ANOREXIA NERVOSA
IN
BLACK FEMALES:
AN
INTERPRETIVE
INTERACTIONIST
PERSPECTIVE

Submitted by
MAKHOSAZANA SIBONGISENI
JIYANE
in partial fulfilment of the requirements for the degree
MASTER OF ARTS
in
PSYCHOLOGY

Supervised by

MS. BRENDA RADEBE
DR. THARINA GUSE

December 2007
ACKNOWLEDGEMENTS

My gratitude to The Source that is ALL…and the substance of ALL…manifesting in me…through me…as me…for all that I AM…for all I have…for all that is yet to manifest…

Research participants, ‘Lebo’, ‘Zandi’ and ‘Lindi’ - thank you for your trust in allowing me to journey so deeply into your lives!

To my ancestry…especially all women of strength and courage that have come and gone before me, who have dared to BE and through whose lives I have been able to catch a glimpse of what is possible…

Mama’m no Baba’m, ngiyabonga for the privilege of being your daughter and for your upbringing that has allowed me to Be me, just as I AM!

Gugu, my silent pillar of strength…God knew that in giving me you, I’d only need one sister!

Khulile, Mxolisi, Ndienhle (My Pudding!), Ntsika (Fanzo!) may you be inspired to find and follow your own star that you are!

Bongani, thank you for your innumerable gifts of support and your humble ways of offering them!

Makgathi Mokwena and Hilton Rudnick, thank you for your guidance at the beginning of what would prove to be a long journey!

Brenda Radebe and Tharina Guse, thank you for your supervision that allowed me to carve my own path, to find and express my own voice.

My corporate family at Change Partners, thank you all for your voices of support.

Katrin, thank you for your selfless handholding and containment through this journey!
TABLE OF CONTENTS

Introduction
1.1 An invitation 1
1.2 Motivation for the study 4
1.3 Research aims 7
1.4 Paradigmatic and methodological orientation 8
1.5 Research design and method 8
1.5.1 Research design 8
1.5.2 Research method 9
1.6 Measures of credibility and trustworthiness 9
1.7 Ethical considerations 10
1.8 Chapter sequence 10
1.9 Chapter conclusion 11

CHAPTER 2
Discourses on Anorexia nervosa
2.1 Introduction 12
2.2 Clinical picture 12
2.2.1 Diagnostic symptoms 12
2.2.2 Typology 13
2.2.3 Side effects profile 14
2.3 Developmental landscape 16
2.3.1 Biological factors 16
2.3.1.1 Genetics, hormones and neurotransmitters 16
2.3.2 Socio-cultural factors 21
2.3.2.1 An evolutionary mechanism 22
2.3.2.2 Religious and political discourse 23
2.3.2.3 Dieting 27
2.3.2.3.1 A measured body 27
2.3.2.4 Race, ethnicity and social class 27
2.3.2.5 Acculturation 29
2.3.2.6 Mass media 32
2.3.2.7 The fashion and beauty industry 35
2.3.2.7.1 A degree of atonement? 38
2.3.2.7.2 A quest for the sublime? 40
2.3.2.8 A gendered agenda 41
2.3.2.9 A feminist lens 43
  2.3.2.9.1 The role of feminism 46
  2.3.2.9.2 Feminism as subjugation 48

2.3.3 Family dynamics 51
  2.3.3.1 Exploring family dynamics 51
  2.3.3.2 Family transactional patterns 51
  2.3.3.3 Food and dieting in family interaction 54
  2.3.3.4 Mother-daughter relationship 55
  2.3.3.5 Father-daughter relationship 61
  2.3.3.6 Sibling relationship 65

2.3.4 Intrapersonal dynamics 68
  2.3.4.1 An integrated model 69
    2.3.4.1.1 Sensory-attachment stage 72
    2.3.4.1.2 Sensorimotor-autonomy stage 73
    2.3.4.1.3 Pubertal-gender identity stage 73
    2.3.4.1.4 Intracortical integration stage 74
    2.3.4.1.5 Self-other image - Sensory-attachment and exploration stage 75
    2.3.4.1.6 Self-other image - Pubertal and intracortical stage 76
    2.3.4.1.7 Self-other image - Concern and intimacy stage 77
  2.3.4.2 Adolescence 77
    2.3.4.2.1 An evolutionary construction? 79
    2.3.4.2.2 A self-construction? 80
    2.3.4.2.3 A social construction? 86

2.4 Chapter conclusion 89

CHAPTER 3
Research Methodology
3.1 Introduction 91
3.2 Research objectives 91
3.3 Research design

3.2.1 A post-modernist orientation

Qualitative research

3.3 Interpretive interactionism

3.4 Research Procedure and method

3.4.1 Participant selection and sampling

3.4.1.1 Research participants

3.4.2 Data gathering

3.4.2.1 In-depth interactive interviews

3.4.2.2 Drawings

3.4.2.3 Naïve sketches

3.4.3 Researcher’s role and position

3.4.4 Measures of credibility and trustworthiness

3.4.5 Linguistic considerations

3.4.6 Audio recording

3.4.7 Transcription and translation

3.4.8 Follow-up interviews

3.4.9 Analysis and interpretation

3.4.9.1 Steps to analysis and interpretation

3.4.9.1.1 Bracketing

3.4.9.1.2 Construction

3.4.9.1.3 Contextualisation

3.4.10 Evaluative criteria

3.4.11 Ethical considerations

3.5 Chapter conclusion

CHAPTER 4

The experience of anorexia nervosa in black females

4.1 Introduction

4.2 Sense of self

4.3 Body image consciousness

4.4.1 Body image and adolescence

4.4.2 Body image and family transactions

4.4.3 Body image and father-daughter relationships
6.3 Researcher’s naïve sketch and reflections 194
  6.3.1 Naïve sketch 194
  6.3.2 Researcher’s reflections 199
6.4 Supervisors’ reflections 201
6.5 Researcher’s integrative reflection 202
6.6 Critique 219
6.7 Chapter conclusion 220
7. List of references 222
Annexure A - Letter of invitation and explanation 242
Annexure B - Interview protocol and audio recording consent form 245
Annexure C1 - Drawing - Lebo 248
Annexure C2 - Drawing - Zandi 249
Annexure C3 - Drawing - Lindi 250
Annexure D1 - Naïve sketch - Lebo 251
Annexure D2 - Naïve sketch - Zandi 249
Annexure D3 - Naïve sketch - Lindi 252
Annexure E - Thematic map 253
ABSTRACT

In the Western world, anorexia nervosa has long been regarded as an age-old medical syndrome and was conceded to have reached epidemic proportions in white South African females by the 1970s. On the contrary, it has been deemed to be non-existent in indigenous African females, this being attributed to the African socio-cultural preference for the fuller figure. The first clinical case in an indigenous female was reported in Nigeria (Nwaefuna, 1981). In South Africa, the first diagnosis in 1993 and earliest reporting of three cases by Szabo, Berk, Tlou and Allwood (1995) coloured the face of prevailing conceptualisation and was viewed as a nascent indication of global acculturation to a Western lifestyle and value system.

This research represents the researcher’s invitation to the reader to embark on an exploratory journey into the biographically situated experience of anorexia nervosa as revealed through the personal experience stories of three black South African female participants. With the researcher’s quest to explore this as a uniquely human, lived experience, it became essential to open up the life of each participant as the arena in which this experience unfolded, so that seminal vicissitudes as well their sense of self in the course of this experience could be gleaned. Further, the researcher shied away from a fait accompli acceptance of the acculturation discourse and sought to interrogate it by giving voice to participants’ lived sense of the relationship between this experience and their cultural identity and affiliation. As its dialectic, the researcher also allowed participants to give voice to the cultural scrutiny of their experience through the lens of their culturally-referent others. Finally, the researcher opened up some of the seminal vicissitudes of her personal experience as the space for introspection and reflection on nuances and resonance between her experience and that of participants, without a concomitant attempt to generalise about either.

Through post-modernist interpretive interactionism (Denzin, 1989), the researcher undertook a comprehensive deconstructive review of biopsychosocial discourses on the experience of anorexia nervosa, which sought to uncover and juxtapose various underlying models of human action. This review also included a feminist lens, which allowed that images and conceptions of women that exist within these discourses could be revealed, while simultaneously offering a critique of inherent culturally gendered dynamics.
Through metaphoric simultaneity, the crystallised use of personal stories, drawings and naïve sketches sought to provide deepened, complexified and, if it be so, competing accounts of participants’ experience.

The researcher drew a number of conclusions pursuant to participants’ experience of anorexia nervosa. First, that although biological factors could not be excluded, especially the role of genetics and hormones in adolescence, the exact nature thereof was beyond the scope of this inquiry and therefore inferential. Second, that although there were varying degrees of resonance in participants’ experience with some of the macro socio-cultural discourses considered, these did not appear to have been pathogenically pre-eminent. Third, that in the exploration of particular vicissitudes of participants’ family relational dynamics, the embryonic seeds and gestalt effect of their susceptibility matrix was vividly exposed.

All factors considered, the researcher stands strongly in the opinion that gleaning this as the personal experience of three black female participants and drawing in sediments of her own personal experience, anorexia nervosa is ultimately a uniquely individual experience that stands as a covert and metaphoric language of personal distress. While it may sometimes overlap with some of the dynamics that have coloured the socio-cultural landscape in different epochs, it has its own dynamics and internal logic that is uniquely and inextricably tied to the specific vicissitudes of each person’s biographically constructed self.

The specific probing of participants’ cultural identity and affiliation served to confirm that while the evolving cultural identity and affiliation of black females may be undeniable, the prevalent causal attribution of anorexia nervosa to acculturation appears to have been compellingly shown in this case to be an external and cursory one. Finally, the specific probing of participants’ experience through the eye of their culturally-referent others revealed that anorexia nervosa is culturally enigmatic. Its attribution, in participants’ socio-cultural context, to witchcraft, acculturation and especially to HIV and AIDS and attendant stigmatisation and shaming of an already deeply wounded person serves to indicate the degree of distress, isolation and rejection experienced by sufferers. By the same token, it also serves to illumine the
felt equivalence of this period in participants’ socio-cultural context with HIV and AIDS.

This study represents the researcher’s endeavour to convey participants’ experience of anorexia nervosa in its richness, in an attempt to render it understandable, without any concomitant attempt to foreclose or pretence of being exhaustive. Therefore, it recognises that the understanding presented here inalienably represents the researcher’s hermeneutic circle. The reader is thus invited, if not challenged, to discern their own understanding. Finally, it offers itself as a signpost for future research into what by all accounts, stands starkly as an untapped minefield.
CHAPTER 1 INTRODUCTION

1.1 An invitation
This text is my explicit invitation to you, the reader, to embark with me, the researcher, on an exploratory journey into biographically situated experience.

This research employs interpretive interactionism as a methodological vehicle to make available the lived experience of anorexia nervosa, as revealed through the personal stories of three black South African females who, herein after are referred to as participants.

As advocated by Norman K. Denzin,

“Interpretive interactionism attempts to make the world of lived experience directly accessible to the reader. It endeavours to capture the voices, emotions and actions of those studied. The focus of interpretive research is on those life experiences that radically alter and shape the meanings persons give to themselves and their experiences.”

(Denzin, 1989, p. 10)

As an interpretive interactionist undertaking, the experience that is explored is not a mundane everyday phenomenon. By virtue of its idiosyncrasy, it is thereby a symbolic experience in participants’ lives. Citing Strauss, Denzin (1989) refers to such experience as an epiphany,

“Those interactional moments that leave marks on people’s lives... In them, personal character is manifested and made apparent... They are often interpreted both by the person and by others, as turning point experiences. Having had this experience, the person is never again quite the same.”

(Denzin, 1989, p. 15)

With this understanding in mind, it is therefore not the purpose of this research to ask why. Rather, it aims to situate this experience in the broad dynamics of participants’ lives and explore how it became a turning point experience and what it meant in the course of its unfolding for each participant’s life and sense of self.
The quest to understand how this experience became a turning point concurs with Denzin (1989) on the importance of interpretation and understanding as a key feature of social life.

“In social life there is only interpretation. That is, everyday life revolves around persons interpreting and making judgements about their own and others’ behaviours and experiences. Many times these interpretations and judgements are based on faulty, or incorrect understandings.”

(Denzin, 1989, p. 11)

It is therefore my quest to capture and bring to life in rich descriptive detail how participants, as social, interacting beings interpreted their own and others’ behaviours and experiences as key elements of understanding their lived experience of anorexia nervosa. This experience is interpreted to reveal deep-level attachments that participants had to them. As explained by Denzin (1989), effects at the deep level cut to the inner core of a person’s life and leave indelible marks on them.

In understanding what this experience meant for each participant, it is my intention here to capture and offer this as a uniquely human experience. This makes it one that is inalienably situated in each participant’s life, sense of self and biography, which being social in nature, is essentially interactional, historical and cultural. Citing Sartre, Denzin (1989) clarifies,

“Interpretive interactionism assumes that every human being is a universal singular. No individual is ever just an individual. He or she must be studied as a single instance of more universal social experiences and social processes.”

(Denzin, 1989, p. 19)

Therefore, rather than extract it from its essence, it is my intention in this undertaking, to embed and render participants’ experience as an episodic process, shrouded in the continuum of a life whose symbolism encapsulates and simultaneously transcends their experience of anorexia nervosa.

Adding to an already onerous task, Denzin (1989) borrows from Sudnow to assert that interpretive research begins and ends with the biography and the self of the researcher. The events and troubles that are written about are ones the writer has
already experienced or witnessed firsthand. This makes the researcher’s perspective definitional for establishing the ‘what’ and the ‘how’ of problematic social experience. Therefore, as the researcher, my task is to produce richly detailed descriptions and accounts of this experience.

In tackling this task, a cautionary note is sounded,

In this project, the writer has nobody but [herself] to consult. Important consequences follow from this position. No one else can write them for you...

What you write is important.

(Denzin, 1989, p. 12)

As the researcher is definitional to the task, this account of participants’ experiences is one that is quintessentially layered and laced by my own personal encounter and lived experience. This is a privilege and responsibility I endeavour to carry out with dignity. I acknowledge therefore, that in exploring participants’ experiences, I have also invariably been afforded the opportunity to revisit my own, yet again.

By virtue of it being biographical as it is autobiographical, this research does not pretend to be objective or value-free. Rather, fraught with this interconnectedness, it acknowledges and takes on board this relationship as both its burden and blessing, one that as it poses a dilemma, equally imbues it with richness.

Together with the interactive conversations with the three participants, the text that follows is only one of numerous possible stories. This makes it a punctuation, in a series of interpretive interactions that have taken place with the following ‘participants’ of varying amplitude in the life-course of this exploration:

- Me and my family
- Me and other thinkers/inquirers and writers reflected in the text
- Me and my supervisors
- Me, my colleagues and friends
- Participants and various other people in their lives

It is my hope therefore that in accepting this invitation, you the reader, will respond questioningly to this text. Above all, I trust that that you too will be challenged, if not
tempted, to examine and engage your own ideas, if not your personal experience of anorexia nervosa.

### 1.2 Motivation for the study

Anorexia nervosa is an age-old syndrome. Buchan and Gregory (1984) and Russell (1995) share that it was first identified as a medical syndrome in Europe in the 17th century. More specifically, Orbach (1993) asserts that it was first reported by Richard Morton in 1694, while for Kaye and Strober (1999) and Gordon (2001), it was only identified in the 19th century. According to Wilson (2004) it was Sir William Gull, an English physician who first named self-starvation as anorexia nervosa. While self-starvation dates back to medieval times, Gull was the first to shift attention from the medical to the psychological domain after he couldn’t find an organic cause for the weight loss he witnessed in female patients.

While its Western roots are incontrovertible, it was acknowledged by the early 1970s that anorexia nervosa, which at one time had been considered to be rare, had reached epidemic proportions in the West as well as in white South African females (Buchan and Gregory, 1984; Norris, 1979).

On the contrary, anorexia nervosa has been unknown and declared to be non-existent in indigenous African females. The first clinical case in Africa was reported in 1981 in Nigeria (Nwaefuna, 1981). In South Africa, Szabo, Berk, Tlou and Allwood (1995) cite a Cape Town study by Nash and Colborn on anorexia and bulimia, wherein it was reported that between 1979 and 1989, no black patient had been referred to the centre for consultation, inpatient or outpatient care. The first diagnosis in 1993 and earliest reporting of three cases of anorexia nervosa in black South African females by Szabo et al. (1995) coloured the face of prevailing conceptualisation.

The epidemic proportions of anorexia nervosa in white South African females is significant when juxtaposed with the general preference for the fuller figure and tolerance for fatness and obesity as the symbol of female beauty among indigenous Africans (Gordon, 2001; Senekal, Steyn, Mashego & Nel, 2001). This is borne out by a significantly higher incidence of obesity and consequently a 22.6% greater risk for
hypertension in black females compared to other race groups (de Villiers, Albertse & McLachlan, 1988; Ndlovu, 1997; Seedat, Mayet, Latiff & Joubert, 1994).

A Medical Research Council study in the Western Cape township of Khayelitsha confirmed that size still counts at the top of considerations for black beauty. It highlights that a more recent deterrent for weight loss was the equation of being thin with being infected with HIV and AIDS (Govender, 2002).

Reflecting on the different preferences between the two racio-cultural groups, Adams, Sargent, Thompson and Richter (2000) assert that body weight concerns are cultural artefacts rather than health constructs. Furnham and Baguma (1994) echo this sentiment by asserting that although ideas of beauty appear to change over time, a consensus of opinion and taste prevails within cultural groups regardless of age, socio-economic status and standards. They share that similar to their African counterparts, African Americans show a greater degree of acceptance for obesity. This serves as motivation for adolescents in this group and females in general to perceive being overweight as acceptable and not to be harsh in their judgement of those who are overweight. For Reed (2001) this attests to the centrality of African cultural ancestry in the collective identity and experience of African Americans.

Furnham and Baguma (1994) further offer that in countries that are less affluent by Western standards, there is a direct and positive correlation between body weight and socio-economic status, with an increasing standard of living being associated with an increase in mean body weight.

Gordon (2001) shares that the traditional ideal body image among Africans has always tended towards a large full form and cites a 1960s cross-cultural review in which various African locales celebrated female fatness as a symbol of fertility to the extent that there was even a widely practiced ritual of fattening pubescent girls in order to make them marriageable. Buchan and Gregory (1984) confirm that in Zimbabwean Shona society, a fat wife is traditionally lauded as an important symbol of her husband’s affluence and thereby her welfare.
As a pervasive African cultural norm, this preference for a fuller figure appears to have played a significant preventive role, which justifiably accounts for the view that anorexia nervosa, has been considered non-existent among indigenous African peoples.

The citing of anorexia nervosa in people considered to have been historically ‘immune’ becomes noteworthy and begs for inquiry and attempts at understanding the dynamics of this change. Gordon (2001) relates the coincidence between the 1990s and the unprecedented proliferation of anorexia nervosa in countries where it was at previously unheard of, to the global acculturation to a Western lifestyle and value system.

As a budding democracy (1994), South Africa is in the throes of sculpting a new identity and meaning within its own borders, in the continent and in the international community. The equally recent and virtually simultaneous citing of anorexia nervosa in black females in 1993 (Szabo et al., 1995) seems to flag the rarely considered but endemic subtle nuances of change. Given that all black females would be exposed to the proliferation of acculturative processes as pointed to by Gordon (2001), the question of what is peculiar to those that gravitate into anorexia nervosa begs for exploration.

While some research has been undertaken, it remains nascent and has tended to be quantitative in nature. As a qualitative voice, this research is more than just an epidemiological indicator of the incidence of anorexia nervosa in black females. Instead, it seeks to open up the life of each participant as the arena in which the experience of anorexia nervosa unfolded and bring it across to the reader in its richness. As clarified by Denzin,

“The slices, sequences and instances of social interaction that are studied by the interpretivist carry layers of meaning, nuance, substance and fabric and these layers come in multiples and are often contradictory.”

(Denzin, 1989, p. 26)
That said however, as the researcher I do not claim authority over the lives, the experiences and the stories offered. In my exploration of participants’ experience, I offer myself as a bricoleur and a quilt maker (Denzin & Lincoln, 2000).

1.3 Research aims
The objectives of this research are as follows:

- To open up the life of each participant for exploration as the arena in which their experience of anorexia nervosa can be interpreted, described and understood.

- To explore and describe interpretively each participant’s lived sense of the relationship between her experience of anorexia nervosa and her cultural identity and affiliation.

- To illuminate participants’ experience through the eyes of cultural scrutiny and offer an interpretive appreciation of its meaning in participants’ socio-cultural context.

- To open up seminal vicissitudes of my personal experience as the space for introspection and reflection on the nuances and resonance between my experience and that of participants, without any concomitant attempt to generalise about either.

In my quest to achieve these objectives, as the researcher I depart from a particular paradigmatic lens that informs my participation in this journey.

“The [participant] who tells a self or personal experience story is at the centre of the life that is told about. The researcher who reads and interprets a self-story is at the centre of her interpretation of that story. These circles can never perfectly overlap, for the [participant’s] experiences will never be those of the researcher. The best that can be hoped for is understanding.”

(Denzin, 1989, p. 53)

It is therefore my intention in this undertaking to ‘interrogate’ and illuminate participants’ experience as testimony to my quest to understand, to the best of my ability, how it happened and what it meant for participants’ sense of self as well as
their cultural identity and affiliation. As I embark on this, I acknowledge that I am not an empty vessel, as my inquiry is textured by my personal experience. While acknowledging that the circle of my understanding and yours, as the reader, can never overlap exactly, it is my hope that like me, you too will come to some understanding of the embodiment of anorexia nervosa in the personal experience stories of black females.

1.4 Paradigmatic and methodological orientation
Interpretive interactionism seeks to allow scholars in the human disciplines to examine how the private troubles of individuals, which occur within the immediate world of experience, are connected to public issues and to public responses to these troubles (Denzin, 1989).

As a methodological orientation, it builds on efforts aimed at making sense of the post-modern period of human experience, by drawing from various approaches within the qualitative genre. It joins traditional symbolic interactionism with phenomenology and hermeneutics, and also draws from cultural studies, feminist social theory, post-modern theory and the critical-biographical method of C. W. Mills, Sartre and Merleau-Ponty.

While it has a lot in common with the above perspectives, Denzin (1989) clarifies that its interpretive, existential thrust sets it apart, by virtue of its focus on turning point experiences or epiphanies. It is this thrust that serves as the space to explore connections between anorexia nervosa as a private experience and attendant public issues and responses to it.

1.5 Research design and method

1.5.1 Research design
The motivation and objectives set this apart as a qualitative study. Creswell (1994) clarifies that qualitative designs are not copyable, off-the-shelf patterns, but have to be custom-built and choreographed. Further, that qualitative research is consistent with an inductive model of thinking, which works well when the terrain is unfamiliar and/or excessively complex and the research intent is exploratory and descriptive.
The background and rationale to the present research bespeak both the unfamiliarity and complexity of the terrain and thereby the exploratory and descriptive nature of this undertaking, thus making this a qualitative, inductive research design.

1.5.2 Research method
Research method refers to a collective of practical tools and processes of empirical data collection and strategies for analysis and interpretation, employed in pursuit of knowledge and understanding of meaning (Polkinghorne, 1983).

The specific nature and unfamiliarity of the phenomenon in the population group under study yielded a purposively selected sample of three black female participants. In what Richardson (in Denzin & Lincoln, 1994) refers to as crystallisation, participants’ personal experience stories are accessed through semi-structured, in-depth interactive interviews, drawings and naïve sketches.

Tesch clarifies (in Creswell, 1994) that in a qualitative research design, there is no single right way of data analysis. Because of the voluminous data gathered, data analysis and interpretation is necessarily eclectic, involving several simultaneous activities. This requires that the researcher be open to new possibilities and alternative explanations. The interpretive approach and process was drawn from Denzin (1989).

1.6 Measures of credibility and trustworthiness
Measures of trustworthiness interrogate the extent to which this research is able to offer a valid and thereby credible and trustworthy account in relation to its problem statement and objectives. Without being prescriptive or seeking to foreclose, Denzin (1989) highlights evaluative questions as the criteria to which this research undertaking is accountable:

1. Does it illuminate the phenomenon as lived experience?
2. Is it based on thickly contextualised materials?
3. Is it historically and relationally grounded?
4. Is it processual and interactional?
5. Does it engulf what is known about the phenomenon?
6. Does it incorporate prior understandings of the phenomenon?
7. Does it cohere and produce understanding?
8. Is it unfinished?

1.7 Ethical considerations
Ethical considerations bring to bear the sensitive nature of this, a deeply penetrating exploration. This accords due primacy to participants’ right to privacy, which points to the researcher’s obligation of full and upfront disclosure to participants. Equal respect is accorded to participants’ right to self-determination i.e. the right to set boundaries of self-disclosure and to withdraw in full at any stage, without prejudice.

Rather than subjects, participants are regarded as authoritative owners of the experience that is explored and therefore co-creators with the researcher, with rights of participatory access to the research, as a story that is being told about their lives and experience.

1.8 Chapter sequence
As an introduction, in Chapter 1 I invite the reader on an exploratory journey and offer a comprehensive overview as a frame for the entire research undertaking. I lay bare the motivation behind this exploration and clarify its objectives. I contextualise it in a methodological framework and clarify the research design and evaluative criteria. Finally, I highlight endemic ethical sensitivities and orient the reader into how the various chapters are organised.

Chapter 2 presents a comprehensive review of literature, which is undertaken as a deconstructive and thereby critical analysis of prior conceptions and discourses of developmental dynamics of anorexia nervosa.

Chapter 3 presents interpretive interactionism as the methodological orientation of this research. By describing the methods for the collection, analysis and interpretation of data, it also serves as a framework through which meaning of participants’ lived experience can be made.
Chapter 4 serves as the jugular vein, where the reader is brought into contact with the pulse of participants’ experience. As the researcher, I bring together the last three of Denzin’s (1989) six steps to interpretation i.e., bracketing, construction and contextualisation. In this process, I assume the role of quilt maker and choreographer, engaging in what Denzin and Lincoln (2000) liken to montage, pentimento and bricolage. Like a quilt maker or jazz improviser, I stitch together, edit and put slices of experience together and in this process create and bring psychological and emotional unity to my interpretive experience. Using thick description, I allow the reader to vicariously experience participants’ experience and reveal its essence at different levels of meaning, in an endeavour to render it understandable.

Locating participants in their socio-cultural context, Chapter 5 allows participants space to reflect on the meaning of their experience for their cultural identity and affiliation, at different stages of their journey and explores public responses to this experience.

As a drawstring, in Chapter 6 I offer space for reflection and critique on this, a journey into biographically situated experience. I begin by sharing participants’ reflections on their experience of participating in this research. Going back full circle to Sudnow’s assertion (in Denzin, 1989) that interpretive research begins and ends with the biography and the self of the researcher, I take up residence to offer my own reflections as an engaged, involved and definitional researcher and co-creator. I also offer space for my supervisors to share their reflections from their own angle of involvement in this journey. In turn, I offer my overall integrative reflection of my interpretations and understanding gained from this exploration.

In my critique, I reflect on this research process as an enabler but also explore its limitations and highlight opportunities for further exploration.

1.9 Chapter conclusion
As an invitation to you, the reader, to embark with me, the researcher, on an exploratory journey, this introductory chapter has attempted to provide you with an aerial map, as an attempt to signpost the way ahead. The chapter paves the way for a
comprehensive yet critical review of literature as a glimpse into some of the most prevalent conceptions and discourses on anorexia nervosa.
CHAPTER 2 DISCOURSES ON ANOREXIA NERVOSA

2.1 Introduction
This chapter undertakes a comprehensive literature review of theoretical discourses and research on anorexia nervosa. At the outset, this review concurs with Chavous’ (2000) assertion that as a syndrome, anorexia nervosa presents a compelling case for the need to explore it from a biopsychosocial perspective and on both macro and micro levels.

As an interpretive interactionist undertaking (Denzin, 1989), this review is not merely a passive regurgitation. By allowing the review to be multi-voiced, it creates a platform for the juxtaposition of various discourses. By also acknowledging the researcher as a present and equally interpretive participant and co-creator, it also allows for a deconstruction and critique of underlying models of human action that inform these discourses.

To set the scene, the review begins by presenting the clinical picture of anorexia nervosa in terms of the diagnostic lens of the DSM-IVTR symptoms and typology (APA, 1994) and illuminates its side effects profile. This is followed by an interpretive engagement with various theoretical and research-based discourses of the developmental landscape of anorexia nervosa. The developmental landscape is explored in terms of a confluence of biological, socio-cultural and intrapersonal considerations and their role in predisposing, precipitating, mitigating or maintaining the presentation.

2.2 Clinical picture
2.2.1 Diagnostic symptoms
According to the DSM-IVTR (APA, 1994), anorexia nervosa is diagnosed on the following symptoms:

i. 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).

ii. Intense fear of gaining weight or becoming fat, even though underweight.
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 body weight.

In postmenarcheal women, at least three consecutive months of amenorrhoea.

2.2.2 Typology

The DSM-IV TR (APA, 1994) distinguishes between two subtypes of anorexia. Restrictive anorexia nervosa (RAN) consists only of all the above primary symptoms, whereas the bulimic subtype consists of all the specified symptoms of RAN, but also includes simultaneous engagement in binge-purge behaviour i.e. anorexia nervosa, binge-purge (ANBP).

Binge eating describes “eating, in a discrete period of time (e.g., 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… a sense of lack of control over eating during the episode…” (APA, 1994, p. 252).

Purging refers to behaviour engaged in after binge eating in an attempt to rid the body of ingested food. This includes self-induced vomiting or excessive use of diuretics, enemas, laxatives and exercise.

This typology indicates a significant degree of comorbidity between the two subtypes, with an overarching theme of a preponderant occupation with body fat, weight and shape. Kaye and Strober (1999) confirmed this overlap by pointing out that 25-30% of anorexics with binge-purge behaviour (ANBP) have a prior history of the restrictive subtype (RAN) and that a significant proportion of those with the restrictive subtype (RAN) ultimately engage in binge-purge episodes.

This degree of overlap has led some to question the validity of the distinction between the two. Keel (2003) and van der Ham (1997) contend that rather than two distinct categories, this overlap reflects differences along a continuum of eating pathology.

While the maintenance of an abnormally low body weight at 85% or less than expected commonly serves as a key diagnostic criterion, it is the feeding restraint
behaviour that distinguishes the two subtypes. Kaye and Strober (1999) share that those with the restrictive subtype (RAN) exhibit an ego-syntonic resistance to feeding, while the binge-purge (ANBP) subtype is marked by periodic loss of restraint, as apparent in binge feeding and subsequent compensatory purging.

Forbush, Heatheron and Keel (2007) sought to establish the degree to which this difference may point to varying levels of perfectionism between the two subtypes. While it seemed that fasting in the RAN subtype was a strong indicator of perfectionism and rigidity, this was countered by purging in the ANBP subtype as an equally strong indicator.

This inconsistency seems to suggest a temporal preferential difference (whether before or after) and method (fasting or purging) than varying degrees of perfectionism per se. This seems to concur with Keel (2003) and van der Ham’s (1997) contention of a continuum of eating pathology rather than two distinct categories.

2.2.3 Side effects profile

While anorexia nervosa is conspicuous by its physical symptom of emaciation, beneath it lays a litany of physiological and psychological side effects. It may equally be argued that the physical symptom of emaciation is itself a side effect of psychological triggers.

The physical and physiological side effects are triggered by food deprivation and in turn become triggers for further complications. Although some of the complications are reversible with recovery of normal eating patterns and body weight, if not treated timely, their prolonged combined effect can lead to even more severe complications, often with fatal consequences (Kaye & Strober, 1999).

Mehler and Krantz (2003) cite some of the most salient complications of starvation. Amenorrhoea is triggered by the depletion of hormones, which are also essential for the maintenance of healthy bone density. In their absence bone density weakens, rendering the person susceptible to fractures and infertility. While menorrhoea is usually restored within six months of ninety percent body mass recovery, full bone density restoration is more difficult and usually results in life-long vulnerability to
fractures. Similarly, fertility is usually restored with the restoration of menorrhoea. However, because pregnancy heightens concerns about weight gain, worsening of anorectic symptoms is common. Due to maternal and foetal deficiencies, miscarriages, low birth weight and birth defects are common.

Dermatological side effects include drying, scaling and discolouring of the skin, thinning and loss of hair, eyelashes and nails. Further, gastrointestinal complications include constipation, chest and abdominal pain as well as complications of hepatic, pulmonary, renal, muscular, skeletal, haematological, metabolic, immune, endocrinal and neurophysiological systems.

One of the leading causes of death in anorexics is cardiovascular complications that arise from structural as well as functional damage, often resulting in heart failure and coma (Brambilla & Monteleone, 2003; Mehler & Krantz, 2003; Nakai, 2003). Gatward (2007), Giordano (2005) and Wilson (2004) share that at 20%, anorexia has the highest mortality rate of all psychiatric disorders. With most deaths resulting from suicide, this figure serves as an indication of the unbearable suffering. By the same token however, Nordbo, Espeset, Gulliksen and Skarderud (2006) share that for many, it represents a death wish and is regarded as a less brutal form of suicide.

The regurgitation behaviours of the binge-purge subtype exert an added toll on complications of the restrictive subtype. Gyurkovics, Tihanyi, Sziarto, Kaliszky, Temesi, SAS, and Kupcsulik (2006) cite a fatal case from extreme acute gastric dilation following an eating binge, which resulted in a dilated stomach, which extended into the pelvis, dislocating the intestinal organs and compressed the aorta and mesenteric veins. Complications of purging include swelling of hands, feet, face, legs, salivary glands and jaw-line as well as gum disease, halitosis and tooth decay from stomach acid (Brambilla & Monteleone, 2003).

While by no means exhaustive, a glimpse at the side effects and complications allows for an appreciation of the breadth and depth of anorexia nervosa. These complications are usually further compounded by a comorbidity of anorexia with anxiety disorders such as anxiety and post-traumatic stress disorder (PTSD), mood disorders such as major depression, personality disorders and substance abuse
The observation of a positive change in eating behaviour with the elevation of depressed mood symptoms has led Meehan, Loeb, Roberto, and Attia (2006) to argue for the probability of anorexia nervosa as a symptom of other disorders rather than a cause.

Taken together, all these factors attest to the complexity of anorexia nervosa and hence points to the need for a well-planned multi-pronged approach to intervention.

2.3 Developmental landscape

Denzin (1989) guides that a primary step in an interpretive study is to collect relevant texts that describe the problematic experience being studied and to subject these to a deconstructive reading. Such a reading should be semiotic i.e. reveal the signifying structures of the experience. At the same time, it should also be read through the lens of feminist theory so that images and conceptions of women that exist within them can be extracted, while also being critical of inherent cultural dynamics.

Discourses on the developmental constellation of anorexia nervosa are explored herewith. As a semiotic deconstruction, this process seeks to dissect the role and significance of biological, socio-cultural, familial and intrapersonal factors while simultaneously revealing their complex confluence. This picture is interwoven with a feminist perspective, which allows for underlying societal values and assumptions to also be interrogated.

2.3.1 Biological factors

2.3.1.1 Genetics, hormones and neurotransmitters

Kaye and Strober (1999) as well as Keel and Klump (in Treasure, 2007) assert that while socio-cultural factors play a role in the developmental course of anorexia, this role is pathogenically insignificant. They cite three factors to support their contention. Firstly, that anorexia was already a clearly recognised syndrome by the mid 19th century in a significantly different socio-cultural milieu. Secondly, that despite the
current pervasive socio-cultural drive towards thinness, anorexia nervosa only affects a low 0.3-0.7% of the population. Finally, that its clearly stereotypical clinical picture in terms of gender, age of onset as well as the litany of side effects and complications all indicate a higher probability of biological than socio-cultural vulnerability.

For Kaye and Strober (1999) biological vulnerability is genetically transmitted. They cite twin studies that indicate a 2.6 times higher likelihood of the binge-purge subtype where an initial diagnosis of the restrictive subtype has been made in the co-twin, as well as heritability estimates of 50-90% in monozygotic (MZ) compared to dizygotic (DZ) twins.

Klump, Keel, Leon and Fulkerson (1999) explain that heritability estimates in twins are based on the equal environments assumption (EEA), which holds that MZ twins are not treated more similarly by their environment than DZ twins and if they are, that increased environmental similarity does not result in increased MZ twin susceptibility for psychological disorders. This means that increased concordance in MZ twins is more likely due to genetic rather than environmental factors. Concurring with this view, Walters and Kendler (1995) similarly report a heritability estimate of at least 80% in MZ twins.

The citing of anorexia nervosa in male MZ twins by Hepp, Milos and Braun-Scharm (2004) offers a rare opportunity to advance the argument for the role of genetics as well as the dilution of the stereotypical gender dynamic. The fact that one twin was diagnosed with the restricting subtype while the other was diagnosed with the binge-purge subtype seems to support both Kaye and Strober’s (1999) as well and Walters and Kendler’s (1995) argument for the high genetic heritability. Equally provocative however, is Gorwood, Ades and Parmentier’s (1998) reporting of a female patient with anorexia whose MZ monochromatic twin had not developed anorexia.

While twin studies offer an opportunity to investigate the nature and influence of genetics, Gorwood et al. (1998) caution that molecular genetics has not yet located the genes potentially involved, partly because the inherited phenotype is not yet known. They point out that beyond twins, studies indicate shared genetic risk and liability in the two subtypes and thereby a significantly higher familial genetic clustering of the
disorder compared to the general population. Evidence indicates that risk of the disorder in mothers and sisters of probands is roughly eight times higher than the general population as well as a phenotypic variation in the degree of severity occurring far more often in relatives of probands. Similarly, Schmidt (2003), Walters and Kendler (1995) share that although tentative, familial risk and liability has indicated high comorbidity with clinical Axis I (mood, especially major depression disorder, anxiety and substance related disorders) as well as personality Axis II (obsessive-compulsive personality disorders).

Brambilla and Menteleone (2003) observe that during remission, the persistent disturbance of serotonin, noradrenaline and dopamine systems indicate pathogenic hormonal dysfunction. In addition, for Klump (2003), the typical onset around puberty indicates genetic heritability of neuroendocrinal ovarian hormones such as oestrogen and progesterone, which are activated around puberty. These hormones are also implicated in the familial prevalence of depression. For Bulik (2001), the impact of genetic and environmental factors changes across developmental stages, such that environmental factors play a higher role in pre-adolescence and genetic factors in adolescence. This variability offers support for Klump’s (2003) contention of the significant impact of hormones around puberty.

Kaye and Strober (1999) highlight a strong association between neurotransmitter modulations and anorexia nervosa. However, because of difficulties in measuring neurotransmitter activity in vivo in humans, it is not possible to tease out cause and effect factors. Suffice to say however, that multiple neuroendocrinal abnormalities have been observed in people with anorexia nervosa, including alteration of the hypothalamic-pituitary-gonadal axis, the hypothalamic-pituitary-adrenal axis, the thyroid system, growth hormone secretion, and fluid conservation, as well as autonomic instability and compromise in metabolic function. Because neuropeptides play a specific role in regulating the rate, duration, and size as well as macronutrient selection, disturbance in their function contribute to anorectic feeding behaviour disturbances. Significant weight loss is observed to increase the secretion of corticotropin-releasing-hormone (CRH), which is highly correlated with physiologic and behavioural changes such as decreased sexual activity, decreased feeding and hyperactivity. Leptin, which acts as a body fat regulator is found in high
concentrations in females due to a higher proportion of body fat in females. While not causal, the significant reduction in leptin concentrations in people with anorexia indicates a physiological response to anorectic starvation.

Winston, Barnard, D'Souza, Shad, Sheralala, Sidhu, and Singh (2006) similarly share a case wherein a pineal germinoma tumor invading the hypothalamus was misdiagnosed as anorexia nervosa due to a clinically similar picture but in the absence of the typical psychopathology. Yucel, Ozbey, Demir, Polat, and Yager (2006) also cite a confounding case of celiac sprue disease symptoms, which also included body dissatisfaction typical of anorexia.

The above observations of organic dysfunction that mimic the clinical picture of anorexia nervosa seem to highlight the need for diagnostic caution. They suggest that a diagnostic distinction be made between organic and psychological symptoms such as conscious and deliberate fat-phobic and organic non-fat-phobic anorexia. It seems therefore that the absence of fat-phobia would possibly indicate neuroendocrinal or other system dysfunction and would therefore need to be excluded before a diagnosis of anorexia nervosa is made. This distinction begins to question the appropriateness of a diagnosis of anorexia nervosa, in the absence of fat-phobia.

Lee, Ho and Hsu (1993) share that in a mixed retrospective-prospective study of 70 Chinese patients who were diagnosed as being anorexic, 58.6% of them did not exhibit any fear of fatness throughout their course of illness. Instead, they used epigastric bloating, no appetite/hunger or simply eating less as their legitimating rationale for food refusal and emaciation. Further, when compared to their fat-phobic counterparts, they were significantly slimmer premorbidly and less likely to engage in bulimic behaviour. For these authors, this distinction points to the pathoplasticity and cultural plurality of anorexia nervosa. They argue that because non-fat-phobic anorexia displays no culturally peculiar features, it is not, strictly speaking, a Western culture-bound syndrome, but that it may evolve into its contemporary fat-phobic vogue under the permeative impact of Westernisation. This distinction, they argue, points to the need for a cross-culturally valid taxonomy. Taking this argument further, Lee and Lock (2007) have even gone so far as to suggest that fat-phobia be removed from the diagnostic taxonomy.
A classic case in support of Lee et al.’s (1993) contention of the need for a cross-culturally valid taxonomy is reported by Fahy, Robinson, Russell and Sheinman (1998). They share that a 16-year-old Ethiopian female started vomiting following 6-month imprisonment and torture, during which a bloodstained rag was stuffed into her mouth to prevent her from screaming. During imprisonment, her weight dropped from 64kg to 45kg. Her involuntary vomiting continued four-and-half years after release from prison. When she was identified by a group of Irish volunteers, she weighed 39kg, at a height of 1.57m and was flown to an Irish hospital for treatment. On admission to the anorectic in-patient ward, she dropped to 35kg on commencement of a liquid reefed diet. However, an intriguing development during this admission was the emergence of perceptual body image distortion. She started to become preoccupied with her increasing weight and even reported a fear of becoming fat when her weight reached 42kg. She also began seeking repeated reassurances from the nursing staff that she was not fat and buying slimming magazines.

Although the premorbid facts of this case are different to those cited by Lee et al. (1993), the acquisition of anorectic fat-phobia under the permeative influence of Westernisation underscores the argument for careful evaluation of underlying dynamics. Further, the identification of spontaneous gastro-oesophageal reflux as well as a depressed mood and anxiety also corroborate Kaye and Strober’s (1999) argument of organic dysfunction as well as Schmidt’s (1998) and Walters and Kendler’s (1995) pointing to the high comorbidity with depression and anxiety in the clinical picture. A further unique fact of the Ethiopian case is that while she was an identical twin, the fact that her twin sister remained in good health, seems to point to unique and unequal environments between the two siblings, as alluded to by Klump et al.’s (1999) twin studies, rather than genetic factors.

The exact nature of interaction between genetic, hormonal and neurochemical factors in the developmental course of anorexia nervosa is highly complex. Proponents of the biological view concede that some of the current indications are nascent and largely speculative, thus pointing to the need for further research.

While the involvement of biological factors in the pathogenic cannot be ruled out, the present study would question what could have transpired in the biological makeup of
black females to only now recently render them susceptible to anorexia. To date, the absence of a clearly isolated gene for eating disorders leans towards a contributory rather than an etiological role of biological factors.

As intimated by Bulik (2001), it may be more the behavioural or temperamental traits that are genetically transmitted. Lee et al’s (1993) distinction between the presence and absence of fat-phobia further emphasises the need to be aware of anorexia-mimicking organic dysfunction, as highlighted by Kaye and Strober (1999) as well as the inalienability of cultural considerations in the diagnostic taxonomy. In addition, these cases begin to lend credence to Oyewumi and Kazarian’s (1992) assertion that the absence of reported cases has been more reflective of the absence of epidemiological studies in the indigenous African population group rather than the absence of the disorder per se.

The above exploration of the biological landscape of anorexia points to a complicated array of genetic, neural, hormonal and various other biologically comorbid factors, which play a predisposing, precipitating and aggravating role in the clinical and diagnostic picture of anorexia. Equally significant, is the vicious cause-effect cycle in the presentation.

Over and above the inconclusiveness of these factors, the inalienability of cultural considerations even within these biological factors further highlights the fact that anorexia nervosa does not manifest in a vacuum. This calls for an exploration of the broader array of socio-cultural factors within which it plays out.

