and ethical considerations as well as contradictions--counterspeakings. At times my ambivalences merely mirror the confusion and ambiguity that permeate treatment, recovery, therapy, postmodernism, and self.

At other times these insights and struggles that emerge from dwelling in difficulty ring crystal clear and stand bravely on their own--in their own right emerging out of what is experienced as right relations of living authentically. Cumulative moments of recognition connect in order to present crystallized understandings; ambivalence, difficulty, uncertainty slide beneath deep,

connected authentic knowing. Peace and calm—calmed at last. This is what Caputo (1987) wanted, for us to recognize the difficulty in life, not to make life impossible. To stay open to the difficulty and not to arrest its play. Struggle, suffer, feel, rest, breathe, play. Cycles of experience, cycles of reconstituting self.

Moving outside of my own personal experience, I paid attention to quieter voices that were emerging within the discourse of eating disorders recovery. I noticed metaphysical, soulful yearnings hidden in the subtexts of scientific reasoning and objectivity. Within the difficulties of competing discourses of eating disorders treatment, I felt and heard others' discontentment, which was primarily whispered in small groups Questions dared to surface within these crucibles of soulful longings.

Although the study of the soul--the roots of psychology--has been overpowered and silenced by professionalism, science, and economics, questions pertaining to the soul, spirituality, and helping are beginning to erupt. The ground has trembled and created openings for possibilities, for transformations to spring from seedlings of doubt within and between dominant discourses. Those of us who sometimes hide behind our professional identities have been forced to look more closely at what we do when we intervene in others' private and public pain. Angels have meddled in our comfortable lives.

As I temporarily put this study to rest, I reflect on the process of researching the reconstitution of self. In this study I took abstract theoretical positionings and used them to understand the experience of change both for myself and my participant. I traveled in the postmodern (Probyn, 1990), a

tourist in an unfamiliar terrain, exploring poststructural language such as discourse, positionings, voice, and discursive practices. I blended my postmodern understanding with constructivist and constructionist ideas and ideals. Adding a feminist analysis by focusing on the social rules, roles, and practices for women that influenced these constructions, I searched for the origins of the frames themselves.

This study moved discursively between abstract theoretical conceptualizations and everyday experience. Similar to how I view the process of reconstituting self, I shifted and changed my subjectivity as a researcher by taking up different languages. I took up multiple "I" positions (Hermans & Kempen, 1993) by situating myself at times in one discourse and at other times in another; alternating my position between the discourse of psychology and the discourse of angels.

For the most part, however, such multiple, shifting positions were not taken by the media. An article appeared in *Vogue* (August, 1997). Stories of angels healing at a lay clinic cover three-quarters of the page. At the bottom of the page, in smaller print, is the voice of the psychological perspective. The narrative of rescue, salvation, and healing within the discourse of angels dominates the article. The expertise of the profession of psychology is subjugated, whispered in the subtext, difficult to read for tired eyes. I focus on the bold script dominating most of the page. I recognize that structures of power/knowledges have been dismantled and called into question. I feel the loss, again, of history, tradition, and the undisputed authority in the immense black text of knowledge. Those pages have begun to fade and the

cover is not so shiny. There is a crack in its once perfect veneer. Humpty Dumpty has had a great fall--a fall from grace.

The discourse of postmodernism pushes forward, at times force plants, the idea that if we can make culture then we are compelled to act responsibly (O'Hara, 1995). If inscriptions in the sand are merely washed away in between the tides (Caputo, 1987) then we have endless possibilities to reconstitute ourselves continuously. We can also reconstitute culture as we reconstitute ourselves. As teacher, academic, counselor, friend, mother, and daughter, I can constitute and reconstitute my subjectivities in relation to the discourses I have chosen as well as those that have chosen me.

Commencing each school year, I ask my students to engage in a "hopes and dreams" exercise. I suggest they think ahead 3 years and imagine they are in an ideal position, doing what they expect their undergraduate degree will enable them to do. With energy, hope, and commitment, they share the meaning of their dreams with fellow students. Stories of helping others, sharing others' pain, saving the world, and making a difference fill the large, overcrowded classroom, situated within a large, overcrowded institution. Spirit, inspire, inhale, exhale, breathe a breath of fresh air. Their "whole, bright, and deep with meaning" (Pinar, 1988) dreams are being constructed. I have no doubts, no hesitations--a difference *will* be made. Within this institutional discourse of academia, overlapping paths of reconstitution will lead to new subjectivities and professional transformations. New scripts will replace old, no longer useful texts.

As for my own subjectivity, I can think of myself as one who provides a crucible for sometimes uncertain, whispered, and developing ideas. And I

can synthesize, conduct, and orchestrate a symphony of voices needing to be heard. Rather than dwelling in the despair of some postmodern theorists (Baudrillard, 1988; Lyotard, 1984), who highlight chaotic, foundationless, and simulated realities, I can embrace the idea of endless possibilities, to not just adjust and repair depleted systems, but to actually participate in transforming them. Inspiration can be breathed into stale systems by new discourses of possibilities. Poststructuralist Maureen O'Hara (1995) writes of similar possibilities.

> What I feel, and read in the work of feminist poststructuralists, is an enormous sense of relief, hope and responsibility. Far from despair, the idea that each of us recreates reality with each encounter fills me with wondrous hope, empowerment and community connection. If there is no absolute truth "out there" to create pristine "expert systems" that can somehow solve our problems mathematically; if I am who I am because you are who you are and we both are who we are because others are who they are; we co-create reality, which in turn creates us--then we are called to a new kind of community. If I can make culture I must act responsibly. (p. 155)

I hold on to this same hope. Our generation of researchers, academics, and practitioners have been called to this new kind of responsibility through postmodern discourse. There is an opening, a space has been made for a culture that will instill "wondrous hope, empowerment, and community connection."

There are some historical artifacts that can be brought forward to this new place in order to bridge binary opposites into new social constructions. I am acutely aware of being both modern and postmodern in my own subjectivity,

of the modern and postmodern existing around and through me. O'Hara and Anderson (1995) refer to the fact that

> most of us slip back and forth like bilingual children between postmodern, constructivist modes of thought in which we regard reality as socially constructed, and modern, objectivist modes of thought in which we regard reality as something that is nonhuman yet known (or at least potentially knowable) with unshakable certainty through some approach to the truth--science, religion, history, psychotherapy. (p. 173)

O'Hara and Anderson (1995) also add that despite a hopeful postmodern discourse we still have "hankerings for what we imagine were the simple joys of the premodern" (p. 173). Yes, my modern "hankerings" to find a stable center fly in the face of postmodern writings of instability, decentered selves, and groundlessness. However, in the spirit of postmodern discourse I can reconstitute a future that holds out the possibilities of creating new realities, resisting others' inscriptions. Resist, reform, and reconstitute. Open the door of flux--play begins.

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Appendices

Appendix A: Diagnostic Criteria for 307.1 Anorexia Nervosa
(From Diagnostic and Statistical Manual of Mental Disorders,
4th ed., American Psychiatric Association, 1994)

A. Refusal to maintain body weight at or above a minimally normal weight for age and height (e. g. weight loss leading to maintenance of body weight less than 85% of that expected; or failure to make expected weight gain during period of growth, leading to body weight less and 85% of that expected).

B. Intense fear of gaining weight or becoming fat, even though under weight.

C. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.

D. In postmenarchal females, amenorrhea, i. e., the absence of at least three consecutive menstrual cycles. (A woman is considered to have amenorrhea if her periods occur only following hormone, for example, estrogen, administration.)

Specify Type:

Restricting Type: during the current episode of Anorexia Nervosa, the person has not regularly engaged in binge-eating or purging behaviour (that is, self-induced vomiting or the misuse of laxatives, diuretics, or enemas).

Binge-Eating/Purging Type: during the current episode of Anorexia Nervosa, the person has regularly engaged in binge-eating or purging behaviour (that is, self-induced vomiting or the misuse of laxatives, diuretics, or enemas).

Diagnostic Criteria for 307.51 Bulimia Nervosa

A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:

1) eating in a discrete period of time (for example, within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances

2) a sense of lack of control over eating during the episode (for example, feeling that one cannot stop eating or control what or how much one is eating)

B. Recurrent inappropriate compensatory behaviour in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.

C. The binge eating and inappropriate compensatory behaviours both occur, on average, at least twice a week for 3 months.

D. Self-evaluation unduly influenced by body shape and weight.

E. The disturbance does not occur exclusively during episodes of Anorexia Nervosa.

Specify Type:

Purging Type: during the current episode of Bulimia Nervosa, the person has regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.

Non purging Type: during the current episode of Bulimia Nervosa, the person has used other inappropriate compensatory behaviors, such as fasting or excessive exercise, but has not regularly engaged in self-induced vomiting or the misuse of laxatives, diuretics, or enemas.

Eating Disorder Not Otherwise Specified 307.50

The Eating Disorder Not Otherwise Specified category (EDNOS) is for disorders of eating that do not meet the criteria for any specific Eating Disorder. Examples include:

1. For females, all of the criteria for Anorexia Nervosa are met except that the individual has regular menses.
2. All of the criteria for Anorexia Nervosa are met except that, despite significant weight loss, the individual's current weight is in the normal range.
3. All of the criteria for Bulimia Nervosa are met except that the binge eating and inappropriate compensatory mechanisms occur at a frequency of less than twice a week or for a duration of less than 3 months.
4. The regular use of inappropriate compensatory behavior by an individual of normal body weight after eating small amounts of food (for example, self-induced vomiting after the consumption of two cookies).
5. Repeatedly chewing and spitting out, but not swallowing, large amounts of food.
6. Binge-eating disorder: recurrent episodes of binge eating in the absence of the regular use of inappropriate compensatory behaviors characteristic of Bulimia Nervosa.