2.3.2 Socio-cultural factors
The upcoming is an exploration of historical discourses surrounding the socio-cultural development of anorexia nervosa. While this exploration seeks to highlight and consider each of the developmental factors in their own right, it is simultaneously a critique of a positivistic lineal causality model.

Therefore, by locating itself within the interpretive genre, rather than attempting to simplify the relationship between society, the family and the individual, it seeks to wrestle with and expose the complexities and layers of meaning, nuance and
contradiction that inhere in this relationship. Therefore, it also draws on the feminist perspective as an eminent discourse on the socio-cultural dynamics of anorexia nervosa, and gives it voice as both a challenge and complement to the traditional understanding of the socio-cultural context of anorexia nervosa.

2.3.2.1 An evolutionary mechanism

Guisinger’s (2003) evolutionary perspective premises that many human disorders arose as ancestral defences against hostile environments. In the case of anorexia, the hostility is identified as famine. As the Adapted to Flee Famine Hypothesis (AFFH) offers, “…symptoms of restricting food, hyperactivity, and denial of starvation reflect the operation of adaptive mechanisms that once facilitated migration in response to local famine” (Guisinger, 2003, p. 748). These symptoms allowed pre-agrarian peoples to diminish feelings of hunger, denounce emaciation and instead, to feel restless and energetic and thereby inspired an optimistic last-ditch exodus in search of greener pastures.

Drawing a parallel with Buss and Schmitt’s (1993) sexual strategies theory, the AFFH further advances that from an evolutionary perspective, a young female’s primary pursuit is to select the best father for her future offspring. This enhancing her chances of genetic immortality, she would beautify herself as best possible in order to be attractive to the best quality males. This view highlights the fact that over the centuries, standards of female beauty have often involved some form of disfigurement, including having their feet bound, their necks, lips, ears and genitalia stretched and heads shaped in competitive attempts to draw male attention. With thinness as the contemporary standard of beauty, anorexia is the contemporary index of competition for males.

This view is corroborated by Faer, Hendriks, Abed and Figueredo’s (2005) study, wherein they found that female intra-sexual competition (ISC) for mates was a primary driving force for anorexia and contributed to ISC for status, general competitiveness, perfectionism, body dissatisfaction and drive for thinness.

Juxtaposing the above contention against Mehler and Krantz’s (2003) pointing out of infertility as one of the side effects of excessive weight loss suggests that having
anorexia would result in a paradoxical effect of selecting those ‘beautiful’ females out of genetic immortality. Similarly, if anorexia were evolutionarily adaptive, it would more likely have affected more members of any given population and have rehabilitative rather than debilitating consequences. Finally, the AFFH would need to explain what evolutionary purpose anorexia would serve under conditions of adequate or abundant food supply as is currently predominant.

Gatward (2007) attempts to answer these questions by asserting that humans are social animals, whose survival depends on belonging to a group. However, this inclination is a two-edged sword that provides protection but also invariably leads to competition for hierarchy and status. Because being excluded or at the bottom would be tantamount to extinction, ‘social attention holding power’ describes an individual’s ability to hold attention and gain investment from others, thus enhancing one’s sense of belonging and thereby, self-esteem. In a competitive environment, those lower down feel less in control and exhibit submissive behaviours as a way of mitigating possible threat and exclusion from those at the top of the group. In turn, this behaviour serves to stimulate caring investment from others, this being a different form of social attention holding power. This is particularly adaptive in intra-sexual competition, where perceived submission and weakness in a female would stimulate a protective response from a more powerful male. This would invariably lead to reproductive enhancement and further survival of those lower down in the group.

With its exploration of the evolutionary meaning and adaptive function of what are otherwise peculiar behavioural patterns, the evolutionary perspective offers a good starting point from which to explore the social evolution of these symptoms beyond nomadic hunter-gatherers. Such an evolution reveals that these symptoms intertwine with complex socio-cultural discourse.

2.3.2.2 Religious and political ascetism

Unlike dieting, which is a measured reduction of food intake, self-starvation, i.e. the prolonged and wilful total abstinence from food runs contrary to basic human survival behaviour. Bemporad (1996), Bruch (1974) and Rusca (2003) chronicle the symbolic meaning that food by both its consumption and refusal has occupied over the ages.
Pointing to the fact that it is only in societies or times when there is an abundance of food that self-starvation becomes significant; they reveal that over different socio-cultural milieu, self-starvation and later dieting, have been inalienably intertwined with dominant religious, socio-economic, socio-cultural and political discourse.

Bemporad (1996) views self-starvation as the ancestry of anorexia and traces its roots to ancient Eastern philosophy and religions. It is in the self-reflective Eastern consciousness that the body-mind duality emerged, which lauded spiritual or intellectual aspects and aspirations above the material as symbolised by the body. Rather than being merely different to the body, the mind, soul and spirit were regarded as being above and in control of the body and all its desires, including the desire for food.

The earliest record of the translation of this ideology into religious practice shares that by the 6th century B.C., prolonged self-starvation, often to death, was already a well-recognised suppression of physical needs in the quest for spiritual enlightenment. Behind this suppression was the belief that the material plane, with all its needs was a ploy to lure people from spiritual purity as their highest obligation and virtue. As such, Vardhamana, founder of the spiritual sect of Jainism is believed to have fasted to death. A Hindu myth tells that goddess Uma starved herself for 36,000 years as a form of renunciation of the material world. The Buddha is also believed to have undergone a phase of severe self-starvation in his quest for spiritual enlightenment (Bruch, 1974; Mogul, 1980).

Of significance however, is that it was predominantly men who initially practiced severe fasting. It was only in early Renaissance, from around the 13th century that some women began to engage in what was termed ‘holy anorexia’, as a form of religious piety and devout service to God. Interwoven into this choice however, was the ability to escape arranged marriages and the accompanying demands and expectations of childbirth, child rearing and subordination to the husband (Bemporad, 1996).

A striking difference between ancient self-starvation and the current conceptualisation of anorexia was the absence of a pursuit for thinness. Lee et al. (1993) share that
when Sir William Gull coined the term *anorexia nervosa* in 1874, he made no mention of fat phobia, but suggested that the motive was mental perversion. The characteristic fear of fatness did not emerge as a predominant motive for food refusal until around 1930. Similarly, the drive towards thinness emerged only around 1960.

Instead of what was deemed hedonic indulgence, such women intensified their religious devotion by dedicating their time to prayer and becoming nuns; some even flagellating themselves in imitation of the Christ’s passion and devoting themselves to the tireless service of the poor and sick. In return, their sanctity was regarded with a sense of reverence as God’s chosen few and, having found favour with God, they were rewarded with sainthood by the Roman Catholic Church (Bell, in Guisinger, 2003; Bemporad, 1996).

A turning point came when the Catholic Church debunked the status given to such women, ruling instead that nobody could have direct communication with God except for priests, who invariably were male. Such women once hailed as saints were later reviled as demon possessed and despised for having failed to embrace their predetermined domestic role. This, together with a switch from a religious to a medicalised explanatory ethos saw a rapid decline in religious self-starvation by women (Saukko, 1996; Wilson, 2004).

Griffith (2001) points to the recent rise in religiously anchored and church sponsored programs that combine Bible study, prayer and devotional music with the usual instruction and weighing. These largely evangelistic programs preach that being fat is a poor witness for God. One such evangelist, Stormie Omartian preaches deliverance from being overweight in book titles such as ‘Pray Your Weight Away’, ‘I Prayed Myself Slim’, ‘God’s Answer to Fat’, ‘Slim for Him’ as well as ‘More of Jesus, Less of Me’.

More recently, Marsden, Karagianni and Morgan (2007) point to an ethical and clinical management dilemma arising from the intersection of spirituality and mental health. They identified five themes i.e. locus of control, sacrifice, self-image, salvation and maturation and share that for those patients that understand their eating
disorder in religious terms, it is difficult to challenge their belief-based behaviours without seeming to undermine patients’ faith.

At a political level, Bruch (1974) points out that the anxiety generated by fear of starvation is so basic to human survival that it can be used powerfully to manipulate people towards or against a particular purpose. As with religious discourse, starvation has been used over the ages as a powerful political weapon. Hitler’s regime stands as a poignant example of imposing starvation as a means of punishment and extermination.

On the opposite side, hunger strikes, as self-imposed starvation, are a known from of political protest that has been used to good effect over the years. In ancient Japan for example, a man could humiliate his enemy by starving himself to death on the enemy’s doorstep (Bruch, 1974). Hunger strikes in South Africa’s political history are a recent, yet befitting parallel. This practice speaks of the paradoxical conviction of ‘living’ up to a particular principle by being willing to die for it. Judging from the possible side effects of anorexia nervosa, the two are perhaps not too dissimilar.

In an analysis of patients’ perceptions of self-starvation, Nordbo et al., (2006) found patients tend to appreciate their symptoms and experience them as psychologically meaningful. This meaning is expressed in terms of eight constructs i.e. self-starvation provides a sense of stability, security and predictability, is a way of avoiding negative emotions and experiences such as the struggle to live up to their own and others’ expectations, is an expression of inner strength and invulnerability, receiving compliments allowed them to feel worthy and increased self-confidence, shored up a sense of having a separate and distinct identity and sense of self, is a means of eliciting care from others and lastly, a means of communicating difficulties and a wish to disappear because life was unbearable.

Gleaning from the above suggests that whether from a religious or political or personal context, self-starvation, although extreme, is so psychologically significant that the benefit justifies the means. Against this extremism, dieting appears to be an attenuated compromise.
2.3.2.3 Dieting
Like self-starvation, dieting, which Schwartz (1986) traces to early Greece, is steeped in the historical tapestry of meaning making. It would permeate Europe and America, culminating in what came to be known as Western thought. It evolved into a distinct discourse, which Schwartz (1986) chronicles from ‘the thin body and the Jacksonians’, ‘the buoyant body in Victorian America’, ‘the balanced body at century’s turn’, ‘the regulated body’ and ‘the measured body’.

Schwartz (1986) offers that the culture-bound history of dieting was shaped by the theatre of human social life, and therefore “…must be understood in terms of a confluence of movements in the sciences and in dance, in home economics and political economy, in medical technology and food marketing, in evangelical religion and life insurance” (p. 4). It debuted in late medieval Europe’s theatrical attempts at social reform in response to observed gluttony of the time. Of importance however, during this epoch, is that emphasis was placed on gluttony itself without much concern for the accompanying weight gain or the shape of the glutton.

2.3.2.3.1 A measured body
In the early modern period around mid 1500s this moralistic view was substituted for a bio-medical view, instigated by a phalanx of esteemed Venetian doctors. Taking the lead, physician Cornaro advocated that everyone could become their own physician by simply keeping a strict watch over their appetite.

Following in his footsteps, another physician, Santorio, would be convinced of the need for an arithmetically methodical instrument to measure weight, which led him to invent the first rudimentary steelyard scale. He dedicated himself to discovering the laws underlying changes in the human body, by meticulously measuring his meals, exercise, sexual activity as well as evacuations. Relying on a ritual of applied mathematical ratios, he arrived at a scientifically healthy proportion that all should strive towards. Thus began an obsessive vigil over body weight in the West, with ever increasing improvements on Santorio’s scale to ensure meticulous measurement.

It is noteworthy that the surge in dieting and weighing oneself should dovetail with the first description of anorexia nervosa in the early 1870s (Russell, 1995). As
pointed out by Keel (2003) and van der Ham (1997), it is equally not surprising that by the 20th century, dieting and anorectic behaviour and attitudes had so permeated Western culture, that it was only a matter of varying degrees of severity.

Exploration of the historical dynamics of both self-starvation and dieting seems to reveal a complex yet burgeoning relationship with anorexia nervosa. This relationship seems to bespeak a society struggling to negotiate a healthy balance. This struggle not only plays out in religion and politics but also finds expression in other forms of social discourse such as race, ethnicity and social class and in various acculturative processes as well as in mass media and the fashion and beauty industry.

### 2.3.2.4 Race, ethnicity and social class

From the general association of extreme thinness with poverty, it would be expected that anorexia would be more prevalent in people with low income and socio economic status. However, its high prevalence in middle to upper class and its colloquial label as a ‘disease of affluence’ clearly indicates a paradoxical relationship with economic status. Of this, Selvini-Palazolli (1985) asserts that the culture of affluent consumerism presents a gaping contradiction in that as food becomes more abundant, so does the demand for self-discipline and the obligation to be thin. This sentiment echoed by Chernin, (1981); Hamilton, (1998); Schwartz, (1986); Seid, (1994) and Wooley, (1994).

According to Nielsen (2000) Western standards of beauty increasingly became focused on a woman’s thinness only after white women were granted the right to vote, started working outside the home in large numbers, and became equal to white men in terms of college graduation rates. Browne (1993) highlights a correlation that the more black women identify with or interact with white upper class culture, the more likely they are to adopt ‘white’ attitudes to physical appearance, such that among many upwardly mobile black Americans, a woman with a heavy body and large hips is considered more ‘lower class” looking than a skinny woman. Willemsen and Hoek (2006) report a similar trend on the Caribbean island of Curacao.

This perception is stronger in women who live in predominantly white areas outside their own racial and cultural community, who attend predominantly white schools and
is seen as a means of negotiating acceptance and trying to cope with identity issues. Kuba and Harris (2000) observed a similar trend in Afro-Caribbean British women, African American as well as African and Latino adolescents who recently immigrated to the United States.

From the above, it would seem that upward economic mobility is not a neutral process, but one that is laden with a re-evaluation of cultural values and sense of self. Osvold and Sodowsky (1993) point to the fact that women see extreme thinness as a means to gaining power, status and economic security. This aspiration may go someway in explaining the observation by Crisp (2002), Dolan (1991), Kuba and Harris (2001), McClelland and Crisp (2000), Nielsen (2000) and Selvini-Palazolli (1985) of an emergence of distorted eating attitudes in lower income, working class groups as they aspire towards greater socio-economic status.

2.3.2.5 Acculturation
The first citing of anorexia in Europe and America and its almost exclusive confinement to this region over the centuries served to justify its label as a Western, culture-bound syndrome.

Dolan (1991) describes culture, as a complex whole that includes knowledge, behaviour, morals, customs and often religion. Because culture speaks of belonging to and living up to the values of a particular social group, it provides one with a sense of identity. Nasser and Di Nicola (2001) add that identity is constituted within a social system and requires the reciprocal recognition of referent others, i.e. group affiliation as a means of placing one’s life in a larger context. Taken together with Adams et al.’s (2000) assertion that body weight concerns are cultural rather than health constructs, this understanding of the role of culture in one’s sense of self, including one’s sense of body weight and image is of particular relevance.

Gordon (2001) notes that Japan was the first county outside of the West, where anorexia nervosa was first observed after the Second World War and has been reported to be on the increase since then. In Latin America and indigenous Africa, where the voluptuous female figure has traditionally been celebrated, anorexia nervosa was first observed in the 1970s and early 1980s respectively and similar to
Japan, is reportedly on the increase. Countries where it was first observed after 1990 include Argentina, Hong Kong and Mainland China, India, Mexico, Singapore and South Korea as well as in black South Africans.

For Kuba and Harris (2001), this rapid infiltration and dilution of indigenous cultures in the 1990s speaks of acculturation, which they define as the process of change from the culture of origin’s values and beliefs toward the integration of the host culture’s values and beliefs.

An important source of this cultural change is the process of urbanisation. Within a country, cultural differences are generally observable between people leading a traditional lifestyle, usually in rural areas and people leading a more cosmopolitan lifestyle, in urban areas.

In a comparison of the degree of urbanisation between countries, the West (Europe and the United States) is generally regarded as the most urbanised and the urbanisation process of the rest of the world is differentially measured against this Western norm. The notion of a global village is commonly used to denote the lowering of boundaries between countries thus allowing the migration of people from one country to another. Whether it is within a country or on a global scale, this migratory exchange results in the dilution of previously distinct cultural and lifestyle systems (Kuba & Harris, 2001).

With technology as the key currency of globalisation, the mass media serves as the information highway, disseminating information about the world, normative behaviour and appearances (Andersen & DiDomenico, 1992; Dietz, 1990; Fredrickson & Roberts, 1997; Harrison & Cantor, 1997; Levine, 2000; White, 1992).

With world media under Western control, it is used to flood Western cultural images globally, resulting in the migratory process being permeated by covert demands on immigrants to conform to these images as a ‘condition’ of assimilation and negotiating acceptance into their new context.
Jacob (2001, p. 2) reports on Chinese students living in the United States “…in an effort to assimilate, immigrants may overcorrect real or imagined deficits, and that in this effort, females may focus specifically on their body owing to cultural norms.” Osvold and Sodowsky (1993) compared a group of middle to upper class Arab students living in London to a group of similar background living in Cairo and reported a similar trend. Willemsen and Hoek (2006) also share a case of anorexia in a woman from Curacao Island, who was trying to assimilate into The Netherlands body image ideal.

An important aspect of acculturation by the media is that through imagery these Western cultural norms come to permeate other cultural contexts even in the absence of the physical emigration of such people to the West. The introduction of television in Fiji is a case in point (Crisp, 2002).

Within a country, the integration of previously racially and culturally segregated amenities such as schools serves as a context for cultural exchange. With integration taking place predominantly through the assimilation of different racial and cultural groups into historically white schools, in historically white suburbs, the result has been the adoption of Western values as lived by the majority white student population. As a global phenomenon, this trend among black and white student populations in the United States is reported by Bagley, Character and Shelton (2003), Browne (1993), Hsu (1987), Nielsen (2002), Osvold and Sodowsky (1993), Stiegel-Moore, Dohm, Kraemer and Taylor (2003). As similar profile is observed in South Africa by Szabo et al. (1995), Szabo (1999), Szabo and Le Grange (2001), Szabo (2002), Senekal et al. (2001) as well as in Zimbabwe by Buchan and Gregory (1984), Hooper and Garner (1986).

While acculturative processes may play an undeniable role in the developmental landscape of anorexia nervosa, Kuba and Harris (2001) caution about the importance of drawing a distinction between the development of eating disorder behaviour and distorted eating attitudes.

When comparing White American, African-American, Native American and other foreign women, they found that while there was a higher prevalence of anorexia
nervosa in white American women, there was a lower incidence in the African-American, Native American and foreign group. They point out that among the factors accounting for this is that African-American women have a more positive attitude about their body size and are less concerned about dieting than their white counterparts, a sentiment shared by Bagley et al. (2003).

Nielsen (2000) similarly shares that African-American women have a greater sense of responsibility, recognise from an early age that they will have to work and raise children, often as single parents and are therefore under more pressure to succeed academically and in their careers than their white counterparts and even their male counterparts.

In this context therefore, while there were indications of distorted eating attitudes even within the African-American, Native American and foreign group, their cultural norms were indicated as a mitigating factor against potentially acculturative pressure, while Western cultural norms were indicated as an aggravating factor in white American women.

While cultural exchanges contribute to changes in eating attitudes and behaviour, it would be erroneous to conclude deterministically that this role is causal, as studies cited indicate that these exchanges take place in a complex push and pull relationship between cultures and that in some instances culture may even play a mitigating role.

2.3.2.6 Mass media
The role of mass media in the incidence and prevalence of anorexia nervosa is contentious. Some regard the media as the purveyor of images to the public while others see the media as a symptom of a much deeper underlying cause.

In their study of the relationship between media use and disordered-eating, Harrison and Cantor's (1997) content analysis of television revealed that 69% of female characters were thin, compared to 17% male. Similarly, women’s magazines featured on average ten times more dieting articles and adverts than men’s. This ratio corroborates the frequently quoted gender prevalence rate of anorexia of at least ten

Harrison and Cantor (1997) employed Bandura’s 1997 social learning theory to account for the process by which the thin body ideal and extreme dieting behaviour is promoted in the media i.e. through prevalence and depiction. They concluded a positive correlation between the prevalence of diet-related images, adverts, thin-bodied models and characters and the modelling of extreme dieting behaviours.

Anticipated external rewards such as social acceptance and fame are identified to serve as incentive and reinforcement for such behaviour. In terms of thinness depiction, they found that television drama portrays characters as eating very little while their alcohol consumption is disproportionately higher.

Dietz (1990) contends that on an annual average, children and adolescents spend more time watching television than any other activity including being at school, with sleeping time as the only exception. Thus television serves as a major source of contradictory information about the world, behaviour and appearances. By the same token, women’s magazines, by consistently featuring diet adverts and articles are highly implicated in the development of eating disordered attitudes and behaviour.

Considering the pivotal role of the media as a mass communication vehicle in industrialised society, Dietz (1990) concludes that the high prevalence of contradictory eating disorders such as anorexia, bulimia and obesity are reflective of the contradictory messages and role of the mass media. This contradiction carries through in the recent proliferation of websites promoting dieting regimes as shared by Griffith (2001) well as in pro-anorexic sites with catchphrases such as Starving For Perfection and Beautiful By Bones (The Star, 2003).

Crisp’s (2002) study in Fiji observed the development of anorexic and bulimic eating disorders in schoolgirls three years after the introduction of television. This being a culture where robust appetite and body shapes have historically been highly favoured and no such eating disorders had previously been observed, a causal relationship
between the introduction of television, the modelling effects of thinness-promoting images and eating disorders was concluded.

Levine (2000) as well as Thomsen, Weber and Brown (2002) caution that the association is more from the internalisation of this thin ideal rather than mere depiction or viewing of such media images. They do acknowledge however, that by their emphasis on physical beauty, these images foster self-evaluation and self-development along unattainable ideals and thus ‘pressure’ women to try harmful means to their attainment.

Concurring with this caution, Banfield and McCabe (2002) point out that individuals who focus on body shape and appearance are more likely to participate in behaviours associated with dieting and grooming. Further, that those who internalise the cultural standard and apply it to their body image experiences use a ‘self-evaluation goodness of fit test’ and adjust their dieting, exercising and grooming behaviours to manage the discrepancy between the cultural ideal and their body image experiences.

While there seems to be a relationship between the mass media and the prevalence of anorexia nervosa, the order of genesis is unclear and inconclusive. An investigation by the British Broadcasting Corporation (BBC) in 2000 indicates that six girls from a rural school in Ghana were found to have very low weight caused by self-imposed diets (BBC News Online, 2000). The appearance of these symptoms in the absence of exposure to Western media images questions the causal role of the media in anorexia. By the same token however, in the same period a British woman who suffered from anorexia reported that together with family problems in her upbringing, the media played a significant role in her becoming anorexic (BBC News Online, 2000).

The difficulty in establishing a clear relational path between the media and anorexia nervosa points to a far more complex relationship than would be appreciated from cursory observation.
2.3.2.7 The fashion and beauty industry

Closely allied to the media, the role of the fashion and beauty industry in the incidence and prevalence of anorexia is equally contentious. Chernin (1981), Osvold and Sodowsky (1993), Russell (1995), Seid (1994) point out that since the introduction of Twiggy as a fashion model in the late 1960s, top designer models, candidates for Miss America as well as Playboy centrefolds have become increasingly slimmer and have fallen well below the national norm over the years in this billion-dollar industry.

The fame, fortune and prestige associated with succeeding in this industry pressures women to aspire towards beauty ideals regardless of the cost to their bodies and health. Russell (1995) shares that these changes in ideal weight occurred within the context of increasing weight norms for the general population.

The body ideal represented by models and actresses presents a glaring paradox. These body types represent a significant deviation from the anthropomorphic reality of the average female body, yet they hold so much sway that anorexia nervosa is virtually the only phenomenon where the majority are starving themselves trying to emulate an insignificant, illusive and unrealistic minority. For this reason, Seid (1994) comments that as a social phenomenon, anorexia nervosa, where less is more, reflects a curious and uncanny inversion of capitalist values.

For Chernin, (1981), this contradiction raises a number of questions, such as why, of all successful female role models, it is the fashion, beauty and acting models whose success assumes such epic proportion to the extent that in a quest to emulate them, women go all out to compromise their health and even risk losing their lives. Also, why is it that above all the successes that women have accomplished over the years academically, in business, science and technology, their physical appearance continues to hold so much sway that even high achieving women adopt attitudes and engage in behaviours that defy their intellect.

Even more curious is why the opposite is not equally true i.e. why male fashion and acting models pale in significance when compared to the prominence accorded their counterpart role models in business, science and technology as well as academia. Few
men, if any are dying in efforts to emulate the stature and physique of male fashion models. Where they are, as observed by Chernin, (1981, p. 92) it is in the opposite direction to women, “… broad shoulders, muscular arms, thick necks, powerful bodies …a diet that makes them strong, exercise that makes them powerful, an attitude toward their body that ‘builds it up’ and makes it massive….”

Russell (1995) shares that artistic output around the 1800s and even after 1900 tended to portray fulsome female models as a vision of female beauty. Over time however, the language of seduction became a secular art, with women’s naked bodies being traded in erotic as well as commercial pornography, where they were used to sell products, including fashion. As shared by Frankel (2004, p. 12), “in the 60s, Yves Saint Laurent caused a minor scandal when he sent out a model bare-breasted in a sheer chiffon blouse.”

For Seid (1994) this signified a turning point in the meaning vested in the female body within the arts; when ‘the naked’, a merely undressed human body, was turned into ‘the nude’, an artistic transformation into a symbol of flawless beauty. Through fashion as an art form, women were ‘conned’ into aspiring towards the attainment of such flawless beauty.

Increasingly since the 1960s, the focus of women’s fashion shifted from the clothes covering the body and became more about the body itself, “[w]ith the introduction of the miniskirt and teeny tops, women’s legs, thighs, and upper bodies were suddenly revealed, bereft of the aid of body-shaping under-garments” (Seid, 1994, p. 10).

As previously hidden body parts were revealed and became the subject of public scrutiny, women were under pressure to transform what were previously regarded as naked bodies into the nude ideal.

While this has been a recent experience of women, Schwartz (1986) points to a striking contradiction that since the 1860s when men abandoned form-fitting clothes that required them to augment their bodies to fit the dictates of fashion, men’s fashion has evolved in the opposite direction to that of females i.e. it has been fashioned around the male body. Women on the other hand have had to augment their bodies to
fit into fashion. However, Schwartz (1986) is quick to point out that fashion cannot, of its own, assume causal priority and insists that it is the body itself that stands at the centre of the controversy rather than fashion per se.

Fredrickson and Roberts (1997) reflect on the centrality of the body in fashion through the lens of objectification theory. This theory places the female body in a socio-cultural context, and thereby elucidates the lived experience of women as they are subjected to sexual objectification, “…whenever a woman’s body, body parts, or sexual functions are separated out from her person, reduced to the status of mere instruments, or regarded as if they were capable of representing her… and valued predominantly for their use to or consumption by others” (p. 174).

For Chance (2004), such objectification is forged within a socio-cultural milieu where men enjoy a socially sanctioned right to inspect, gaze at and evaluate the female body. This is invariably the case in beauty pageants, fashion shows, music videos, sports advertising and internationally eminent annual events such as the Grammy and Oscar Awards, whose media caricature of female celebrity body shape and couture echoes long after their professional achievements and accolades are forgotten.

Alluding to the objectification of famous and beautiful women, a recent newspaper article points out that fashion and beauty celebrities like Victoria Beckham, Sarah Jessica Parker, Nicole Kidman and former Hear’Say singer Myleene Klaas are looking dangerously thin and unhealthy yet they are adored, photographed, drooled over and worshipped for their bodies (“Anorexia”, 2003). The article contends that with such role modelling, the prevalence of anorexia nervosa in younger women who look up to these celebrities is not surprising.

Echoing this sentiment, Chance (2004) labels the contradictory coupling of these thin supermodels with documentaries on grossly fat women and the men who love them as well as the new ‘bootylicious’ trend where young girls are enduring liposuction in order to make their backsides bigger as a recipe for disaster. She laments that against this bombardment with such contradictions, having a realistic and rational body image while maintaining healthy habits becomes bewilderingly impossible.
2.3.2.7.1 A degree of atonement?

While mass media and the fashion and beauty industry may be implicated in the prevalence of anorexia, Chernin (1981) defensively argues that the war needs to be waged against the girdles of culture rather than the girdles of fashion. A similar sentiment is expressed by Giordano (2005), who asserts that fashion and the people with an eating disorder express a common phenomenon i.e. a preference for thinness. Further, that fashion and the media are not the cause but an effect and that the real causes of eating disorders are found in morality.

For Seid (1994), while the evolution of fashion, especially in the 20th century may have exerted undue pressure on women to conform to the thin body ideal, it is the unholy alliance between societal and fashion authorities that has allowed this drive to get out of hand. By their failure to reign in fashion authorities, moral custodians such as the health sector, the clergy, teachers and parents abrogated their social responsibility, and thereby covertly colluded with mass media and the fashion and beauty industry in the destruction of the female body and thereby, female identity.

Recent media features seem to indicate nascent attempts by societal and media authorities to put brakes on the scourge of thinness-depiction and thinness-promotion. Shaw (1998) shares that in 1996, the Omega watch company withdrew its advertisements from *Vogue* magazine in protest to the magazine’s use of distasteful pictures of a model of anorexic proportions, which Omega felt could negatively influence the magazine’s audience of young and impressionable females.

In 2000, fashion editor of *Fairlady*, a leading international women’s magazine was quoted to have argued that models have a responsibility to look good, that their exclusive focus should be to stay slim and perfect and that they must be willing to pay considerable emotional, physical and financial price to achieve and maintain this. Further, that the magazine has no responsibility to use larger women models because fashion and advertising are about glamour and fantasy, not day-to-day reality (“Naked Truth”, 2000). Giordano (2005) also shares that a magazine editor argued that they use skinny models because that’s what the public want to see and people buy more magazines with skeleton-like pictures; this implying that magazines simply respond to public demand.
However, Smith (2004) reports that in 2003, *Fairlady* took repentantly unprecedented decision to prohibit the advertising of ‘miracle’ diets from their publication. This move was spurred by the magazine’s belief that by their depiction of extreme thinness, such advertising promotes an ideal that fuels unrealistic expectations of what women should look like. According to this magazine’s editor, this is contrary to the magazine’s editorial position of promoting self-acceptance and nurturing in women and society in general.

Considering the potential loss of advertising revenue from this stance, this move may be seen as a subtle admission by a major media player of their role in fuelling the scale of eating disorders. If so, this would potentially go some way in sending a strong message to society to recognise and join-in in the fight against eating disorders.

This magazine’s decision follows an earlier intervention by the United Kingdom’s 10 Downing Street and First Lady, Cherie Blair, who reportedly invited magazine editors and media representatives to a summit to address the media’s role in encouraging anorexia nervosa in young girls. These editors pledged to adhere to guidelines aimed at reducing the depiction of matchstick models and similarly agreed to vary the female shapes depicted in their magazines to be in line with society in general.

Subsequent to this discussion, an analysis of magazines revealed an attenuated depiction of models than their counterparts a decade ago (The Star, 2003; BBC News, 2000). More recently, a United States legislator in Louisiana is reported to have submitted a bill that would make it illegal for any person in that state to wear low-cut trousers that start below the waist and thereby expose skin or underwear. Transgression of this bill would carry a penalty of a $500 fine or six months in jail (Frankel, 2004).

While these measures may seem to indicate a possible turn in consciousness among societal and media authorities, the fashion world is reported to have mixed reaction to the impending legislation. Frankel (2004) reports that some of the top designer houses like Prada, Marc Jacobs and Chanel support the move, while others like Parasuco Jeans Co. argue that it is pushing fashion back to the 1800s.
Dr. Elaine Salo, a University of Cape Town anthropologist is reportedly sceptical of the decision by *Fairlady*, arguing that the acid test of their commitment would only be when this magazine puts a big-bodied person like local music diva Sibongile Khumalo on its cover page as a demonstration of their renunciation of the ‘skinny is beautiful’ paradigm (Smith, 2004). Until then, she argues, this move is little more than just cosmetic lip service.

While the legislator’s bill may be laudable, its one-sidedness is questionable in that it seeks to penalise the consumer while the fashion industry is left unscathed. Similarly, by addressing her concerns of thin models depicted in the media, Blair like her American legislator counterpart leaves the modelling fraternity, which churns out and parades these thin models for the media to publicise unchallenged. This reflects a flawed mentality that by not depicting thin models in the media, it means that they do not exist. This seems more like hiding the problem or treating a symptom rather than addressing it at the source. Whether these gestures by societal, media and fashion authorities are genuine and sufficient to initiate and contribute to an international turnaround in the incidence and prevalence of eating disorders such as anorexia nervosa and bulimia remains to be seen.

### 2.3.2.7.2 A quest for the sublime?

Lintott (2003) concurs with Chernin (1981) that the anorectic obsession with thinness transcends the dictates of fashion and beauty. Lintott (2003) offers that while this quest may begin as an attempt to embody the ever-elusive beauty ideal punted in the media, at some point in the pursuit, this external goal becomes a side issue and eventually, irrelevant and thereby loses the power to sustain itself. Beyond it though there lies an extra-aesthetic source of motivation; a deep-seated internal quest to transcend the physical self with its basic need for nourishment and thereby to defy and dominate nature.

Contradicting the common perceptions that anorexics are out of touch with internal bodily sensations such as hunger and fullness, Lintott (2003) argues instead that it is because they are painfully aware of their appetite and hunger that denying, fighting and subduing it becomes their *raison d'être*. In the absence of being haunted by hunger, triumph over it would become meaningless and empty. It is thus through an
anorexic’s assertion of their internal willpower that they demonstrate that their existence transcends the very physical aspects by which they are identified at every turn.

For Lintott (2003) this serves as evidence that the emotion of the sublime is stronger than the emotion of the beautiful. As with the emaciated model, in the anorexic’s mind, the attainment of this pursuit to dominate nature becomes an end in itself, giving her a sense of power and respect, which in her mind, she cannot attain by any other means.

Echoing this sentiment, Giordano (2005) asserts that the roots of this lie in the metaphysical conception of the human as a composite of ontologically separate entities i.e. body and mind, which are not merely descriptive but normative. Within this duality, fasting has been associated with control over the chaotic passions of the body, this being equated with physical and spiritual purity.

As paradoxical and absurd as it seems, there is moral virtue accorded to such ‘transcendence’. For Giordano (2005), this metaphysics is the moral foundation of anorexia, to be found in society. The power and prestige these very thin fashion and beauty models command does lend some credence to the view that thinness is not merely beautiful but has symbolic value. This assertion seems to resonate with Bemporad (1996), Bruch (1974) and Rusca’s (2003) chronicle of the symbolic meaning that self-starvation has occupied over the ages.

2.3.2.8 A gendered agenda
The foregoing exploration of the socio-cultural history of anorexia nervosa raises a curiosity of why it has remained an exclusively female malady when society is bi-gendered.

Hoek et al. (2003) and Mehler and Krantz (2003) cite a female to male ratio of between ten to twenty females for every male. This question becomes even more pressing when considered against the fact that both self-starvation and dieting as somewhat of the ancestral roots of anorexia nervosa emerged predominantly as the preoccupation of men (Bemporad, 1996; Schwartz, 1986).
According to Schwartz (1986), this paradox has to do with the different societal meaning and significance vested in self-starvation, dieting and being fat when observed in males as compared to females. In males, self-starvation bore witness to male spiritual superiority. Gluttony epitomised savage devouring and therefore being fat became an assertion of male physical power. Dieting became a muscular act of will and athleticism, which also inspired admiration and respect.

In females however, self-starvation was seen as an invasion of what was seen as exclusively male territorial superiority. Therefore, such women were seen as seeking equal recognition as men and this was viewed with disdain. In females, being fat was placed in a bigger ecology of hormonal fluctuations that are beyond a woman’s control and lumped together with the bodily changes of puberty, pregnancy and menopause. Fat women were thus pitied as helpless victims of their own biological constitution and for that reason, could not be trusted to will themselves into dieting without male intervention (Schwartz, 1986). The irony however, is that this acknowledgement of biological processes that are beyond women’s control did not spare fat women from further victimisation as, unlike their male counterparts, they were disparaged for being sexually sluggish and emotionally unstable.

Giordano (2005) also confirms that the mania of thinness dates back to the 1800s, with the use of tight lacing and corsets to display a ‘wasp-waist’ even though it was known that this was detrimental to women’s health. Further, that women used to castigate themselves in order to conform, to the extent of drinking vinegar and lemon juice to lose weight.

These accounts of the different discourses attributed to male and female physiology goes someway in explaining the pressure women be subjected to in an attempt to control their bodies and thereby the gender skew in the prevalence of anorexia nervosa cited by Hoek, van Hoeken and Katzman (2003), Katzman and Lee (1997) as well as Mehler and Krantz (2003).

It is precisely this gender asymmetry that rests at the heart of the feminist perspective of anorexia and the feminist opposition to conventional accounts’ neglect of the societal dynamic that significantly shape this gender skew. From a feminist
perspective, this gender bias is not a neutral historical coincidence but a symptom of calculated social engineering.

### 2.3.2.9 A feminist lens

Wilson (2004) highlights that the psychiatric model of disease assumes that illness resides within the individual. By pathologising women’s lives, this model contributes to the oppression of women, through social control, surveillance and its high regard for ‘objective’ expertise over personal ‘lived’ experience. Further, it participates in the cultural scapegoating of ‘deviant’ females and acts as the definer of ‘truth’. In contrast, feminist theory recognises that diagnosis and treatment are shaped by the social and political context. Therefore, this perspective seeks to disrupt and displace dominant and oppressive ‘knowledge’ and convey multiple ‘knowledges’ and ‘truths’ about women and self-starvation, as an issue that is undisputedly related to issues of ethnicity, class and gender.

Seid (1994) and Wooley (1994) offer an account of the marriage between gender and eating disorders. Without disputing Bemporad (1996) and Schwartz’s (1986) chronicle of the history of self-starvation and dieting, they argue that this history was not neutral. Rather, it was a well-orchestrated patriarchal political agenda; one that by exploiting sexual differences was able to systematically conspire against and vilify not only the female body but also simultaneously, the value and worth of the person within.

Bruch (1974) offers that the archaeological discovery of thousands of very fat female ‘Venus’ fertility figurines dating as far back as 25,000 B.C. serves as evidence for the pre-existence of goddess worshipping cultures in Europe. These were conquered and subordinated by patriarchal cultures, rendering women the property of male kin and giving men monopolistic control over the ways in which women and their bodies would be depicted in accordance with the patriarchal dictates of the time. This led to the collective subjectivity of women to patriarchy and, over the centuries of inculcation, turned women into accomplices in their own oppression.

For Wooley (1994) one of the powerful methods of female subjugation was through the patriarchal interpretation of sexual differences. Around the 2nd century, Galen, a
Greek physician, drew from the Biblical allegory of Eve being created from Adam and formulated a one-sex theory. In this theory he asserted that men and women were variations of one sex, in which men were superior. As God is superior to man, a pecking order was established, where women were lower and imperfect variations of men. Their purpose was reduced to tending the growth of the human seed planted in them by males, the true primordial parent. Later, a two-sex theory was formulated in the Victorian era around the mid 19th century, when sexual differences were further exploited as a basis for socio-economic and political arrangements.

In 1843, the discovery of spontaneous ovulation in dogs not only further distinguished males from females hierarchically, but was used as sufficient evidence for equating female sexuality to the behaviour of animals in heat, where during menstruation, women were seen as exhibiting the unbridled madness of animals in heat. This monthly instability of women provoked the need for a taming of female sexuality, to protect society from the chaos that would ensue from women’s manic sexual indulgence and ensure the fulfilment of her role in the patriarchy i.e. to become a good wife, mother and procreator, as advocated in Galen’s one-sex theory. All the while, as female identity was being diminished and devalued, male identity was elevated, with men being accorded increasingly higher socio-economic and political standing.

Offering a more recent perspective of macro-level dynamics, Orbach (1993) asserts that anorexia provides an unusually visible example of the way psychic structure and symptom formation are determined by three factors, i.e. the social climate of a period, attempts of each generation to find its place in the world and particular models of parenting. Viewing anorexia as a metaphor for our age, Orbach (1993) argues that it is a dramatic expression of the internal compromise wrought by Western women in their attempts to negotiate their passions and desires in a time of extraordinary confusion and contradictory requirements of their role in late 20th century America and Europe and further, that the extremeness and complexity of this response illuminates the experience of women today.

Orbach (1993) places consumerism at the heart of mid and late 20th century social climate. This because, more than anything else, “consumerism affects our
consciousness and our unconscious, and shapes our desires and sense of ourselves, our aspirations, priorities and notions of what constitute reward: in short, our values” (p, 13).

With the proclamation of capitalism as the most responsive and technologically advanced post World War II economic system, there has been a shift not only in the way people have come to relate to consumer goods and services, but equally a shift in their view of the function of the human body.

In this milieu, rather than being valued for their utility, consumer goods and services are imbued with the value of status, power, wealth and sexuality. By corollary virtue, those with means of ownership and access to such inanimate objects are conferred with status badges that come to define their identity. This sentiment is echoed by Tolle (2005) and O’Donohue (1998).

Orbach (1993) argues further, that a consequence of an automation economy has been that generations of youths grow up seeing their bodies being divorced from being contributors to processes of production and come to regard them as active instruments of consumption. A consequence of this alienation is that women’s bodies have become objectified (as articulated in Fredrickson and Roberts’ 1997 objectification theory) and used as titillating palliatives to bestow human attributes of fascination, sexual desirability and availability on inanimate products.

As integral participants in the cultural nexus of this consumer society, women themselves come to regard their bodies as a commodity with which they can negotiate the marketplace. This creates a collective sense of self where women’s psyche becomes fertile ground for the planting of the consumerist ideal that like gardens, their bodies are arenas of constant improvement, weeding out and re-sculpting. The result is that women come to have an alienated experience of their bodies and relate to them in terms of how they believe they measure up to the magnified ideal.

These societal dynamics and demands place women’s bodies into a tapestry of discordant meaning and set them up for an anorexic response, which similar to Bruch (1974) and Orbach (1993) equates anorexia to a hunger strike. Like of a politically
motivated hunger strike, however much a woman’s refusal to eat may appear to be self-punishing, at the deeper level, it is a weapon of protest against a condition. Unlike her political counterpart however, she may not be able to articulate the basis of her cause. Although paradoxical, her refusal to eat is not to seek retreat from the world, but rather a desperate attempt carve a place for participating in that world; “it is an attempt to be adequate, good enough, pure enough, saintly enough, sufficiently unsullied to be included and not rejected, to represent and exemplify the values of that world and through such conformism, find acceptance and safety” (p. 84).

If, based on the preceding arguments, anorexia nervosa comes to be regarded as a textured response in the face of patriarchal subjugation as well as the objectification and exclusion of women, it questions the role of the women’s liberation movement, especially in the 1960s, a period regarded by many to be the height of both feminism and the anorexic epidemic (Chernin, 1981; Osvold and Sodowsky, 1993; Russell, 1995; Seid, 1994).

2.3.2.9.1 The role of feminism
Chernin (1981) offers an analysis of significant dynamics, which reveals that the 1960s was a period dominated by a paradox of cultural synchronicity. It was in this era that contradictory ideals of women’s beauty and identity were epitomised by both the full-bodied and voluptuous Marilyn Monroe and the skinny Twiggy. It was in this era that Weight Watchers and similar dieting organisations flourished yet there was also a strong penetration of public platform by the Women’s Liberation Movement. It was in this era that women strutted across the stage in the Miss America pageant and yet the same pageant was marred by feminist protests opposing the parading of females like livestock on auction to voyeuristic male judges.

This sequence of events depicts large-scale contradiction and confusion among women, “in the feminist groups the emphasis was significantly upon liberation - upon release of power, the unfettering of long-suppressed ability, the freeing of one’s potential, a woman shaking off restraints and delivering herself from limitations. But in the appetite control groups, the emphasis was upon restraint and proportion - keeping watch over appetites and urges, the confining of impulses, the control of hunger and of the self” (Chernin, 1981, p.100).
While these behaviours suggested confusion and contradiction among women, they served, from a feminist perspective, to communicate the extent to which women have become unconscious participants in their own diminution. Feminists therefore saw their mission as two-pronged; on the one hand to raise women’s consciousness about the fundamentals that shape female experience while at the same time challenging the patriarchal stronghold. As far as they were concerned, feminism and anorexia were in the same camp, a response to a common enemy, i.e. the patriarchy that suffocated female identity. The difference is that while feminists openly voiced out their protest and even dared to venture into and succeed in male ‘sacred ground’, anorexics engage in silent protest meted out through their bodies (Orbach, 1993).

By starving the body, the anorexic attempts to proactively thwart the biological development of the socially undermined body that defines her as a woman. To substantiate this, Seid (1994) shares that from an early age, regardless of their gender, children are taught to alienate themselves from the sensations and desires of the body, its eliminations and over time, its mortality. However, adolescence becomes a turning point. It is during this stage, when a girl’s body starts to develop curves, roundedness and bulges that, for the first time, externally differentiates it from that of a boy, that some girls are seized by an obsession to suppress and even deform their bodies.

Therefore, it is no longer just the body that they strive to alienate themselves from, but more specifically its femaleness. Support for this contention may be gleaned from Joiner, Schmidt and Singh’s (1994) examination of the interrelationship between waist-to-hip ratio (WHR), body dissatisfaction, gender, depression and eating disordered symptoms. They report that high WHR presents a vulnerability factor for eating disordered symptoms, especially body dissatisfaction. More specifically, that body dissatisfaction was related to having large hips and buttocks and shown to be reliably associated with ratings of female unattractiveness by both males and females.

Similarly, Uys and Wassenaar’s (1996) studies of body dissatisfaction among women and girls revealed that they were most dissatisfied with their bodies in the areas tied to their sexuality i.e. between the waist and the knees. Rusca (2003) also considers adolescence to be a period of the full realisation of the life that potentially lies ahead.
for the gender represented by the female body. It is thus upon this reflection that the anorexic comes to reject her body.

Of the choice of a most destructive way to express such protest, Perlick and Silverstein (1994) borrow from social learning theory to explain that frustrated with the limitations imposed by society on her as a female, an anorexic daughter looks up to her mother as her same-sex role model to provide her with a prototype for liberation. Finding none, as her mother would typically have sacrificed her own individual and career aspirations to acquiescence to the mould dictated to her by patriarchal society, she becomes overwhelmed by the helplessness of her position. With nowhere else to turn but within, the regulation of her food intake thus becomes a desperate attempt to assert power and will against an amorphous patriarchy.

A poignant case is that of a Chinese girl who became anorexic as a means of disciplining her body as well as punishing her family. As a female she was forced to sacrifice her career aspirations and to drop out of university in order to work long unpaid hours running her father’s business while her brother was supported in fulfilling his career ambition. For Cha and Ma, (2002, p. 56) this case serves to demonstrate the trickle-down effect of patriarchy in this society, “… women should obey their father when young, obey their husband when married, and obey their sons when widowed… basically serve as instruments in a supportive role in managing the home and supplying male heirs”. Thus for feminists, anorexia is symbolic of this desperate position of women in society in general.

2.3.2.9.2 Feminism as subjugation
Contrary to the above feminist contention, Bemporad (1996) remarks about the absence of anorexia in classical times despite much stronger patriarchal dominance and argues instead that what seems to predispose females to eating disorders is not the enforced submission into a stereotype that limits their aspirations to basic nurturing activities but rather the confusion created by the availability of choices in female social roles. It was more the availability of choices that accompanied post World War II industrialisation that thrust women into an identity and role dilemma rather than the absence of such choices.
Looking at the fact that anorexia typically affects high achieving young women from a middle class background, Bemporad (1996) argues that anorexia is symbolic of a protest against the conflict experienced by such women as, by virtue of their socio-economic status, they are forced to make choices that alienate them from their ‘natural’ inclination towards nurturing roles, forcing them instead to compete in an alien world designed by men, for men. Women of classical times, similar to those of non-industrialised societies such as Asia and Africa, whose social roles are characterised by subordination are valued for their role as primary homemakers, whereas similarly inclined women in industrialised society are viewed with contempt and made to feel inferior for their choices by the feminist-instigated drive to compete and succeed in male dominated terrain. By its disposition against the expression of ‘natural’ femininity, feminism is therefore not dissimilar to the patriarchy it purports to oppose.

Wooley (1994) clarifies the feminist position by pointing out that the protest is against the age-old patriarchal contempt with which women with fat bodies have been regarded. It is the internalisation of this contempt by women over the ages that led to their collective subjectivity such that their esteem and value has been inalienably tied to the attainment of an ever-shrinking body ideal. The feminist movement is thus not against women losing weight or looking good per se, rather it is opposed to the conspiratorial deception of women into believing that their success and failure depends on the size and shape of their bodies. It is thus for this same reason that feminists equally oppose the anorectic pursuit of a male dictated body ideal, arguing instead that as women begin to define themselves by their actions and works, they can disavow and free themselves from male dictatorship, reclaim their bodies and themselves as whole and worthy persons.

In response to Seid’s (1994) contention that anorexia is symbolic of women at war against their biology and sexuality as a consequence of patriarchy, Bemporad (1996) asserts that such attitude is a consequence of the degree of affluence in the society rather than patriarchy. In societies where survival is under threat such as from famine, a high value is placed on the nurturing role and function of women. Moreover, they are accorded respect for their childbearing capacity, which ensures the continued survival of such society. On the contrary, in prosperous industrialised
societies where survival is taken for granted and a high consumerist culture exists, the role of women is not appreciated but instead devalued in favour of economic dominance, which is invariably in the hands of men. It is thus women’s internalisation of the value placed on them in this socio-cultural context that makes them battle against the perceived worthlessness of their biology and sexuality.

Based on this view therefore, anorexia will cease to exist once women in industrialised societies are allowed to resume their primordial nurturing roles instead of being pressured to compete with men. For Perlick and Silverstein (1994) the solution is not mutually exclusive but twofold, i.e. the syndrome will disappear when women who desire to achieve in areas historically reserved for males are given equal encouragement and opportunity as their male counterparts, and, when women who choose traditionally ‘feminine’ nurturing pursuits are accorded equal respect as well.

This exploration of various discourses on the socio-cultural history of anorexia nervosa has sought to consider individual developmental factors and strove simultaneously to expose the complexities and layers of meaning, nuance and contradiction that inhere in this, a compound relationship.

Above all, this exploration highlights the historicity of the female body, i.e. its vulnerability to socio-cultural vicissitudes of the day. This vulnerability may be further elucidated through the diathesis-stress model, which offers that vulnerability to a disorder is affected by a wide range of factors, including genetic makeup, biological and personal history. While these constitute a person’s diathetic or vulnerability and resilience profile, a disorder is unlikely to develop unless a person is exposed to a critical degree of environmental stress (Frude, 2000).

In the above, the capacity for various socio-cultural discourses to induce varying degrees of stress has been gleaned. This provides a backdrop against which discourses of factors of anorexia nervosa relevant to the family environment are explored hereafter.
2.3.3 Family dynamics

The nature of interaction between family dynamics and the development of anorexia is a much-speculated territory, as eminent psychological perspectives take different approaches to the disorder.

Nichols and Schwartz (1995) point for example, to the fact that neo-psychoanalytic approaches locate the dysfunction in the person presenting with the symptoms and make little of the broader family dynamics while family oriented approaches regard the symptoms as a tip of the iceberg in a dysfunctional family system.

Guisinger (2003) shares that Freud and early orthodox psychoanalysts saw anorexia as melancholia emanating from undeveloped sexuality or as a defence against fears of oral impregnation. Taking a feminist yet psychoanalytic approach, Bruch is reported to have proposed that anorexia represents a struggle for psychological autonomy and control. Her conceptualisation was the first to bring a compassionate approach to patients and paved the way for psychodynamic and family systems approaches.

Considering that an anorexic female is a member of a family or primary referent group, in exploring developmental discourses pertaining to family relationship dynamics this exploration takes a family systems oriented approach.

2.3.3.1 Exploring family dynamics

As family systems therapists, Minuchin and Selvini-Palazolli often draw both praise and critique for their therapeutic work with anorexics (Bachner-Melman, 2003; Cha and Ma, 2002; Kog and Vandereycken, 1989; Nichols and Schwartz, 1995; Prescott and Le Poire, 2002).

Minuchin, Rosman and Baker (1978) began their analysis of anorectic family dynamics with a postulate that every human being’s sense of identity depends largely on the validation of self by a reference group. With the family as a child’s primary reference group, it is within the family that children first develop a sense of belonging and autonomy, which are critical to the development of their sense of self. Adding to this view, Jones, Leung and Harris (2006) share that in order to develop in a healthy manner, children need to develop feelings of autonomy, connectedness and
acceptance and that parental practices or social experiences that interfere with the child’s ability to achieve this can lead to an unhealthy core self-belief system.

Viewing the family as a system with its own subsystems, the spousal, parental and sibling subsystems are crucial to individual development and, because of their interconnectedness; a dysfunction in any one subsystem reverberates through the entire system. The spousal subsystem serves as a model for intimate relationships and when there’s a major dysfunction in this subsystem, children tend to be used as a scapegoat or co-opted into an alliance with one partner against the other. In the parental subsystem the child learns to interact within a relationship of unequal power, with parents as superiors and the child a subordinate (Minuchin et al., 1978; Minuchin, 1999).

However, the nature and degree of parental authority needs to change and adjust as the child grows and their self-control and decision-making capacity increases. When this does not happen, the child remains a perpetual subordinate and their sense of self becomes thwarted by feelings of inadequacy. As the first peer system, the sibling subsystem provides an arena for negotiation, cooperation and competition among equals, all of which become a critical skill in extra familial groups like friends, school and classmates, as well as later in adult social and occupational relationships.

With family relational patterns providing an important blueprint for the child’s relationship to self and others, family functioning is viewed as one of the precipitating factors in the development of anorexia nervosa. Minuchin et al. (1978) and Selvini-Palazzoli (1985) emphasise the need for clear and healthy boundaries between the parent and child subsystems and describe families of anorexic children as being highly enmeshed, manifesting blurred boundaries with excessive communication and concern resulting in the overprotection of everyone. With a high degree of boundary diffusion, a child’s need for autonomy typically around adolescence is construed as betrayal, causing distress in the system and thereby incites a subconscious family rally to restore the status quo. With their need for individuation thwarted, the adolescent feels suffocated and subordinated. Because loyalty to the system is rewarded, the child’s behavioural repertoire is characterised by a pursuit for external approval and thus an obsessive pursuit for perfection, as symbolised by anorexia nervosa.
2.3.3.2 Family transactional patterns

Selvini-Palazolli (1985) characterises the organisation of relations in anorexics’ families along two aspects, i.e. the parental couple’s interactive pattern with each other and the couple’s relations with the children.

The former is described as a relationship where all conflict is denied, with a façade of an untroubled relationship between husband and wife while underneath this façade, each spouse is seething with frustration and disappointment with the other. Their relationship with the children mirrors this parental façade of perfection, with the children accorded obsessive primacy while the parent’s dysfunctional relationship is avoided.

At adolescence, when the child’s maturational needs change, the parental system is unable to let go of the façade of super-competent parents in order to grant the child some much-needed developmental autonomy. Because of their unrealistically high expectations of themselves and their children, these parents become overly involved, imposing on the daughter’s every decision, including appearances and food, all of which must conform to the image of the ideal family they present to the public. Out of sheer frustration with being reigned in, the daughter responds with rebellion, finding that her food intake becomes the only frontier over which she can exert ultimate control.

Seeking to establish whether there is a single anorectic family interaction pattern, Sonne (1981), Wallin and Hansson (1999), Wallin and Kronvall (2002) reveal that while families of anorexic patients are comparatively more enmeshed than non-clinical families as contended by Minuchin et al. (1978), there are various types of families within this group, such that it is impossible to talk of one specific type of family functioning or to conclude that this type of functioning is the cause of anorexia.

In a self-account that testifies to this contention, self-recovered anorexic, Bachner-Melman (2003) considered four of Minuchin et al.’s (1978) five characteristics of psychosomatic families i.e. enmeshment, lack of conflict resolution, overprotection, involvement in parental conflict. Juxtaposing these against her own family interaction
pattern, she concluded that while these factors made her more susceptible to developing anorexia, they were not the cause.

While the above account provides a nuanced picture of the relationship between family functioning and anorexia, it similarly cautions against an oversimplified appreciation of this dynamic.

As pointed out by Sonne (1981), Prescott and Le Poire (2002), the tendency towards unidirectional models of interaction between parents and children neglect the agency and symbiotic influence of children on the family system, and the unique dynamics and impact of this condition on the different members of the family.

As confirmed by Archibald, Linver, Graber and Brooks-Gunn (2002), anorexia has an equally important and reciprocal effect on family relationships, i.e. the aggravation of family relationships. On the other hand, rather than family interaction patterns, Kuba and Harris (2001) found that the loss of a primary parent or parents was highly indicated with the development of anorexia among African Americans and Southeast Asian refugees. This concurs with the cautioning against a linear understanding of the relationship between family interaction patterns and the development of anorexia.

2.3.3.3 Food and dieting in family interaction
Family interaction patterns provide a context for understanding the interaction between family dynamics and anorexia. Equally important is the exploration of the role of food as the mechanism of anorexia in family interaction. With family members generally dispersing to do different things mealtimes serve as a time of physical and emotional connection and nurturing between family members. Mealtime conversations become integral to the family’s emotional currency, serving as an opportunity for parent-child communication, which, depending on the nature and quality can enhance or diminish their children’s sense of worth.

Crowther and Kichler (2002); Dunkley, Wertheim and Paxton (2001) and Worobey (2002) report that anorectic family mealt ime transactions are fraught with critical comments about food, dieting and appearances that are aimed at family members or
about outsiders, with frequent encouragement of members to go on diet by parents who themselves are likely to be on a diet regime, especially the mother.

With parents determining rules such as the type of food the family can eat, the time they can eat, the quantity of food they may eat and how they must behave at the table, such mealtimes become a potent arena for power struggles between parents and children. An anorexic’s self-account attests to this poignantly, “…we used to have a lot of food battles at the table. Things that I wouldn’t want to eat I’d have to sit there and eat… they could make me sit there for hours, but they couldn’t make me eat it or what not” (Haworth-Hoeppner, 2000, p. 216).

Taking an existentialist approach to anorexia, Rusca (2003) emphasises that beyond the physical level, food serves as a means of connection; it is the first vehicle of communication between mother and child before and after birth and continues to retain its power throughout childhood. Refusing food can be a way of rejecting someone’s hospitality. Within the family, food refusal can be a symbolic way of severing the physical and psychological umbilical cord with the mother.

The above reveals that food not only meets physical needs in a family, but also serves an equally important symbolic function in a family’s interactive repertoire, which by its focus may predispose, precipitate or maintain an eating disorder like anorexia. It is equally important however, to consider Sonne’s (1981) pointing to unique nuances in relationships between different family members and the anorexic.

2.3.3.4 Mother-daughter relationship
Anorexia provides a compelling arena for exploring mother-daughter relationships. This stems not only from the primary bond that forms between a mother and her unborn during pregnancy but also the provision of food that begins in pregnancy and continues through the years, thus earning the mother the traditional role of the foremost primary caregiver and nurturer in the family. van Mens-Verhulst (1995) describe this relationship as some sort of delivery room for the development of the female identity, with the mother taking the role of dedicated midwife and role model.
Echoing this sentiment, Eichenbaum and Orbach (1983) and Orbach (1993) share that because mothers and daughters share a gender identity, a social role and social expectations, women’s psychological development is shaped in the mother-daughter relationship. The clear gender skew of anorexia thus punctuates the mother-daughter relationship even further, giving credence to its common classification as a female condition. These factors testify to the significant role of the mother as a daughter’s socialisation agent above other family members (Cooper, Galbraith & Drinkwater, 2001; Eichenbaum & Orbach, 1983; Ogle & Damhorst, 2003).

Taking from Bowlby’s attachment theory, Waters, Crowell, Elliott, Corcoran and Treboux, (2002) share that consistent physical access and emotional availability of the infant’s primary caregivers provides the infant with a sense of safety. This further points to the primacy of the mother as the pre-eminent caregiver, as alluded to by van Mens-Verhulst (1995). In turn, this sense of safety acts as a stimulus for the infant to explore the world with a secure assurance that the mother will always be there when needed. The attachment that begins in infancy has life-long developmental implications for whether the child develops a sense of the world as a safe place and thereby a psychologically and emotionally secure sense of self and self worth. The significance of this mother-child relationship places it in a sensitive position as an arena for potentially contradictory possibilities and outcomes for the child i.e. both healing and wounding.

Viewing this relationship, Prescott and Le Poire (2002) utilise a theory of Inconsistent Nurturing as Control (INC), to assert that due to competing goals of nurturing and controlling, the mother of an anorexic daughter will inadvertently perpetuate the very same behaviours she is trying to extinguish in her daughter through inconsistent reinforcement and punishment.

By placing a behaviourist concept of behaviour modification in a family systems context, INC reveals a symbolic bi-directionality of communication in the mother-daughter relationship. On the one hand, it views anorexia as symbolic of a daughter’s fear of leaving home; being sick allows her to prolong her stay at home where she elicits and benefits from the mother’s protective nurturing. On the other hand, the reciprocal effect may be true where extinction of anorexic behaviour in the daughter
would decrease the daughter’s dependence on her mother, which in turn might threaten the mother’s sense of self-worth, who as pointed out by Rusca (2003), may interpret the food refusal as a rejection of her. Even though it may be unconscious, this inconsistency on the mother’s side allows her and the daughter to feed from the disorder in meeting their emotional needs and in that way perhaps precipitates and/or maintains the disorder.

Beyond food, the mother’s nurturing role extends into socialisation, i.e. the process by which individuals acquire habits and values that are congruent with adaptation to their culture (Ogle & Damhorst, 2003). An integral part of this socialisation process revolves around the value that the culture places on appearances. With the mother regarded as the appearance gatekeeper of the family, by verbalised feedback, observation and identification with modelled behaviour, the daughter develops a sense of self as good enough and if not, what corrective steps it takes to attain this through for example, dieting with the mother or drawing on the mother’s diet resources like books and magazines.

Moulds et al. (2000, p. 289) point to the significant impact of teasing by parents “...mothers’ level of critical comments is the best predictor of treatment outcome compared to variables such as diagnosis, duration of illness, body weight, body mass index (BMI), age at onset, gender, premorbid weight, and present age”. These findings corroborate Davis, Claridge and Fox (2000) who found that in general, because physically attractive girls are more likely to be complimented by their mothers on their appearance than their less attractive counterparts, they learn to over-value physical attributes, and consequently construe their overall self-worth as determined by and dependent on their appearance.

Taking the mother’s role as a socialisation agent even further, Park, Senior and Stein (2003) explored the impact of a mother’s eating disorder on her offspring. Using Ogle and Damhorst’s (2003) analogy of a mother as the appearance gatekeeper, the symbolic interaction perspective offers that such behaviour modelling would in all likelihood exert a profound reciprocal effect on the daughter.
Park et al. (2003) looked at the nature of this reciprocal effect at different developmental stages and established that a mother’s eating disorder has significant implications for a child. During pregnancy anorexic mothers exhibit heightened anxiety about weight and a fear losing control over the weight gain, resulting in low infant birth weight. After the birth, they are found to have an unrealistic expectation about the time it would take to lose excess weight gained during pregnancy and exhibit an equal reluctance to breastfeed. This concern with weight gain is transferred to the child, with the anorexic mother displaying higher control of food intake from infancy into late childhood, such that their children typically weigh less than other children of the same age and height.

Growing up with this control of food intake, this socialisation factor becomes evident in the daughter who is typically found to model her mother’s attitude towards food, body shape and appearances. It is thus not surprising that a mother’s anorexic behaviour is highly correlated with a daughter’s onset of anorexia in adolescence, a time of individuation and autonomous mirroring of learned and internalised behaviour.

However, this need not always to be the case, as Park et al. (2003) also report that a mother-daughter relationship may also have a curative effect on the mother. Having a baby can have existential significance and usher in a change in the meaning of life, which serves as an incentive for healthy living.

Taking the mother-daughter relationship outside the home, Vander Ven and Vander Ven (2003) study the social evolution of explanatory models of mother blaming in the development of anorexia in the daughter. They point out that this relationship cannot be fully appreciated in isolation of broader socio-cultural vicissitudes. Their chronicle of trends reveals a strong connection between the labels ascribed to this relationship and changing ideas about women’s roles in society.

Between the 1940s and 1950s, the mother was depicted as overbearing. Frustrated with her social status, she was vicariously living out her ambitions through her daughter, constantly comparing her daughter with outstanding children in their community. From 1960s to 1980s, she was depicted as a frustrated career woman
battling for control, with her daughter serving as her ‘punch bag’; anorexia was thus the daughter’s struggle to break free from the throes of her mother.

Minuchin et al.’s (1978) structural-systems family model was pivotal to the approach between 1975 and 1981, and saw the mother co-opting her daughter in her struggle against the husband, as she battled to free herself from traditional expectations. The feminist voice between 1978 and 1986 saw the mother as a silent instrument of a patriarchal culture bent on devaluing and objectifying a daughter’s body and subjugating her needs and desires. Between 1988 and 1999, anorexia was recognised as a socio-cultural problem, with mother and daughter trapped in a compelling double-bind of mixed messages and expectations; on the one hand, an objectification of the female body and on the other, the challenge of being a perfect mother and successful career woman.

It would seem that the above considerations point to a significant role played by the mother-daughter relationship in anorexia. From a symbolic interaction perspective, the daughter’s internal cognitive processes are shaped in the dyadic relationship with the mother through verbalised feedback and non-verbally through observation.

Going beyond the family environment and locating the mother-daughter relationship in a broader social context it may be concluded that the continued prevalence of anorexia beyond the period in Vander Ven and Vander Ven’s (2002) chronicle reveals that the challenges confronting women have not relented. Instead, they have transcended geographical, ethno-cultural, economic and racial borders to groups that were hitherto considered to be immune from anorexia as shared inter alia by Browne (1993), Gordon (2001), Hsu (1987), Nielsen (2000) and Szabo (2001).

Racial differences in the incidence of anorexia between white and African-American women points to some key aspects and differences relating to mother-daughter relationships. Nielsen’s (2000) comparison begins with an emphasis on the important modelling role played by the mother in the daughter’s attitudes and behaviours in general and more specifically, in relation to body weight, sexuality and intimacy. She points out that the mother’s race and economic standing is a significant mediating
factor in the daughter’s attitude and behaviour and in the nature and quality of her relationship with her daughter.

Field (1996) shares that comparatively, black and white blue-collar mothers tend to be more comfortable with their body, sexuality and intimacy, whereas white middle-class, especially stay-at-home mothers, tend not to be openly expressive with their own sexuality and become uncomfortable with their daughters’ developing sexual intimacy with a man. Because black and white blue-collar families tend to be more communal, daughters form close relationships with women other than their mother.

Field (1996) similarly observed that in collectivistic cultures, as is typical of African society, infants tend to develop multiple attachments, which become beneficial and adaptive for their growth and group participation. In white middle-class families, the sanctity of the nuclear family is protected by strong boundaries, thus limiting the daughter’s interactive repertoire to the mother. The mother’s isolation pressures her towards self-reliance and when daunted by this challenge, she may gravitate to helplessness and depression.

Because of their daily struggles, black families and mothers in particular, foster resilience in their daughters whereas white middle-class mothers tend to suffer their pain in silence because they have to save face, as is characteristic of that society.

The preceding accounts by Nielsen (2000) and Field (1996) indicate that although anorexia seems to have transcended racial barriers, these same barriers and the culture within which they are embedded act in mitigation in the black mother-daughter relationship, while they aggravate the white mother-daughter relationships.

This may have to do with the different quality of mother-daughter relationships in Western and European individualistic cultures compared to collectivistic African and Asian cultures (Altabe, 1996). A study by Gilani (1999) confirmed that British mothers tend to use a dominating relational style towards their daughters while Pakistani mothers expressed more intimacy and connectedness, which without being deterministic, may be a significant factor in the considerably far lower incidence of anorexia in Pakistani than in European society.
2.3.3.5 Father-daughter relationship

There is a gaping dearth of research on the father-daughter relationship and anorexia. Concurring with this contention, Park et al. (2003) similarly bemoan the absence of research on the influence of fathers with eating disorders or the male partners of mothers with eating disorders.

Considered against the long history of anorexia, and the considerably more research on the mother-daughter relationship, it becomes tempting to concur with Vander Ven and Vander Ven’s (2003) contention of a pervasively conspiratorial mother-blaming attitude and an exoneration of the father as part of the parental dyad.

It is equally tempting to justify or dismiss this bias by arguing for the primordiality of the mother-daughter relationship, which on some fundamental level keeps fathers perpetually secondary in the parent-child relationship.

Eichenbaum and Orbach (1983) describe the complexity of the father-daughter relationship as anchored around the fact that he stands outside of the physical experiences of pregnancy, birth and lactation that are the shared domain of mother and daughter. Because of this exclusion, he may feel inadequate to enter and participate meaningfully in the relationship. While this apprehension may be true for all his children, the relationship with a son becomes mitigated by his own experience of boyhood or maleness, which he can draw from, whereas he remains largely speculative about his daughter’s identity and how best to relate to her.

Maine (1993) undertakes a comprehensive analysis of the link between father-daughter relationships and eating disorders. This account begins with an examination of a father’s role in the family from a macro socio-historical context. It identifies the industrial revolution as the single most important factor in the alienation of fathers from the home, as for the first time en masse; men started working incrementally longer hours away from the home. This officially punctuated their role as economic providers for the home, while mothers took care of the rest of the family’s needs.

In turn, this coloured parental gender roles in the family dramatically, because although the father had traditionally always been regarded as the provider even in pre-
industrial society, his role was interwoven into the family’s daily existence, whereas with industrialisation it was severed. Over the years, this put fathers in a double-bind that kept them perpetually outside the home because the more he remained outside the home, the better he was able to succeed in his role as the economic provider.

Maine (1993, p. 3) shares that the impact of this macro dynamic on the father-daughter dyad is that this relationship becomes characterised by father hunger, “… a deep, persistent and unfulfilled desire for emotional connection with the father…” The social roots of this hunger are defined as cultural dictates and myths that, through socialisation, have forced males to be isolated and unemotional by encouraging them to achieve and provide, but not to feel.

Levant (1998) echoes this contention and similarly traces alexithymia, men’s inability to give expression to emotions to a trickle-down effect of the socialisation process. This account posits that for the first six months of life boys are more emotionally expressive than girls but by the age of six there is a complete crossover. First meted out in the home, the combined socialisation influences of the mother, father and peer group are likely to lead to the suppression and channelling of male emotionality through selective reinforcement, direct teaching, differential life experiences and punishment, which take place both consciously and inadvertently. These socialisation influences are cemented as the child’s interactional environment expands through the various social strata like the communal and schooling system. The compound effect of this socialisation is that when they become parents, fathering requires more emotional investment and intimacy than men can handle and provide. Because they enter adulthood with an emotional deficit from their own upbringing and a hunger for connection with their own father, a vicious cycle of socialisation is perpetuated.

While father hunger is an emotional need common to all children, when it is not acknowledged, it grows and manifests in self-doubt, pain, anxiety, depression and acting out behaviour. When experienced by girls, this hunger remains salient, as they grow older because daughters are primarily socialised to own and express their emotions, while boys learn to disown theirs, as they grow older.
In the father-daughter dyad, this socialisation presents an immediate challenge for both the father and daughter, in that the emotional space and connection she wants the most to share with him lies so deeply buried that it is often beyond his reach. The strong achievement and economic provider orientation becomes an obstacle to engaging in fatherly behaviours that the daughter finds reassuring, as the father may be unsure of how to engage in a manner that nurtures or feeds his daughter emotionally. If he would own up to this inadequacy he would have to face up to and admit to failure, which would be contrary to his upbringing wherein such high emphasis is placed on striving for achievement that admitting to failure becomes tantamount to perjury (Levant, 1998).

Adolescence, a stage of identity consolidation is also a time when the daughter develops an interest in forming intimate relationships with men. However, both the identity consolidation and interest in men becomes shrouded in father hunger. Unaware that the roots of her father’s emotional absence and inaccessibility lie in different socialisation, the daughter interprets this experience as unrequited love and a rejection of her. As she internalises the source of the problem and blames herself, she concludes there must be something wrong with her that causes her father to reject her.

In a paradoxical attempt at self-preservation alluded to by Rusca (2003), she turns on herself by denying her needs, firstly for her father as well as for food, both of which, according to this view, are symbolic of nurturing. This cognitive schema becomes the currency with which she would navigate her intimate relationships with men, such that she’s likely to experience her partner’s emotional distance as rejection and by similar measure, turn on herself.

Concurring with this view, Jones et al. (2006) share that perceived paternal rejection could lead to the development of a combination of fear that significant others will not be able to continue providing emotional support and to underlying feelings of shame and inferiority.

While Maine’s (1993) analysis is cogently articulated, it would be erroneously myopic to understand both male-socialisation process and the father-daughter relationship in a linear, deterministic fashion.
Maine (1993) also shares a concern that as a discipline, Psychology, notably the work of Freud and Bowlby as well as psychological research has mimicked the social alienation of industrialisation and male-child upbringing by isolating the father from the family in their over investing in the dyadic mother-child relationship.

This concern noted, it would likely not advance the cause of understanding the complexity of anorexia to simply take a substitute approach of an isolated focus on the father-daughter relationship. It is only in the context of an overall family functioning that anorexia can be richly appreciated.

Equally, taking the feminist lens of patriarchal dominance, it becomes tempting to conclude a gender war where, through patriarchy, men are coming out triumphant. However, from Maine’s (1993) account of the impact of industrialisation and socialisation it begins to appear that fathers are no less wounded than mothers and like in any war, there does not appear to be any winners.

It seems therefore that both mothers and fathers are equally caught up in a vicious cycle of generational wounding. Rather than blaming any one gender as being more culpable for the malady of anorexia, the above considerations begin to suggest a need to openly explore ways in which new patterns of relationships may emerge, which can begin to colour the family landscape more meaningfully than has hitherto been made possible.

Given the intrafamilial context where the father-daughter relationship plays itself out, Minuchin et al. (1978) offer a family systems perspective, which by its orientation to the circularity of interaction and feedback, presents the family’s structural and functional characteristics as the arena within which to pursue an enriched understanding of dynamics of the father-daughter relationship and anorexia.

This is the basis on which this perspective moves away from the view of an anorexic daughter to that of an anorectic family, where rather than as a product of the family, a complex appreciation of anorexia as one of the characteristics of the family is pursued. For example, they share a structural characteristic in one of their anorectic families, where the father-daughter relationship was characterised by a coalition between the father and daughter, wherein the father would discuss issues with the
daughter that he didn’t share with his wife. Further, they perceived the function of this coalition as the daughter’s desperate attempts to save the parental marriage and family by acting as the mother’s advocate.

However, paradoxically, in trying to protect her, she would inadvertently further undermine her mother’s position in the spousal subsystem. This would not only be counterproductive to what she was trying to achieve i.e. saving the marriage but would also blur the healthy boundary that should exist between the spousal and children subsystems.

From the family systems perspective therefore it is not enough to create artificial relational boundaries by isolating the father-daughter or even mother-daughter relationship from the family’s broader relational tapestry. While this approach does not nullify the contribution of Levant (1998) and Maine (1993), it offers a more enriched understanding of family relations that anorexia symbolises.

2.3.3.6 Sibling relationship
The question of family size and birth order in the incidence of anorexia is important in efforts to understand whether siblings exert any influence on each other as well as the nature and impact of this influence. Taking Minuchin’s (1999) family systems view of reciprocity in family relationships, it is understood that in a family with more than one child, siblings form an essential part of each other’s emotional, psychological and behavioural development.

While this may be the case however, there has been a dearth of research on the relationship between anorexics and their siblings. This sentiment is expressed by Moulds, Touyz, Schotte, Beumont, Griffiths, Russell and Charles (2000) and echoed by Vandereycken and Van Vreckem (1992), who refer to the siblings of eating disorder patients as the forgotten and neglected group.

Honey, Clarke, Halse, Kohn and Madden (2006) assert that siblings can have both a positive and negative influence through their presence in the family, responses to the illness and impact on parents.
Tsiantas and King (2001) share that the development of body image disturbance is linked to maturational status, negative verbal commentary, socio-cultural internalisation and social comparison. They identify the source of such disturbance as the pressure to maintain thinness, which in Western society is communicated through parents, siblings, peers and the media. Through social comparison theory they explore the way that anorexia plays out in the sibling relationship.

Their theory posits that individuals who regularly compare their appearance to that of other more attractive individuals are at an increased risk of body dissatisfaction. A similar tendency was found in appearance based comparison, where younger sisters were more likely to engage in upward comparison, while downward comparison by older sisters was less pronounced, instead the inclination being to compare themselves with their peers outside the family.

Drawing on this revealed that through comparison and evaluative judgements, self-evaluations were positive when the sibling was less attractive and negative when the sibling was more attractive. These comparative perceptions were especially significant during teenage years and strongly associated with body image and preference for thinness. Vandereycken and Van Vreckem (1992) cite Casper’s study in which the personality traits of vigour, enterprising nature, spontaneity and greater ability toward effective social engagement appeared to be a mitigating factor against the development of anorexia in sisters of anorexics.

A particularly strong correlation was found in the body image disturbance of closest-in-age sisters, with sisters of anorexics exhibiting equally significant levels of body size distortion and body dissatisfaction. This was traced to highly shared experiences, heightened awareness and internalisation of socio-cultural standards of appearance.

For example, a younger sister who reads her older sister’s magazines becomes keenly aware of the societal emphasis on appearance and is thereby more likely to internalise these standards, especially if the older sister exhibits the same level of internalisation. Body image distortion in close-in-age sisters also showed the susceptibility of adolescents to negative appearance-related verbal commentary or teasing by parents or siblings.
Bachner-Melman (2006) highlights that feeling isolated from and being enigmatic to significant others, especially siblings, may play an archetypally pivotal role in a pervasive sense of not belonging. Further, that distance from and antagonism towards siblings may contribute to the anorexic’s doubt that they are legitimate, egalitarian members of their family of origin, which may be accompanied by a compensatory desire to be fully accepted in broader social contexts.

Taking a feminist perspective of the sibling relationship and anorexia, Perlick and Silverstein (1994) assert that intelligence comes at a cost to women in that women who strive to achieve in traditionally male dominated areas come to feel limited by being female. They share that a common family experience of anorexic women is that only their brothers were encouraged and supported to achieve their aspirations, only their brothers’ achievements were recognised while as girls, they were constantly teased and criticised for not achieving as much as their brothers and where they did, their achievements were never recognised and instead, they were marginalized into domestic roles. In such families, anorexia becomes symbolic of the girl’s gender ambivalence in the face of preferential treatment given to her male siblings.

The above accounts attest to the influence of siblings on each other’s emotional and psychological development. This impact may be direct through verbal commentary between same or different gender siblings or indirectly through modelling, comparison as well as different family and socio-culturally gender biased treatment of children. It must be borne in mind however, that the role of siblings in anorexia may be twofold; aggravating on the one hand such as sibling rivalry, jealousy and sibling incest and mitigating on the other, in terms of the supporting role siblings may play in the sister’s recovery process.

Some of the most seminal discourses on the influence and impact of family dynamics on the developmental course of anorexia have been explored. Borrowing from Minuchin’s (1999) conceptual framework, this exploration has highlighted the differential significance of each family subsystem on the anorexic member as the identified patient. Further, it revealed that although anorexic families share a number of common relational themes or elements, a cautious approach that recognises the uniqueness of each family system is equally important for an enriched and informed
appreciation of the development and sustenance of the disorder in any one family context. This exploration of family dynamics paves the way for a dissection of discourses on intra-individual dynamics as the micro developmental context of anorexia nervosa.

2.3.4 **Intrapersonal dynamics**

The DSM-IV TR (APA, 1994) diagnostic criteria offers a glimpse into intrapersonal dynamics of anorexia nervosa and thus provokes inquiry into how this particular constellation of symptoms comes about and what they symbolise. It paints a picture of a confluence of cognitive-behavioural, cognitive-emotional and physiological aspects.

Cognitive-behavioural aspects describe what is perceived as a wilful, cognitive and specific decision, which manifests as the maintenance of a dissonant body weight for age and height. This decision is effected through food restriction (fasting and/or the use of appetite suppressants), but may also include bingeing i.e. eating, in a discrete period of time (e.g. 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, with an accompanying sense of lack of control during the episode.

This sense of a lack of control implies an absence or failure of will, resulting in compensatory reassertions of will through purging. Ultimately, this pattern leads to the physical symptom of 85% or less body weight than expected and physiologically, the absence of three consecutive menstrual cycles and a litany of other side effects. Further, an overemphasis and distorted experience of body weight or shape on self-evaluation as well denial of the seriousness of the low body weight, which relate to intense fear of gaining weight or becoming fat, even though morbidly underweight.

When considered cumulatively, these symptoms suggest a vulnerability that manifests in psychological distortion and disturbance that almost borders on psychosis or being out of touch with reality. Concurring with this contention, Vandereycken (2006) distinguishes between two categories of denial. The first suggests neurobiologically impaired self-awareness, anosognosia, a psychotic-like dissociation or distortion of reality. The second is described as deliberate denial or refusal of self-disclosure,
including faking-good, as an avoidance of feared consequences or a need for self-determination.

Hsu (1997) and Russell (1995) point out that the prevalence of the disorder is in direct proportion to the prevalence of dieting behaviour and that dieters have an eight times higher risk of developing anorexia than non-dieters. However, while this may be the case, the fact that not all dieters degenerate to a clinical disorder suggests the presence of particular aggravating factors in particular people.

This calls for a comprehensive exploration of personal functioning, which brings together a complex of factors that make up a person’s sense of self and may shed some light into what in the self would renders a person susceptible as well as how this would come about i.e. an operationalisation of Frude’s (2000) diathesis-stress model.

2.3.4.1 An integrated model
In an attempt to describe, analyse and explain human functioning, developmental theories or models describe how the process of personal development unfolds, by looking at factors and patterns of change and growth in individuals and groups in particular contexts over time (Kimmel, 1990). On the other hand, as a conceptual system, personality theories seek to describe, explain and/or predict human behaviour (Cloninger, 2000). Millon and Davis (1996) clarify that as a construct, personality requires of us to look at manifest human behaviours not in isolation but in connection with one another and from this, to infer and integrate latent principles.

Although developmental and personality models offer a lens through which an enriched appreciation of each aspect of human functioning may be gained, in reality human development and personality development are two sides of the same coin of human functioning i.e. they take place simultaneously and symbiotically, such that it is impossible to comprehend human functioning from an isolationist view of either development or personality. Millon and Davis (1996) also caution that ultimately, the individual is a singular phenomenon, only partially accessible to science and its methods.
Importantly also, because man is not an isolate, but an active and reactive member of a socially referent group, i.e. the family and broader ecological environment, his consciousness and experience influence and in return are influenced by his interaction within this environment.

For Mead (in Kimmel, 1991) it is important to recognise that interaction is never for its sake. Rather symbolic, it mediates the individual’s inner experience and meaning making that shapes a person’s internalised sense of self in the world.

Taking the DSM-IV<sup>TR</sup> (APA, 1994) diagnostic criteria as a glimpse into the anorexic’s internalised sense of self, it becomes imperative to explore some of the factors and circumstances that constellate into this view of the self. Because the complexity of human development and functioning by far eludes and transcends any attempts to compress and pigeonhole it for theoretical expediency, it becomes prudently compelling, as asserted by Chavous’ (2000) to pursue an integrated biopsychosocial approach on both macro and micro levels, which has an appreciation for the complexity that results from compound relationships in the development of the anorexic self.

Millon and Davis’ (1996) theory provides a complexified and integrated view of development and personality functioning, which views humans as a complex organically integrated biopsychosocial system of four key evolutionary processes i.e. existence, adaptation, replication and abstraction, whose content is expressed in terms of a polarity of adaptive behaviours.

Hendrix’s (1992) imago theory integrates inter alia, psychoanalytic, psychodynamic, behaviourist as well as developmental, social learning and human energy systems perspectives. This theory is chosen to augment Millon and Davis (1996) in its clinical and diagnostic inclination as well as to provide more elaborate operationalisation of theoretical concepts. While attesting to the life-span development of human functioning, it is also for their in-depth teasing out of the vicissitudes of early formative years and their contribution in the development of anorexia that these theoretical perspectives best lend themselves to the exploratory nature of this study.
As the primeval level, existence has a dual function of enhancing and preserving life and thereby ensuring survival. In order to accomplish this, humans formulate strategies to minimise pain and threat while maximising pleasure and reward. Second, humans actively or passively adapt to or dominate and modify the environment to their survival advantage. Third, replication refers to reproductive strategies that maximise diversification and ensure the selection of ecologically effective attributes. Because this requires complementary levels of investment that are gender differentiated, the source of reinforcement may be internal (self) or external (others). Finally, abstraction points to an evolved level of existence characterised by a capacity for abstract reasoning, planning and decision-making. This advanced level of functioning renders humans suited to radically diverse and ecologically symbolic circumstances, that distinguishes them from other natural life forms (Millon and Davis, 1996).

The unfolding of these processes coincides with neuropsychological development and maturity, which takes place sequentially from birth to adulthood. While adaptive behaviours are categorised in terms of polarities, both Hendrix (1992) as well as Millon and Davis (1996) concur that human developmental behaviour does not fall into a neat mechanistic polarisation and for this reason it must be viewed along a continuum of varying degrees of amplification.

Similarly, while maturity takes place gradually, there is, in line with Hultsch and Deutsch’s (1981) and Lerner and Hultsch’s (1983) life-span perspective, significant overlap between stages, such that particular experiences are likely to have a more pronounced effect at certain stages than in others. The rapid neurological growth and development in early childhood means that children are especially vulnerable to experiences at these stages. These experiences shape neuropsychological patterns, in a process called arborisation. Once internalised, the appraisal of self in relation to life experiences become part of the core that makes up the person’s sense of self.

Because of the significant impact of negative experiences, unless such an experience is mitigated by an opposite positive experience, which Yalom (1975) refers to as ‘a corrective emotional experience’, it is etched neurologically as a developmental arrest and becomes part of an individual’s fundamental attitudes about themselves, others
and the world. These attitudes form the cognitive currency, repertoire or self on the basis of which subsequent life experiences are construed and consequently responded to. With neuropsychological development and maturity unfolding as a gradual process, Hendrix (1992) and Millon and Davis (1996) pursue a stage-based exploration of personality development wherein the four key evolutionary functions are correlated with key developmental stage tasks.

2.3.4.1 Sensory-attachment stage

This being the earliest stage of development, at birth the infant is thrust into its first experience of separation from its hitherto nirvana existence in the safety and comfort of the womb where all its needs were provided for. Hendrix (1992, p. 63) succinctly captures this experience, “birth is, to put it mildly, a rude awakening”.

Perceiving this separation as a sign of imminent threat, the infant confronts its first developmental challenge, to reach out and attach itself to a secure and reliable survival object, psychoanalytically referred to as a transitional object (Winnicott, 1971). It thus tries desperately to re-establish this severed idyllic state through tactile sensory differentiation and quickly learns the means and sources of pleasure through oral nutritional gratification and the means by which this source is attained, through crying.

Beyond physical safety, the infant requires emotional safety from a reliable source of love and comfort. In an environment where these needs are appropriately met, the infant develops its first self-other attitude of the world as a safe place wherein all its needs will be met consistently and timeously.

This neuropsychological construal is the inner experience that lies at the heart of Mead’s symbolic interaction perspective (in Kimmel, 1990; in Morris, 1962). However, this ideal is never realised as, being fallible, wittingly or inadvertently the attachment object is bound to either under or over-provide nurturing and stimulation.

As a coping mechanism aimed at restoring the desired ideal world experience, infants exhibit an exaggerated reaching out response to deficit nurturing or a self-preserving diminishing response to excessive overwhelming nurturing. These human adaptations
are similar to constricting (flight) or dilating (fight) instinctive animal responses to imminent threat (Hendrix, 1992). Importantly, the sense of security established at this stage sets the tone for the rest of our journey through life. It is the foundation for responses to life’s perils and pleasures. According to Millon and Davis (1996) excess stimulation at this stage manifests in overcompensations of sensory functions such as excessive pleasure seeking and maintenance behaviours. Similarly, deficient responses obviate in insecure or ambivalent attachment behaviours (Bowlby, 1988).

2.3.4.1.2 Sensorimotor-autonomy stage

Once a measure of secure attachment has been achieved, the infant begins to navigate its next developmental challenge, when it develops a curiosity and desire for some autonomy to explore its surroundings. This curiosity is facilitated by its newly emerged sensory-motor capabilities such as walking, talking and grasping.

Remaining aware of its vulnerability, the infant is confronted with a dilemma of negotiating safe boundaries. It seeks the freedom to explore the world but also wants the assurance that the safe world it leaves behind will be left intact for when it returns.

For this reason safe exploratory boundaries are negotiated with parents or primary caregivers and come to serve as the foundation for child-authority relationships. Parental under-control leads to a weak sense of and respect for boundaries, whereas over-control thwarts the development of independent thought and initiative, which manifests as a dependence on external sources of gratification (Millon and Davis, 1996).

2.3.4.1.3 Pubertal-gender identity stage

Pubertal hormonal changes instantiate a profound developmental transition period from childhood into early adulthood. Psychosocial changes become evident in gender differentiation and accompanying behaviours, leading to a distinct gender-based self-identity.