Appendix B: Letter of Informed Consent

I hereby give consent for my participation in the study entitled: The Difficulty With Discourse: A Metaphorical Reading of Reconstituting Self.

I understand that my participation in this study means the following: First, our interviews will be taped and then transcribed and coded for themes. Upon completion of these processes, the tapes will be erased. Only the transcriber and the researcher will have heard these tapes.

Second, my identity will be concealed by (a) using a pseudonym, (b) eliminating personal characteristics that may reveal my identity, and (c) eliminating any other information that may be detrimental to myself or my family.

Third, because of the nature of this research, there may be others outside of the academic community who have an interest in this study. I am aware of the possibility that some of the data in this study may be used in other publications.

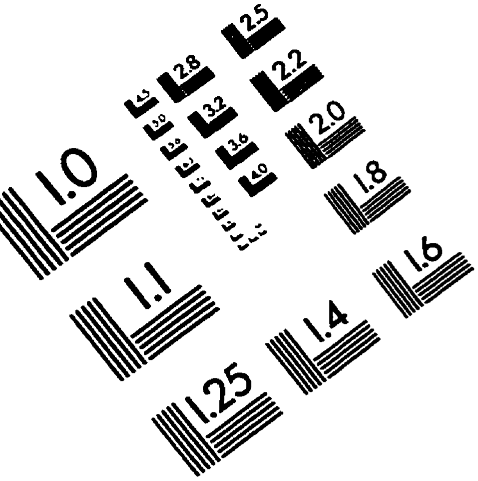
Fourth, I am aware that the dissertation will be published and held by the University of Victoria Library of Congress.

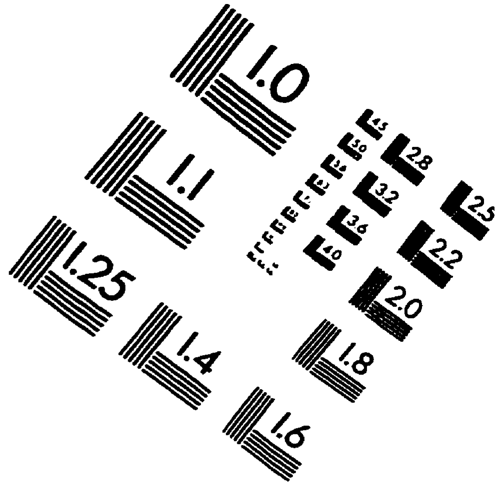
And finally, I have been told by the researcher, Marie Hoskins, that I will have the opportunity to read the dissertation prior to its publication.

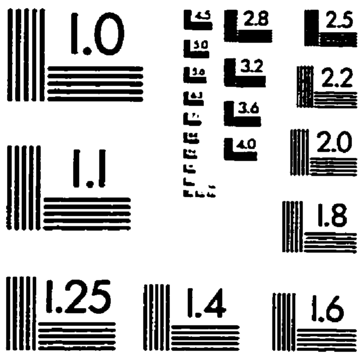
Your signature indicates that you are willing to participate, having read the above.

Signature Date

IMAGE EVALUATION TEST TARGET (QA-3)







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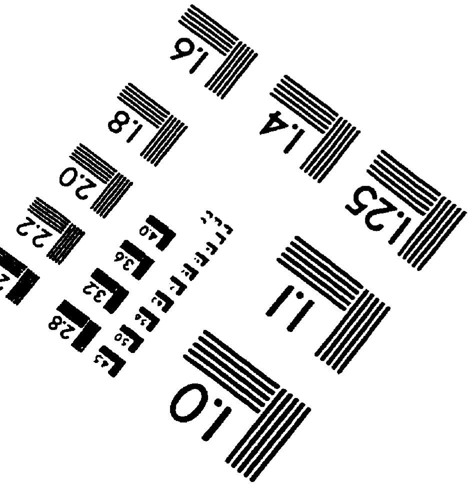

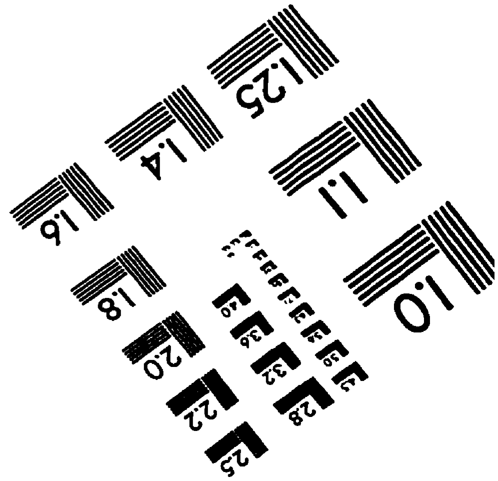

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