The task of letting go of the familiar childhood self and venturing into the unknown world of adulthood presents a challenge to both the developing child and primary caregivers, requiring a reformulation of authority and boundaries that characterise the
parent-child relationship. Ferron (1997) and Minuchin (1999) recognise the unique challenges posed by this transitional stage to an entire family’s adaptive capacity.

With parental identification declining and being replaced by increasing levels of identification with peers, friends and idealised romantic-others, adolescents negotiate the precipice of the self. Let loose without appropriate guidelines, pubertal teenagers run the risk of an aimless, fleeting and fickle existence. Overly enriched, they develop a weak sense of self, leading to the submergence of their identity to fit the roles and expectations of others.

With the onset of anorexia occurring almost exclusively during this stage, it could be interpreted as indication of some developmental arrest of either impoverishment or overindulgence at this stage or even as cumulative developmental arrest carried over from a previous stage or stages. The relationship between the developmental task of adolescence, the formulation of the symbolic self-other image and the development of anorexia will be the focus of further inquiry.

2.3.4.1.4 Intracortical integration stage

A peak period of neuropsychological maturation characterised by abstraction, the task of this stage is the integration of hitherto diffuse intellectual and affective capacities. Successful integration is reflected by the formulation of a clear sense of self as masters of their own fate, with an internal compass that coordinates feelings and views of life, enabling competent existence in both a concrete and abstract world of self and others as well as a well developed inner core to evaluate and guide current and anticipate future probabilities.

Over-enrichment leads to a poorly developed sense of self and inability to deal with ambiguity as evidenced by excessively orderly concrete behaviour patterns. Conversely, under-integration shows up as floundering from one fleeting course to another, leading to a conflicted, fickle sense of self in a world perceived to be unpredictable and incomprehensible.

These evolutionary stages or processes are not of themselves to be equated with personality. Rather functional, they provide the scaffolding or building blocks, which
in the course of navigating the ecological environment, activate a neuropsychological constellation or complex referred to as personality, expressed as an individual’s distinct pattern of thinking, perceiving, feeling, coping and behaving.

Taking from Hendrix (1992) and Millon and Davis (1996), each developmental stage has its accompanying developmental tasks, which pave the way for the next. Because all interaction is symbolic, a self-other image is formulated and internalised. With the attachment stage setting the scene for all subsequent stages, unless mitigated by a corrective emotional experience, the self-other of this stage becomes an internalised radar on the basis of which subsequent experiences are appraised and judgements formulated.

2.3.4.1.5 Self-other image - Sensory-attachment and exploration stage

The task of the sensory-attachment stage is to develop trust in others while the exploratory stage is concerned with developing adaptive confidence. If a caretaker is inconsistently unavailable, the child invariably adopts an evolutionary adaptation of exaggeration by maximising or dilating to assert their needs.

Hendrix (1992, p. 66) describes this as clinging, “[t]ormented by their inconsistent availability, she is simultaneously addicted to getting them to respond; at the same time she is angry that her needs aren’t being met … she develops an ambivalent defensive structure, alternately clinging and pushing away, to ward off these incapacitating feelings.” On the other hand, if caretakers are consistently emotionally cold and inconsistently available, the child adaptively learns to detach from their need from attachment out of fear of further pain.

The internalised self-other image becomes fatalistic; the self is bad just as caretakers are bad. Because caretakers are internalised as having rejected the child, the detached child in turn rejects their own self, numbs their body and feelings. While they display a persona of being independent, their detachment is a mask to avoid being vulnerable to further rejection.
2.3.4.1.6 Self-other image - Pubertal and intracortical stage

Puberty and early adulthood are evolutionary phases of replication and abstraction with identity and competence as their accompanying developmental tasks. Beyond the consolidation of a gendered self, the identity stage is a birthing of boundaries, characterised by self-assertion and maturation both cognitively and emotionally.

With self-assertion comes the desire to discover personal identity, power and competence, testing limits by competing with others, especially parents and siblings in order to determine self worth. Faced with this transitional challenge of visibility, the most important task of an adolescent’s parents according to Hendrix (1992) is to notice, validate and mirror back the images or persona that the adolescent is experimenting with in an attempt to find and integrate a true self.

However, parents invariably carry their own ‘stuff’ in the form of judgements, criticism, familial or cultural biases and ideals for the child. With consistently unavailable parents, when these identity projections do not fit their preconceived ideals for the child, they are prone to disapprove and reject these projections without appropriate mirroring and in the process invalidate the budding self of the adolescent.

Fearing shame and loss of love from the parents’ disapproval, the detached child represses the rejected self and silently yet resentfully acquiesces to adopting the imposed self that meets the parents’ or societal approval. With parents who provide inconsistent mirroring, the child is never sure of what it takes to win with the parents or when their efforts will produce the desired approval of caretakers.

Plagued by feelings of not being good enough, they are driven to compete and perform in order to get noticed, often at great cost to themselves. Fearing the pain of failure, they settle for success, which as Hendrix’s (1992, p. 96) cautions, comes at a premium, “…she gives up on intimacy and settles for success as an indirect bid for approval … but no matter how successful she becomes she is unable to enjoy her life, because she never feels good enough.”

Beyond Millon and Davis’ (1996) four-stage theory, Hendrix’s (1992) six-stage imago theory offers an opportunity to analyse the confluence of personality
development and later intimate relationships and therefore allows a fuller appreciation of the developmental picture.

2.3.4.1.7 Self-other image - Concern and intimacy stage
This being a stage of moving out into the world and forming intimate relationships outside the family, the self-other image established in preceding stages becomes the currency or baggage with which relationships with others are negotiated.

The challenge of this stage is to move from the competitiveness of the previous stage to cooperation in peer and intimate relationships. Carrying unresolved issues from the previous stages, a maximiser enters intimate relationships with a residual competitive streak and therefore tends to be highly vigilant, wary of being dominated. Socially, they become iconoclasts, seeking to champion any cause that guarantees freedom or extends the limits of social norms.

The detached minimiser on the other hand, carrying the need for external approval would have learned that the only way to be loved is by subjugating the self. This may be gleaned from their putting others’ concerns first and doing what is deemed to be right by others and maintaining the status quo. While outwardly critical of non-conformist maximisers, they secretly yearn to be liberated from the shackles of conformism and will often break the rules in subtle and private ways (Hendrix, 1992). Because of their conformism, in intimate relationships, they tend to be passive-aggressive.

By exposing not only the developmental stages but their accompanying tasks as well as the symbolic self-other images that are internalised through the various stages, these theoretical considerations provide the building blocks with which to piece-together the self image that potentiates the development of anorexia and begins to offer some clues into how this disorder is peculiar to the adolescent self.

2.3.4.2 Adolescence
Field, Hoffman and Posch (1997) conceptualise adolescence as spanning three phases, early adolescence (approximately between 11 and 14 years of age), middle
adolescence (approximately between 14 and 17 years of age), and late adolescence (approximately between 17 and 19 years of age).

Although adolescents are not developmentally homogenous, the litany of psychosocial changes ushered in by hormonal changes make this an erratic transitional period, dominated by the daunting challenge of reconciling what are often experienced as highly contradictory commitments to self and other.

Millon and Davis (1996, p. 104) cite an essential distinguishing aspect of adolescent gender-identity differentiation of this self-other polarity, “… the male can be prototypally described as more dominant, imperial and acquisitive and the female more communal, nurturant and deferent.” This orientation is also described by Buss and Schmitt’s (1993) sexual strategies theory as the psychological equivalent of replication, the third evolutionary process.

Millon and Davis (1996) draw from population biology, to explain that r-strategy represents a pattern of propagating a vast number of offspring but exhibiting minimal attention and personal investment to their survival. As its converse, K-strategy represents the propagation of few offspring but with greater investment of effort into ensuring their survival. The psychological expression of this replication strategy is abstracted in the self(male)-other(female) orientation that bifurcates reproductive potential and with that, coalesces into distinct gender roles.

At a social level, the successful integration of this developmental task in both males and females is reflected in a well-coordinated balance between the polar extremes of striving towards actualising one’s potential and constructively affiliating with another. While achieving this balance would point to the successful navigation of the second evolutionary process of adaptation, i.e. the mode of functioning that exhibits both passive ecological accommodation and active ecological modification, Millon and Davis (1996) emphasise that this process of successful self-other integration is multidimensional; it is as much evolutionary as it is equally influenced by cultural values and social learning.
Exploration of macro socio-cultural context of anorexia revealed that its developmental platform is embedded in a variety of evolving societal discourses of the female self and the female body. Given the developmental challenge of integrating the self-other polarity in adolescence, where ‘other’ would encompass a plethora of often-contradictory cultural values and social learning, this raises a question of whether the anorexic adolescent is an evolutionary, self or social construction.

2.3.4.2.1 An evolutionary construction?
In responding to this question, the evolutionary AFFH posits that the key symptoms of anorexia i.e. denial of hunger, food refusal, body image distortion and hyperactivity are the result of archaic evolutionary engineering rather than an abnormality (Guisinger, 2003). Adaptive to hunter-gatherer nomads, this behaviour allowed such peoples to suppress hunger, denounce emaciation and instead, to feel restless and energetic and thereby served to inspire an optimistic last-ditch exodus in search of greener pastures.

Further, drawing a parallel with Buss and Schmitt’s (1993) sexual strategies theory, the AFFH put forward that from an evolutionary perspective, a young female’s primary pursuit is to select the best male to father her offspring. This orientation seems to resonate with Millon and Davis’ (1996) r- and K- strategies and is further asserted by Faer et al. (2005) and Gatward (2007).

The arguments put forward by this perspective indicate an evolutionary function that predisposes females to anorexia. However, its proponents concede that while this evolutionary dimension may, to the extent that it girds the amplification of a particular self-other orientation in females, serve as an underlying predisposition, it is not in and of itself causally sufficient.

It is for this reason that both Guisinger (2003) and Gatward (2007) clarify that as an ultimate or distal explanation, this perspective explains why a particular trait occurs in a species or how it may or may have had a fitness advantage, though not necessarily for the individual who expresses it. They point out that a proximate explanation may
go some way in explaining how a particular trait works in an individual during their lifetime, as well as the physiology and psychology that form part of its function.

It would seem therefore, borrowing from Hendrix (1992, p. 120) that in females, evolution would more likely have a kindling effect, “…where sensitivity to a stimulus builds up over time to an incendiary level, so that the person becomes like a tinderbox, ready to burst into flames at the slightest breeze.” What then, in the context of anorexia is the stimulus that would make a person become like a tinderbox? It appears that the answer to this question lies beyond the evolutionary perspective and suggests exploration of the other two contexts, as the proximate context of anorexia.

2.3.4.2.2 A self-construction?
Given the negative consequences of self-starvation, bingeing and purging on the person, a self-oriented exploration would seem to point to an underlying intrapersonal pathology.

Using a threefold framework, Millon and Davis (1996) formulate taxonomy of coping patterns or strategies, i.e. a complex set of instrumental behaviours that maximise positive and minimise negative reinforcements. The departure point of this taxonomy is that the biological predispositions of a growing individual provide the rudimentary sensitivities that strengthen the probability that certain kinds of behaviour will be learned. Secondly, this biological sensitivity has a reciprocal-effect in that it shapes not only the child’s behaviours towards the parents but also of the parents or primary caregivers towards the child as well. Third, activation of this sensitivity takes place in terms of three dimensions i.e. instrumental behaviours (active-passive), source of reinforcement (self/object-other/subject), and nature of reinforcement (pleasure-pain). Applying this taxonomy to anorexia may begin to offer clues to how a person can become like a tinderbox by heightening their proclivity or susceptibility.

In an exploration of biological aspects of anorexia, Kaye and Strober (1999) cited several studies to substantiate their argument that the biological vulnerability of anorexia is genetically transmitted and comorbid with other DSM-IV TR (APA, 1994)

In addition, for Klump (2003), the typical onset of anorexia around puberty indicates genetic heritability of neuroendocrinal ovarian hormones such as oestrogen and progesterone, which are activated around puberty and implicated in the familial prevalence of depression in females. Integrating these factors, Bulik (2001), concluded that the impact of genetic and environmental factors changes across developmental stages, such that environmental factors play a higher role in pre-adolescence and genetic factors in adolescence.

While these considerations are not conclusive in terms of cause and effect, they go some way in lending credence to Millon and Davis’ (1996) contention of the role of biological sensitivity in strengthening the probability of learning behaviours as described in the DSM-IVTR (APA, 1994) diagnostic criteria for anorexia nervosa.

As a second aspect of the taxonomy, the reciprocity of biological sensitivity in shaping the child and parents’ behaviours towards each other was cogently articulated in Millon and Davis’ (1996) as well as Hendrix’s (1992) account of the complexified and integrated biopsychosocial view of development.

This account not only integrated theoretical concepts and their stage-based operationalisation, but also integrated Mead’s symbolic interaction perspective (in Kimmel, 1991) in its recognition of the symbolic significance of interaction in shaping an individual’s inner experience, meaning making and sense of self in the world.

This conceded, exploration of the third aspect of the taxonomy in terms of how activation of this sensitivity may become a catalyst to the development of anorexia in terms of Millon and Davis’ (1996) three dimensions of instrumental behaviours (active-passive), source of reinforcement (self/object-other/subject), and nature of reinforcement (pleasure-pain) is indicated.
Conceptualisation of the source or instrument of reinforcement premises that people can be differentiated in terms of agency as being either active or passive. People who actively pursue self-gratification are seen as independent while those passively resigned to external sources of gratification are regarded as dependent.

Similarly, people can be differentiated in terms of whether the primary source of reinforcement lies within themselves or with others. Because active people are characterised by proactive energy and initiative to influence situations and shape outcomes, they are more likely to perceive themselves as self-empowered, while those passively resigned are inclined to perceive themselves as victims of externally imposed sources or circumstances beyond their control.

Inclination towards these patterns is not always clear-cut, with some people displaying an ambivalent vacillation between turning to themselves in efforts at independence and turning towards others in passive conformity. Some ambivalence evinces as exaggerated dependence and compliance, beneath which there is a strong desire to assert independent and hostile feelings and impulses.

The nature of reinforcement refers to the means by which reinforcement is attained, either through pleasure-seeking or pain-avoidant behaviours. Some people however, are marked by a diminished ability to experience both pain and pleasure, while others show a diminished ability to feel pleasure and yet a marked sensitivity to pain. Millon and Davis (1996) describe the latter two patterns as detached. Unable to experience rewards from themselves or from others, they drift increasingly into socially isolated and self-alienated behaviours.

Millon (1973) describes personality as those intrinsic and pervasive modes of functioning. These modes emerge from an entire matrix of a person’s developmental history (including biological dispositions and learned experience), and which come to characterise their perceptions and ways of dealing with their environment. This constellation or complex is expressed as an individual’s distinct pattern of thinking, perceiving, feeling, coping and behaving.
Against this understanding, normal personality describes a person who exhibits flexibility in dealing with their environment. Existing in a dynamic ecological environment that subjects them to friendly and oppositional forces i.e. existential situationality (Wild, 1979), their responses or behaviours are adaptively appropriate to a given situation over time. When environmental constraints are few or poorly defined, there is opportunity for the person to exercise flexibility, creativity and novelty in responsive behaviour.

Because the person is deemed to drive the person-environment interaction, a disorder is conceptualised as ensuing when the variability in a person’s behavioural repertoire or flexibility to environmental constraints is no longer appropriate or proportional to the presenting constraint. Describing a clinically disordered personality, Millon and Davis (1996, p. 86) elaborate, “[w]hen the alternative strategies employed to achieve goals, to relate to others, and to cope with stress are few in number and rigidly practiced (adaptive inflexibility), when habitual perceptions, needs, and behaviours perpetuate and intensify pre-existing difficulties (vicious circles), and when the person tends to lack resilience under conditions of stress, (tenuous stability)”. What then, could all these considerations tell us about the relationship between the adolescent self and anorexia?

The developmental task of adolescence is understood to be the successful integration of the self-other polarity. With ‘other’ defined as the broad socio-cultural, familial and interpersonal interactions, constraints or demands that emanate from any or all of these ecological contexts call upon the adolescent’s adaptive capacity and flexibility.

As the instrument of his or her own reinforcement, the adolescent is considered to be the driver of the self-other environment interaction. Therefore, any disorder or disturbance in the adolescent that ensues as a result of this constraint would point to the adolescent’s inability or inflexibility in adapting appropriately or proportionally to presenting environmental demands and constraints.

As a proximate explanation, this perspective goes some way in explaining the biopsychological functioning of an individual in a socio-cultural context and the matrix
of factors attendant to that person that would render them vulnerable to disordered functioning.

Applying this taxonomy to anorexia nervosa, Hsu (1997) and Russell (1995) assert that its prevalence is in direct proportion to the prevalence of dieting behaviour and that dieters have an eight times higher risk of developing anorexia than non-dieters. Flowing from this analogy, it would therefore be an adolescent’s inability to adapt appropriately and with proportional flexibility to environmental demands and constraints that would distinguish between those dieters who deteriorate to anorexia and those who wouldn’t.

Heatherton and Ambady (1993), assert that with 80% of women and many men embarking on a diet regime at one point or another, the two essential elements that lie at the heart of dieting and distinguish between successful and failed attempts are cognitive commitment in terms of the level of self-regulation required to live up to the commitment and self-esteem.

Campbell and Lavallee (1993) define self-esteem as the evaluative component of the self-schema. Whereas self-concept or self-schema refers only to the knowledge, beliefs and memories about the self that control the processing of self-relevant information, self-esteem refers to a self-reflexive attitude that is the product of viewing oneself as an object of evaluation. Further, they clarify that while feelings or states of self-regard may fluctuate over roles, events and situations, trait or global self-regard remains remarkably stable or consistent over time and across situations. Against this conceptualisation, they prototype a person low in self-esteem, “… an individual whose global self-evaluation is neutral, whose self-concept is uncertain and confused, who is highly susceptible to and dependent on external self-relevant cues, and whose social perceptions and behaviours reflect a cautious or conservative orientation” Campbell and Lavallee (1993, p. 15).

Looking at social motivations of behaviour, Tice (1993), equates low self-esteem with self-hatred and feelings of worthlessness, and further asserts that people with low self-esteem present themselves in a modest, negative and self-effacing manner. Further, thinking that they are vulnerable to failure and have various shortcomings, they focus
on remediying these shortcomings in order to come up to a passable, acceptable level in the eyes of other people. Berghold and Lock (2002) add that self-hate is closely related to feelings of shame and intense, negative thoughts of ineffectiveness directed toward the self. In turn, this triggers a negative universal self-evaluation, which attacks a person’s core identity, causing feelings of worthlessness.

Skarderud (2007) underscores the above sentiment by pointing out that shame is a central phenomenon in anorexia nervosa. With affective, cognitive, bodily and behavioural aspects, shame is described as an affective withdrawal response, which helps us to adapt as protection against being hurt in relationships. When adaptive, it helps us to terminate or change the character of a relationship and thus helps to protect against an invasion of the self, preserves relations and a sense of identity.

In a similar vein, Surgenor, Maguire, Russell and Touyz (2007) share that as a struggle for competence and effectiveness, self-esteem plays a pivotal role in anorexia nervosa. They highlight that it comprises of two related but distinct components of self-liking and self-competence. Self-liking refers to the more socially depended aspect of self-esteem, denoting a sense of social likeability, whereas self-competence denotes a sense of personal efficacy or worth, which relates to control and effectiveness.

Highlighting the interpersonal dimension of shame, Skarderud (2007) also distinguishes between external shame as ‘being shamed’ and internal shame, ‘feeling ashamed’. One person may experience social stigmatisation or being shamed, but not feel ashamed. Yet, another may feel great shame even though there is great acceptance and assurance from others. In this instance, feeling ashamed is an inner experience of the self as an unattractive social agent and the pain of seeing oneself as unworthy of love.

For Tice (1993) a key distinguishing factor is that while individuals with both high and low self-esteem are subject to ego threats or feeling ashamed, those high in self-esteem are able to offset a threat in one dimension by affirming other, even unrelated aspects of the self or to make room for external contributions to their failures. On the contrary, those with low self-esteem base their sense of self only on one domain and
because they tend to make highly internal attributions for failure, they are less able to affirm other areas of themselves and tend instead to generalise their negative feelings to other unrelated domains.

When confronted by excessive feelings of shame, a person feels under extreme pressure to limit possible or perceived damage via escape or appeasement. As an affective withdrawal in response to hurt, this bodily corrective behaviour is usually concealed or done in silence, for fear of further shame. In a vicious cause-effect shame-shame cycle, this response becomes self-destructive instead of being protective. Skarderud (2007) further distinguishes between body dissatisfaction and body shame, pointing to body shame as a perception that one has bodily attributes that others find unattractive and which are a cause for rejection or attack. As a vicious cycle of extreme feelings of shame, Surgenor et al. (2007) assert that by its focus on weight and shape, anorexia is the activity by which a person struggles to demonstrate to themselves and others that they have worth and value. It is for this reason that success at being anorexic generates an overlapping yet paradoxical cycle of pride, as a vehicle to shore up feelings of effectiveness and thereby, self worth and value.

This perspective goes some way in illuminating the complex confluence of Millon and Davis’ (1996) threefold taxonomy of coping strategies as the intrapersonal developmental dynamics of anorexia.

2.3.4.2.3 A Social construction?

Challenging the notion of an adolescent anorexic as self-constructed, Hoskins (2002) cites Taylor’s contention that to be a fully human agent, to be a person or a self in the ordinary meaning, is to exist in a space delineated by definitions of worth. This view asserts that arguments of the anorexic as self-constructed have truly neglected to understand the life-worlds of young females in contemporary society.

It asserts that in order to understand the emotional experiences and challenges that manifest in adolescent females as anxiety, compulsive behaviour and excessive control over eating behaviours and debilitating perfectionism calls for a systemic focus on how spaces of self-worth are never neutral but are defined by cultural expectations. It holds that rather than a singular, insular self that develops within a
closed and bounded system and that cannot adapt to the complexity of post-modern life, the integration of symbols, images and metaphors of culture into girls’ identities and what this means in terms of human development must be fully examined because this culture is central and constitutive rather than supplemental to their development.

Echoing this sentiment Orbach (1993, p. 39) offers, “there is no such thing as a personality constructed outside culture or without reference to its mores, whether these are purposely adopted or consciously disdained”.

Defining the body as the final identity frontier, Nasser and Di Nicola (2001) cite Illich’s contention that in every epoch, the body exists only in context and forms the felt equivalent of any age, in so far as that age can be experienced by a specific group. In an attempt to balance medical concerns about what girls put or fail to put in their mouths, they explore issues of psychological nutrition, i.e. the psychological odyssey of how girls feed their minds. They put forward that in the social construction of body regulation, the vulnerability and dependence of the body to control by existing socio-cultural structures and forces is evident. They point in particular to the glaring paradox of post-modern culture as a source of action and by the same token, its negation. This paradox is evident in the rich and many-sidedness of the body aesthetic and yet, a contradiction is evident in the very reductionist determinateness of form-fit moulds.

For Hoskins (2002) one of the arenas where the many-sidedness of the body aesthetic is poignantly portrayed is the way in which sexuality and violence are packaged in the media, particularly television. By making thinness the visual code of perfection and sexuality, the media turns women’s bodies into an all-consuming project for personal improvement, a phenomenon Fredrickson and Roberts (1997) refer to as female sexual objectification. Nowhere is this more evident than for example, in MTV videos, a channel targeting the teenage market, where 70% of videos involve sexual imagery, more than 50% involve violence and 80% of the sexual violence is against women.

Commenting on the globalisation of anorexia, a syndrome previously considered Western culture-bound, Morley and Robins (1995) refer to the globalisation of the
media landscape as identity crisis. Driven by profits and competition, media corporations push ceaselessly to break down old and symbolic boundaries and frontiers of national communities and cultures, which they see as an obstacle to their pursuit of a universal consumer culture. Through this internationalisation of identity, boundaries between the fictional and the real self are blurred.

Nasser and Di Nicola (2001) explain that identity is constituted within a social system and requires the reciprocal recognition of other members of that social system as part of the larger context and process of group affiliation. However, with fictional inducements, estrangement from the real and culturally symbolic is inevitable, as boundaries between national and audiovisual geographies are fused, with technology turning the individual into a switching centre for all its networks of influence.

For Hoskins (2002), not only has reality changed but it has also evolved to the degree that not only bodies can be altered by genetic engineering and cosmetic surgery, but personalities can also be altered by the use of psychopharmaceutical drugs. The danger with all these technological possibilities of re-inventing the self is that on an international scale they are lauded as a means of expanding the self-repertoire. Insidiously however, the reality is that they constrict not only the scope of diversity but also the distinctions of what is considered natural or authentically human, as identity is commodified and offered as a product that can be bought or sold. For Nasser and Di Nicola (2001), anorexia is thus not pathology of the body but a quest for an authentic self, a longing for belonging and sense of purpose.

Hoskins (2002) offers that anorexia is a kind of dangerous social club where, as a cost of belonging, identities are scripted and members auditioned by various discourses primarily through the media, which provides strict codes of behavioural norms. These discourses and codes of behaviour are evident in pro-anorexic website slogans such as Starving For Perfection and Beautiful By Bones (The Star, 2003), which would provide a sense and place of belonging for the compliant anorexic.

Exploring the implications of these websites for users (Tierney, 2006) highlights the way they add to the paradox of contemporary society. On the one hand, given the shame and stigma of being diagnosed and society’s limited understanding of this
condition, including those in the clinical fraternity, anorexics often feel isolated. Such sites become a sanctuary, where they can express themselves without judgement. On the other hand however, by interacting with others with a similar mindset, these sites could cement the positive association with the label of being anorexic. It is in this sense that Surgenor et al. (2007) point to the shame-pride paradoxical cycle of anorexia.

Taking all the above considerations, Hoskins (2002) asserts that anorexia is relational to the extent that it is crafted in the spaces of socio-linguistic communities, where identity is constructed. Therefore, as a symbol of a socially constructed identity, it points to a socially resident problem that cannot reside solely in an individual.

### 2.3.4.3 Chapter conclusion

As a comprehensive review of literature and research, this chapter offered a deconstructive exploration of discourses on the dynamics of anorexia nervosa. Locating itself within the DSM-IVTR (APA, 1994) diagnostic criteria, it highlighted its broad dynamics as a clinical phenomenon as well as its magnitude and complexity as gleaned through its side effects profile. Against this diagnostic backdrop, it concurred with Chavous’ (2000) assertion of the compelling need to explore developmental course of anorexia from a biopsychosocial perspective, at both the macro and micro levels.

Attempting this, it began by exploring the role of biological factors such as genetics, hormones and neurotransmitters. Within this, it revealed their complex interaction and comorbidity with anxiety, mood disorders and personality disorders, thus pointing to its pathoplasticity. Further, it revealed how even the biological factors are inalienably intertwined with socio-cultural factors. This compounding the diagnostic picture, also points to the need for diagnostic caution as well as the need for a culturally sensitive diagnostic taxonomy.

Moving with these biological considerations, it proceeded to explore the socio-cultural landscape of anorexia. Within this, it gleaned the evolutionary ancestry and symbolism of anorexia and chronicled its historical evolution, to reveal the centrality of key vicissitudes of each socio-cultural epoch in its developmental plurality. This
exploration was further enriched by a feminist critique, which posed a challenge and yet also served to complement appreciation of its socio-cultural landscape.

Viewing an anorexic female as an active and reactive member of a family or primary referent group, the review proceeded to explore the role and significance of various family dynamics as well as that of different levels of familial relationships.

Moving to the level micro level, it undertook a comprehensive biopsychosocial exploration of the intrapersonal developmental landscape. This revealed a complex organisation of dynamics, which constitute the vulnerability matrix of anorexia, in particular, the heightening of vulnerability with adolescence. This gleaned, it sought to interrogate each of these levels singularly, i.e. whether an anorexic female is an evolutionary, a socio-cultural or self-construct and to explore the constellation of attendant dynamics.

Having considered each of these factors in their own right as well their confluence, this review reiterates its concurrence with Millon and Davis (1973) that as a phenomenon of observation, anorexia eludes each and all attempts to package it for scientific expedience. This review therefore offers itself as a comprehensive but humble attempt to gain some understanding, without simultaneously pretending to be exhaustive. By so doing, it invites the reader to carve their own understanding.

The upcoming chapter is a comprehensive description of the interpretive interactionist point of view as the methodological orientation of the present research. It offers itself as a bridge through which existing discourses that have already been explored can be juxtaposed against participants’ narrated experience.
CHAPTER 3  RESEARCH METHODOLOGY

3.1 Introduction
This chapter presents the methodological orientation of the present research. In doing so, it begins by spelling out the objectives the research seeks to accomplish. It proceeds to orient the reader into a post-modernist paradigm and in the process exposes its ‘underbelly’ in terms of its ideological evolution from modernism. It also clarifies the methods, evaluative criteria and ethical considerations of interpretive interactionism as a post-modernist qualitative research design.

3.2 Research objectives
The objectives of this research are as follows:

- To open up the life of each participant for exploration as the arena in which their experience of anorexia nervosa can be interpreted, described and understood.

- To explore and describe interpretively each participant’s lived sense of the relationship between her experience of anorexia nervosa and her cultural identity and affiliation.

- To illuminate participants’ experience through the eyes of cultural scrutiny and offer an interpretive appreciation of its meaning in participants’ socio-cultural context.

- To open up seminal vicissitudes of my personal experience as the space for introspection and reflection on the nuances and resonance between my experience and theirs, without any concomitant attempt to generalise about either.

3.3 Research design
3.3.1 A Post-modernist orientation
Above all, social research speaks of a long history of human restlessness with fundamentals of its own existence, thus spurring a relentless quest for answers (Polkinghorne, 1989). All research traditions are founded on claims that the frame of thought they promote provides the best means for acquiring knowledge. The history of social research reveals a paradigmatic evolution from modern to post-modernism,
which Solomon (1972) describes as a series of revolutions rather than a smooth progression of ideas.

As a philosophy, modernism speaks of an orientation where social reality is deemed to have an empirical and independent existence, whose guiding logic can be measured with objective certainty. Taylor and Bogdan (1975) share that in this period, eminent philosophers and scientists such as Plato, Galileo, Newton advocated the need for an epistemology through which a clear distinction could be drawn between beliefs and indubitable truth. Further, they asserted that nature (including humans) varies in a systematic way and, through mathematical formulae and experimental evidence it would be possible to discover and describe these patterns. The discovery of laws of human behaviour would allow humans to establish a perfect society by mere application of these proven laws of behaviour. In this way, modernism espouses logical reasoning, is optimistic about the future and believes in progress. Also, it holds that there are common values such as standards of beauty, truth and morality about which most people agree (Neuman, 2000).

Guided by this worldview, modernist social research espouses ‘objective’, ‘value-free’ and ‘culture-free’ ‘truth’ that is derived from using ‘empirical’ methods. Based on this orientation, a vast body of quantitative social research has been undertaken and lauded for its ability to produce ‘ultimate’ knowledge, based on the prediction of cause-and-effect relationships in human behaviour (Polkinghorne, 1983).

Against this background, the evolution to post-modernism signifies disquiet with modernist assumptions and claims as well as their abject disregard for what post-modernists regard as the sine qua non of human experience, “the emotional and vital feeling of life, and the engagement that humans have with others and the world…novel and creative acts, the personal pain of suffering, and the joy of happiness…” (Polkinghorne, 1983, p. 21). Further, they assert that social reality does not exist in isolation or outside of human experience but is a consequence of human action through symbolic forms of human interaction. This view saw mounting calls for a methodology that would encompass the fullness of human experience, to include values and meaning.
Post-modernism thus describes an evolving understanding of the contemporary world and has its roots in the philosophical movements of phenomenology, existentialism, nihilism and anarchism as expressed in the ideas of *inter alia*, Heidegger, Nietzsche, Sartre and Wittgenstein (Neuman, 2000).

Denzin (1989) adds that post-modernism represents a response to the growth of larger and more complex social structures, often containing people of different cultural traditions. This is also a period of multinational corporations, satellite communication, interdependent world economies; a time when private troubles like drug and alcohol addition as well as armed confrontations and other problematic experiences enter the public domain and are given meaning in the media; a time of extreme self-interest, personal gain, ostentatious material possessions and massive anxieties at the level of both the personal and social.

Therefore, rather than denying the existence of social reality, post-modernism seeks to highlight its complexity and argues therefore that there cannot be a single and final truth about social reality.

Because post-modernism is critical towards the modernist fragmentation of social reality, post-modernist research is characterised by multiple paradigms, strategies of inquiry and methods of analysis. With an understanding that there is no clear window into the inner life of an individual, the interpretive gaze is filtered in new and multiple ways, situated in the world of-and-between the observer and the observed. It is for this reason that post-modernist research seeks to debunk the researcher. To the extent that post-modernism objects to presenting research results in a detached and neutral way, it insists that the researcher should never be hidden, his or her presence needs to be unambiguously evident in a report. (Kvale, 1992).

Czarniawska (2004) points to distinguishing characteristics of post-modernist social research

- It refutes the correspondence theory of truth, according to which statements are true where they correspond to the world, on the basis that it is impossible to compare words to non-words.
• It challenges the operation of representation, revealing the complications of any attempt to represent something by something else.
• It pays much attention to language (in a sense of any system of signs, numbers, words or pictures) as a tool of reality construction rather than its passive mirroring.
• Its value lies in telling a story that may stimulate experiences, provoke a response or arouse curiosity within the people who read or encounter it.
• It acknowledges that individuals offer accounts or narratives rather than full explanations of their experience, actions and motivations.

As class, race, gender and ethnicity are recognised to shape inquiry, post-modernist researchers continue to seek methods that allow them to record their own observations (reflexivity), while also uncovering meanings that individuals bring to their life experiences. They rely on subjective, verbal and written expressions of meaning given by studied individuals in a multicultural process. The use of conversation provides access to the cultural world of social discourse, where inter-subjective meaning is created and sustained (Kvale, 1992).

Recognising the stratified character of the social world, post-modern qualitative research pays greater attention to discourse. While discourse speaks of a body of linguistically mediated interactions, Czarniawska (2004) draws on Paul Ricoeur to emphasise that discourse is an entity that cannot be reduced to a sum of sentences that create it. As an entity, discourse is structured according to rules that permit its recognition as belonging to a particular genre. Therefore, it is not possible to escape discourse, since all humans are historically and culturally bound and thereby belong to a particular social discourse genre.

Parker (1992) offers that in any society, various discourses have a constitutive effect on how people live their lives. Because such discourses are largely pre-reflective, they become a ‘naturalistic’ way in which people live their lives. However, they may be gleaned from the narratives people offer as a reflection on their lives.

Denzin (1989) defines narrative as a story that tells a sequence of events and experiences that are biographically significant because they have an internal logic that makes sense for the narrator.
As a mode of knowing, narrative facilitates the coherent organising of experience through the help of a scheme that recognises the intentionality of human action. By holding human beings accountable for their conduct, intentionality renders human conduct intelligible. Therefore, by making it possible to give an explanation where behaviour can be reconciled with intention, narrative allows for the interpretation of human action and thereby becomes the means by which specific events are brought together into a meaningful whole. The temporal ordering of narrative opens human conduct to multiple and sometimes competing interpretations. For Bruner (1990), narrative thrives on the contrast between the ordinary, usual and expected and on the other hand, the ‘abnormal’, unusual and unexpected. This is made possible by the power of narrative to create and facilitate the negotiation of meaning, which renders the unexpected intelligible.

As a paradigm of communication, narrative allows people to tell stories, to teach and learn, to ask for and to offer an interpretation. In this way, it renders what is known available for scrutiny and further intelligibility.

Ochberg (1994) highlights the fact that narrative interpretation goes beyond what is told (the content), to include the process of communication, the telling; the ways in which informants communicate and recount their experience. This shift makes it possible to see how individuals make sense of their lives, because from an unlimited array of possibilities, each narrated life story is the narrator’s selection of those moments that the narrator deems significant and arranges them in a coherent order i.e. in human time and not in clock time.

Concurring with this sentiment, Josselson and Lieblich (1995) highlights the fact that at the time of an experience, events may not have had the meaning that the narrator later confers on them when telling the story. Therefore, in selecting the elements, the narrator always knows the ending. In this way, narrative becomes a transposition of Kierkegaard’s famous statement that we live life forwards but understand it backwards because in understanding ourselves, we choose those facets of our experience that lead to the present and render our life story coherent. This makes it possible to inquire how a series of events built up into a significant problem and how it was overcome. In this way a life story serves as a gateway into the identity (sense
of self) of the narrator and reveals clues into what kind of life has been lived by the narrator, whether a comedy of fortunes, a tragedy of squandered opportunity or an epic of storms encountered and weathered. For this reason, narrative communicates the creation of meaning.

Because of the ubiquitous nature of narrative, its significance transcends the individual level and encompasses the collective.

In order to understand the intentionality of human conduct, it is crucial to take into account the history and dynamics of the settings within which they are situated. McNamee and Gergen (1993) point out that narrative is shaped by historical and social processes, which encourage some while simultaneously discouraging others. This means that what can be said about an experience, is guided by and limited to a system of shared conventions. Therefore, the significance of narrative stems not only from its ability to represent reality but also through its utilisation in social exchange, from which culturally meaningful experience can be expressed. As such, through the language of stories, people engage in a culturally meaningful relationship dance.

The evolution to post-modernism has allowed different questions to be posed of social phenomena and for different explanatory perspectives to be formulated. In particular, it has given voice to the feminist critique of the gendered nature of the social world and even more specifically, to gender asymmetry. In its assertion that there is no gender-free knowledge, it places the creation of gender asymmetry at the centre of social research. Because it is action oriented, it seeks to correct the pervasively male-oriented perspective in social research. It argues that women’s subjective experience is different to men’s. Even in research, women are differently attuned to the phenomenon they study and their sensitivity is a strength that should be acknowledged and given voice (Neuman, 2000).

While the evolution to a post-modernist lens has coloured the research landscape, social research has continued to be characterised as much by a modernist quantitative approach.
3.2.1.1 Qualitative research

Qualitative research is consistent with the assumptions of a post-modern paradigm. Accordingly, it is defined as an inquiry process that seeks to understand a social or human problem, which is based on building a complex, holistic picture, reporting detailed views of informants that are acquired in a natural setting. A further defining characteristic is that it does not begin with a theory in mind to be tested and verified, but may emerge inductively in the data collection or analysis. In this way, theory does not constrain the data, but instead it is the data that allows the generation of propositions, categories or themes until a theory or pattern emerges (Creswell, 1994).

Huberman and Miles (in Denzin & Lincoln, 1994) clarify that qualitative designs are not copyable, off-the-shelf patterns, but have to be custom-built and choreographed. Further, they highlight that such inductively oriented designs work well when the terrain is unfamiliar and/or excessively complex and the intent is exploratory and descriptive.

As asserted in the background and rationale, to date, there has been limited research on black females’ experience of anorexia nervosa. This bespeaks the unfamiliarity of the present research terrain. Similarly, the research questions and objectives of the present research attest to the complexity of this undertaking.

Because the purpose of interpretive research is to foster understanding, the present undertaking is exploratory. The researcher attempts to discover the meaning of participants’ experience of anorexia nervosa, by placing it within their socio-cultural context, so as to grasp or to get a feel for the operation of their social world.

The present researcher is upfront in declaring that her own personal experience of anorexia served as the primary impetus to this research. While this experience was pre-reflective in its occurrence in 1986, over time it has been laced and layered by her personal reflections, which have themselves been laced and layered by the researcher’s reading and critique of how the phenomenon of anorexia nervosa has been presented, studied and analysed in existing research and theoretical literature.
To articulate her point of departure in embarking on this inquiry, the researcher borrows from Denzin’s (1989, p. 25) assertion,

“This world does not stand still, nor will it conform to the scientist’s logical schemes of analysis. It contains its own dialectic and its own internal logic. This meaning can only be discovered by the observer’s participation in the world.”

Seeking to redefine participation, Janesick laments (in Denzin & Lincoln, 2000, p. 394)

“Somehow, we have lost the human and passionate elements of research. Becoming immersed in a study requires passion: passion for people, passion for communication, and passion for understanding people...the individual is not only inserted into the study, the individual is the backbone of the study.”

Therefore, rather than a mechanistic application of an *a priori* design, this research represents, above all, the researcher’s enchantment with and an unrelenting quest to in-terrogate, in-quire and dis-cover the vicissitudes of anorexia nervosa as narrated in the personal experience stories of black females.

Because, as cautioned by Vale and King (1978) of being-in-the-world, man’s existence and consciousness is morphemic i.e. self-constituting, indivisible and inseparable, the researcher made no attempt or pretence to extract her own person and self as a pre-condition for immersing herself in participants’ world and experience.

In this way, the present research represents a personal and methodological odyssey in that its paramount commitment is to rigorous inquiry, with a concomitant openness and flexibility to allow itself to be opened up by the new, the unexpected and contradictory and not to be limited by prior formulations and understandings.

The present research is embedded in interpretive interactionism, to capture the nuance and complexity of participants’ experience of anorexia nervosa. By the same token however, it refuses to be contained or constrained by it, in what Janesick (in Denzin & Lincoln, 2000, p. 380) terms methodolatory, the essence of which is encapsulated in the sentiment
To be without method is deplorable; but to depend on method is entirely worse.

3.3 Interpretive interactionism

Interpretive Interactionism represents Norman, K. Denzin’s effort to develop a point of view and methodological attitude that would allow scholars in the human sciences to examine how the private troubles of individuals, which occur within the immediate world of experience, are connected to public issues and to public responses to these troubles.

As a methodological attitude, it attempts to make the world of lived experience directly available to the reader. It endeavours to capture the voices, emotions and actions of those studied. Its focus is on those life experiences that radically alter and shape the meanings persons give to themselves and their experiences (Denzin, 1989).

It builds on studies that make sense of the post-modern period of human experience. In so doing, it joins seminal thought from Blumer’s symbolic interactionism, Mills’ critical-biographical method as well as phenomenological and existential works of inter alia Husserl, Heidegger, Sartre and Merleau-Ponty. It also draws upon post-modern ethnographic theory, naturalistic studies as well as feminist social critique and cultural studies.

Interpretive interactionism is informed by three key tenets and assumptions:

i. In the human world there is only interpretation.

ii. It is a worthy goal to attempt to make these interpretations available to others. By so doing, understanding can be created.

iii. All interpretations are unfinished and inconclusive.

According to Neuman (2000), interpretive social science is rooted in an empathic understanding or verstehen, of the everyday lived experience of people in specific historical settings. It studies social action to which people attach meaning in order to
learn the personal reasons or motives that shape a person’s internal feelings and which
guide their decisions to act in particular ways.

Concurring with this, Denzin (1989) further clarifies that interpretive interactionism is
distinguished by its focus on the epiphany or existentially meaningful turning point
interactional experiences.

de Ruggiero (1946) offers that as a philosophy of existence, existentialism deals with
existence in the manner of a thriller and notes among its proponents a sense of
torment and anguish paralleled with an air of pleasure and satisfaction, a flavour of
self-indulgence in the muddy depths of life.

Therefore, rather than mundane, taken-for-granted everyday experiences, epiphanies
refer to those particular interactional experiences that leave marks on people’s lives
and have the potential for creating transformational experiences for the person.
Through epiphanies, the person’s character is revealed, because having had them, the
person is never quite the same again. Therefore, epiphanies are significant because,

a. They are group interactional phenomena
b. They occur in problematic situations
c. They turn lives around
d. They have effects at the deep levels of lives
e. They are remembered and personal experience stories can be told about them
f. These stories are given multiple meanings by the person and others and these
meanings change over time

Denzin (1989) distinguishes between four types of epiphanies:
a. In a major epiphany, the experience shatters the person’s life and makes it
never the same again.

b. A cumulative epiphany is the result of a series of events that have built up in a
person’s life.
c. A minor or illuminative epiphany reveals underlying tensions and problems in a situation or relationship.

d. In a relived epiphany, a person goes through, again, a major turning point in his/her life.

In its exploration of participants’ experience of anorexia nervosa, it is the intention of the present research to glean those aspects that make it an existentially meaningful turning point experience, by revealing not only the surface-level problematic interactional moments but also going beyond, to expose the vicissitudes of their deep-level effects in terms of the ways in which they turn participants’ lives around and through which participants’ personal character (identity and sense of self) may be revealed.

Further, for the researcher, interpretive interactionism allows for an exploration of the connection between participants’ experience of anorexia nervosa as a private trouble and public issues and responses to this private trouble. Given that anorexia nervosa is rare amongst black females, this will provide a window of inquiry into how participants’ experience was viewed and responded to by others in their socio-cultural context.

3.4 Research procedure and method

The terms ‘methodology’ and ‘methods’ are integral to research as a systematic process of inquiry. While the terms share an etymological ancestry in Greek philosophy, they have a somewhat different yet important meaning and application in any research endeavour. Polkinghorne (1983) explains that the word ‘methodology’ is made up of the root words *meta*, *hodos* and *logos*, which respectively translate into ‘from or after’, ‘journey or pursuit’ and ‘principle of reason’ or meaning. Taken together, methodology refers to a broad principle or philosophy that grounds or undergirds research as a journey towards understanding the significance or meaning of phenomena. Located within this principle, ‘methods’ refers to a collective of practical procedures and processes used in pursuit of knowledge and understanding, which may include questionnaires or interviews, sampling, measurement and analytical procedures. Because method derives from a particular philosophy, it cannot
be applied in isolation of its founding philosophical context and thus, its validity and reliability is limited to its informing methodological base.

3.4.1 Participant selection and sampling

Research participants are defined as indigenous black females who have been diagnosed and treated for anorexia nervosa, restrictive (RAN) or binge-purge subtype (ANBP). The decision to be inclusive is informed by the high degree of comorbidity between the two subtypes (Keel 2003; van der Ham, 1997). Also, based on the research objectives, it would not be prudent to exclude participants on the basis of these subtypes. Most importantly, the researcher felt that this inclusive approach would enrich the understanding of this phenomenon within the participant sample.

The DSM-IVTR (APA, 1994) diagnostic criteria for anorexia include *inter alia*, a person’s denial of the seriousness of their low body weight. Russell (1995), Sadock and Sadock (2003) point out that patients’ capacity for denial may be so serious as to conceal their fear of fatness. This, they indicate, may reliably be observed in the degree of distress experienced by such patients in in-patient treatment programmes where they are required to gain weight. Given this consideration, the researcher felt that undiagnosed females or females currently in an in-patient treatment programme would more likely to be in denial and distress about their body weight and therefore for research purposes, they may not be able to access the reflective capacity required to share their experience.

For this reason, participant sampling was purposefully delineated as indigenous black South African females, who had been diagnosed with anorexia nervosa by a suitably qualified professional and undergone in-patient treatment. Given that diagnosis within this population is a rare and recent phenomenon, the population from which the sample could be drawn was very limited. The tracing of potential participants through hospital records was further hampered by the fact that most of the last known contact details had become obsolete. Consequently, only one participant was drawn through this resource. A further two were sourced through independent social networks.
Through, confidential patient records, the researcher requested a staff member of the eating disorders ward at Tara, the H. Moross Centre to initiate telephonic contact with past patients and invite them to consider participating in the study. The staff member was given an information sheet to be read telephonically, explaining the purpose and nature of research as well as the nature of their anticipated participation and their rights as participants. Similar information was provided to ‘gatekeeper’ social contacts for the other two participants.

As part of their indicated willingness, participants gave consent for the researcher to contact them directly. In their initial telephonic contact, the researcher confirmed their understanding of the purpose of research, the nature of their participation as well as their rights and consent for the audio recording of the discussion. The researcher also established from each participant where they would be most comfortable to have the interview. All participants indicated that they would like to be interviewed at their homes. However, as there was no sufficiently private place in the house, all three participants opted to hold discussion in the researcher’s car, outside their homes.

A letter of invitation to participate in the study is attached as Annexure A

3.4.1.1 Research participants
All three participants had been admitted and treated at Tara’s eating disorders ward, at different times, in the last five years. At the time of participation, they were no longer in any treatment programme. They ranged between 20 and 30 years of age. All three were single, with no children and were living in their parental homes. In order to safeguard their identity, they shall be known as Lebo, Zandi and Lindi.

Lebo is twenty-one years of age. She comes from a family of five children, where she and her twin sister are preceded by an older sister and brother and are followed by a younger sister. When she was born her family lived in a shack in Soweto. At the age of seven in 1991 they moved to Orange Farm, then a newly developed low-cost housing area on the outskirts of Johannesburg. In November 2004 they moved back to Soweto, where they live currently with both parents.
Zandi is twenty-two years of age. She was born in Soweto and comes from a family of five children, two older sisters, one younger sister and a brother. All five children were brought up by their maternal grandmother and have never lived with their parents. After her parents divorced five years ago, Zandi’s mother moved back to live with the five children in the grandmother’s home. Over the years that they were married, the parents used to live in rented rooms around Soweto.

Lindi is twenty-seven years of age. She is an only child, born in Mpumalanga Province. For the first three years of life, she lived in the care of her maternal and paternal grandmothers respectively. At the age of four she and an older cousin moved to Limpopo Province with her parents, where they reside currently.

3.4.2 Data gathering
The present research set out on an exploratory journey to gather rich, experience-near descriptions of participants’ experience of anorexia nervosa. Borrowing from what Richardson (in Denzin & Lincoln, 1994) refers to as crystallisation, data was drawn from three sources i.e. personal stories, drawings and naïve sketches.

Crystallisation is a post-modernist enhancement of triangulation; the use of multiple instances from multiple sources in order find convergence (Huberman & Miles in Denzin & Lincoln, 1994). Crystals are prisms that reflect externalities and refract within themselves, creating different colours, patterns and arrays, casting off in different directions and thus allowing the same tale to be told from different points of view. Crystallisation serves as a research kaleidoscope.

When applied to qualitative research, crystallisation begins from a premise that there is no correct way of telling an experience. Therefore, each telling, like light hitting a crystal, reflects different perspectives of an experience. Without losing structure, crystallisation deconstructs the traditional idea of validity and facilitates a deepened, complex, yet thoroughly partial understanding. Paradoxically, we know more and yet doubt what we know.
Therefore, through metaphoric simultaneity, the crystallised use of personal stories, drawings and naïve sketches sought to provide deepened, complexified and, if it be so, competing accounts of participants’ experience of anorexia nervosa.

3.4.2.1 In-depth interactive interviews

Personal stories are a powerful way of opening up one’s world, allowing others to enter and glean one’s world and creating space where an experience within a life can be shared and for symbolic meaning to be created and recreated.

By the very nature of this study, the interviews were interactive and interpretive, allowing elucidation of the broad dynamics of participants’ experience of anorexia nervosa. This means that in her exploration of this experience, the researcher took on board Kruger’s (1979) assertion that the participant being interviewed is an experiential being who is present in the research situation and as such brings her biographical human being-ness, which has a historical past and intended future, “each future-intending moment is filled with possibilities, anticipations, anxieties and questions which have as their natural frame of reference her behaviour in the present moment” (p, 117). As such, each interview took in the broader socio-temporal context of participants’ intra and interpersonal dynamics, while simultaneously providing opportunity for clarification for both the researcher and participant.

Therefore, interviews were semi-structured in order to access specific details, sequences and dynamics of events that make up the experience as well as to reveal its complexity and symbolism in participants’ life history.

An interview protocol is attached as Annexure B

3.4.2.2 Drawings

Like interactive interviews, drawings offered participants a second medium for telling their experience of anorexia nervosa. As a visual narrative, drawings provide mute evidence while simultaneously reminding us that a picture is worth a thousand words (Visagie, 2002).
Harper (in Denzin & Lincoln, 2000) points out that visual narrative is consistent with symbolic interaction in that it alerts us to how interaction is based on interpretations because it involves a narrator’s choices and decisions concerning which and how much information to include. While a visual image may often seem detached or neutral, because it expresses experiential and emotional content, it is adrenaline-saturated. Because a visual narrator is also a cultural insider, drawings illuminate different aspects of culturally defined experience. In this way a drawing functions as both a personal and cultural Rorschach test.

The researcher’s request to participants was: “Draw something that for you, describes or represents your experience of anorexia nervosa.”

Participants’ drawings are attached as Annexure C1 (Lebo), C2 (Zandi) and C3 (Lindi)

3.4.2.3 Naïve sketches
Naïve sketches were utilised in crystallisation as a third method to shed light on participants’ experience of anorexia nervosa. In a similar way to drawings, a naïve sketch provides mute evidence or a mute version of relating an experience (Hodder, in Denzin & Lincoln, 1994).

Unlike the spoken word, a drawing and naïve sketch endures physically and can be separated across space and time from its author. Similar to the spoken word and a drawing, its significance lays not so much from its production but its meaning. Therefore, like any other expressive medium, each piece of written text has to be understood in the context of its production. Hodder (in Denzin & Lincoln, 1994) further suggests that because it is not overt, self-conscious speech, like a drawing, a written narrative provides deeper insights into the internal meanings according to which people live their lives.

The researcher’s request to participants was: “Write something that for you, describes or represents your experience of anorexia nervosa.”
Participants’ naïve sketches are attached as Annexure D1 (Lebo), D2 (Zandi) and D3 (Lindi)

3.4.3 Researcher’s role and position

Clandinin and Connelly (in Denzin & Lincoln, 1994) draw on Husserl to point out that in a study of experience, it is the researcher’s intentionality that defines the starting point, as articulated in the question, ‘what do I want to know in this study?’ This is because anyone setting out to investigate any phenomenon is, from the beginning, guided by what they already understand about the phenomenon.

Whereas a researcher working from a modernist perspective would strive for objective detachment, Denzin (1989) asserts that interpretive research begins and ends with the biography and self of the researcher, because the events and troubles that are written about are ones that the researcher has already experienced or witnessed firsthand.

Kruger (1979) takes this point further and asserts that man’s existence and being is morphemic. This means it is not possible for the researcher to fully bracket the fullness of her own existence in order to access participants’ lived experience from the outside or even to extract herself from involvement in participants’ world. Therefore, in the same way as participants, the researcher is biographically situated i.e. speaks from a particular class, gender, racial, cultural, and ethnic community perspective and enters the research process from inside an interpretive community (Denzin & Lincoln 2000).

While this would be deemed as a weakness of qualitative research from a modernist perspective, from the post-modernist lens of the present research, the researcher’s presence and upfront acknowledgement of her own experience of anorexia serves to enrich her inquiry. This allows her to immerse herself deeper in the exploration into participants’ world and experience and thereby enhances the present endeavour to explore and understand even the more subtle nuances and vicissitudes of participants’ experience that invariably would elude cursory inquiry.

Denzin (1989) draws on Heidegger to point out that in the process of immersion, an interpretive researcher and participant enter a double-hermeneutic or interpretive
circle. In this circle, the participant is at the centre of her life and the experience being narrated and the researcher is at the centre of her life in interpreting the narrated experience. Because their circles can never overlap completely, the best a researcher can strive towards and hope for is understanding.

With this in mind, data crystallisation served as a kaleidoscope through which the different dynamics of participants’ experience of anorexia nervosa could be gleaned while simultaneously retaining the human elements of the experience as well as retaining humanness in the research situation.

In this way the researcher regards her role as being with and yet also apart from participants, a fellow dancer and co-participant, yet simultaneously a choreographer.

### 3.4.4 Measures of credibility and trustworthiness

Janesick asserts (in Denzin & Lincoln, 2000) that for too long, qualitative research has been held captive to questions formulated from a modernist psychometric paradigm, which revolve around the trinity of validity, reliability and generalisability.

Moving beyond this trinity, as a post-modernist, qualitative undertaking, this research departs from an understanding that objective reality is only given in direct, unmediated experience. Therefore, by virtue of being pre-reflective, it cannot be captured but accessed or retrieved through its reflective and retrospective representations and constructions (Valle & King, 1978).

While the present researcher strives towards credible and trustworthy portrayal of participants’ experience of anorexia nervosa, this is done within the ambit of the above frame of reference. As qualitative referents, the credibility and trustworthiness of this research accrues from the simultaneity of its methodology and the extent to which this is reflected in its methods of data collection, analysis and interpretation and in its presentation of findings.

### 3.4.5 Linguistic considerations

Qualitative research is, by its very nature, an intrusive experience. Kruger (1979) offers that one of the most important conditions of qualitative research is that the
researcher should have the same or at least be fluent in participants’ home-language. Echoing the above sentiment, the researcher deemed it important for interviews to be a space where, in sharing their experience, participants could express themselves in their language of comfort, thus retaining as much as possible the texture and prose of their experience and in this way embed and retain it as much as possible in its natural context.

As a result, while for academic purposes the original discussion points were formulated in English, the interviews were a mixture of English, Zulu and/or Sotho. Individual variations of this linguistic combination mirrored the contemporary colloquial linguistic repertoire and flair of both participants and the researcher’s natural socio-cultural context.

3.4.6 Audio recording
Silverman reminds (in Denzin & Lincoln, 2000) that we cannot rely on mental recollections of conversations and that at best, we can summarise aspects of conversations.

Concurring with this sentiment, interviews were audio-recorded to allow both participants and the researcher to immerse themselves and dwell in the experience being narrated without being hindered by attempts to simultaneously record such narratives manually. Further, audio recording allowed the researcher and participants opportunity to probe for clarity in order to ensure common understanding of terminology and intended meaning during both the data collection and translation. Thirdly, by capturing and preserving the tone of narratives, audio recording would allow the researcher to glean the finer emotional nuances and be able to revisit such narratives for further scrutiny during analysis and interpretation.

The consent letter for audio recording is attached as Annexure E

3.4.7 Transcription and translation
Recorded conversations were transcribed from verbal to written format. In the transcript, pause and tone were noted alongside the articulated words, in an effort to retain the original ‘flavour’. However, the researcher concedes that transcription is
not a neutral process of switching from one medium of expression to another but that ‘something’ is lost in this process. On this, the researcher concurs with Silverman (in Denzin & Lincoln, 2000) that there cannot be totally complete data any more than there can be a perfect transcript.

Bearing this dynamic in mind, translation sought to coalesce different linguistic combinations into one. In spite of the researcher’s linguistic proficiency and alertness to the possible dilution of meaning due to linguistic and lexical incompatibilities, the researcher concedes that ‘something’ is lost in the process of linguistic translation. Therefore, in much the same way as transcription, there can be no perfect translation.

3.4.8 Follow-up interviews

Participants were given a copy of their own translated and transcribed interview to read through, after which a follow-up interview was scheduled with each. This interview was viewed as a necessary ‘walk-through’, to ascertain that the translation remained as close as possible to the participants’ originally held and intended flavour and meaning. In essence, to each participant this follow-up posed the question, ‘how does my transcript represent your experience?’

Further, the follow-up interview provided each participant an opportunity to refine their original descriptions, where they felt necessary, by providing any additional information they felt would speak more to their experience and thereby enhance the researcher’s appreciation thereof. Similarly, it afforded the researcher an opportunity to clarify and pose further questions that allowed deepened access to each participant’s experience. Follow-up enhancements were added to the original transcript, thus setting the stage for analysis and interpretation of each narrated experience.

3.4.9 Analysis and interpretation

Prior to elaborating on the approach used to analyse and interpret, the researcher highlights that analysis and interpretation is an on-going, multi-layered and complex process that precedes, runs concurrent with and succeeds data collection. Creswell (1994) points out that the voluminous data generated in qualitative research poses a
serious challenge and that the process is an eclectic one, with no authoritative right way.

In analysing and interpreting participants’ oral (interviews) and mute narratives (drawings and naïve sketches) of their experience of anorexia nervosa, the researcher took on board Clandinin and Connelly’s caution (in Denzin & Lincoln, 1994) that experience cannot speak for itself. Therefore, stories told by participants about their experience as well as interpretations and meanings conferred thereon were equally shaped by the researcher’s relationship to participants and to their stories.

Denzin and Lincoln (2000) equate qualitative analysis and interpretation to bricolage, quilt making, montage and pentimento. As a bricoleur, a qualitative researcher uses aesthetic and material tools, deploying whatever strategies, methods and empirical materials necessary, inventing and piecing together new tools or techniques, if necessary. The choice of interpretive practices is not necessarily set in advance but depends on whatever the researcher can do in the research context.

Like jazz improvisation, montage and pentimento, a researcher uses brief images to create a clearly defined sense of urgency and complexity. As the scenes unfold, readers are invited to construct interpretations that build on one another, blending and contrasting simultaneously to produce a meaningful emotional, gestalt effect. In the resulting text, many different things are going on at the same time - different voices, different perspectives, points of view and angles of vision. Turning the reader into an active audience, such text creates spaces for give-and-take, moving from the personal to the political, from the local to the historical and the socio-cultural. By bringing participants’ narrated experience to life and ‘compelling’ the reader to engage it, it transcends turning participants into passive objects of a voyeuristic social gaze.

While this fluidity may be a liberating aspect of qualitative research, by making it difficult for researchers to agree on any aspect it is also, as Denzin and Lincoln (2000) caution, the source of constant tensions and contradictions over the project itself. For the present researcher, it is also one that simultaneously imbued an already onerous task with great responsibility. It is perhaps in this respect that Denzin (1989, p.12) cautions
In this project, the writer has nobody but [herself] to consult. Important consequences follow from this position...what you write is important.

Drawing on Geertz, Denzin (1989) offers that individuals have working theories about their conduct and experiences. Because they derive from local knowledge that individuals and groups have about those experiences that matter to them, such theories are pragmatic, i.e. they give meaning to individuals’ problematic experiences, which in turn allows them to deal with those problems confronting them. In hearing personal stories, the major goal of interpretation was to uncover these theories that structure participants’ interpretations of their experience.

Drawing on Mead’s symbolic interpretation, Denzin (1989) further highlights that because an event is experienced and captured within language, it is symbolic. This means that interpretation is always symbolic and in turn, that multiple meanings uncovered by words, phrases and gestures must be grasped and understood. This multiplicity of meaning is embedded at a surface or intended level as well as at the deep, which, borrowing from Freud, Denzin (1989) refers to as the unintended level of meaning. Meaning therefore moves simultaneously at surface and deep levels and because of this, no experience ever has the same meaning for any two individuals.

By dissecting experience into units and sequences, interpretation allows the revelation and clarification of meaning and in turn, creates conditions for understanding. As a process of interpreting, knowing (cognitive) and comprehending the meaning that is felt (emotional) and held by another at intended and unintended levels, understanding is an interactional process that requires one person to enter the experience of another and experience for herself the same or similar as experienced by another. In order to project one into another’s experience, the other’s experience must call out in the person similar experiences as those of the other. This, Denzin (1989) describes as living one’s way into and through the life of another, which is consistent with Heidegger’s notion of a hermeneutic circle.

Because cognitions and emotions blur together in a person’s stream of experience, interpretation and the understanding derived from it is simultaneously cognitive and
emotional. Therefore, shared cognitive and emotional experience underlies authentic appreciation and understanding.

Denzin (1989) offers six steps to interpretation, i.e. framing, deconstruction, capturing, bracketing, construction and contextualisation. The present researcher concurred with the notion of steps only to the extent that they denoted process and attendant dynamics rather than, to borrow Janesick’s concept of methodolatory (in Denzin & Lincoln, 2000) the slavish adherence to a sequential method. As may be gleaned above, interpretation and understanding are not categorical and should therefore not be confused or equated with clinical diagnosis. Rather, they are a complex, cumulative and appreciative process, which Mead (in Denzin, 1989) refers to as taking the attitude of another.

For authentic appreciation and understanding of another’s experience, Clandinin and Connelly assert (in Denzin & Lincoln, 1994) that interpretation must move simultaneously in four directions i.e. inwards and outwards as well as backwards and forward. They emphasise that to experience an experience is to experience it simultaneously in these four ways and therefore, interpretation is to ask questions of that experience that point in these four directions. By inwards, they refer to the internal conditions of feelings, hopes, aesthetic reactions and moral dispositions, which Denzin (1989) refers to as the deep level. By outwards, they refer to existential conditions or the environment, which is akin to Denzin’s (1989) surface level. Backward and forward relates to temporality i.e. past, present and future.

Denzin (1989) uses the phrase ‘critical-interpretive method’ to denote an interpretation of the temporality of experience and equates it to Sartre’s progressive-regressive method. This method seeks to understand people within a particular historical moment and context. Progressively, it looks forward to the conclusion of a set of acts or actions undertaken. Regressively, it works back in time to inherent historical, cultural and biographical conditions that moved a person to a particular experience or to take a particular set of actions. By moving backward and forward in time, the person’s actions and underlying projects are studied in time and space. As such, unique features of the person’s life are illumined in the interactional episodes
being studied. By the same token, similarities and commonalities shared with others are also revealed.

For the researcher, this method had major implications for the present undertaking. In particular, its progressive element made it possible to dissect participants’ experience of anorexia nervosa into their temporal units and sequences. This was crucial in this study because, working from the DSM-IVTR (APA, 1994), the diagnostic criteria for anorexia nervosa specifies physiological, emotional and psychological aspects.

The refusal and accompanying weight loss leading to the maintenance of less than 85% body weight denotes temporality. It was therefore the intention of the present research to explore and understand, progressively, the set of acts or actions taken by each participant that led to them reaching and maintaining a diagnostic body weight as well as the associated emotional and psychological dynamics of their experience.

Regressively, by moving backward in time, it also sought to explore the historical, cultural and biographical dynamics that were at play in each participant’s experience. In particular, it sought to explore and understand participants’ experience in the context of their biographical and historical vicissitudes. Further, it sought to explore and understand what this experience meant for their cultural identity and affiliation not only from their personal perspective but also in terms of how they were perceived and responded to by others in their socio-cultural context in relation to this experience.

Therefore, by moving backward and forward in time, both the surface and deep-level dynamics of each participant’s actions could be explored in clock time as well as in human time (Ochberg, 1994). As a result, the unique features of each participant’s life could be illumined in their existential, turning point interactions. Further, the similarities and commonalities shared with other participants could be gleaned.

3.4.9.1 Steps to analysis and interpretation
In embarking on this, a rather onerous task of analysing and interpreting participant narratives, the researcher drew from the latter three of Denzin’s (1989) six steps to interpretation i.e. bracketing, construction and contextualisation.
3.4.9.1.1 Bracketing

A term coined by Husserl, bracketing refers to a call to return to things themselves (Solomon, 1980). Denzin (1989) explains that in bracketing, the researcher takes a phenomenon out of the world where it occurs, takes it apart and holds it up for serious inspection, so that its essential elements and structures may be uncovered, defined and analysed. In this, a phenomenon is not interpreted according to standard meanings given to it for example, in existing literature. Therefore, as highlighted by Ashworth (1996) theoretical, personal and procedural preconceptions must be suspended and put aside, in order for the researcher to meet an experience in its own terms.

To borrow from Sartre, bracketing reveals how every human being is a universal singular i.e. like every other person but like no other person. Therefore, bracketing reveals how participants’ stories are like and yet unlike each other. This process entails the following:

a. Displaying the text as a unit
b. Subdividing the text into key experiential units
c. Locating, within key experiential units, phrases and statements that speak directly to the phenomenon
d. Linguistic and interpretive analysis of each experiential unit as an informed reader. An informed reader is described in terms of the following characteristics:
   - Knows the language used in the story
   - Knows the biography of the storyteller, if only partially
   - Is able to take the teller’s perspective in the story by identifying how the cultural practices of social groups shape the narratives and symbolic expressions persons give to their experience
   - Has, hopefully, had an experience like that told in the story
   - Is willing to take full responsibility for her interpretations
   - Is conversant with a broad range of interpretive theories that could be brought to bear upon the story in question i.e. psychoanalytic, semiotic, post-structuralist, Marxist, feminist, interactionist and phenomenological etc.
   - Assumes that the creation of meaning is the reader’s response to the text
   - Knows there is no one true or real meaning of a story
Knows that each teller of a story is the author of the story and his or her meanings must be secured, if at all possible

e. Serial unfolding and interpretation of the meanings of key experiential units to participants

f. Inspecting these meanings for what they reveal about the essential, recurring features of the phenomenon

g. Development of working interpretations of the phenomenon based on essential recurring features identified

In the present research, data was drawn through three sources i.e. interviews, drawings and naïve sketches. For the researcher, bracketing implied that each version of participants’ narratives of their experience of anorexia nervosa had to be encountered in its own terms. Therefore, this interpretive process was undertaken for each version of each participant’s narratives, leading to a kaleidoscope of tentative statements based on the researcher’s interpretive repertoire.

At this stage, the researcher drew in an experienced ‘independent’ co-interpreter to undertake a similar process, using her own interpretive lens. From the transcription stage, participants were given pseudo names in order to protect their identity. This helped ensure that the anonymity of participants’ identity was protected in the enlisting of an ‘independent’ co-interpreter.

In enlisting a co-interpreter, the researcher emphasises up-front that her independence related only to the fact that she was not known to the researcher or involved in any way with the present research or participants prior to this stage. The researcher also recognised that the co-interpreter’s existence is also morphemic and that therefore, like the researcher, she could not bracket her existence in order to enter the interpretive arena but rather, in engaging the data, entered into her own hermeneutic circle and arrived at her own understanding. Therefore, in conferring what they gleaned from the data, the researcher and co-interpreter entered their own hermeneutic circle.

Recurring themes and features that reveal the structure of participants’ experience were translated into a conceptual map (Refer to Annexure F), as advocated by
Huberman and Miles (in Denzin & Lincoln, 1994). Seeking to go beyond the structure of participants’ experience, construction allowed the researcher to explore the problem-at-hand further, as it was experienced and interpreted by interacting participants in a coherent and holistic way.

3.4.9.1.2 Construction

As a build-up to bracketing, which takes the phenomenon apart, construction classifies, orders and reassembles it into a coherent whole. By gathering together the lived experiences that relate to and define the phenomenon, the goal is to recreate the lived experience in terms of its constituent, analytic elements in order to find the same recurring forms of conduct, experience and meaning in all of them. Denzin (1989) clarifies what this involves:

a. Listing bracketed elements of the phenomenon
b. Ordering these elements as they occur within the process or experience
c. Indicating how each element affects and relates to every other element in the process being studied
d. Concisely stating how the structures and parts of the phenomenon cohere into a totality

Whereas in the bracketing phase the researcher took each version of each participant’s narratives apart, in the construction phase, the elements derived from each version were reassembled in a processual manner, to indicate how each builds on and influences the other. For the researcher, this phase is where the value and essence of crystallisation comes to its own.

3.4.9.1.3 Contextualisation

Contextualisation is synonymous with Sartre’s regression. Building on the essential themes and structures revealed in bracketing and construction, contextualisation attempts to interpret those themes and structures and give them meaning by locating them back in their natural, social and interactive world, where the experience occurs. Through thick description, contextualisation locates the phenomenon in personal biographies and social environments. It isolates the meanings of the phenomenon and thereby reveals how it is experienced by those specific people, in their world of interpretative interaction. It pays attention to individual biography and to the effects
of turning point experiences on individuals and their social relationships. This involves the following:

a. Obtaining and presenting personal experience and self-stories that embody, in full detail, the essential features of the phenomenon, as constituted in bracketing and construction

b. Presenting contrasting stories that illuminate variations on the stages and forms of the process

c. Indicating how lived experiences alter and shape the essential features of the process

d. Comparing and synthesising the main themes of these stories so that their differences may be brought together into a reformulated statement of the process

As Denzin (1989) points out, the goal of contextualisation is to show how lived experience alters and shapes the phenomenon being studied. It is in this way that the present research is ideographic and emic. Ideographic research assumes that each individual case is unique, that every interactional text is unique and shaped by the history, biography and culture of individuals who create it. This requires that the voices and actions of those individuals be heard and seen in the reporting text. Being emic, it also seeks to study experience from within, using thick descriptions, which attempt to capture the meanings of interacting individuals in those problematic situations. It strives to uncover the conceptual categories that persons use when they interact with one another and create meaningful experience.

Denzin (1989) highlights four lessons of emotions in an interpretive approach to lived experience:

1. Meaningful interpretation cannot be written until the observer has emotionally entered into and experienced the experiences she writes about.

2. Readers cannot be expected to identify emotionally with and understand a set of written interpretations unless they are written in a way that elicits emotional identification and understanding.

3. Non-spurious emotional understandings can only be produced if the world of lived experience is brought alive on the pages of the writer’s text.

4. Emotional understandings cannot be created if a reader is not willing to enter into a writer’s text and into the world of lived experience the writer depicts.
3.4.10 Evaluative criteria

Having clarified the agenda for interpretive research, Denzin (1989) goes further to offer criteria by which it may be evaluated.

1. **Does it illuminate the phenomenon as lived experience?**
   Illumination must bring the lived experience of ordinary people being studied to life. This means interpretive studies hope to offer a different angle of understanding participants than they understand themselves because the full range of interpretive factors that play on their experience is seldom apparent to them. The interpretations formed by the researcher are not ones that participants would give to their actions as the researcher has an interpretative repertoire that participants seldom have access to.

2. **Is it based on thickly contextualised materials?**
   Interpretation must be built out of events and experiences that are dense. This means they must locate recorded experience in social situations, with accompanying thoughts, meanings, emotions and actions, from the participants’ point of view.

3. **Is it historically and relationally grounded?**
   Interpretation must be located within lived history and be presented as slices of ongoing interaction. It must unfold over time and record significant social relationships that exist between people being studied.

4. **Is it processual and interactional?**
   It must present an account of processes and interactions as they unfold in people’s lives.

5. **Does it engulf what is known about the phenomenon?**
   Engulfing involves including all that is known to be relevant about the phenomenon in question. It must exclude nothing that would be relevant for the interpretation and understanding that is being formulated.

6. **Does it incorporate prior understandings of the phenomenon?**
   Together with engulfing, incorporating prior understandings includes background knowledge on the phenomenon as well as concepts, hypotheses and propositions
contained in the research literature and previously acquired information about participants’ biography and history of experiences.

Because prior understandings shape what is seen, heard, written about and interpreted, nothing can be excluded, including how the researcher judged the phenomenon at the outset of an investigation. Prior understandings form part of what is interpreted. To exclude them is to risk biasing the interpretation in the direction of false objectivity.

7. **Does it cohere and produce understanding?**
This criterion asks whether an interpretation produces an understanding of the experience that coalesces into a coherent, meaningful whole. A coherent interpretation includes all relevant information and prior understandings and is based on thickly described materials. The reader is led through an interpretation in a meaningful way and the grounds for the interpretation are given. The reader can then decide whether to agree or disagree with the interpretation offered.

8. **Is it unfinished?**
A researcher should not embark on research thinking that they will exhaust all that is known about the phenomenon at the end of their project. All interpretations are unfinished, incomplete and provisional. Because they are conducted from within the hermeneutic circle, they start anew when the researcher returns to the phenomenon. This does not mean that interpretation is inconclusive, for conclusions are always drawn. It only means that interpretation is never finished. To think otherwise would be to foreclose one’s interpretations.

3.4.11 **Ethical considerations**
In highlighting the importance of ethics in social science, Denzin and Lincoln (2000) call for a collaborative social science research ethic model that makes the researcher responsible to those being studied rather than to some far-removed discipline or institution. Echoing this sentiment, Clandinin and Connelly point out (in Denzin & Lincoln, 1994, p. 169)

> When we enter into a research relationship with participants and ask them to share their stories with us, there is the potential to shape their lived, told, relived, and retold stories as well as our own.
This researcher concurs with the above sentiments in asserting that when it comes to personal experience research, involving real people and all that this realness entails, rigour should not come at the expense of ethics. Therefore, while pursuing rigorous inquiry, the present research simultaneously committed itself to a high level of ethical responsibility and care. With the researcher’s personal experience being the impetus to this inquiry, the responsibility and care pertains foremost to participants but applied equally also to the researcher.

The sensitive nature of this study accords primacy to participants’ rights of self-determination throughout the study. In due consideration, participants were informed of their right to information as well as their right to privacy. The right to information pertains to the researcher’s obligation to provide participants full upfront information about the nature of the study and nature of their participation and, having this information, their right to a ‘cooling-off’ period, during which they could consider their willingness to participate.

The use of gatekeepers allowed participants to have this opportunity prior to having any contact with the researcher. This, in efforts to minimise any pressure they might have felt in making their decision. Once they agreed to participate, on first face-to-face contact, the researcher reaffirmed their understanding of the research and their anticipated participation as well as their right of refusal to disclose or withdraw their participation without any prejudice.

In disclosing their experience, participants were assured of their right to privacy. This related to their right to choose a venue for the discussions that is most suited to their comfort as well as their emotional and psychological safety. Further, their right to privacy includes the protection of their identity. The researcher clarified that with the study being undertaken within an academic context, the need exists to confer with the researcher’s supervisors or similar stakeholders and that their narrated experiences would be documented for future public use through the library. Participants were assured that the anonymity of their identity would be ensured by the use of pseudonyms throughout the study.
Following the sharing of their experience of anorexia nervosa, participants were afforded an opportunity to reflect on their experience of this disclosure and possible emotional impact this may have had on them. For the researcher, these reflections are part of this being a uniquely human experience and thereby an integral part of the research process and are therefore included in the next chapter. As part of empathic understanding of the potential for emotional disturbances arising from the sensitivity of discussions, the researcher offered participants an opportunity for referral for further debriefing and counselling with a relevant professional.

Finally, participants’ right to information pertains to their entitlement to feedback on the researcher’s interpretations brought to bear upon their narrated experiences. As asserted by Denzin (1989) one of the evaluative criteria for interpretive research is its ability to illuminate perspectives that participants do not normally have access to and to take full responsibility for such interpretation. In sharing her interpretations with participants, the researcher acknowledges there is no one true and final meaning to the experience and therefore that even hers are unfinished, incomplete and provisional.

3.5 Chapter conclusion

As the essence of an interpretive interactionist research methodology, the foregoing sought to indicate for the reader the appropriateness of this methodology for the purposes of the present research.

In this chapter, the researcher introduced the reader to the research design employed and, doing so, highlighted dynamics of the evolution from a modernist to a postmodernist paradigm consistency of this, a qualitative research approach with a postmodernist paradigm. This was followed by an explication of the methods used for data generation and approach to its interpretation.

Having done so, the reader is ushered to the next chapter, in which the presented interpretive interactionist methodology is applied to participants’ crystallised narratives of their experience of anorexia nervosa.
CHAPTER 4  THE EXPERIENCE OF ANOREXIA NERVOSA IN BLACK FEMALES

4.1 Introduction

“Like a choreographer, the researcher must find the most effective way to tell the story and convince the audience of the meaning of the story”
(Janesick, in Denzin, 2000, p. 389).

This chapter seeks to tell stories of participants’ experience of anorexia nervosa and in doing so, invites the reader to discern its meaning in participants’ biographically situated lives. In what Denzin (1989) refers to as descriptive realism, the researcher attempts to allow the world of being interpreted to interpret itself, by allowing multiple voices to speak from the text. While allowing participants’ stories to be told in their own words, it also allows the researcher’s interpretative world to emerge from these stories.

By being dialogic and polyphonic, this chapter also serves the purpose of literature control. As an informed reader (Denzin, 1989), the researcher draws from a broad repertoire of interpretive perspectives that could be brought to bear upon the experience. In applying Sartre’s progressive-regressive method (in Denzin, 1989) to this interpretive repertoire, the conflictual and contradictory nature of lived experience is revealed.

However, while revealing the simultaneous and multiple-directionality of experience, as asserted by Clandinin and Connelly (in Denzin & Lincoln, 1994), it also recognises and asserts that no single story or interpretation thereof will fully capture participants’ experience.

4.2 Sense of self

Minuchin et al. (1978) assert that every human being’s sense of identity depends largely on the validation of self by a reference group. With the family as a child’s primary reference group, it is within the family that children first develop a sense of belonging and autonomy, which are critical to the development of their sense of self. Taylor (in Hoskins, 2002, p. 231) echoes this sentiment, “to be a fully human agent, to
be a person or a self in the ordinary meaning, is to exist in a space defined by definitions of worth”.

Participants revealed varying degrees of relationship closeness with their families. Perceptions of their family relationships ranged between being very close to both parents and siblings, being close to siblings but not close to both parents as well as being close to one parent more than the other. In line with their family relationships, participants’ sense of self ranged between a strong sense of belonging and worth, to feelings of alienation and rejection and with that a fractured and fragile self.

Lebo is the only one to have lived with both her parents and siblings throughout her life, in what she describes to the point of idealisation as a healthy, cohesive and supportive family relationship, “my family is very supportive...they were all there when I needed them, at the time when I needed them...my relationship with them is perfect I can say...my relationship with my mother and my father is sharp...I can put it that way it’s a wonderful home (smiling), perfect...From when I was young, they brought us up very well to be good children who are respectful. They didn’t just teach us to respect them as our parents but also people from outside...even any man who walks down the street is my father. Even any woman is my mother. They taught us ubuntu...that’s why I say they are sharp parents...they taught us ubuntu.”

Although Lebo describes herself as somewhat of an introvert, “I don’t have lots of friends, I’m not a ‘friends’ person...I’m a quiet person...I’m a shy person...I like to stay at home, and I just like to draw and design...” her family’s upbringing seems to have engendered a strong sense of identity, belonging and self-worth, possibly even idealisation as well as a positive sense of being anchored in cultural values.

Zandi has never lived with her parents, “I lived very well with my grandmother because I was never close to my parents, and I’ve never had a problem with their absence...” It appears that there is a relationship with her mother, “…the relationship with my mother is fine...” whereas with her father there appears to be overt hostility and resentment “…but with my dad (shaking her head) I don’t like him...”
While she developed a close relationship with her grandmother as her primary caregiver and surrogate parent, her experience of neglect and discrimination from her father and her mother’s defence of his behaviour and attitude towards Zandi appear to have invalidated her sense of belonging to the parental and sibling unit, “…there are 5 of us but for the 4 he does whatever they ask, but ignores me. So I feel that he doesn’t love me or maybe it’s as though I’m not his child. From when I was 7 or 8 in my heart I just told myself that I don’t have a father…even now, he still does the same thing…my mother is aware of this, but sometimes she defends him…”

It appears that Zandi has always felt set apart, not being good enough and being somewhat rejected and cut-off from her family and therefore developed a fractured sense of worth, mitigated only by her grandmother’s presence and love, “…I’m happy to live with my grandmother because she’s the person I know and understand. Even if other children tell me about their mother and father, I don’t feel envious. I accept that as long as my grandmother loves me it means my life was meant to be that way that I must live with my grandmother…I’ve never wished to live with my parents because I’ve always preferred my grandmother…”

An only child, Lindi spent the first three years of her life apart from her parents. A student nurse at the time of Lindi’s birth, her mother had to return to college. During this time she lived for six months with her maternal grandmother but this proved to be difficult as this grandmother was working at the time. She was then moved from this grandmother in Mpumalanga province and placed in the care of her paternal grandmother in the Northern province until the age of three.

Her first experience of living with her parents at the age of four coincided with the family’s move to Limpopo province, she from Northern province and her parents from Mpumalanga province. It appears that at this time she found difficult to cope with adjusting to both ‘new’ caregivers as well as to a new environment, “…no one knew who we (she and cousin) were and a lot of things counted against us…only the few whose parents were rich and famous, those kids were the cream of the crop and the rest of us didn’t really count…just felt out of place, like you don’t belong”.
The sentiment that her cousin, “…was way too attached to my mother and used to cry for her so my mother decided to stay with her” seems to suggest that she struggled with having to share her first opportunity of living with her mother and simultaneously to contend with her mother’s frequent absence, as she was training at a nursing college in Mpumalanga and so spent most of her time away from home.

This combination of early care giving and later circumstances possibly left her feeling abandoned and rejected by her mother, at a time when she was also struggling to find herself in the new broader community and hence feelings of being out of place and not belonging. Although she became somewhat closer to her father, “…for some reason I’m more attached to my dad than my mother…probably due to the fact that my mom was not there as she was still training, so we (she and cousin) stayed with my father and he took care of us and cooked for us…” it appears that this relationship was more of functional than emotional closeness.

In what perhaps may be accounted for by the period spent apart by the family in Lindi’s early years, she describes her family relationship pattern as disengaged and avoidant, “we are a family that talks about everything, except what we really need to talk about; things that we need to confront as a family, we don’t…” This description seems to resonate with Selvini-Palazolli’s (1985) analysis of a family relationship where all conflict is denied, with a façade of an untroubled relationship between husband and wife while underneath this façade, each spouse is seething with frustration and disappointment with the other.

Her relationship with her mother appears to be guarded, with undercurrents of hostility, “…my relationship with my mum is not strained; it’s just that in the past each and everything that I did that was wrong she would tell her friends and I didn’t quite like that, so no wonder people have this terrible perception of me that I’m cheeky, I speak anyhow with my parents…it’s because of her, she gave them that perception of me…she still does that but because I’ve learned from experience, I now know what to tell her and what not to tell her, I’m guarded in my relationship with her even now; actually with a lot of people because to me it is a violation of privacy…it’s just that people start seeing me in a different light…”
This narrative seems to suggest that Lindi’s sense of self was shaped in very trying circumstances and is thus characterised by feelings of detachment, loss, betrayal and anger, being misconstrued and misunderstood. From this narrative, the researcher got the impression that in what appears to have been a combination of factors, including early parental absence and lack of parental validation, Lindi’s sense of self-worth and belonging appears to have been fractured and fragile.

An integrated model offers a lens through which participants’ narratives may be interpreted so that their sense of self may be understood. From the above narratives, the strong correlation between participants’ sense of self and their early-life family relationships seems to echo sentiments by Minuchin et al. (1978) and Taylor (in Hoskins, 2002). From the combined perspectives of Hendrix (1992), Millon and Davis (1996) and Mead’s symbolic interaction, the above profile of participants’ sense of self attests to the assertion that early childhood means that children are especially vulnerable to experiences, which once internalised, the appraisal of self in relation to life experiences become part of the core that makes up the person’s sense of self.

That said however, while the researcher concurs with the significance of family interaction dynamics in the development of participants’ sense of self, the researcher also concurs with Bachner-Melman (2003), Sonne (1981), Wallin and Hansson (1999), Wallin and Kronvall (2002) in their caution against an oversimplified linear causal understanding of the role and relationship between early-life family dynamics and the development of anorexia.

This seems to be borne out by the fact that although Lebo seems to have had good-enough early-life nurturing in what she experienced as a close family relationship and with that a strong and positive sense of self, this did not immunise her against the susceptibility to anorexia.

4.3 Body image consciousness

Major themes of participants’ body image consciousness prior to the onset of anorexia are explored. Being a psychosomatic condition, the body plays a central role as the site where anorexia unfolds. Therefore, this exploration seeks to understand
participants’ relationship with their bodies i.e. how they saw and felt about their bodies over the years prior to the onset of anorexia. In undertaking this exploration against the background of a glimpse into participants’ sense of self, the researcher recognises this distinction as an artificial boundary. The reader is therefore invited to consider this as kaleidoscopic rather than fragmentary.

Banfield and McCabe (2002) describe body image as a loose mental representation of body shape, size and form, which is influenced by a variety of historical, cultural and social, individual and biological factors, which operate over varying time spans. Not only cognitive, the affective aspect of body image further describes the feelings that individuals have towards their bodies.

This description suggests that bodies are not neutral aspects of the self but that consciousness of the embodied self is vested with affective meaning, which is both individual and socio-cultural. Major themes of participants’ body image consciousness are explored, described and interpreted against this understanding of the description and significance of body image as part of the broader self.

Participants described having some early sense of their body, which ranged between feeling positive and being good enough to not being good enough, and for one, there was even a significant investment in weight loss at quite an early age.

Lebo’s body image consciousness seems to have evolved around the fact that from childhood she had a small body frame, “my mother told me I don’t have a big body, all of us never have...we were just like my younger sister looks now...”

While she cites the earliest sense of her body as having occurred at the age of 17, it appears from her subsequent account to have taken on a level of significance much earlier when she entered adolescence, “my earliest sense about my body and shape, my looks and so on around my body...I was 17...I didn’t care much about my body and stuff. But I’m a person who used to enter contests since I was 13.

Through television, she had seen and developed quite a keen interest to participate in beauty pageants, which seems to indicate that she had identified with and was
conscious of her body as being good-enough for this purpose, “I just saw it on TV and decided I like it and decided if it ever happens at our school I would do it... I used to just fantasise a lot... even when I saw them on TV I’d wish that I would also get there...When I used to compete at school I would see it very clearly that even I would get there.”

While television played a big part as a resource in Lebo’s body image consciousness, her older sister appears to have been a primary socialising agent. This sister’s comments about Lebo’s body and encouragement inspired a sense of approval and validation of her body as being good-enough, not only for herself, but also to enter the public domain of competitive parade and scrutiny in the form of beauty pageants, “…I admired her a lot, she also really encouraged me a lot... saying because your body allows you to...I had not been aware of that before...not at all...”

The sister’s personal experience and success at pageants, “my first-born sister used to do it and win as well...she’s beautiful, she is beautiful! (her face lighting up)...” seems to have carried extra weight and added significance as a valid form and basis of evaluation, “I saw it from her and then I wanted to do it...I also wanted to do the same...maybe I’ll be successful like her, I wanted to be like her as well...” which engendered self-confidence and a positive body image consciousness, “...she helped me a lot, showing me her photos. I loved to see when she showed us her photos how she won a lot. Then I told her that I would also do this at school. I liked what I saw in her photos...”

Additional sources of positive affirmation for Lebo appear to have been her twin sister and parents. As twins they had a close relationship “when she wasn’t there, my heart wasn’t feeling good.” Both entered and won beauty pageants, “each time there was a contest at school, we both entered...whenever we entered either she would be the queen and I would be the first princess or the other way round...I’ve never lost...she and I never lost ever since”.

This seemed to have confirmed her older sister’s evaluation and approval of her body as being good enough. Similarly, her parents with whom she appears to have had an idealised relationship were another source of encouragement and further validation,
which entrenched her confidence about her body image, “my father used to tell me even if you didn’t win my child, you must continue...so he gave me that thing that even if I didn’t win I’d be strong...I’d enter again...I’m a person who believes there’s always a next time... whenever we woke up in the morning knowing there would be a competition before they leave, ‘good luck girls, you must do it...you must win, you must win!’ they’d give us a lot of support, that thing of knowing we’re going to win, serious, serious...sometimes we’d all go together and they’d sit there and watch us... they were there for us.

With her family support Lebo’s confidence in her body and herself as a capable person grew, “...people see that this person is capable...it’s not all about beauty the way I see it...it’s just the movements and being seen by people as well...” This support from her family even helped her overcome her defining character trait of being a shy person, “I’m a shy person but not when it comes to that...to walk in front of people and to be looked at by people...” and engendered a positive vision for her future, “... even people who are older than you are encouraged that you are capable and they take you even further and so on...”

Zandi connected her body image consciousness to early childhood years, “I was a fat baby and as I grew up around 5 or 6 I started to lose weight and became thin...” She identifies her awareness of her body to have happened in adolescence, “I started to be aware of my body when I was 15...”

She reveals however, a strong sense and need as well as a concerted and protracted effort to lose weight from an earlier age, “...most of the time when I eat I would use vinegar in my food in order to make me lose weight, when I was younger at 7 or 8 years of age. I used to mix it into the water...with each and everything I eat, I would put it in...even at home they’d say I must stop using vinegar and I’d say okay I’ll stop but never...I used it for something like 10 years until this year...”

While the extent of Zandi’s body image consciousness is uncommon, especially at that age, for her, this behaviour does not seem to have been significant, “...it’s just an idea that just came to my mind. I figured that vinegar is sour, which means it’s able
to drain all fat...I was doing it just for fun...I would buy it with my school-lunch money and hide it under my grandmother’s bed or even in my clothes...”

She asserts that even at that early age, her body image consciousness was her own making, and only later involved a close relationship with her cousin, but was still not significant “...I used to like one of my cousins...from around the age of 11, 12 or 13 she used to say hey, we need to lose weight...it was not something I paid much attention to.”

Her later account does however offer some connection between Zandi’s body image consciousness and her family relationships, “they [her family] knew for a fact that I hate being fat. My mother is fat and my sisters have some weight and to me if you’re fat you look ugly...you look ugly (emphatic), it’s like you’re untidy or you don’t love yourself...they’ve always been the fatter ones and I’ve been the smaller one...it means I’m the smallest one in the family and that tells me that I look after myself and they don’t love themselves”.

As Zandi’s interpretive framework, this narrative is significant. Her assertion, “...it means I’m the smallest one in the family...” is particularly symbolic of not only her body size but possibly also speaks of her emotional and psychological size in the family. In a similar way, taken against her family dynamics “...that tells me that I look after myself...” suggests feelings of having no one to care and look after her, of feeling rejected, abandoned and being an outcast.

The coincidence between Zandi’s interpretation of herself in relation to her father “...from when I was 7 or 8 in my heart I just told myself that I don’t have a father...” and the onset of the use of vinegar is similarly significant, “...most of the time when I eat I would use vinegar in my food in order to make me lose weight, when I was younger at 7 or 8 years of age...”

Taken together, these narratives suggest that in a family where she felt rejected and singled out as an outcast, being slender became a means of positively differentiating herself and thereby perhaps in a paradoxical way asserting and shoring up her sense of pride and uniqueness, an expression of self-love, personal efficacy and self-validation.
This attests to the multiple and often conflicting meanings of anorectic behaviour pointed to by Nordbo et al. (2006), Sugenor et al. (2007), Skarderud (2007) and Wilson (2004).

Lindi’s narrative suggests that by the time she entered adolescence, she was already conscious that she was overweight, “...when I reached puberty at the age of 9, 10, 11, that’s when I started ballooning out...” but at that age being overweight doesn’t seem to have been significant, “...I was a child and carefree then, so it didn’t matter”.

When she entered high school within a two-year period, between the age of 13 and 15 she seems to have developed a different level of awareness and ambivalence towards her body. On the one hand it consisted of an earlier identification of some need to lose weight, “I wasn’t eating that well...and deliberately so, knowing that I was trying to lose weight...actually a friend of mine and I were very excited that we were going to a boarding school and there we would be able to be slim...”

This seems to have been punctuated by her comparative observation of two girls at the boarding school and using them as a mental parameter for her own body, “…I saw this lady, this girl; in fact 2 of them; they were quite bigger than me and I remember thinking how can someone so young let themselves go...I clearly remember that day I saw the 2 of them and then I thought ‘no ways’; I’m never going to let myself go to that extent”.

Based on a re-evaluation and a new significance attached to being overweight, she and a friend engaged in concerted efforts to lose weight, “we used to drink water and wake up around 5a.m. to exercise...” However, like Zandi, Lindi seems to downplay the significance of these efforts, “...but we never succeeded and it was never something we obsessed about...we never succeeded and it was not that much of a big deal...”

On the other hand, in an erosion of her earlier efforts to lose weight, when she entered a new mixed gender school, she engaged in excessive eating behaviour, and uses a very vivid and poetic metaphor of her body, “...that’s when I started getting really fat, that’s when I started bubbling up, when I went to that mixed gender school...”
In somewhat of a contradiction of her earlier awareness of being overweight, she offers that she was blasé and oblivious until she entered a new, mixed gender school, “…because I had no idea that I was that fat…I had no idea, until I went to that school…” a decision she later came to regret, “…my father took me out [of boarding school] and I went to school here in town and that was bad as well. That’s one decision that was bad…being in a mixed gender school was awful because you get teased constantly.”

While she was conscious of being overweight at an all-girls’ boarding school and wanted to lose weight, it seems that being teased constantly about her weight was an added burden to the challenge of being in a mixed-gender school. It seems therefore that Lindi was confronted with a realisation that being overweight had a different significance at a mixed-gender day school than it had at an all-girls’ boarding school.

It seemed initially that the way Lindi felt about her body was influenced solely by her comparing herself with peers at an all-girls’ boarding school and took on a new level of significance when she entered a mixed gender school. It emerged retrospectively though, that there were feelings related to body image that were connected to her relationship with her mother, “nowadays I tend to have adopted my mother’s comfort eating…I never used to do that…she actually used to disgust me when she did that and now I find myself turning into her and I’m not sure that I like it.”

It seems therefore that in earlier observations of her mother’s eating patterns, Lindi had felt quite strongly that she did not want to emulate this pattern and possibly also the resultant body image.

From the above it appears that all three participants’ body image consciousness was strongly related to their family relationships in a similar way to their sense of self. It seems therefore that body image consciousness is an integral part of self-consciousness, which begins in earlier attachment relationships. This seems to bear witness to Hendrix’s (1992), Millon and Davis’ (1996) biopsychosocial formulation that argues that internalised early life experiences are central to and set the stage through which later experiences are interpreted and with that, how self-other relationships are construed in later life.
4.4.1 Body image consciousness and adolescence

It is noteworthy that all three participants cite their earliest recollection of their body awareness as being in their adolescence. It appears therefore that while all three participants had a body image consciousness at an earlier age, it took on a new level of significance in adolescence, one that perhaps defined participants’ sense of self. For Lebo this began at the age of thirteen and seems to have gained in significance at the age of seventeen. For Zandi it started at the age of around seven and eight, gaining in gradual significance between eleven and thirteen years of age and peaking at the age of fifteen. For Lindi it started between nine and eleven years and peaked between thirteen and fifteen years.

This seems to bear witness to the significance of self-other relationships at adolescence as asserted by Hendrix (1992), Millon and Davis (1996) and marks this as the peak stage for navigating and integrating the self-other identity labyrinth, a task whose dynamics, it appears, were set in earlier childhood experiences within the family.

In line with Banfield and McCabe’s (2002) assertion, the above profile reveals that participants’ body image consciousness seems to have been formed in the context of a variety of referent groups. Reverting to Minuchin et al.’s (1978) assertion about the primacy of family as a referent group, the significance of participants’ body image consciousness in the context of family relationships is explored in the context of reviewed literature.

4.4.2 Body image and family transactions

Crowther and Kichler (2002), Dunkley, Wertheim and Paxton (2001) and Worobey (2002) report that anorectic family transactions are fraught with critical comments about food, dieting and appearances that are aimed at family members or about outsiders, with frequent encouragement of members to go on diet by parents who themselves are likely to be on a diet regime, especially the mother.

While Lebo recalls that her mother told her that she’s always had a small body, it was in the relationship with her older sister, her father and twin sister that having this small body took on a new and positive level of significance.
It might be argued that entering beauty pageants is a form of seeking external validation, perhaps as a substitute for lack thereof from one’s primary referent group. It does seem however that in Lebo’s case her entry was part of a family tradition, which as it emerged later, was started by her father who himself had entered male ‘pageants’ as a youngster; a practice that was later continued by her older sister.

Also, Lebo shared that she’d had a good relationship with her family throughout, which would suggest that taken in context, her participation in beauty pageants was not a substitute for lack of validation within her family. On the other hand however, it suggests that subconsciously Lebo possibly felt that succeeding in beauty pageants was perhaps an unspoken condition of family love, support and validation. Therefore, she possibly felt some pressure to be successful at upholding this tradition in the same way her sister had.

In Zandi’s case there doesn’t appear to have been overt communication about her body in the family. However, her observations of her mother and sisters’ body image played a significant role in the way she viewed and felt about her own body. In a similar way, while there was no overt communication between Zandi and her father about her body, the coincidence between how Zandi saw herself in relation to her father and the onset of the use of vinegar is a similarly significant indication of body image transactions that took place in Zandi’s mind in relation to her place in the family.

With Lindi there does not appear to have been overt communication about body image in the family. However, like Zandi, her feelings about her own eating behaviour and body image suggests a connection to the way she viewed and felt about her mother’s relationship with food.

4.4.3 Body image and father-daughter relationships

Maine (1993) identified father hunger; an emotional longing for a nurturing relationship with the father as one of the factors in the lives of females who develop anorexia
Lebo’s family relationships seem to suggest that this hunger dynamic was not overtly evident in her relationship with her father. Having lived with her father all her life, it seems they bonded well enough for Lebo to feel a secure sense of self from this relationship. When she started to participate in beauty pageants, she shares that her father was an integral part of this process and experience of her body image. His words of encouragement gave her emotional and psychological confidence to believe in herself, which was further enhanced by his physical presence at some of the pageants and his own history of participating in them.

With Zandi never having lived with her father all her life, was further compounded by feeling rejected by him, resulting in an overtly hostile relationship with him over the years. It would seem that her sense of self was significantly coloured by this relationship dynamic. The coincidence in the period between Zandi’s construal of herself in relation to her father “I feel that he doesn’t love me or maybe it’s as though I’m not his child...from when I was 7 or 8 in my heart I just told myself that I don’t have a father...” and the onset of the use of vinegar suggests the possibility of a subconscious transaction that took place in Zandi’s mind about her body in relation to her relationship with him, “...most of the time when I eat I would use vinegar in my food in order to make me lose weight, when I was younger at 7 or 8 years of age...”

This coincidence seems to concur with Maine’s (1993, p. xiv) observations of a patient’s relationship with her father, “she thought that having a different body would please him, so she dieted, lost weight, over-exercised and purged, masking her pain and emptiness.” Drawing from Hendrix (1992), it similarly appears that Zandi’s use of vinegar was a drastic measure and fatalistic internalisation of the self-father image. Because she internalised being rejected by her father, Zandi in turn rejected her own self and possibly used vinegar to numb and minimise her body and the painful feelings that she experienced through her body.

While Lindi seems to have had a somewhat closer relationship with her father than Zandi, there does not appear to have been strong emotional closeness. Similar to Zandi, this distance possibly emanated from her early separation from her father, thereby leading to poor emotional attachment. Although not glaringly apparent as in Zandi’s relationship with her father, Lindi seems to have also experienced father
hunger, with her comfort eating being perhaps a subconscious attempt to meet this emotional vacuum.

4.4.4 Body image and mother-daughter relationships
van Mens-Verhulst (1995) cites the mother-daughter relationship as a delivery room for female identity and asserts the mother as a pre-eminent care-giver, such that dynamics of this relationship would exert significant influence on the daughter’s gendered identity.

Viewing the mother as a daughter’s socialisation agent, Ogle and Damhorst (2003) further asserted a mother’s role as an appearance gatekeeper, who through modelled behaviour socialises the daughter into the value that the culture places on appearances and therefore what corrective steps to take in order to be congruent with their culture.

As with her father, Lebo’s positive relationship with her mother seems to have contributed to her positive gender identity. It appears that through verbal feedback, Lebo’s mother socialised her into accepting her small body as the family’s genetic trademark and this being good enough, Lebo experienced her body image as being good enough. This was further enhanced by her mother’s open support of her participation in beauty pageants.

Zandi and Lindi’s fragile and guarded relationships with their mothers seem to have contributed to their fractured self-identity. There doesn’t appear to have been verbalised engagement around body size and shape between both Zandi and Lindi with their mothers.

However, they both seemed to have rejected the body image modelled by their mothers, perhaps as a coping and defensive response to early-life separation and as such, subconsciously feeling rejected by their mothers in the first place. Both Zandi and Lindi’s rejection of the body image modelled by their mothers seems to negate Ogle and Damhorst’s (2003) assertion about mothers being their daughters’ appearance gatekeepers. It could be argued that if the body image modelled by their mothers was in keeping with their culture, the daughters’ rejection thereof may suggest some rejection of this cultural ideal.
Zandi’s strongly articulated sentiments, “*my mother is fat...and to me if you’re fat you look ugly...you look ugly, it’s like you’re untidy or you don’t love yourself...*” suggest some resentment and possible disdain of her mother and that she may in some way possibly be competing against her, “…I’ve been the smaller one...it means I’m the smallest one in the family and that tells me that I look after myself ...”

Lindi’s identification of the symbolic significance of both she and her mother’s eating behaviour, “*nowadays I tend to have adopted my mother’s comfort eating...I never used to do that...she actually used to disgust me when she did that and now I find myself turning into her and I’m not sure that I like it.*” seems to suggest that perhaps in some way she and her mother share a common need or longing for comfort and food serves as a substitute source for meeting this need.

### 4.4.5 Body image and sibling relationships

Minuchin *et al.* (1978) offer that as the first peer system, the sibling relationship offers space for negotiation, cooperation and competition among equals, all of which become a critical skill in extra familial groups like friends, school and classmates, as well as later in adult social and occupational relationships. Minuchin (1999) further offers that siblings form an essential part of each other’s emotional, psychological and behavioural development.

Tsiantas and King (2001) share that in teenage years, younger sisters are more likely to engage in upward body image comparison and that their self-evaluations are positive when the sibling was perceived as being less attractive and negative when the sibling was more attractive. Vandereycken and Van Vreckem (1992) cite Casper’s study in which a particularly strong correlation was found in the body image disturbance of closest-in-age sisters, with sisters of anorexics exhibiting equally significant levels of body size distortion and body dissatisfaction. This was traced to highly shared experiences, heightened awareness and internalisation of socio-cultural standards of appearance.

In the context of her close family relationship, Lebo cites her older sister as her first source of awareness about her body being good enough just to be, but also beyond that, to enter beauty pageants. With this awareness, it seems that although she found
her sister to be more attractive, unlike hypothesised by Tsiantas and King (2001), her sister’s approval enabled Lebo to develop a positive evaluation of her body image and with that, a similarly positive self-evaluation. It seems also that rather than compete with her sister on body image, Lebo idolised her sister’s body and in turn was able to idolise her own, informed by her older sister’s validation.

It seems therefore that while not necessarily an exhibition of body size distortion as hinted to by Casper (in Vandereycken & Van Vreckem, 1992), Lebo internalised her family’s standard of appearance and body satisfaction. With Lebo and her twin sister both entering and winning beauty pageants, Lebo’s body image consciousness was enhanced even further, perhaps to the point where her whole sense of self revolved around her body image.

Zandi’s two older sisters as well as her younger sister were somewhat overweight. It seems that in evaluating herself against them, they served as a reference point for how she did not want her body to be. She was therefore quite conscious about her body image in relation to her sisters and deliberate in her attempts and possibly even in competition to stay smaller than them, in an expression of self-love, “…my sisters have some weight...they’ve always been the fatter ones and I’ve been the smaller one...it means I’m the smallest one in the family and that tells me that I look after myself and they don’t love themselves”. This pursuit becomes even more significant when understood in the context of her feeling that all her siblings were favoured by her father while she was shunned and therefore she felt that her slender body was the most visible avenue for her to express self-love, in the only arena where she could outdo her sisters.

Bachner-Melman (2006) highlights that feeling isolated from and being enigmatic to significant others, especially siblings, may play an archetypally pivotal role in a pervasive sense of not belonging. Further, that distance from and antagonism towards siblings may contribute to the anorexic’s doubt that they are legitimate, egalitarian members of their family of origin, which may be accompanied by a compensatory desire to be fully accepted in broader social contexts. This point has particular significance for Zandi, who when she compared the way she was treated by her father,
felt as though she was not a legitimate member of her family. It is therefore understandable that she sought emotional refuge in her boyfriend, outside her family.

While she was an only child born to her parents, Lindi reports that her cousin’s living with her family from when Lindi was four years of age led many to believe that the cousin was her older sister and as such psychologically they grew up as sisters. In her first sharing about the relationship with her cousin, Lindi mentioned that when they used to visit family in Mpumalanga province, the cousin “…used to compare and complain that at home it’s boring because we can’t eat this and that…so that didn’t sit well with me at times but it was all old childish things.”

It was a later narrative that revealed some sibling-rivalry type of body image dynamic between the two, “the last time I lost weight I gave away my clothes to her [cousin] and others and the next thing they decided to lose weight as well, to go on a diet as well... they couldn’t be outdone by Lindi, who would be slender and they remain with weight...you know how it is with your female cousins and friends, when you lose weight they don’t like it, they don’t...right now they’re so happy that I’m so nice and miserable because they know that more or less, my confidence relies on my weight.”

From this narrative, it seems that both Lindi and her cousin were dissatisfied with their body image and that there was some competition between them about losing weight. By her own admission, Lindi’s self-confidence relied on her weight, which suggests that she was possibly always self-conscious of being overweight.

The above exploration has sought to offer a glimpse into participants’ internal landscape in terms of their biographically and relationally situated sense of self and body image consciousness.

Delving deeper into this landscape, the next section explores the sequence or units of events that ensued in participants’ life-world that led to being diagnosed with anorexia. In this, it seeks to understand not only the idiosyncratic turning point but also the aftermath in terms of the spiral and descent process of gravitating to the point of admission and diagnosis, the interim experience during admission and finally the ascent or turning back process.
4.5 The epiphany

As an idiosyncratic event, Denzin (1989) describes the turning point as the epiphany, those interactional moments that leave marks on people’s lives and illuminate the moments of crisis that occur in a person’s life and, following which, the person is never again quite the same.

Lebo’s epiphany took place at a time when she was preparing to enter a beauty contest, “…they had organised a Miss Orange Farm and I was very much interested in entering it…” For the researcher it is noteworthy that this was the first time that her twin sister had decided not to enter, but Lebo was determined not to miss it, “…she didn’t enter that contest that day, she just didn’t want to... she said she’d come and watch me...said let’s give other people a chance. I said I would enter, there’s no chance, I’m going to enter (laughing in emphasis)...no ways, I’m going to enter...” It seems that her determination was somehow based on the confidence that, like she’s always done on previous occasions, it was a fait accompli she would win this contest as well.

From her narrative, it is evident that it was an interaction with her teacher that became an epiphany that invalidated everything she had come to know and believe about herself and her body, “…but that teacher, maaan! (clenching and punching her fist against her other hand and shaking her head) destroyed me, destroyed me…” “you are no longer right!” she tells me ...

In a flash, her sense of self as capable and the future she used to fantasise about was gone, “...no, you’ll never make it because you now have a bit of a body. It needs people who are (gesturing to indicate smaller body size than hers)…”

Looking at people behind her became referent; it felt as if they were in a different world, a world filled with contradiction “…when I looked at people behind me...these people have a bigger body than me...I know I’ve never been a person with a big body...imagine, they didn’t write my details down...” and one where she could no longer belong. It was as though she was locked out, a feeling expressed in her drawing and naïve sketch, and could no longer participate in the world that up until then, her identity had been carved around.
This narrative strongly suggests that Lebo experienced a major epiphany (Denzin, 1989), an experience that shatters a person’s life, and makes it never the same again, “...that’s how I started to be obsessed with my body, because of what that teacher said to me, I started to look at myself. But, before then I never used to care because I was still young and growing...after she made that comment...I didn’t like it. Even though I’m over it, I’m not so much interested [in beauty pageants] as I used to be.”

In Zandi’s case, there seems to be what Denzin (1989) refers to as a cumulative epiphany, one that occurs as a result of a series of events that have built up in the person’s life. Remarks were made by various people, “...people started to pass remarks about how I had put on weight...my family and friends and people from our street that I was used to and even people from school...that since I’d put on weight I looked funny...”

It is noteworthy however, that for her, the symbolic significance of these remarks was attributed to a different relationship, “...at the time I had a boyfriend from when I was 13 and he used to be quite slender so when they told me I’d put on weight I felt I would not be suitable and good enough for him anymore because he has a nice small body. So, I wanted to look like him so that when we walk together we must make a well-matched couple. So, I felt I had to lose weight...when I saw how slim my boyfriend is I told myself it wouldn’t be right if I’m fat...”

In this way this epiphany is also illuminative (Denzin, 1989) because out of this experience, underlying dynamics and tensions of her relationship with her boyfriend were revealed, “…I would not be suitable and good enough for him anymore...I felt he wouldn’t love me anymore...”

Zandi’s interpretation seems to suggest a high level of anticipatory anxiety, which indicates a fear of not being good enough and with that, anticipation of possible rejection. This interpretation makes sense especially when considered in the context of Zandi’s experience of rejection by her father.

It therefore seems that perhaps more from a subconscious than conscious level, the boyfriend fulfilled the role of a surrogate father, whom Zandi feared she would no
longer be good enough for and therefore like her father had done previously, she feared the boyfriend would reject her as well.

In this way, this epiphany is also a relived epiphany (Denzin, 1989) because regardless of whether what she had imagined was true or not, in her mind it felt as true as her previous experience with her father has been. Hers was therefore what one could liken to a post-traumatic response (Sadock & Sadock, 2003), a desperate attempt to avoid a previously traumatic experience. The traumatic significance of this attribution may also be gleaned from Zandi’s naïve sketch and drawing.

Taken in the context of her earliest recollection of her body image consciousness, Lindi’s epiphany seems to be related to her experience of moving from an all-girls’ boarding school to a local mixed gender school. It seems that when comparing herself to her peers in an all-girls school, “I remember thinking how can someone so young let themselves go...I clearly remember that day I saw the 2 of them and then I thought ‘no ways’; I’m never going to let myself go to that extent” she was already self-conscious about being somewhat overweight and thereafter moving to a mixed gender school she was also sensitive to peer opinion and comments about her body, “...I remember some girls teasing and picking on me for having silver stripes here (pointing to the back of her legs)...”

Even though this initial comment was significant enough for her to enlist her father’s intervention, “…and I remember getting back home, telling my parents and then my father went to the school to sort the whole thing out with the teachers...” it seems that being rejected by a guy that she had a crush on in the mixed gender school added more salt to her wound, “…there was this guy I had a crush on, I didn’t know that behind my back he was saying he didn’t like me because I’m fat...and when I heard that it hurt.”

Her response, “…I hated being there...I really hated being there; I just hated the environment… the weight gain and being teased and everything...” seems to suggest that she used two separate incidents to generalise for her entire experience of being in a mixed gender school.
It seems also that this was a relived epiphany, where she was possibly reliving her childhood experience of moving to a new area at the age of four; a time she described as “…just felt out of place, like you don’t belong…” This theme of feeling out of place and not belonging is carried through in Lindi’s naïve sketch and drawing.

Referring to her drawing in conversation with the researcher, Lindi spoke at length about her long-standing feelings of not belonging, “…a black dot on white paper…the dot stands for me…and the white paper…that’s everybody else…actually I think I subconsciously decided to withdraw from my immediate society out of spite, because it has not been supportive of me…it has ridiculed me and more or less rejected me, and because of that I just more or less stay in the house because I just don’t want people getting close to me. That’s how I see it and I suspect it’s like that… that black dot on white paper is about feeling like I don’t belong here…I never have felt like I belong in my entire whole life…I hate it here!” Through crystallisation, Lindi’s drawing and naïve sketch serve like a light that reflects a different perspective on her experience in that illuminative aspects of what otherwise appeared to be a relived epiphany are revealed.

The above narratives attest to the symbolic significance of each interaction as an epiphany in participants’ life-world. It is clear that in and of their own, these interactions seem arbitrary. It is only when they are placed in the context of each participant’s biographical and historical life-world that their significance is illumined.

For Denzin (1989) in an epiphany, personal character is manifested and made apparent. It is therefore in the symbolic significance of these interactions that the personal character makeup of each participant is revealed. This sentiment echoes Millon and Davis’ (1996) assertion that as a construct, personality requires of us to look at manifest human behaviours not in isolation but in connection with one another and from this, to infer and integrate latent principles.

As Denzin (1989) explained, the significance of epiphanies is that having had this experience, the person is never again quite the same. This experience set off a sequence of events in participants’ private life-worlds that as they became public issues, took on a new identity and ultimately came to be known as anorexia nervosa.
Mills (in Denzin, 1989) offers that the value of an epiphany is that it asks a researcher to connect personal problems and troubles to larger social, public issues and institutions like treatment centres. The upcoming tracks the attendant dynamics of participants’ personal problem as it becomes a public issue that connects them to public institutions. By so doing epiphanies allow a researcher to study participants as universal singulars i.e. as a single instance of more universal social experiences and processes.

4.6 The spiral

The primary DSM-IVTR (APA, 2000) criterion of weight loss leading to maintenance of body weight less than 85% of that expected is a useful clinical diagnostic indicator. The researcher views the point of less than 85% as a down-the-line stage, a point where personal trouble in the form of a concerted effort to lose weight, has entered the public diagnostic domain.

Taking nothing as given, this research seeks to penetrate the private life-world of participants in order to explore the sequence of events that led to this diagnostic point. To assert ‘refusal’ connotes, for the researcher, an act of will as well as a conscious and deliberate exercise of choice. The researcher is therefore curious to explore and understand how this refusal was exercised and how it unfolded to reach a diagnostic point.

4.6.1 Self-doubt

Lebo’s narrative suggests that following the interaction with her teacher, for the first time, self-doubt set in, “I went back to class and asked, “guys how do I look... do I look fat or what? They said yes, you've been gaining [weight] lately...and that didn’t sit well with me...Even when I got home I asked them, “Mama, how do I look?” And when I looked at myself in the mirror I realised that they were telling the truth...”

All the confidence with which she had previously entered and won beauty pageants was instantly eroded, “…you must understand that I had already put this in my mind…” Even though within her she knew that it was with the same body shape and size that she had entered and won previously, in that instant other people’s opinions overshadowed what she knew and had proved successfully before, “before that, never,
never... I had entered beauty contests being like that and won. But, when they said it, maan (shaking her head) I started asking around... even my friend confirmed that the teacher was telling the truth.”

It is in this sense that for the researcher, Lebo’s experience was a major epiphany; it shattered the apex of the confidence around which her sense of self had been built, “you understand that I was now taking what other people were saying and filling my mind with it.” This scene epitomises what Mills (in Denzin, 1989, p. 18) calls a trouble, “a private matter [where] values cherished by an individual are felt [by her] to be threatened. This sentiment is corroborated by Davis et al. (2000) who found that in general, because physically attractive girls are more likely to be complimented on their appearance, they learn to over-value physical attributes, and consequently construe their overall self-worth as determined by and dependent on their appearance.

In line with Minuchin et al. (1978) and Taylor (in Hoskins, 2002) it is significant to note that when Lebo felt that her identity and self-worth were being threatened by the teacher’s comments as a key gatekeeper, she turned to a peer and family reference group for validation. Even more significant is the fact that although Lebo does not indicate her mother’s response to the question of whether she had put on weight, it was her peers’ opinions i.e. her classmates and friend that held sway.

This bears witness to Ferron’s (1997) and Minuchin’s (1999) observations that with parental identification declining and being replaced by increasing levels of identification with peers, friends and idealised romantic-others, adolescents negotiate the precipice of the self. Lebo’s acknowledgement, “you understand that I was now taking what other people were saying and filling my mind with it” seems to confirm the above assertion.

Millon and Davis (1978) further offer that overly enriched adolescents develop a weak sense of self, leading to the submergence of their identity to fit the roles and expectations of others. Hendrix (1992) echoes this sentiment by offering that plagued by feelings of not being good enough, they invariably compete and perform in order to get noticed, often at great cost to themselves, but that even so, “…no matter how
successful [she] becomes [she] is unable to enjoy [her] life, because [she] never feels good enough” (p. 96).

With her idealised self cast into doubt, Lebo’s process of submerging her identity unfolded; “…you must understand that I had already put this in my mind.” It appears therefore that as she internalised the opinions of others, this in turn triggered an emotional avalanche, “…and that didn’t sit well with me” which further triggered an elaborate cognitive schema, “…caused that whenever I eat I just told myself that whenever I eat …there’s nobody who told me what to do… I decided that whenever I eat I would get rid of it without anyone seeing me…I told myself I would go home before they all come back… I just decided from my own mind…my mind gave me that…to do it that way…I decided at school…and when I started that day I decided I would do it until I saw that it works for me…”

Once fixed in her mind, she began to act on her decision, “I would go to the toilet alone and this thing just happened…so I did it that way…whenever I finished eating I would go there…I ate many times…even if I ate 5 times a day I would do that. I would tell myself that I would do it each time. Even if I ate an apple, I would do it…whenever I ate something, I would do it, even if it were just one thing, I would do it”.

It is evident from this narrative that by the time she started with the purging behaviour, Lebo had taken her time to decide and set this decision firmly in her mind, “I’m sure after one week, in the second week I started to do that…”

4.6.2 Fear and frantic search
Zandi’s process of refusal to maintain normal body weight began against the backdrop of comments that since putting on some weight, she looked funny, which had significance for her, “I couldn’t just ignore them! It was very important because from that time I was constantly looking at myself in the mirror and pinching my body to confirm that they were telling the truth. Even when I’d be wearing my school uniform I noticed that the pleats were open and I confirmed that it must be true (bursting out with laughter)…No I couldn’t just ignore them…”
Rather than ignore them, she began to engage in behaviours that served to confirm and internalise other people’s opinions and with that, began quite an anxious search for a solution, “I was always worried and looking for something that would make me slim and was not finding it.”

In a similar way to Lebo, she also turned to a variety of referent groups outside of her family for solution options, “some people would say if you use slimming tablets you put on more weight back once you stop, so I felt that would not work. So I decided to go jogging and that didn’t work and some people told me I would put on more weight when I stop and so I kept worrying about what I would do that would work…then some people would tell me to cut down on my food intake, then I started to cut down but felt it wasn’t working…”

When all advice didn’t seem to work, she turned to an ‘old friend’ that had served her well before, “…I didn’t try anything else; only my vinegar (bursting out with laughter) …” but not trusting that even this would work this time around, “by this time I was also mixing it with lemon so when I was eating I would also squeeze it in…I wouldn’t measure.” Even this didn’t seem to work, “then some people would tell me to cut down on my food intake, then I started to cut down but felt it wasn’t working…”

4.6.3 Manipulation and deceit
A sequence of events followed that underscore Hendrix’s (1992) argument that once plagued by feelings of not being good enough, they will go to great lengths in a desperate attempt to get noticed.

With Lebo, once self-doubt set in, she began to deceive and to manipulate her family and closest ally, her twin sister, “…one moment I would eat and the next moment I wouldn’t eat…one moment when they said I must eat I would hide the food… Mama would give us a lunchbox and I would give it away…sometimes if she (twin sister) realised that my parents would be arriving from work and I had just done it, she would just be quiet and withdrawn. I would then appeal to her not to tell on me and promise not to do it again, and then she would warn me not to do it again. She thought it was just a passing thing, just like I thought it would be a passing thing, we
both didn’t know. And, because she likes to be with her friends, she didn’t get to see me often …she wouldn’t see what I would be doing.”

When all of Zandi’s initial options were exhausted, in sheer desperation, “so when I didn’t see any difference I started to starve. I started to skip meals; I would skip lunch and supper because I’ve eaten breakfast and the next day I wouldn’t eat anything…” Feeling that she had nothing else to turn to, she found a way to anchor this option in a value system that her family could identify with and accept, “when I started to starve I would say I was praying and fasting and they accepted that reason…”

Zandi also deceitfully co-opted the only person who seemed to have held her fragile self together, “my grandmother sometimes wakes up and tells us that she’s fasting; she’s a believer, a Christian. So, she would often fast and so I thought if she could say she’s fasting, I would also say the same thing but then after 2months my grandmother started noticing that I wasn’t eating at all anymore. Then she told me to stop fasting and I agreed…I used my grandmother’s tape measure…I would ask her to take measurements of me and I would write down and make weekly comparisons…I would take the food, go into my grandmother’s bedroom and then throw the food out of the window. Then they forced me to eat with them but then I would feel guilty about why I’d eaten so much food. Then I started to go out to the toilet and I just bent over and the food just came out but they didn’t know.

Lebo and Zandi’s narratives speak directly to Skarderud’s (2007) assertion of the centrality of shame in anorexia nervosa. Teasing out components of this experience, Gilbert (in Skarderud, 2007) conceptualises shame in terms of a primary affect or composite of other emotions such as anxiety, anger, or self-disgust. While all three affective components may be gleaned from these narratives, it seems that Lebo’s was characterised more by anger, while Zandi’s was characterised more by anxiety. Further, cognitive aspects relate to beliefs about the self in terms of seeing oneself or being seen as inferior, inadequate or flawed by others, especially in social comparison with others. It is apparent that while both participants experienced being seen as inferior and flawed, the aspect of social comparison by others applies more directly to Lebo who was explicitly compared with other prospective contestants in the beauty
pageant whereas for Zandi, it was more that when comments about her weight gain were made, it was she who began to compare herself with her boyfriend and viewed herself as being inadequate. Attendant behaviours include hiding, running away, withdrawing or achieving as an attempt to compensate shame. Both participants’ narratives highlight that withdrawal and hiding became their primary compensatory modus operandi.

4.6.4 Disappointment and displacement

While there is resonance with Lebo and Zandi’s experience, a unique feature of Lindi’s experience of shame is that it seemed somehow to be intricately interwoven into a number of other complex dynamics in her life that revolved around her academic achievement.

Whereas all three participants were of school-going age, Lindi’s experience seems to have been particularly coloured the educational context. For example, it was at an all-girls’ boarding school and later at a mixed-gender day school that aspects of her body image became salient. This would prove to be a pervasive aspect.

Without being judgemental, the researcher wonders if this in some way is linked to the fact that unlike with Lebo and Zandi, Lindi’s are the only parents who are in professional careers. Therefore, academic performance would likely have had greater significance in her family. Also, very early in the conversation, Lindi highlighted her intellectual awareness and academic inclination at an early age, such that it seems to have been a significant part of her sense of self.

It seems therefore that in spite of her poor body image, especially in standard eight when she felt hurt and rejected by a guy she had a crush on, a significant part of Lindi’s sense of self also revolved around her high intellectual capability. However, due to a complex mixture of dynamics at the time, “…there was this person who showered me with attention…this older person… I didn’t sleep with the guy…he was a married guy but the mere fact that…I suspect that he came to me because he knows my father and they probably had a disagreement or something, I don’t know…”
Lindi didn’t perform to her level of intellect “…at the end of the day I didn’t perform as well as people expected in my matric... even me...I knew that I didn’t study quite hard...and got what I expected but I knew that I could do much more; it’s just that I couldn’t concentrate...and I think that [the relationship] was a contributory factor, I think that as well was my downfall.”

Knowing her intellectual potential, she decided to repeat her matric, in what seems to have been some effort to salvage and restore one of the two pillars that seemed to be the cornerstone of her sense of self, “…I didn’t fail, I just got a university entrance...and that’s another thing that I regret; that I shouldn’t have repeated matric, trying to get an ‘A’ again...” This narrative attests to Skarderud’s (2007) pointing to achievement failures in terms of goals that one has set for oneself or the demands one believes are made on oneself by others as a variant of perfectionism and inadequacy.

In this her second experience of boarding school, I went to Prestige College; it’s also a boarding school in Hammanskraal...” Lindi was again excited at the prospect of being able to lose weight, “…and that’s where I succeeded in losing the weight. Because I thought to my self ‘great’, I’m on my own now, which means I can basically do as I please so I lost the weight then...I wasn’t eating; I was exercising a lot and I wasn’t eating...when they gave me pocket money I’d make sure that I buy everything so that I wouldn’t be tempted to buy food...instead I’d buy a magazine or another roll-on, so that I wouldn’t have any money left to buy food...”

Lindi’s success at weight loss seemed to have had a positive impact on her emotions and self-confidence, “I felt good because all of a sudden, it’s when a lot of people commented...even long-lost relatives would comment, ‘hey you used to be fat’ and that type of thing. That’s when I realised that my gosh, I was that bad, I’m going to do everything not to get back there again. But, another things is that even I felt lighter and I was...even my confidence was up a bit; that I could wear whatever I wanted, whenever...that type of thing.”

However, it seems that her joy was short-lived, “…I realised how fat I really was...because when you’re fat, and when you’re obese nobody tells you. It’s only
after you’ve lost the weight that they really tell you what they really thought of you…and I didn’t quite like that…I remember asking my cousin; why didn’t you people tell me I was that bad…and I felt betrayed that if they had told me I was that fat, I would have done something about it at that point in time…”

Similarly, her efforts to restore her intellectual dignity didn’t materialise, “…I didn’t get an A though …and I still felt that I’d let too many people down, but that was okay…or so I though and, the following year I went to Midrand Campus…” Although she felt disappointed, it seemed as though she came to a point of acceptance and was ready to take a step forward.

However, finding herself in Gauteng province for the first time, it seems that Lindi found herself reliving her struggle of feeling out of place at the age of four, when her family first moved to Limpopo province, “…when I got there, there were these black people who were driving cars to school and Indians driving BMWs…I was in a totally different world, I didn’t know what to make of it …there was this lady from Swaziland who went to an international school…she had a friend who went to the same school…I remember not wanting to talk…I remember they were chatting but I wasn’t chatting, I was just quiet because I’m not good at speaking English…I can only write it well, but to speak it, ‘no’…you know that type of thing…”

On her own in a foreign environment and unsure how to cope, “…basically I felt as if I didn’t belong there and I was wondering if I can keep up or something like that…I don’t know…I stopped attending class…I don’t know what was wrong with me and then I stopped eating completely…I was intimidated by the whole place…that type of lifestyle thing…” it appears that her academic and nutritional intake were the only things that Lindi felt familiar with and over which in a paradoxical way, she could exercise some degree of control, “…I remember I came home around Easter-time weighing around 41kg and then I dropped out…I would not eat…”

Having found a weight-loss strategy that had previously worked for her at Prestige College, she not only reverted to it but outdid her earlier efforts, “…that’s basically what I did there as well…when they sent me money I bought textbooks for R1 200 and every other thing that I had to buy and then I didn’t leave enough money to buy
food...I lived on tea...milk and tea...I remember a record I broke of 18 days without food, except tea, with lots of sugar. “

This record number of days of starving herself was also interwoven with other complex dynamics in Lindi’s life, “…that relationship came to haunt me because I didn’t like the fact that he was married and he had the audacity to come to me...that didn’t sit well with me...I’m the one who ended it but I thought he had to pay for making a fool of me...you just can’t step on somebody’s toes and get away with it...so around the holidays in the last quarter I called and just pestered him and the wife...so they decided to come here and tell my parents...and my father beat me up.”

While it was already hard enough for Lindi to adjust to a Johannesburg lifestyle, the consequences of how her father decided to deal with this ‘relationship’ problem could only have made it even harder for Lindi to go back and begin to find a place for herself in this already alienating environment, “…I remember when I got back to school, I had this pink eye...so I remember these other kids were so shocked...this other kid from Swaziland and this other one, who was also from Swaziland but she was much younger than me...she was also so very much shocked, ‘how can your father do this!’”

It seems that in a quest to make her ex ‘boyfriend’ pay for making a fool of her, she ended up paying an even higher price. In an effort to cover up her humiliation from this experience, she somehow tried to normalise this incident as socially congruent, “…they are not used to things like this...she had a Eurocentric kind of lifestyle so she couldn’t understand the logic behind it...that things like this are more or less normal in the townships...that people do that to their kids.”

With the relationship with her parents already strained as a result of this episode, her decision not to go back to Midrand campus could only have worsened the situation, “…I told my mom that Midrand goes hand in hand with Unisa, so I’d continue with Unisa but I didn’t. And so, my father was upset, with good reason.”

While it appears that her reason so was purely academic, “…I didn’t know what I wanted to do...I had no clue” it appears that there was perhaps a power struggle that
ensued between Lindi and her parents, “...he said he’s not taking me back to school because he can see I don’t want to go back to school.”

Although it may seem to have revolved around her education, it seems that when her parents decided to apply financial sanctions against her, a decision she had no control over, Lindi turned within and intensified her purging tactics, “…that’s the time I started going to the pharmacy...taking slimming tablets to keep the weight down and I was exercising a lot...I remember once it was a total of 8 hours on the bicycle...I mean...on the stationary bike; it’s broken even ...an hour would be nothing to me; I would go on and on and on...the minimum would be 90 minutes.”

While the extent of her efforts would indicate a preoccupation with losing weight, Lindi tries to downplay the significance of this behaviour, “...just to pass time.” However, as it also emerged later, there was clearly more to it, “…the more they were urging me to eat, the more defiant I became, just to spite them...we were always fighting...a lot...about the fact that I didn’t go back to school; they sent me to school and I couldn’t explain what happened and they were not happy...they couldn’t understand what’s going on.” It seems therefore that like at Midrand campus when Lindi felt out of place, she again resorted to food control as her weapon of coping, even though this time it was against her own parents, at a time when again, her internal struggle could not be seen or heard.

4.6.5 Denial and defeat
Using a combination of restricting and purging, each of the three participants had managed to shed a significant amount of weight. However, in testimony to Hendrix (1992), no matter how successful their efforts to lose weight became, they were unable to recognise and enjoy their achievements because they still didn’t feel good enough.

The DSM-IVTR (APA, 1994) refers to an intense fear of gaining weight or becoming fat, even though underweight as well as 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 body weight.
Realising the seriousness of her weight loss but with no clue as to what was behind it, Lebo’s parents embarked on a search for explanations and solutions that would take them from pillar to post, “…then even my parents started to realise that all is not well, then they started taking me to traditional healers…”

Unbeknown to her parents, this consultation would turn out to be the first of many, “…the traditional healer said because I like to draw at college ‘there must be someone who took her pencil and has made her like this… maybe they don’t want her to succeed with her talent’ because I draw beautifully…” yet the truth about the goings-on of her condition would remain a mystery for a while to come, initially to everyone except Lebo and her twin sister, “she knew but she just kept quiet about it and went along” who had some insight, “…in my heart I’m saying to myself, no-no, it’s not like that at all, I know what I’m doing. In that time I’m just quiet because I don’t want anyone to know what I’m doing, so I didn’t want to contradict her and tell her there’s nothing like that (giggling). I just kept quiet. I was really sick at the time but I really didn’t care because I still had this thing telling me I want to lose weight… I don’t know…up until…I don’t know when (giggling and burying her face in her hands) I don’t know until when…Yoooh, when I think about it now I feel so stupid, ‘Lebo, you…!’ (giggling)... Yes, maan... when I think about it now and picture what I looked like, I was sooo thin maan, I was so thin!”

Even though she knew what she was doing that led to her significant weight loss, Lebo acquiesced and endured the prescribed treatment for a while, “…I went along... she gave me medication to apply on the skin. It was just rubbing stuff, nothing to drink because mostly I was complaining about cramps. When you apply it you must switch off the light because it burns the skin; it’s red and when they apply it you can see the veins inside. When my mother would apply it I would just see them [the veins] and it would scare me, so I would just look away (closing her eyes and covering her face); she would apply it even on my legs and feet.”

Caught in the web of deceit, over time, Lebo would find a way out of the situation, “…what made me stop using the traditional healer’s medicine is that I told my mother that the cramps have now gone away because I wanted her to leave me alone …I got bored and tired with this woman’s cleansing rituals; she doesn’t know what the cause
is; only I knew and so she must just leave me alone; she doesn’t know what my problem is, so she must leave me alone and I can go on with my life. I knew I wouldn’t get better anyway. If it was just cramps maybe I would get better, but because I was continuing with what I had been doing I wouldn’t get better because what I was doing was affecting my body, so I was bound to have these cramps because I also didn’t want to get better.”

With no relief in sight, Lebo’s parents turned from traditional African to orthodox Western healers for a solution, “it happened because my uncle’s wife is something like, I think a psychologist or something like that. She’s the first person I told what I had done. “Lebo, what’s happening with you?” “About what?” I asked. “Lebo, you can see you’re sick and everyone else can see it. We don’t want to turn a blind eye, until you die without us knowing what your condition is.” I told her I was okay, there was nothing wrong with me; I’m just like everyone else that she can see. Then she started to cry and I don’t like to see a person crying, it breaks my heart. So I started asking myself if I should tell her or not. I realised there’s no other way; I have to tell. “At school a certain teacher said this and that...” “And then, what did you do thereafter?” That was a difficult one to answer but I told her, “After eating, I vomit the food.” “How?” “I put my fingers inside my mouth, right at the back, to make sure all the food comes out” But I made her promise not to tell my mother and father. She’s the only one I’ve told. She promised not to tell them, but she did, on that very same day. I was very angry, very angry with her. But then I later told myself these people want to help me. If they didn’t care, they would just turn a blind eye...all of them want to help me so there’s no way I can stay angry with her.

From this narrative, it appeared as though Lebo had gained insight into the seriousness and magnitude of her condition on herself as well as to its impact on her broader family, especially her parents, “when I went into the bedroom, I found my mother and father. I got so scared, so scared! My mother was just sitting there and I could see she’d been crying. My father was just sitting quietly; they both sat there in a daze, just the two of them. My father called me in and sat me on his leg and asked me, “why haven’t you told us you have this problem and we would have helped you, before things got to this stage? Have you seen what you look like?” I told him I hadn’t seen myself and he replied, “anyway, it doesn’t matter anymore, the problem
is already here. The only thing is you’ll have to go to Bara; we can’t live with you being like this. It breaks our hearts to see you looking sick like this and we don’t know what the problem is.”

In spite of this hearty conversation, “I told him I don’t want to go to Bara and he said there was no other way, I had to go to Bara, “you have to be well and look like everyone else; you sister and cousins...” he spoke very gently with me and didn’t shout at me at all. Even though in my heart I didn’t want to go to Bara, I agreed to go.”

Even during this admission, Lebo was unrelenting in her quest, “I didn’t want to be admitted and have to eat... obviously I didn’t want food...I didn’t want to eat. “Lebo, be a good-girl and eat!” they told me. I agreed but in my heart I told myself I’ll just look at the food and not eat anything; I’d leave it there to rot and if they brought other food, I’d still leave it there to rot and they brought more food and I’d leave it there...”why don’t you eat?” “I just don’t want to!”

With no clarity on her condition, Lebo was discharged from Bara, “…I stayed for a week, after which they came to fetch me because the hospital said they can’t help me because they can’t see what my problem is, “she doesn’t have AIDS; there’s nothing wrong with her.”

With the hospital not knowing what was wrong with her, Lebo’s parents were thrust into an even deeper predicament, “my parents felt helpless but I just took the whole thing lightly, very lightly. I didn’t take it seriously at all and didn’t think about what could happen to me...they discharged me on a Friday and my aunt offered to look after me because my parents have to work. I stayed with her for 2 weeks. She bought me a whole lot of foods I could eat but I just told myself I wouldn’t eat it. She bought a whole lot of fruit and would find it lying there... she even used to bake just to entice me to eat. She would plead with me to please eat and I would just refuse.”

While it seemed like Lebo was refusing to eat, the reality of the situation was more complex than that. That which started out as a conscious decision gradually spiralled to a point where even Lebo felt out of control. Not only had she lost a lot of weight and a whole lot of other physical manifestations, “I also battled to sleep, I couldn’t
fall asleep…I looked ugly because my complexion changed... I’m a bit light skinned and I became darker, my bones were sticking out...I was ugly! I was ugly; I didn’t even want to look at myself in the mirror. Even when I was taking a bath, I didn’t want to see myself in the mirror...” but by Lebo’s own admission, there was also a change in her person as well, “...and then my attitude started to change...I just became a different person...a lot of things had changed, my mind, my entire sense of self had changed a lot...”

As it turned out, this different person would come to elude Lebo as well, “…even I didn’t like it anymore, but food...food was my problem... my brain was functioning at the level of a child... I would laugh because sometimes it would be a joke to me as well. I would ask myself if I’m really that thin that people can start to make jokes about me and tease me about it (laughing)... Even though I didn’t really see how bad I was, I would offer an excuse, tell my parents they mustn’t have people coming around because they’d laugh at me, they mustn’t come because they’ll start gossiping about me in the streets...even if I didn’t want to, it just came up on its own.”

This was the point where for the researcher this conscious drive to lose weight begins to transcend the diagnostic argument of refusal, as a conscious and purposeful assertion of will and exercise of choice. This is the point where in a bizarre twist of events, by becoming self-propelling and self-fulfilling, refusal starts to take control of the situation and refuses even the initial decision maker and proverbially, bites the very hand that gave birth and fed it in the first place.

As unintended consequences, the litany of physical, emotional and psychological complications and side effects as well as negative social consequences seem to attest to a turning point, where the relationship changes from being a weight-loss decision-maker to being a victim of a weight-loss ‘avalanche’ beyond the initiator’s control, a turning point where attempts to get noticed implode and not only override the original intentions but also threaten the very survival of the initiator, “Even I started to realise that now I was really sick. I wished I could stop everything but I couldn’t...I’d just not bother to eat anymore because I knew what would happen...even if I were to eat, it would come back... it was futile to eat because it would come back anyway. Even I didn’t like it anymore. I was afraid to eat because it would just come back...”
In what seems like a confusing sequence of events for Lebo, her family and maybe even for the medical fraternity, it would take encounters with four medical institutions over a period of at least two years before there was clarity as to what was going on with Lebo, “…and then around September…in fact when I come to think of it, this thing happened over 2 years because I think I started in 2001 and not 2002 because in December 2002, I went to a hospital in Vereeniging, where they sent me to a hospital for mad people, by a white doctor…you see white people don’t understand black people…I’m black s/he is white and so takes me to a hospital for mad people. I wasn’t okay mentally but I was better than those disturbed people. Even they realised that I shouldn’t be there and even there still, I wasn’t eating…then my brother took me to Joburg Gen and there they refused to admit me and my older sister decided to take me to a hospital close to where she lived in Rosettenville and there they refused to admit me as well because they didn’t know what was wrong with me…”

A more or less similar sequence of events unfolded with Zandi, which also bears testimony to Hendrix (1992) “It’s only when I started to become bulimic that I started to lose weight and I became very happy…I lost weight until I weighed 28kg. Even then I still felt that I was fat! …I’d say yes, now I look okay but if I can lose just a tiny little bit more! I’ve never said okay now I can stop, I always wanted to get smaller and smaller…”

While Zandi got happier the more weight she lost, it seems she somehow also found herself in a dilemma, “…but when I was that thin my family wasn’t happy anymore when they saw me and they’d tell me not to wear things that expose my bones and I started to feel uncomfortable but I still wanted to lose more weight…”

As with Lebo, Zandi’s family started to get a glimpse of the seriousness of the problem and not knowing what was going on, sought medical intervention, “I used to go to clinics and they couldn’t tell what the problem was.” With Zandi’s outmanoeuvrings, the condition would come to elude the medical fraternity for a period of two years, in a similar way to Lebo, “since I was 18 and it was only last year [in 2005] when they told me that they suspect I have anorexia. When they explained what that is I told them there was no such thing…I went to Senaoane clinic, to private doctors and Pimville clinic.”
In spite of developing a number of physiological complications, Zandi’s level of denial clouded her judgement, “…they would say I’d lost too much weight but I wouldn’t see anything wrong.” and she was so immersed that she was not able to make a connection between her behaviour and the symptoms, “I was always feeling very weak and couldn’t concentrate; I was constantly sick all the time. I didn’t think that what made me sick was the fact that I’d lost so much weight; I thought I was just sick, like having a headache.”

Despite this discomfort to herself, she continued to manipulate the situation, “they would ask me if I eat, where I eat and whether I finish my food and things like that and I would reply like a normal person.” While in her mind she was still bent on losing weight, the degree of psychological control gradually started to sway out of Zandi’s reign, “Then I started to do strange things that were not right for example, you’d be talking to me and I’d forget and start shouting and getting angry in a way I couldn’t explain, somehow I’d feel that you were making a fool of me or whatever…”

It seems that it was specifically when they asked how she felt about her body that the real problem was identified, “…then they asked me how I saw myself and I told them I still wanted to lose more weight. Then at the clinic they said they’d admit me to Bara so that I could pick up some weight. I thought to myself this is a joke, they’re playing around, me put on weight, I’m not going there!” Even though she was severely thin and weak at the time, it appears she only consented to going to Bara more out of obedience to her grandmother rather than for herself. “Then I got too weak and my grandmother said she couldn’t bear it anymore, I was a hospital case, that’s how I went to hospital.”

Lindi’s complex life dynamics would take yet another dramatic twist, “after I went to Midrand Campus, I couldn’t sleep, so I told my mom, so she asked her doctor friend to get her some sleeping tablets. So, in my mind I just assumed...okay, I was beginning to put on some weight...just a little bit. So, in my head I assumed that if I took this much, maybe I would sleep for 7 days and then wake up a little bit thinner. Unfortunately, that got interpreted as an attempted suicide and it looks like that so I ended up like okay fine, if you insist I’m in denial about it and I was trying to commit suicide then so be it...but actually my main reason...I don’t know why I couldn’t think
of diet pills at that time...I would take laxatives, Black Forest Herbal tea...I still
do...if I know I want to have a seriously heavy meal, so for some reason in my mind at
the time I felt, here’s a way that I can sleep...the more tablets I take, the longer I can
sleep...and the longer I sleep means, I’m not eating...means I’m not putting on
weight...so I ended up in hospital with my stomach being pumped...I was unconscious
for 3 days and I wasn’t breathing, a machine was breathing for me.”

Having given an impression of an attempted suicide, Lindi was referred to a
psychiatrist. It was during consultations that it became apparent that the incident had
more to do with trying to lose weight than suicide per se. Given everything that Lindi
had been through, she was diagnosed and treated for depression, but even then, in a
paradoxical way, she found a way to make this treatment work for her weight loss
efforts as well, “…he put me on Prozac and it makes you not eat...so, that as well
contributed to my lack of appetite.”

Whereas this situation would serve to indicate her preoccupation with losing weight, it
appears that even then, Lindi was still in denial, “No! (emphatically)...to me anorexia
is a skeletal type of person...who’s in hospital, who can’t do a thing for herself...my
definition of anorexia is that, not where I was...around 40-45kg...aah (sigh)...I
basically looked like Nandipha in Isidingo...she’s short much like me...that’s what I
looked like...and that’s not anorexic to me.”

The above narratives have offered a window through which each participant’s life-
world could be explored. In particular, it caught sight of how events, decisions and
choices in participants’ private life-worlds unfolded and spiralled to the point where
they became a public issue that brought each of the participants into contact with the
public domain of various treatment centres of both African and Western orientation.

This exploration began by revealing how particular interactions became epiphanies,
following which a particular sequence of decisions and choices was exercised by each
participant and the effects thereof in their life-worlds.

Of significance is that in its exploration it shied away from a priori acceptance of
participants’ condition as fulfilling the diagnostic criteria for anorexia nervosa.
Instead, it explored how the process of refusal played out in each participant’s life-world. By so doing, it avoided an assumption of universality of experience but rather, in line with Mills (in Denzin, 1989) took each participant as a universal singular i.e. that every person is like every other person, but like no other person. With this understanding, it deemed each participant’s experience worthy of exploration and understanding in its own right.

This approach made it possible to interrogate the diagnostic concept of refusal and denial as an assumption of conscious and wilful exercise of choice. It revealed that in a sequence of events that start out as deliberate and conscious decisions and actions, a turning point is reached where the concept of refusal as a conscious and deliberate choice is questionable.

Rather than for its sake, this questioning seeks to add to the diagnostic framework and understanding, a consideration that what may initially start out as conscious and deliberate refusal evolves over time to become an inability to maintain body weight for age and height. For the researcher, this moot point was poignantly demonstrated and in so many words even blatantly conceded by Lebo, whereas it was perhaps more implicit in Zandi and Lindi’s case.

Vandereycken’s (2006) dissection of the concept of denial of illness allows for a deepened understanding of this behaviour, by pointing out that deliberate refusal of self-disclosure is linked to mimicking health or faking good. As an early-on conscious behaviour, this has interactional meaning, in what Skarderud (2007) describes as a psychologically protective response to being hurt. As the dialectic of shame, faking good is also symbolic of pride, as an affect associated with social success, being approved of or admired by others as well as a competitive element, which is linked to success. Participants’ early-on behaviours demonstrate an internal sense of being in control of the self as well as the situation and other people, being extraordinary as well as rebellion and protest.

As this behaviour continues however, Vandereyeken (2006) points out that the lack of concern to the potentially dangerous consequences of behaviour suggests that alarming information might not be processed or might not reach awareness. For this
reason, it becomes more appropriate to refer to this behaviour as anosognosia i.e. impaired perception or impaired awareness of disability rather than denial. At this stage, anorectic behaviour is more a symptom of dysfunction in various cognitive domains, including executive functioning, visual-spatial ability, attention span, learning and memory. The boundaries of participants’ narrated behaviours or more specifically, the lack thereof seems to support this analysis.

The upcoming section explores the next sequence of events in participants’ lived experience of anorexia. This dissection is an attempt to render this experience open to scrutiny, interpretation and some understanding by the reader, over and above the researcher.

4.7 The interim
As an interim stage, this section explores participants’ sense of self immediately prior to admission. It seeks to understand who and how participants were in themselves and their state of consciousness as they gravitated to admission.

4.7.1 Acceptance
Lebo’s journey to Tara began with a celebratory farewell ceremony. In this way it perhaps marked a right of passage not only for herself but for her whole family, who to varying degrees had been part of this process as well, “in January 2003, they threw a party for me at my father’s home. A whole lot of my relatives came, they bought me presents and my father told me I would be going to Tara in Sandton but didn’t tell me it’s a rehab, “you’ll really enjoy it, it’s really nice there; you’ll be able to take your ball with you, your own clothes and change as much as you want... you’ll make friends and have a good time!” that’s what appealed to me. I realised they threw a farewell party for me and I accepted that I would be leaving for Tara.”

This ceremony was symbolic for Lebo and made it easier for her to accept and look forward to the admission. In a similar way to when she would be entering a beauty contest, her father and family were there to encourage and in that way inspire a positive entry into her treatment process. For her parents as well whose desperate search had taken them from a traditional healer to several hospitals, this farewell party seemed to mark a point of relief and hope that a solution was in sight.
4.7.2 Resistance and duress

For Zandi, her journey to Tara was sudden and unanticipated, “they admitted me at Bara on the 11th April for a week but I still didn’t want to. Then they told me I’d go to Tara and I didn’t want to go to Tara. They told me there they’d teach me how to eat and I felt they would make me fat and I couldn’t allow that; I wasn’t going there…I didn’t want to go but they forced me and I went, only because they forced me to…they just took me there straight from Bara…I was crying and asked if I could go home first and they refused and insisted they were taking me there directly; I had no choice… if it were up to me I would still be losing more weight because as far as I was concerned I was fine.” Unlike Lebo, who had come to a point of acceptance that she would be going to Tara, Zandi was taken under duress.

4.7.3 Passive resistance

At the point of referral to Tara, it appears that Lindi was in a state of passive resistance, “I was okay with it, I suppose…but constantly trying not to put on way too much weight…that was my focus.” In spite of the overdose and significant weight loss, Lindi’s father also resisted the referral, “my father didn’t understand, especially when he heard that it’s a hospital for psychotic people; he didn’t want me to go there.”

From these narratives, it is apparent that participants’ encounter with Tara was set against the backdrop of Lebo’s acceptance, willingness and anticipation, Zandi’s denial and coercion as well as Lindi’s denial and passive resistance.

4.8 The encounter

The upcoming offers an interpretive and symbolic exploration of the encounter between participants’ biographically situated problem and the socially and historically structured treatment system, as the space and point where two minds and two life-worlds meet.

4.8.1 Illuminative shock

As with her farewell function, Lebo’s first encounter with Tara was memorable and significant, “it was on January the 13th 2003, in the morning; I won’t forget that day!” For the researcher, this encounter was an epiphany because, for the first time, Lebo
encountered the word, anorexia, “when we arrived it was breakfast time and I learned that it’s the anorexic ward…” Papa, what is anorexia?” I whispered. “I also don’t know” he responded in a whisper.”

It was in that moment that a trouble that began in the private recesses of her mind, “…my mind gave me that…” acquired a new identity in this public domain. It was also the first time that she had a major epiphany about the seriousness of her condition, because until then, she had no real sense of what she looked like. Until then, she had never really experienced how thin she was, “...and then, I saw them walking past from the breakfast, my goodness, they were so thin, it was so scary to watch. “Papa, these people are so thin; I don’t look like them!”

For the first time she was confronted with a mirror image of what she truly looked like; one she could not turn away from like she had done during her admission to Bara, “oh, that’s one thing I’ll never ever forget...when I walked into the bathroom I was confronted with a mirror...when I saw the mirror oh my goodness, there was just darkness in my eyes, I felt as though I was just going to collapse...I looked terrible, terrible! I moved away from the mirror; I didn’t look at it anymore and didn’t even take a bath because there’s a mirror in the room...”

Although she had been horrified at the way she looked when she saw herself in the mirror, Lebo had continued her refusal to eat. This behaviour concurs with Vandereycken’s (2006) contention of impaired perception and awareness. It seems therefore that seeing herself through other patients at Tara was an encounter with perspective. It appears also that in that moment, Lebo struggled to come to terms with how she looked and it seems that she projected the overwhelming feelings from this encounter on her father; possibly a way of trying to cope with this frightening reality, “‘oh, you want me to look like them!’ I whispered.”

Although Zandi went to Tara under duress, it seems that like Lebo, this encounter with other patients gave her a perspective of the reality of her condition, “I found the people there to be okay towards me but I was not happy to be there...and they were thin but not like me...only when I saw them, they would stand next to me and compare themselves to me, saying I’m too thin. But, when I saw them they looked
nice and slender but I’m so thin, skinny not even thin…” Like Lebo, this was Zandi’s first encounter with anorexia, “it was the first time I’d heard of this thing called anorexia myself and as to how it came about, I don’t know.”

The researcher wonders if in both Lebo and Zandi’s case, this was truly the first time they had heard the word ‘anorexia’. It is the researcher’s suspicion that by the time they were admitted, at some point along the way in that two-year period and especially prior to their admission, the word ‘anorexia’ must have been mentioned. For the researcher, this was rather the first time in Lebo and Zandi’s life-world that the word ‘anorexia’ came alive and was imbued with meaning, both physically and psychologically.

While Lebo narrated, “…I learned…” and similarly Zandi, “…it was the first time I’d heard…” it seems the significance of these utterances is symbolic rather than literal. It suggests therefore, that until then, they had been so wrapped up in their own world or ‘bubble’ and this was somehow the first time that their bubble had burst open; that they were able to extricate themselves, to enter another world and for the first time, to truly hear and learn about themselves anew.

It appears that was also another epiphany in Zandi’s life-world because at that point the truth about her condition was illumined; for the first time what had seemed like some innocuous weight-loss behaviour acquired a new identity and this somehow marked the beginning of her mental journey back, “(hesitating, low tone of voice) I just told myself I have to accept I’m anorexic anyway...”

4.8.2 The struggle

Even though their encounter with patients was mentally illuminative for both Lebo and Zandi, acting on their new insight was not easy. It would take much longer for behavioural change to follow this insight.

In this interim, Lebo’s struggle with body image would remain salient for a while, “I didn’t change immediately; it took a while...I just felt that there they would make me eat too much and I would end up being the weight I didn’t want...” He fear of putting on weight was so strong that rather than ending up with the weight she didn’t want,
the weight had fused into an overall identity and become her state of **being**. This attribution seems to concur with Tice’s (1993) assertion that low self-esteem individuals base their sense of self only on one domain and because they tend to make internal attributions for failure, they are less able to affirm other areas of themselves and tend instead to generalise their negative feelings on one aspect to other unrelated domains.

In an attempt to remedy this self-schema, together with her fellow patients, Lebo would try to cheat the system, “...and then I started to be naughty... at around midnight on Sunday, we would crawl out to the vending machine and buy lots of chocolates and eat them because we knew they would weigh us the next day...we would do that so they can promote you to the next stage because you have to go according to the stages; as you gain more weight and get better, you would get to go home soonest.”

In a similar way to Lebo, Zandi appears to have had the mental insight, “... let me give them a chance to do whatever they want...” but acting on it was not as easy, “I wanted to change but it was difficult...” Similar to Lebo, Zandi also tried to cheat the system, “…even then I gave them a hard time because I was vomiting and hiding food.”

While the encounter with patients was illuminative for both Lebo and Zandi, for Lindi it appears to have served little more than to confirm her pre-existing understanding of anorexia and her recurring struggle to belong, “I did know about anorexia then...I read a lot...from like Cosmo and Fairlady that’s why I tell you that my idea of an anorexic is somebody who’s lying in hospital and very skeletal and can’t do a thing for herself; not how I was...they were far much thinner than me, as far as I’m concerned... I felt I didn’t belong there, but because I was there already, there was nothing I could do.”

Their struggle would dictate not only what happened during their admission, but also how they each envisioned their future, as confirmed by Lebo, “…when I got home I would go back to the way I was...I just told myself I wanted to go home and do it again...I wasn’t considering how other people would feel when I would do that...I
was going to start again...” in a similar way by Zandi, “I wanted to change but I would sometimes tell myself I was doing it just to be discharged from the hospital...deep down I told myself that when I get back home I’ll do it again...” and again by Lindi, “I reached their goal weight but I couldn’t wait to get home and lose it...and I did.” It seems therefore, that in testimony to Hendrix (1992) and Tice (1993) all three participants were caught up in a vicious cycle to ‘perform’ for approval by a wide variety of referent-others they couldn’t satisfy.

4.9 Discharge
During their admission, all three participants seemed initially to have been determined to put on weight in order to qualify for discharge from the ward. Having gone through a comprehensive treatment programme, the upcoming explores their internal landscape at their time of discharge.

4.9.1 Insight and turning back
While Lebo was caught up in a struggle to lose weight, she came to realise that deep down, she was also in emotional pain, “my therapist would ask me questions and I would just look at him and not reply, whenever I tried to talk, I would just break into tears and cry...my heart was sore.”

As they had done when she entered beauty pageants, Lebo’s parents continued to be supportive and involved. In particular, their intervention in Lebo’s cheating incident seemed to have been very significant for Lebo, “when my father called me and asked me what I had been up to, I felt so ashamed. That’s when I realised that what I was doing was just not on...my mother also called and pleaded with me to behave myself, with my friends. She reminded me how far they’d come with me on this and that they wanted me to get well so I could go back home and be with them again. She made me promise not to do it again and I did. Although I took it lightly then, but at night I reflected on it and realised it was not on. As a person I should also consider other people’s feelings. I decided then that I would keep my promise and follow my programme like I’m supposed to...”

It appears that together with Lebo’s realisation of her underlying emotional pain, over time she would begin her journey back from the throttlehold of anorexia, “…I think it
was in the 4th month that I came back to myself. My therapist pointed that I should remember what I went through before, that led to my going to Tara and then pulled up an empty chair and said I should imagine that that teacher was sitting on the chair in front of me; I should tell her everything inside me. Oh my goodness, I gave it to her; it felt as though I was really seeing her sitting in front of me at that very moment! I just broke down and cried, but I told her, “what you did to me was wrong and I didn’t like it; I shouldn’t have listened to you and continued to do what I wanted to do. And, being a teacher and adult, to make comments like those to a school child is not right. You should have taken my details down so that I could enter the contest like I intended to, instead of destroying my future. What if that was meant to be where my future success was and I was meant to go on with it and become a big name and success in this country? I didn’t appreciate that and I would never forgive you again for it; you are mean!”

For Lebo, this therapy session was particularly cathartic, “I told her so many things that I really felt gratified in my heart. When I went to my room after that session, I really felt at satisfied and at peace. I even told them at home that I was okay and was ready to go back home anytime; I wouldn’t do it again. All my anger had come out; I was okay and didn’t want anything anymore; I’d had enough. I don’t want to be like those people; I don’t want anything else anymore. I asked for their forgiveness for all the pain I had caused them. It was at that point that I really found myself, “papa, I’m okay now; please trust me...trust me”. And then in the 5th month on the 6th of May I was discharged from Tara.”

4.9.2 Ongoing struggle

While Lebo seemed to have benefited from her parents’ support and therapy, Zandi’s experience was different, “…even when we went to family therapy at Tara I mentioned this [discrimination and favouritism] and my father said he wasn’t aware that I feel this way and promised to do things that I ask like he does for the others. He only did that once or twice and then went back to his old ways...”

Rather than providing a corrective emotional experience (Yalom, 1975) Zandi’s relationship with her father did not improve, as her father seemed to be unrelenting in his disappointment and rejection of Zandi. Not only this, while Zandi was successful
in her efforts at losing weight, “...it made me feel good that I was slender, for real” the relationship with her boyfriend that seemed to have precipitated her weight-loss preoccupation had already ended even long before her admission, “...the relationship ended, because he thought I was HIV positive... he asked me and I said no then he asked what was wrong with me and I said I don’t know; I didn’t tell him, I just said I don’t know. But, because he’d also heard the rumours that I was HIV positive he felt that he couldn’t trust me because I wasn’t telling him the truth; everyone knows the rumour except him; then we broke up last year.”

It seems that faced with this double-loss of both her primary and ‘surrogate’ attachment objects, Zandi resigned herself to focusing on her body image, with anorexia becoming a means and an end in itself, around which she pegged her whole identity and sense of self, “it is not over... and I think it won’t be over. Anorexia is like my family...it is my friend...I love anorexia, to be honest. I do love anorexia. For me it’s good. There’s nothing wrong with anorexia but I don’t want other people to do it. I know it’s wrong, but to me it’s not wrong. I don’t want you to do it, but I want me, only me... because I don’t care about my...like I love myself but sometimes I don’t want to accept myself, so I don’t want to see other people suffer. I just want to suffer, only me...anorexia is a friend I will keep...I don’t know for how long but for now, I’ll never get out of anorexia...” This narrative is an epitome of what Vandereycken (2006) describes as pride that stems from Zandi’s sense of being different, extraordinary and being able to cope with what few others can cope with. With overwhelming feelings of rejection, it seems that anorexia allows Zandi to stand out in her family and through this relationship with the condition, a sense of belonging.

As with the other two participants, Lindi was also afforded therapy as part of her treatment programme at Tara. However, this did not even feature in her narrative of her experience of being at Tara. Instead, during her admission complied with the programme only so she could be discharged, “…I just ate to put on the weight so that I can get out and get home and start all over again, because I hated it there. It was not bad but I just wanted to go home...I have no problem eating...I had no problem eating...how do I put it...I’m not like the other anorexics; I could control my appetite if I wanted to and when it suited me and I could eat when I wanted to; even eat
chocolate. But, because I didn’t want to gain the weight, I’d do other things as well...”

In spite of her diagnosis, she continues to rely on what she read in magazines about anorexia and insists that she did not have anorexia, “I just know that I have an eating disorder and perhaps the boundaries sort of merge between obsessive compulsive eating and maybe bulimia, the laxative thing and then when I’ve lost the weight and trying to maintain it and not eating totally and over-exercising...I just know that my eating patterns are not normal, but I can’t say it’s anorexia...I just know that unlike some people I’m not just bulimic or obsessive...it just depends on what’s going on in my life...”

Juxtaposing participants’ experience of the treatment programme at Tara, it appears that it is their engagement with the psychotherapy part of the treatment that seems to have made the difference between recovering from and still being immersed in the struggle through the body. It seems that by gaining insight into and confronting the underlying emotional pain in therapy, Lebo was able to begin her journey through recovery, whereas Zandi and Lindi do not seem to have done the same or to the same extent as Lebo.

In particular, it appears that rather than confront the underlying emotional pain, Zandi and Lindi resorted to the defence mechanisms of blocking, distortion and somatisation (Sadock & Sadock, 2003). Therefore, by blocking and distorting external reality, Zandi and Lindi continue to express their inner tension through somatisation.

4.10 Drawings and naïve sketches

As highlighted by Harper (in Denzin & Lincoln, 2000) and Hodder (in Denzin & Lincoln, 1994) unlike self-conscious speech (interview), drawings and written narrative (naïve sketches) serve as a cultural Rorschach because they provide deeper insights into the internal meanings according to which people live their lives.

Lebo’s drawing and naïve sketch describes her inner tension, “…a girl who never thought she could be so stressed, her life was so miserable...she had this anger insider of her and fear of being around people...never wanted to do the things that
inferring from her drawing, it seems that through therapy, Lebo was able to symbolically free herself from the prison bars of pain and anger that she harboured inside herself and in turn, this enabled her to rejoin and play in her world of friends that she would have previously avoided. Even more significant, is that it appears that unlike before, “...she looks through the window at her friends playing ...” she now has a new set of rules of participation and playing in her world of friends, “I even dislike it when my friends at college comment about someone else being fat; I reprimand them and tell them to leave other people alone...to stop saying other people are fat; they are fine the way they are... just fine, the same way my friends are fine the way they are, “stop saying other people are fat; I don’t want to hear things like that, I just don’t like it. I find it a bad thing to comment about how other people look; a person is just fine the way they are; they love themselves the way they are and that is enough.”

Zandi’s drawing and naïve sketch seem to depict her inner world as being quite turbulent and volatile. Her use of fiery imagery conjures up feelings of being trapped in chaos and unable to escape. Even though there is a staircase, which could symbolise therapeutic emancipation, “I tried to take the step and lift myself up...” it did not benefit Zandi, as her father, “the wind came and blew me down and I fell down...” continued to be unrepentant in his discrimination and rejection of Zandi, “...and I started to relapse... then it kept on continuing up until now...” continues to leave a gaping emotional wound in Zandi.

Although in reality, “...my friend Peace died and I felt guilty and started to blame myself for his death...” symbolically, this narrative seems to also speak of the death of peace in Zandi’s life since childhood when she felt abandoned by her parents and in particular, rejected by her father. Since this time she seems to have endured chronic
and complex inner tension in the form of feelings of loss, guilt and self-blame for these feelings of abandonment and rejection.

In the absence of a corrective emotional experience, “when I tried to make my life better it just came and burns me and left me with ash…” Zandi finds herself trapped in the quicksand of anorexia, which reduces her life to ash, “if I tried to get out of my eating disorder or tried to neglect it, there was a mind that tells me that [it will] never leave me!!! I will die with you.” It is therefore not surprising that Zandi’s struggle with anorexia is not over, “it is not over... and I think it won’t be over…” a struggle so deep that through blocking and distortion, she has even come to regard anorexia as her family and friend, “…anorexia is like my family...it is my friend...I love anorexia...”

Lindi’s drawing and naïve sketch seem to express feelings of loss, hurt and displacement as well as feeling misconstrued and discriminated against. Her experience of anorexia was shrouded in complexity, “a few months earlier I had taken an overdose of sleeping pills and suddenly, I was thin…” Within her community, various interpretations of what was going on emerged, “all sorts of things were said to me, about me; to my face and especially, behind my back…”

On the one hand, “those who were educated enough to know what anorexia is said I was trying to be something I am not (a Whitey); bringing shame to the Black community…” and on the other hand, “as for the average Joe, well, it was said I had AIDS.” Caught in-between, it seemed difficult for Lindi to carve a place for herself, “when I am fat, it’s wrong, I get teased; when I am thin, it’s wrong as well.”

This feeling of displacement is poignantly expressed in her drawing. Feeling not only being discriminated against for her illness, “…when people don’t understand a thing, be it an illness, especially an illness, mental or otherwise, they stigmatise the person who has it…” Lindi also feels her own person is misunderstood her community, “…I have always been an introvert; I am what is known as a nerd; I’m an indoor type of person and being by myself does not make me uncomfortable…”
While she seems to understand her own personality, it seems though that she finds herself having to prove that while she is unique, she is also normal, “… even to date, I still struggle to convince people that there really is nothing abnormal about me; I’m just someone who happens to have a liking to certain things, that a majority of people do not seem to like. Eccentric, yes, but schizoid? That’s far-fetched…”

Faced with this daunting task, it seems that in turn, she has in some ways also turned against her community and excommunicated herself, “…on a sub-conscious level, I think I have decided not to be part of my community, so to speak, because it was not that supportive of me… I am angry, mistrustful and very resentful of people…” not the least of whom appears to include close her family as well, “I feel very much betrayed and let down by those closest to me…” Feeling betrayed by those closest to her and disowned by her community, Lindi maintains a very small circle of trust, “as a result my circle of friends are my childhood friends. They know me. They are less inclined to raise an eye-brow.”

With so much to contend with, Lindi continues to find herself in murky waters, “right now, I am fat again, not just chubby, just outright fat…I buy all sorts of over-the-counter pills that claim to help one lose weight effortlessly. Of course the opposite has happened and I am getting more desperate and frustrated…” This frustration and desperation extends beyond her body image, “I also bemoan all the lost opportunities that I had, even if I had used them, I would have somehow, somewhere, found a way of sabotaging myself, sub-consciously.”

It seems that while Lindi continues to insist that she does/did not have anorexia, “what I know for a fact is that I do have an eating disorder, sometimes I get a little bit obsessed and it shifts to anorexia, but it’s not…” for the researcher, the overriding theme that emerges from this naïve sketch is one of utter confusion; a sentiment expressed by Lindi herself, “…it really gets extremely confusing…”

4.11 Chapter conclusion
Drawing on descriptive realism (Denzin, 1989), this chapter provided an arena in which participants’ stories of their biographically situated experience of anorexia nervosa could be heard. Through the serial unfolding and interpretation of key
experiential units, it sought to highlight the essential structures and features of this experience and with that, invite the reader to discern its meaning in participants’ lives. By allowing multiple voices to speak, it also allowed the researcher’s interpretative world to emerge from these stories while simultaneously also serving the purpose of literature control. The upcoming chapter further reflects on this experience in participants’ natural social world by exploring its significance for participants’ cultural identity and affiliation.
CHAPTER 5 REFLECTIONS ON THE EXPERIENCE OF ANOREXIA NERVOSA IN BLACK FEMALES

5.1 Introduction
Progressively, the preceding chapter has looked forward to a set of actions taken by participants in order that sequences as well as essential structures and features of their experience of anorexia nervosa could be gleaned. Regressively, the present chapter is somewhat of a step backwards in human time, in order to explore and understand this experience in participants’ broader historical and socio-cultural milieu.

By allowing the world of being interpreted to interpret itself, it allows participants to reflect on the meaning of their experience for their cultural identity and affiliation, at key stages of their journey. It explores whether and to what extent participants (as the people with a personal experience of anorexia nervosa) within themselves live with and own this experience as testimony to their evolving cultural identity and affiliation (acculturation) or whether this is an outsider discourse.

Going beyond participants’ experience as a personal trouble, it explores it as a public issue, in a quest to understand how referent-others in participants’ socio-cultural context interpreted and behaved towards them and their condition. Through this understanding, it also seeks to glean the symbolic significance of anorexia nervosa in this cultural milieu.

5.2 Anorexia and cultural identity
Reflecting on the hitherto virtual absence of anorexia in indigenous African females, Adams et al. (2000) assert that body weight concerns are cultural artefacts rather than health concerns. This sentiment is echoed by Furnham and Baguma (1994) and further, that although ideas of beauty appear to change over time, a consensus of opinion and taste prevails within cultural groups, regardless of age and socio-economic status.

The absence of diagnosed cases of anorexia in black South African females until as recently as 1993 (Szabo, 2002) seems to speak of a consensus of opinion upholding the fuller figure as the African cultural artefact of female beauty. Simultaneously
however, this recent reporting seems to suggest a burgeoning diversification of opinion and taste within this cultural enclave.

Against the above considerations, the meaning and significance of the experience of anorexia nervosa for participants’ cultural identity and affiliation, as black South African females is explored. This exploration speaks of the researcher’s curiosity to understand participants’ consciousness in terms of how being preoccupied with weight-loss to the point of anorexia coexisted in their minds with their cultural identity as African females.

This curiosity is explored firstly during their admission to Tara and later, on reintegration into their family and socio-cultural community after discharge. In the first instance, it explores whether in the juxtaposition and contrast of finding themselves in Tara, removed from their cultural enclave, they gained any insight into the uniqueness of their diagnosis in relation to their cultural identity. Put simply, the researcher asks of participants whether on finding themselves in Tara, there was anything in their minds that said there’s something exceptional or extraordinary about the combination of being a black African female and this diagnosis.

In the second instance, it explores whether having been diagnosed and treated for anorexia nervosa had any significance for their cultural identity and affiliation after they were discharged and reintegrated into their family and socio-cultural communities. In other words, while holding their diagnosis and treatment in mind, the researcher explores participants’ reflections on what it means for how they relate to the prevailing cultural consensus of the fuller figure as the body image ideal of female beauty. Essentially therefore, whether they identify and affiliate with this prevailing cultural consensus or whether their experience speaks of a deviation from it and, if so, whether this was conscious or not and the meaning thereof.

5.3 Admission to Tara

All three participants were admitted to the Tara eating disorders ward at different times and have never met each other. However, all shared that at the time of their admission, they were the only black females in the ward.
As Lebo recalls, “when I walked in they all stared at me...it was whites only, so they all stared at me. I also just looked at them...we just gave each other the mean look...especially because I am black and they are white...”

From this narrative, it seems that for Lebo there was some recognition of the idiosyncracy of being the only black female. It appears that she was brought into the realisation of being a racial minority and with that, being marginalized, “…we used to fight when I first arrived; they didn’t want me to shower with them...”

Lebo reflected on what it meant for her to be the only black female at the time, “I didn’t think about why I was the only black girl...I just told myself it’s because people don’t know about Tara, just like we didn’t know about Tara until I got there, and even when I was there I thought Tara must be a hospital for whites only, so I was lucky to be there.”

For Zandi, being the only black female seems to have had similar significance, “I was surprised and wondered how. But then I thought to myself it was the first time I’d heard of this thing called anorexia myself and as to how it came about, I don’t know.”

Unlike Lebo, whose initial struggle to fit in with fellow patients seemed to have had racial undertones, Zandi shared an instance of engagement with fellow patients about the racial uniqueness of her admission, “they asked me if I wanted to become a model or something, what made me do it and I told them it was just an idea that came about. Then when we sat in discussions they asked me if I’ve been at Model C schools and I told them I’ve never, “you’re my first encounter with white people!” It was also their first time to encounter a black person with this condition.”

From this engagement it appears that there was a prevailing discourse that associated Zandi’s experience of anorexia with aspirations of becoming a fashion model or with having attended Model C schools. As the name given to the country’s first government schools that became racially integrated in the 1980s, one of the country’s most politically volatile periods, this narrative seems to suggest attempts at meaning-making. Recognising this racial integration as a symbol of a significant level of social
change, this narrative seems to indicate attempts to understand the magnitude of this change being expressed through the participant’s experience of anorexia.

In the researcher’s mind, for this discussion to be taking place in 2005, two decades after the racial integration of public schools, seems to imply that there was an assumption that Zandi had attended mixed-race schools and therefore that her weight-loss preoccupation was being seen as an indication of her acculturation into the white-Western cultural body image ideal.

This would somehow lend credence to Browne (1993) and Szabo’s (1999) observations that black females who attend predominantly white schools outside their own cultural community are more likely to identify with and adopt ‘white’ attitudes to physical appearance as a means of trying to negotiate acceptance by their peers of a different cultural identity. In Zandi’s case however, her preoccupation with weight-loss began as a means of trying to negotiate acceptance in her own cultural community i.e. her father and her boyfriend.

Unlike Lebo and Zandi who hadn’t heard of anorexia before, Lindi relied on her understanding of anorexia from what she had read in magazines. Her admission, “...even though there weren’t any black faces in those magazines...” implies that she would only have seen pictures of or read about white females with this condition. This suggests that she would possibly have come to an understanding of anorexia as it affects white females.

However, when reflecting on her own admission, it emerges that the cultural significance of her diagnosis was highlighted by someone of the same cultural and gender identity, “...I was the only black girl...one black nurse accused me of trying to be something I was not...like, you’re trying to be a white person and you’re not...”

This comment seems to suggest that this nurse viewed Lindi’s experience as an expression of acculturation, in a similar vein to the discussion between Zandi and fellow inmates. While it was hurtful, “I got angry, but it wasn’t the first time I heard something like that...so you get used to it when people saying something of that sort and cope with it even though it’s not nice” it seems that for Lindi it was even more
significant as yet another personal experience of being misconstrued, “I have been given a label of being crazy...because I’m introverted and I prefer reading books...the type of television programs I enjoy watching are not what people usually like watching but it’s not my fault...and I find myself having to apologise for that as well...the type of music...a whole lot of things/”

From these narratives, it seems that all three participants recognised the exceptionality of being the only black female in the ward at their time of admission. However, this realisation did not illuminate the cultural idiosyncrasy of their admission. Instead, for Lebo and Zandi the significance was the fact that before this admission, they had not heard or known that what they regarded as an innocuous yet concerted weight-loss preoccupation was a well-known phenomenon and syndrome. This implies that perhaps they may have taken this to mean that there was a higher incidence of anorexia nervosa among black females, but that like them, people in the communities don’t know that it’s a medically indicated condition.

This reckoning is understandable, given that it took two years of visits to various healthcare facilities before they were properly diagnosed and in Lebo’s case, even included a diagnosis and treatment by a traditional healer. Therefore, in their minds the only idiosyncrasy was the fact that they were lucky enough to find out about Tara and even receive treatment for it.

From Lindi’s narrative, it does not appear that she herself saw her admission as being culturally idiosyncratic. Instead, the comment by a nurse in the ward only served to punctuate her experience of being stigmatised and marginalized as a cultural abnormality by her own local community. The significance of this experience is poignantly depicted in her naïve sketch. Gleaning from Nasser and Di Nicola’s (2001) assertion of the importance of the reciprocal recognition of culturally referent others for one’s sense of belonging. It is hardly surprising therefore, given her experience of socio-cultural stigmatisation and alienation that she feels that she doesn’t belong in her cultural community and her consequent rejection of this community and desire to move away from them. As a result, a significant part of her regret of lost opportunities to advance herself academically is her limited financial
resources to enable her to extricate herself from her community, hence she feels trapped by having to live there.

5.4 Discharge from Tara

For Lebo, there seems to have been some illuminative change in her body image consciousness in relation to her cultural identity and affiliation after being discharged from Tara. From her description, it appears that while she had had a strong sense of her body image from the age of thirteen, it was not in terms of her cultural identity, “it didn’t mean anything then, no, because I didn’t know anything about things like that at the time...I never considered what it meant to have the body of a black female...it wasn’t in my mind unlike now” From early on in her description of her family, she acknowledged her parents for having brought them up with a strong sense of cultural identity, “they taught us ubuntu”. However, this does not seem to have extended to cultural notions of the female body image.

It appears that some time after being discharged from Tara, Lebo developed some appreciation of the cultural body image ideal, “now I know, I can see...even the way I am at the moment, I’m not yet fully satisfied you see, I’m not yet fully satisfied. I can tell you about my twin sister, she has a presence; she is okay. I tell her, “you are well-built and full-bodied; you are alright.” Even my friend has a full-body, she’s beautiful and I tell her she’s beautiful, “, you’re beautiful”; she is beautiful; she is Xhosa; she is beautiful.”

With this appreciation of the body image of culturally referent-other females, Lebo began to aspire for a fuller figure, “to say that a black woman’s beauty is in a full body inspires me...a lot. No matter how I can be; no matter what a person would say; if someone would say I’m gaining weight and things like those, I’d just say it’s okay; I’m okay to be that way. I would respond to them that way; I wouldn’t be angry and become someone else that I’m not; I wouldn’t.”

It seems also, that while she is inspired by the cultural norm of a fuller figure, Lebo has realistic sense of her natural body size, “I’m okay but I’m not yet satisfied. I can’t say I’d like to be my friend’s size because my mother told me I don’t have a big body,
I’m just okay. I will go back to my previous bigger body; I’m not yet satisfied with this one, I’m not satisfied.”

As in her earlier years, it seems that physical appearance and knowing that others appreciate the way she looks continues to be important for Lebo, “my father always tells me I look beautiful; whatever I’m wearing, I look beautiful. He comments that I’m gaining weight and even I can see it for myself; I’m good to look at now and I know it. He tells me I really look good and it makes him very happy to see me looking this way. I sometimes even make a joke and say that I look good now, (giggling) unlike when I was so thin; I looked terrifying; and now we can all laugh about it. Even if they make that comment, I support them.”

Her relationship with her parents and their support continues to be an integral part of her self-worth, “my mom is my female role model ... she’s beautiful in that she never just leaves me alone; she always guides me in this and that. When something is not right she tells me that it’s wrong and I like that; when I do something wrong a person must not hide it from me; they must tell me straight. My mother doesn’t hide it from me, unlike someone else who maybe doesn’t even know me well. She tells me straight and we’re very close; I’m close to both of them; there isn’t one who’s my favourite above the other; they are the same and I love them both.”

With her family firmly behind her, Lebo is confident about her recovery, “No, not at all...I don’t want to go back to that; I’ve had enough. You suffer a lot you see; you suffer a lot. You forget a lot of things. Now I’m doing well at college; if I would go back to that, I wouldn’t be able to concentrate well at school...If I go back I won’t be well and won’t do well at school; I would disturb myself mentally.”

Unlike before, when she was oblivious to the consequences of her weight-loss preoccupation, Lebo seems to have learned a lot from her first experience. While her future aspirations continue to be in the field of fashion and beauty, it appears that she has developed a healthier sense of self, “to be a fashion designer; that’s my biggest focus. In fact, it’s not even something I dream about; it’s something I know I’m going to be. Sometimes if you just dream of something you may end up not fulfilling your dream, so I just pray to the Man upstairs to help me achieve this one. If not that, I’d
also like to do beauty therapy; that’s the other thing I may also pursue. I believe in life you must be open to possibilities and not just look at limiting yourself to one thing.”

Having already declared that in spite of her admission and treatment, her relationship with anorexia is not over, Zandi was unequivocal in expressing her feelings about the cultural body image ideal, “I’m the opposite of that. I feel like no...no. It’s nice for me to see them look like that; they are beautiful and nice. But not me; I wouldn’t look as beautiful and nice as they do...it means I’m different from them”

In a similar way that she felt it would be bad for someone else to have anorexia but not for herself, Zandi continues to have double standards for how the cultural body image ideal applies to other people but not her, even though she does identify with and appreciate her culture, “I subscribe to the black culture in other ways...” However, she draws the line when it comes to the body, “I love the way I am. Even though when I see others, I see them as beautiful and nice but if I had to look like them, no!” This narrative of double standards seems to echo back as a theme in Zandi’s life that goes back to her experience of double standards in terms of how she gets treated by her father as opposed to how he treats the rest of her siblings.

Against this, Zandi’s future aspirations continue to be marred by the cloud of anorexia, as the only thing she seems to know with any degree of certainty about herself, “my future goals and aspirations for my life is to continue with anorexia... with my anorexia and I want to achieve my goals...for now I’m not sure what they are but I just want to be something in life.”

In a similar vein to Zandi, Lindi was resolute in her rejection of the culturally ideal body image, “apparently being chubby is okay but eish (sighing), I beg to differ...I really beg to differ...because I do not feel comfortable and I never have...for me the cultural thing doesn’t apply...it never has...”

Initially it appeared as if her desire to lose weight was about being able to fit into her clothes, “…it’s a struggle to wake up in the morning and go to work because nothing fits anymore...after regaining that weight terribly 2 years ago.” It emerged later
though that there was more to her weight gain after being discharged from Tara, “another thing that contributed was that there were a lot of rumours about me, especially in 1999, when I went to the University of the North and I got raped on campus…”

Lindi had earlier offered that her weight is a reflection of what’s going on in her life at a given time. True to her words, it appears that when she found herself in a predicament of how to cope with the rape and rumours that circulated on campus about this, she found comfort in food as a way of coping with the pain. She shared that her mother has a similar coping pattern and that due to her strained relationship with her mother, she is disgusted in herself to have developed a similar coping mechanism.

From the above narratives, Lebo acknowledges that at the onset of her weight-loss, she was not conscious of the cultural female body image consensus. This could be explained by the fact that as she became conscious of her body image, her awareness was simultaneously coloured by the Western ideal as epitomised by beauty pageants. It was only later after being discharged from Tara that she began to have a culturally aligned appreciation of her body. In this regard, she is the only participant who appears to identify with the cultural consensus of the fuller figure and even feels inspired to put on some weight in order to look more in line with this image.

On the other hand, Zandi and Lindi were aware of this cultural consensus, with Zandi even expressing her appreciation of her culture in general and of the fuller figure in other females. However, both were equally adamant in their rejection of the fuller figure for themselves. Since being discharged from Tara, both Zandi and Lindi felt they had put on a lot of weight and expressed their dissatisfaction with how they looked and shared that they wanted to lose weight. For Zandi in particular, anorexia seems to be definitive of her sense of self and future aspirations. The only thing she seems to know with certainty about her future is her relationship with anorexia.

5.5 Community Response
Lebo described two interpretations of her body image that emerged in her socio-cultural context. The first version emerged earlier on when her parents first became
concerned about her ‘unexplained’ weight-loss and consulted a traditional healer, who
diagnosed her to be a victim of witchcraft, “...the person took the pencil and
bewitched it, that’s why she’s so sick...”

As a type of conspiracy theory, this diagnosis revolved around the fact that Lebo is
quite artistic and out of jealousy, someone had stolen the pencil that she draws with
and bewitched it. As an instrument with which Lebo expresses her strength, this
pencil was seen as carrying Lebo’s life energy and is therefore the strongest point of
connection with Lebo and thereby also served as an instrument of her downfall.

As Lebo’s weight continued to drop in spite of this treatment, more interpretations
would emerge, “at school they started to say bad things about me, that I’ve got
AIDS...they would stare at me and pass comments that I’ve got AIDS...” The
consequence of this was that teachers started to treat Lebo differently from her peers,
“...they told me to tell my parents to take me to hospital because I was sick and I
mustn’t come to school anymore. Even when they would give corporal punishment to
some kids for making a noise, they would not punish me.”

It seems that while Lebo was somehow able to remain impervious to the comments
made at school, “…I would just ignore them because only I knew what I was doing. I
knew I didn’t have AIDS...” her response at home was different even though the
comments were in a similar vein, “…I would tell my parents they mustn’t have people
coming around because they would laugh at me, they mustn’t come here because
they’ll start gossiping about me in the streets. There were those who were already
saying I’ve got AIDS...”

In Zandi’s case, the response from her community was even more drastic, “rumours
started in our street that I was HIV positive and that made me uncomfortable to live
there, so I went to live with my friend from church, but when I’d come home for a visit
there’d be rumours again that there she is, infected with HIV. Everyone was
gossiping about me. When I was walking in the street and greeted someone they’d
spit at me and look the other way...sometimes if they were talking and I’d walk past
they would stop talking and I realised they didn’t care about me in this community
apart from the rumour that I was HIV positive.”
This rumour would cost Zandi the very relationship that was the impetus to the drastic weight-loss, “it ended, because he thought I was HIV positive...he asked me directly and I said no then he asked what was wrong with me and I said I don’t know; I didn’t tell him I was anorexic, I just said I don’t know. But, because he’d also heard the rumours, he felt that he couldn’t trust me because I wasn’t telling him the truth; everyone knows the rumour except him. Then we broke up last year.”

This rumour was so well entrenched that even after Zandi was admitted to Tara, people in her community would not accept the diagnosis of anorexia, “…people in the neighbourhood started to hear that there’s something called anorexia, although they didn’t know what it was, none of them believed that. They insisted there is no black person with that condition; there’s no such thing.”

Not knowing what to make of this situation, Lindi’s community responded in a similar way to Lebo and Zandi, “as for the average Joe, well, it was said I had AIDS.” Unlike Zandi’s case, the rape added another dimension to an already fragile relationship, “because of that people tend to assume, especially nowadays that if you’ve been raped you’re HIV positive, especially coupled with the fact that I was once suicidal and depressed...and the anorexia thing...when they think they’re connecting the right dots it looks as if things are linked even when it’s not necessarily the case...”

While she understands how the ordinary people came to this conclusion, she also had to deal with the response of the better-informed members of this community, “those who were educated enough to know what anorexia is said I was trying to be something I am not (a Whitey); bringing shame to the Black community”

Faced with these responses, Lindi felt that gaining weight would be the best remedy to appease her community, so I just had to start eating and letting myself go reluctantly, in order to prove to them…” While this decision may have served the purpose, it is one she later came to regret, “but now I seriously regret because at the end of the day it’s my life and I should do what pleases me. So, it’s a struggle because nothing fits anymore.”
It seems that in trying to deal with one set of difficult circumstances, Lindi put herself in an even more difficult situation; one that she doesn’t seem to be able to find her way out of, as expressed in her naïve sketch, “right now, I’m fat again, not just chubby, just outright fat, and it does not sit well with me. I buy all sorts of over-the-counter pills that claim to help one lose weight effortlessly. Of course, the opposite has happened and I am getting even more desperate and frustrated. One can only imagine what that feels like. What makes things worse, is the fact that I am really not used to carrying the extra flab anymore, my left knee is painful sometimes. The only pills that work for me have awful side effects. I do not think it would be very much wise for me to take them, when I am not on leave. I just cannot afford to be irritable at work. I just might lose my job. That counts as well. I know they will do the trick, but I have to be on leave. I am newly employed; I cannot take leave so soon. I really do get irritable, extremely depressed and very paranoid when I have taken those pills.”

From this narrative, it appears that once again, Lindi’s desperate attempts to lose weight are beginning to tether on the margins of being life-threatening, as it seems to be only a matter of time before she would be willing to risk the side effects of some diet pills that she believes to be her last resort.

Nasser and Di Nicola’s (2001) assert that cultural identity speaks of living up to the values of a particular social group. Participants’ experiences confirm that belonging to a cultural community is not a neutral experience. Rather, it is fraught with rules and boundaries, and when these are deemed to be transgressed, some sort of ‘punitive’ homeostatic consequences ensue. It is apparent that their weight-loss was deemed to have gone beyond the boundaries of what their communities deem to be a healthy body image.

This response supports Furnham and Baguma (1994) in their assertion that even though cultural communities make room for change over time, as reported by Mompei (2002), there continues to be a consensus of opinion and taste. When this consensus was transgressed by participants, their respective communities appear to have sought homeostatic explanations that would provide a commonly understood explanatory discourse on the perceived transgression. With their drastic weight-loss mimicking
commonly observed symptoms of people infected with HIV and those living with AIDS, this seems to have been the explanation that people could understand, accept and live with, perhaps because it is a common sight and experience in their communities.

Therefore, while the fuller figure may previously have been regarded as a symbol of fertility and marriageability in younger maidens (Gordon, 2001) as well as an important symbol of a husband’s affluence and therefore, social status in married women (Buchan & Gregory, 1984), more recently, it has come to be regarded as a symptom of HIV status (Govender, 2002).

This points to the temporal historicity of the female body and its vulnerability to the vicissitudes of the day. It is in this sense that Illich asserts (in Nasser & Di Nicola, 2001) that in very epoch, bodies exist only in context and form the felt equivalent of any age, in so far as that age can be experienced by a specific group. With HIV and AIDS colouring the present-day South African social landscape, the equation of symptoms of anorexia nervosa with symptoms of HIV and AIDS seems to express the felt equivalence of HIV and AIDS with this epoch.

5.6 Chapter conclusion
The present chapter took a step backwards in human time, as an opportunity to explore and understand participants’ experiential journey in the context of their broader historical and socio-cultural milieu.

By adopting a deconstructive approach, this chapter shied away from a de facto acceptance of these existing conceptions. Instead, it sought to interrogate them as models of human action by allowing participants’ reflective voices on the personal symbolic significance of their experience for their cultural identity and affiliation to speak for themselves.

This approach revealed that when viewed through the lens of socio-cultural scrutiny, the recent incidence of anorexia nervosa in black females begins to lend some credence to the acculturation thesis. In particular, given participants’ age at onset and socio-economic profile, this experience and, by their own admission, does corroborate
some of the discourses advanced above on the culprit trinity of acculturation (see 2.2.2.5), race, ethnicity and social class (see 2.2.2.4) as well as the fashion and beauty industry (see 2.2.2.7). However, a deeper level inquiry reveals a far more complex picture than may only be gleaned from the socio-cultural lens.

Exploration of specific dynamics of participants’ experience also reveals that anorexia nervosa developed as a coping resource that was triggered by participants’ individual interpretation of an interaction with referent others in their life-world. As an epiphany, this interaction ruptured participants’ embodied, deep-seated and fragile self.

The coping response took the form of overt and covert acts of control that, initially, gave participants some semblance of personal mastery and achievement. Over time however, this achievement would become a mirage that spiralled beyond their control, resulting in physical, psychological and emotional emaciation.

Therefore, through the reflective and interpretive narratives of three black female participants, this study concludes that informed appreciation of the experience of anorexia nervosa in black females or perhaps even any other racio-ethnic group calls for a crystallised and kaleidoscopic view that sheds light on the multiple and complex constellation of dynamics of each case.

Going full circle to the research objectives, it appears that the experience of anorexia nervosa in black females calls us to recognise cultural dynamics but simultaneously to guard against cultural-idolatry.

The researcher concludes that over the ages, the shape and size of the female body has been a site, a tapestry and tabloid where many socio-cultural dynamics have been given expression.

In this way, the unprecedented proliferation of anorexia nervosa into what had been historically deemed to be immune societies seems to bespeak Denzin’s (1989) notion of the massive personal and social exigency of post-modernism. However, over and above this, the fact that in spite of these massive anxieties, in all societies, anorexia
nervosa remains confined to a small percentage of females seems to also corroborate arguments of anorexia nervosa as a self-construct (see 2.2.4.2.2).

Taken together, all considerations point to the fact that, when considered as a uniquely human experience, exploration of the incidence and prevalence of anorexia nervosa in any society needs to take on board the morphemic and co-constitutional relationship between a human being and their environmental, at the centre of which there is, only interpretation. As a cautionary, it applies equally to this, the researcher’s present interpretation of participants’ experiential and interpretive world.
CHAPTER 6  REFLECTIONS ON THE RESEARCH EXPERIENCE

6.1 Introduction
As a reflexive undertaking, this chapter seeks to expand languages of understanding, by inviting those who participated in the research to turn within and reflect on their experience of participation.

It begins with participants’ reflections on their participation in terms of their conversations with the researcher, naïve sketches and drawings. As a personal reflection, the researcher shares a personal experience story as a naïve sketch of her first encounter with anorexia nervosa and fuel to undertake this research. Further, she reflects on her journey through this research and engagement with participants as an inquiry into another’s life-world and dialectically also into her own. As ‘observing’ participants, research supervisors are also invited to share their reflections.

This is followed by an integrative reflection on participants’ experience against dominant discourse and possible implications for South Africa.

6.2 Participants’ reflections
It seems that for Lebo, participating in this research was indulging a unique and unanticipated curiosity expressed by the researcher, “I’d like to thank you for your time, for listening to me and for showing an interest in my experience, because many people don’t know about this condition. And like I said, I don’t get used to people easily, but I felt very comfortable with you even though we’ve only met very recently...you listened to me as I go on and on and on (laughing), it’s been very nice.”

It appears however, that her participation was not without some initial apprehension, “the first time you were here I just looked at you and felt afraid of you (giggling) “what am I going to say to this lady” I wondered to myself, but then I just said to myself it doesn’t matter, I’m just going to tell her everything. Even my father clarified to me what you wanted to get out of our discussion and encouraged me to be open
and not to feel ashamed and I agreed...even when my mother was asking when you’d be arriving I told her you gave me the assurance that you would come and I was looking forward to being of assistance to you.”

As a second phase of participation, Lebo had this to say about the naïve sketch and drawing, “I understand and know exactly what I’m going to draw even as you are explaining. As I told you, I’m a person who loves to draw so even as you are explaining I have a picture in my mind already of what I’m going to draw so that I can describe my experience of anorexia.”

While the drawing was immediately clear in Lebo’s mind, the naïve sketch would be a bit challenging, “because I’m not a person who is outgoing and talkative like my twin sister, it was not as easy to put it in writing, but it helped that I had done the drawing first, so I was just writing as if I was talking as the girl in the drawing and that made it a bit easier.”

For Zandi, the conversation seems to have offered an unusual opportunity to share some of the feelings she continues to struggle with on her own, “I feel great because I don’t talk about it most of the time; I just keep it to myself and sometimes it makes me angry...I don’t know why. Because, most of the time I’m alone here in my grandmother’s home because everyone’s gone to school and even if they’re back, they’ll put the music on and you know...sometimes I become irritated and just take my books and read...”

The drawing and naïve sketch seem to have offered something she could engage with at a time when she would usually be alone and not have something to do, “it was fun, it felt like being given homework at school...at first I was concerned about the drawing because I’m not good at it...even though you said it’s not about my ability to draw I knew what I wanted to draw but I didn’t know how, so I tried it many times and even though I know it’s not a good drawing I like it...it was like putting together a project, putting words into a drawing and a drawing into words...if you think of anything else you’d like me to do, just let me know; I’ll be very happy to do it.”
For Lindi, the conversation as well as the naïve sketch and drawing seem to have posed some emotional difficulty and touched on old wounds, “it’s hurtful…I think that’s one of the reasons why I don’t want to write anymore, because when I did write I would confront certain things. So, I sort of stopped because there are certain things I just don’t want to confront... it hurts too much... and there’s a lot of self-blame...I honestly don’t know what I was thinking at that point in time...I don’t know what was happening to me and my frame of mind because I’ve lost a whole lot of opportunities. And, had I been fine; had a lot of things been fine, I wouldn’t be experiencing what I’m experiencing right now. So, that as well...it’s like I didn’t know...had I known, I would have forced myself to be okay; to finish my education so that when things start to happen, they would find me being okay and away from everyone. I’m independent financially, but now because I don’t earn much and what not, I have to be here...be stuck here at home.”

While it was not difficult to conceptualise the drawing, “a dot on a white paper...that’s what I thought...I just couldn’t think of anything else...” it seems that Lindi was more circumspect when it came to the naïve sketch, “I used to write and draw a lot but then I just stopped...I just found myself not doing that anymore, especially writing, because I’m aware I can’t express myself very well and I cannot...I try to say something but the meaning gets lost somehow, so I used to write everything down...and writing something down is not particularly good because you’re committing yourself, so I do it with caution, I just don’t do it that much anymore.”

Clandinin and Connelly (in Denzin & Lincoln, 1994) remind that when we enter into a research relationship with participants and ask them to share their personal stories with us, this is an emotionally laden experience that has potential to shape and reshape their lived reality. Recognising the deep-level implications of this, the researcher also regarded participants’ reflections on their participation as a window into the emotional impact of their disclosure. Following this, the researcher offered participants an opportunity for referral for further professional debriefing and counselling.
6.3 Researcher’s naïve sketch and reflections

6.3.1 Naïve sketch

As highlighted earlier, Denzin (1989) asserts that interpretive research begins and ends with the biography and self of the researcher, because the events and troubles that are written about are ones the writer has already experienced or witnessed firsthand.

It is against this background that the researcher assumes the role of participant and offers this, as a naïve sketch of her experience with anorexia. In a similar way to participants, by situating this experience in the vicissitudes of her biography, it offers the reader an opportunity to glean its meaning in the researcher’s life. Further, by applying Sartre’s progressive-regressive method (in Denzin, 1989) it reveals the conflictual and contradictory nature of lived experience.

While offering this naïve sketch, the researcher recognises that it is one of many possible stories or interpretations and thereby takes on board Clandinin and Connelly’s caution (in Denzin & Lincoln, 1994), that no single will fully capture experience.

My curiosity about anorexia has an interesting connection to my life story that dates back to 1986, when I first heard the word ‘anorexia’. Over the years I have looked back on this phase in my life and tried to understand my internal landscape in terms of my sense of self and body image consciousness, both in light of how I would first encounter the word anorexia and in terms of what it meant then for my cultural identity and affiliation.

On the surface of things I would turn eighteen in December of 1986. This however, had been a year of unparalleled turbulence in my life. At the macro level, this had been a politically volatile period, when the slogan of ‘liberation before education’ was adopted and imposed by the youth leadership of the day in townships. Five years prior to this, I had been selected out of an ordinary township school because of my academic performance to become one of the founding students at what by all accounts was an elite private school in Soweto.
Looking back to the schools we had been selected from, this in many ways had invariably made us feel that we were a special and select group. For this reason, we had drawn both the admiration and resentment of our community. Towards the end of 1984 when this slogan was adopted, I was in standard nine. With its adoption, there was a tense declaration that there would be no schooling in townships at the sporadic beginning of 1985, adding to what had already become a year of sporadic schooling.

Against great expectations, 1985 our matric year would become severely disrupted. By choosing to go to school, we were viewed as reactionary and dissident to the political cause and we would become the target of harassment, intimidation and assault. We were taken ‘underground’ to some secret locations in the then white suburbs of Johannesburg to help us prepare for our matric exam.

At the end of the year however, our results would be less than disappointing. The media made a meal of the fact that in spite of all local and international investment, our school had proved a dismal failure. We would become the laughing stock that had tried to make a mockery of the struggle.

My world had crashed, my dreams shattered. Everything I had come to know about myself and around which I had built my dreams for my life had been turned upside down. Instead of going to university in 1986, I was thrust into limbo, with no sense of where to turn next. A ‘lifeline’ would come in the form of a job offer by one of the sponsor companies at our school. Around March 1986, I started my first job as the company’s receptionist.

This however, was a double-edged sword. On the one hand it gave me something meaningful to do at a time when the lives of township youth had virtually ground to a halt, a cohort that would come to be known as ‘the lost generation’. On the other hand, it thrust me into a role I was not ready for and was never in the radar screen of my life aspirations.

At the age of seventeen, I was waking up early in the morning to catch a train to town and a double-decker bus to Rosebank. On the surface of things I looked the part, I was articulate and spoke impressively polished English.
Beneath all that however, I was in a world of adults; I didn’t belong there; I was seething with anger, most of all with myself. I had failed myself and began to feel as though my life dreams were going up in smoke.

After work I would go back to a home where everything looked as perfect as a township home could be under the circumstances. Under the roof however, my family was in chaos. I was enraged and desperate to take control of the situation and ran just short of physically dragging my mother to a divorce lawyer. When my incessant urgings seemed to fall on deaf ears, I threatened homicide, insisting that my father and I could not live under the same roof.

In the midst of it all, I became the epitome of control. I was under self-imposed marshal rule; I became the captor and captive. There was this constant monologue going on inside me, urging me to push myself to the limit. On reflection, this was perhaps the sediment of guilt feelings that I hadn’t pushed myself hard enough academically. I would push my body to the limits of endurance. I determined that if I could get by on a biscuit an hour, I would push it to the next and the next. I would exert ultimate control of my hunger and learned that it could be postponed.

At some point I became so set on a routine that I would eat one biscuit a day, exactly halfway through my working day. If I craved chips or a chocolate, I would buy it, only to prove to myself what would happen if an hour would go by without eating it. An hour would go by, I would look at it again and want to see what would happen if I don’t eat it for another hour, and so it went. When I felt convinced that I had outlived my craving, I would give it away. All this would be happening at work. When I arrived home I would get out of my work clothes and go for a jog, only to prove to myself that I could even extend the distance. On coming back home, I would be too energetic to eat, so supper was postponed to the next day.

Somehow, ‘paradoxically’ unbeknown to me, I started to lose a significant amount of weight. My mother became concerned and urged me to eat, but how could I eat when I wasn’t hungry. My neighbours and relatives started to comment on my weight-loss while I remained oblivious.
One day, my uncle came over in what I took to be his usual drop-by. He and my mother sat me down, my mother told him about how little I was eating and yet how much I was exercising. In his characteristically gentle and loving way he agreed with my mother’s concerns and began to tell me the story. I don’t recall all the details anymore. I’m not sure whether it was the wife or daughter of the contractor my uncle used to work for, but this was the story of a female who had lost so much weight and suffered from something she told my uncle was ‘anorexia’. In the end, my uncle was asked to drive her to hospital. My uncle would recall words she uttered to him on the way, ‘Johannes, I’m going to die’ and she did.

With those words, my uncle had urged me to improve my eating, as he feared I would suffer the same fate. When he left I was puzzled and yet curious about this anorexia; in my head it didn’t make sense that someone could be so thin that they would die from not eating.

Throughout my childhood and growing up I had become known for my healthy appetite. Endearingly, my aunt had called me ‘fatzo’ and I wasn’t in the least bit perturbed by this and other comments or even the occasional teasing from my sister about my appetite or weight in our many episodes of sibling rivalry.

Even up to high school I knew I was conscious of the fact that I wasn’t the thinnest or a slender girl. I was conscious of my intelligence and beauty; my long and thick bush of permed hair was in vogue and the envy of many. I had a good bunch of friends, I was drawing more than a fair share of male admiration. I would notice that some of the girls at school were constantly preening themselves, but I didn’t care; I just went on with my life. I was conscious of appearance, but it was not a defining issue for me.

So, being a teenager, I was conscious and yet innocent in that consciousness of my looks and my body. Although my world was in chaos, somehow in the midst of it all I had a sense of myself as a capable, hardworking and beautiful person, with a bright future ahead. My newly found control over my body was important but in my mind I did not connect it to my weight-loss. I had never felt I needed to lose weight or taken a decision to do so. Even as I was losing so much weight, it had no significance for me. So, even after my uncle told me about anorexia, I became fascinated with it as a
phenomenon, but it had no personal relevance for me because I had no need or desire to lose weight.

In the meantime, my employer had cut out a newspaper advert for a scholarship at a private school in Uitenhage and had encouraged and assisted me to apply but I hadn’t heard anything. Towards the end of 1986, the adult political leadership had strongly condemned the campaign for liberation at the expense of education and all school-going youth was instructed to return to school in the following year. At the beginning of 1987, I enrolled to repeat matric at a private school in town. In the middle of first term, I had received a letter informing me I had been awarded the scholarship and started at the school in the beginning of second term. ‘Mysteriously’, I don’t even recall when and how, it all ended and I returned to being my usual self again.

Looking back through my larger socio-cultural lens, I grew up at a time when, there was a lot more name-calling and stigmatisation for being underweight. If you were overweight, you were seen as being ‘fresh’ and well fed, that spoke positively for your family. If you were thin, you were seen as being poor and/or sick.

I recall in those days at primary school there used to be mobile clinics where we would be tested for TB. Those children who had tested positive had been on the thin side and so, if you were thin, we would take it that you were suffering from TB. Coincidentally, those children who had tested positive had tended to come from poverty-stricken families.

Because of the name-and-shame attached, no one idealised being underweight or having a slender or thin stature. So, even as I lost all that weight, no one made encouraging comments or said I looked better than I was previously. I don’t remember being criticised per se, but I certainly wasn’t encouraged. Throughout this episode, my cultural identity and affiliation was never in question; it was a dormant part of my sense of self and body image consciousness.

Until the age of 9, I lived with my paternal grandmother and aunt, who were both inspirational role models. As a social worker, my aunt travelled extensively and even completed a Masters degree in the Untied States. So, growing up, I aspired to be
successful like her. As I moved to live with my parents, I continued to aspire for a better life and especially, a better marriage and family life. While my private high school education certainly raised my aspirations to succeed to a level that could perhaps be deemed to be middle-class and, by implication, white or Westernised, those aspirations did not extend to my body image.

Therefore, a key distinguishing feature of our experience is that unlike participants, I had no weight-loss preoccupation. It is apparent therefore that mine was an anorexia-mimicking experience. I can only wonder what would have happened if my behaviour had continued. In this sense, my experience points to the pathoplasticity of anorexia as well as its comorbidity with depression and anxiety (Schmidt, 2003; Walters & Kendler, 1995). Taken together, these attendant dynamics attest to the diagnostic complexity alluded to by Fahy et al. (1988), Lee et al. (1993), Hsu and Lee (1993) as well Lee and Lock (2007).

6.3.2 Researcher’s reflections

When I embarked on a review of literature on anorexia, it pointed to its prevalence in the white middle-class. So, as I began this research, I had formulated a hypothesis that if it were prevalent in the black population, the picture would mimic that of the white population.

This hypothesis was informed by two somewhat related personal observations. The first was that with the surging upward socio-economic mobility of black people, greater numbers of black children have been enrolling in what were previously white schools. With this trend, there has increasingly been what I regard as an identity evolution. For example, larger numbers of black youths, both male and female seem to be eschewing their mother tongue and using English as their first language. Even in the township these days, it is not uncommon to hear children and adolescents conversing exclusively in English.

Colloquially dubbed ‘the NBG’, the New Black Girl phenomenon describes a constellation of features previously considered to be uncharacteristic of young black girls i.e. they exhibit an unprecedented preference for being extremely thin; their ‘first’ language is English and they consider speaking their mother tongue to be
unbefitting of their status; in some cases they may not have had an African language as part of her subjects at school, so they are unlikely to be able to read or write in their mother tongue.

Having attended mixed-race schools, they have become naturalised into speaking English and this is considered as part of their family status, so even at home they are likely to speak English almost exclusively. Their parents are likely to be professionals and the family is likely to have migrated from the township to living in previously white suburbs. If in the township, they are likely to be living in the more affluent parts. To all intents and purpose, their most salient African feature is their racial classification. Beyond that, there is little else that is African in their lifestyle.

The second basis of my hypothesis was my observation over the years of an unprecedented flood of increasingly thin images of females in the media. My sense was that while this may have started off as a ‘white-thing’, somewhat removed from the black consumer, even what is considered to be black media has caught on, with ever increasingly thin black models.

One of the areas of strongest influence in black youths, in my opinion has been musical videos. Both international and local musical videos are churning out greater levels of scantily dressed, highly sexualised females of all races. With fashion and entertainment featuring at the top of the social identity calendar of impressionable adolescents, this has led to a copycat syndrome, where young black females go out of their way to emulate these idols, both in terms of body image, dress, dance moves and general demeanour, including smoking, alcohol and drug use.

With this in mind, I began my search for research participants in early 2004. What I didn’t anticipate was how onerous and elusive the search would turn out to be. It was only in September 2005 that I located my first participant Lebo; six months later in January 2006, I located Zandi and, with a trip to Pholokwane Province six months later, in July 2006, I reached Lindi.

Prior to finding them, in my mind I had the preconceived notion that they would fit my hypothesis. I was taken quite by surprise just how atypical they were. Rather
than just confirm what is already known, my encounter with each one of them would open up a whole new world. I endeavoured to make each interview as conversational as possible. My respectful curiosity and upfront openness about the nature and purpose of research seem to have fostered an atmosphere of openness that allowed me to probe what is clearly a deeply sensitive experience.

Throughout the conversations, I became conscious of how my pre-existing narratives regarding predisposition to anorexia were being challenged and my horizons broadened. I realised that they didn’t fit my preconceived mould. When I compared the dynamics of their experience to mine, I realise that a cursory glance would have generalised our experience. While some features of our experience are similar, only an in-depth inquiry into the dynamics of each would reveal the unique constellation of each.

Above all, my long-standing introspection into the dynamics of my own experience became a springboard that helped me to delve into the nook and cranny of participants’ experience and thereby to acquire thick experience-near descriptions and interpretations, which I would otherwise have glossed over (Denzin, 1989).

6.4 Supervisors’ reflections
As somewhat distant participant-observers in this research, research supervisors were offered space to share their reflections on their participation in this undertaking. The forthcoming represents the research supervisors’ reflection.

My participation in research was that of having the feeling of not being in control since I together with Tharina inherited the research from colleagues who left the department at the end of 2005.

Like any other eating disorder, control is a central theme. This being the case, I felt out of control for some time in my involvement in the research. However, the researcher’s invitation to engage with the material allowed me to enter the journey that the researcher and participants have been experiencing for a while. What is interesting is that contrary to the subject matter, the material presented by the researcher is heavy (dealt with in-depth) and intense.
As a reader I feel the weight and intensity of the participants’ and researcher’s journeys. It has been an insightful academic exercise to be part of this research process.

6.5 Researcher’s integrative reflection

The foregoing text represents the researcher’s exploratory journey into the experience of anorexia nervosa as revealed through the personal experience stories of three black South African female participants. This speaks of the researcher’s quest to explore this as a uniquely human, lived experience. Thus, it became essential to open up the life of each participant as the arena in which this experience unfolded, so that seminal vicissitudes as well their sense of self in the course of this experience could be gleaned. Further, the researcher gave voice to participants’ lived sense of the relationship between this experience and their cultural identity and affiliation. As its dialectic, the researcher also allowed participants to give voice to the cultural scrutiny of their experience through the lens of their culturally-referent others. Finally, the researcher opened up some of the seminal vicissitudes of her personal experience as the space for introspection and reflection on nuances and resonance between her experience and that of participants, without a concomitant attempt to generalise about either.

As a backdrop to this exploration, the researcher undertook a comprehensive review of discourses on the experience of anorexia nervosa, which sought to uncover and juxtapose various underlying models of human action. This was in concurrence with Denzin’s (1989) lead that a primary step in an interpretive interactionist inquiry is to collect relevant texts that describe the problematic experience being studied and to subject these to a semiotic and deconstructive reading. Further, that such a review should include a feminist lens, so that images and conceptions of women that exist within them can be revealed, while also being critical of inherent culturally gendered dynamics. This review similarly concurred with Chavous’ (2000) assertion that as a syndrome, anorexia nervosa presents a compelling case for the need to explore it from a biopsychosocial perspective and on both macro and micro levels.

Having done this, the researcher described interpretive interactionism as the methodology for this exploration and located it in the evolution from a modernist to a
post-modernist paradigm. The researcher further described the methods by which participants’ narratives were collected and how they were interpreted. This was followed by an experience-near interpretive description of participants’ experience of anorexia, which drew from the researcher’s broad interpretive repertoire and thus also served the purpose of literature control. This was followed by an interpretive reflection on participants’ reflection on the relationship between their experience of anorexia and their cultural identity and affiliation. Further, by allowing the voices of participants’ culturally-referent others to speak through participants, this allowed the symbolic meaning of their experience to be gleaned from within their cultural context.

Going back full circle to the evaluative criteria for this research as an interpretive interactionist undertaking (Denzin, 1989), the upcoming reflection represents the researcher’s ‘final’ walk-through of this research undertaking. This is done so that the researcher’s integrative interpretations and understanding may be gleaned, without any simultaneous attempt to foreclose or pretence of being exhaustive. By offering her understanding as provisional and unfinished, the researcher simultaneously invites the reader to consider for themselves whether or not they agree with the her interpretations and to glean their own hermeneutic understanding for themselves.

To set the scene, the review began by outlining the clinical identity of anorexia nervosa in terms of its diagnostic features and subtypes as well as its side effects profile. Within this, Kaye and Strober (1999) pointed to the high degree of overlap between the binge-purge (ANBP) and restrictive subtype (RAN); this leading to Keel (2003) and van der Ham’s (1997) questioning of the validity of a distinction between the two subtypes and their contention that rather than two distinct categories, this overlap reflects differences along a continuum of eating pathology. Further, Forbush et al. (2007) offered that their probe into whether these subtypes may point to varying levels of perfectionism and rigidity proved inconclusive; this leaving Keel (2003) and van der Ham’s (1997) contention a moot point. By the same token however, Oyewuni and Kazarian’s (1992) investigation into the incidence of anorexia in Nigeria indicated that these subtypes were highly related to socio-economic standing. Within this, they found that due to limited financial resources, girls at high school level engaged in restrictive behaviour and where they purged, this was done through
vomiting. At tertiary level where they had improved access to financial resources, the use of laxatives was more common, followed by diet pills.

Participants’ narratives corroborated Kaye and Strober’s (1999) pointing to the high degree of overlap between the two subtypes. While all three participants displayed a perfectionistic drive to lose weight, only two (Lebo and Zandi) engaged in vomiting behaviour and of these two, one (Zandi) also shared a prolonged history of the use of vinegar; this being a practice which, according to Giordano (2005), dates back to the 1800s. The third participant (Lindi) shared her engagement in excessive exercise at home, through the use of a stationary bike as well as the use of over-the-counter diet pills and ‘Black Forest’ laxative. Given that the latter participant (Lindi) comes from a higher familial socio-economic standing, the difference in these participants’ behaviour seems to lend some credence to Oyewuni and Kazarian’s (1992) contention of the relationship between socio-economic standing and behavioural inclination.

A review of the side effects profile revealed that while some are reversible with nutritional rehabilitation, others have dire consequences. This litany of consequences prompted to Gatward (2007), Giordano (2005) and Wilson (2004) to point out that at 20%, anorexia has the highest mortality rate of all psychiatric disorders and that with most deaths resulting from suicide, this indicates the unbearable degree of anorexics’ suffering. To this contention, Nordbo et al. (2006) highlight the dialectic that for many, the experience of anorexia represents a death wish and is regarded as a slow and less brutal form of suicide.

Participants shared various experiences of cognitive fallout. In particular, Lindi shared that she took an overdose on sleeping tablets under the guise that it would lead to significant weight loss through prolonged nutrition-deprived sleep. Given that the side effects they experienced followed protracted nutritional deprivation, participants’ behaviour during this time, including food refusal as well as continued denial of significant weight loss and illness, this seems to corroborate Vandereycken’s (2006) contention of such behaviour being symptomatic of cognitive dysfunction. This concurs with the researcher’s questioning of the diagnostic validity of the term ‘refusal’, which denotes deliberate and wilful behaviour. Whereas this may start out being a case of faking good (Vandereycken, 2006), at a point where there is clear
evidence of perceptual fallout due to organic dysfunction as a result of prolonged nutritional deprevation, it seems more appropriate to refer to such behaviour as ‘inability’ than refusal.

While none of the participants reported conscious suicidal ideation, the researcher wonders if, given the grave consequences of the overdose, Lindi’s behaviour wasn’t somehow symbolic of some subconscious death wish, as alluded to by Nordbo et al. (2006).

Inquiry into the developmental landscape of anorexia opened with an exploration of biological dynamics by investigating the role and significance of genetics, hormones and neurotransmitters. This exploration was launched against Kaye and Strober’s (1999) as well as Keel and Klump’s assertion (in Treasure, 2007) that biological factors have pathogenic pre-eminence above socio-cultural considerations. Using twin studies offered provocative insights into the influence of genetics. However, Gorwood et al. (1998) offered an equally compelling caution by pointing out that while there is a significantly higher familial genetic clustering of the disorder in twins compared to the general population, molecular genetics has not yet located the genes potentially involved, partly because the inherited phenotype is not yet known.

The fact that one participant (Lebo) is a dizygotic twin provided an ideal opportunity to juxtapose her experience against researched observations. Klump et al. (1999) explained that heritability estimates in twins are based on the equal environments assumption (EEA), which holds that MZ twins are not treated more similarly by their environment than DZ twins and if they are, that increased environmental similarity does not result in increased MZ twin susceptibility for psychological disorders. This means that increased concordance in MZ twins is more likely due to genetic rather than environmental factors. Concurring with this view, Walters and Kendler (1995) similarly report a heritability estimate of at least 80% in MZ twins. Given that by her own narrative, Lebo experienced being treated similarly by their environment with her twin sister, it remains curious whether her experience of anorexia is attributable to genetics or environmental factors. As pointed to by Gorwood et al. (1998), molecular genetics has not yet located the genes potentially involved and, details of this fall outside of the scope of the present inquiry.
The typical onset of anorexia around puberty lent credence to Brambilla and Menteleone’s (2003) as well as Klump’s (2003) assertion of the pathogenic significance of hormonal dysfunction. Participants’ physiological diagnosis fell outside of this inquiry. However, the fact that all of them were adolescents during their experience seems to support the probable role of hormones in this experience, albeit unconfirmed.

Lee et al. (1993) suggested that a diagnostic distinction be made between fat-phobic and organic non-fat-phobic anorexia. With their study pointing to the pathoplasticity and cultural plurality of anorexia nervosa, they argued that because non-fat phobic anorexia displays no culturally peculiar features, it is not, strictly speaking, a Western culture-bound syndrome, but that it may evolve into its contemporary fat-phobic vogue under the permeative impact of Westernisation; this contention being supported by Buchan and Gregory (1984), Fahy et al. (1988) and more recently, Willemsen and Hoek (2006).

Participants’ experience was conspicuously fat-phobic and by Lee et al.’s (1995) assertion, because this was also a culturally peculiar feature, it was, strictly speaking, a Western culture-bound syndrome. The permeative Western influence may be gleaned in the one participant’s (Lebo) habitual participation in beauty pageants. Although such pageants may have become a globalised phenomenon, this remains a Western-imported practice. To this extent, it might then be argued that her experience was replete with sediments of acculturation. It is significant to note however, that unlike her counterparts, she was the only one who also reported identification with the cultural norm of a female body and indicated a desire and determination to put on more weight, even though she also recognised that she naturally had a small frame. Although the other two expressed their objection to this cultural norm, it remains questionable whether even though their fat-phobia could be construed as being culturally peculiar, is a reflection of acculturation.

By the same token, although undiagnosed and thereby inconclusive, the researcher’s experience fleetingly spoke to Lee et al.’s (1995) caution about the need to distinguish between fat-phobic and non-fat-phobic anorexia. While her food restriction behaviour
could also be deemed to have been culturally peculiar, the absence of fat-phobia does go a long way in attesting to the importance of diagnostic complexity and the attendant need for caution. Given that she was not diagnosed with anorexia, this remains a provocative but speculative insight.

The complexity of and inalienability between biological and socio-cultural factors served as a launch pad for a comprehensive exploration of a broad array of socio-cultural developmental factors of anorexia nervosa.

Locating itself within the interpretive genre, rather than attempting to simplify the relationship between society, the family and the individual, this exploration strove to wrestle with and expose the complexities and layers of meaning, nuance and contradiction that inhere in this relationship. Further, it drew on the eminence of the feminist perspective and gave voice to it as both a challenge and complementary discourse on the gendered nature of socio-cultural dynamics.

Opening up the socio-cultural exploration, the evolutionary perspective offered an ultimate or distal explanation for anorexia and looked at its adaptive function within the human species, even though not necessarily for the individual who expresses it. Within this, Guisinger’s (2003) AFFH argued that symptoms of anorexia served to spur pre-agrarian peoples to diminish feelings of hunger and galvanized an exodus to greener pastures. Looking at the gendered nature of anorexia, Faer et al.’s (2005) ISC highlighted the fact that due to intra-sexual competition for males, standards of female beauty have invariably involved some form of disfigurement, and so with thinness being the contemporary index of female beauty, anorexia is the contemporary symbol of competition for males. Taking this further, Gatward (2007) added that humans are social animals, whose survival depends on belonging to a group. Thus, submissive and diminutive behaviours of anorexia would serve to stimulate caring investment from a more powerful male. As a form of ‘social attention holding power’, this would invariably lead to reproductive enhancement, belonging and survival.

While there is a semblance of resonance with Gatward’s (2007) assertion in all three participants’ experience, it has particular symbolic significance with two of them (Zandi and Lindi). The extent to which their experience was directly linked to
attempts to attract and to retain a male partner suggests that their behaviour was somehow motivated by intra-sexual competition for males. The anxiety of putting on weight and fear of not being good enough for her boyfriend anymore was expressly conceded by one participant (Zandi) and thus her preoccupation to lose weight was an attempt to mitigate the threat of a loss of belonging.

This offered a good starting point from which to explore the social evolution of anorexia, with the evolution in the social landscape.

Starting at the macro level, this exploration endeavoured to chronicle the sociocultural history of anorexia and traced its ancestry to ancient Eastern religious philosophy, where ascetism was lauded in a quest for spiritual enlightenment. Bemporad (1996) shared that from around the 13th century, some women began to engage in what was termed ‘holy anorexia’, as a form of religious piety in devout service to God. Such women were regarded with reverence and rewarded with sainthood. However, this choice also offered a noble escape out of the social demands of the day, such as arranged marriages, expectations of childbirth, childrearing and subordination to the husband and in this way it was also a silent protest. This use of what would be seen as a socially noble pursuit to achieve personal gains has an interesting parallel with one participant, who also used religious fasting as a reprieve to disguise a personal pursuit.

Exploring the relationship between the prevalence of anorexia and socio-economic status, Browne (1993) added a racial and ethnic consideration that the more black women identify with or interact with white upper class culture, the more likely they are to adopt ‘white’ attitudes to physical appearance, such that among many upwardly mobile black Americans, a woman with a heavy body and large hips is considered more ‘lower class’ looking than a skinny woman. Osvold and Sodowsky (1993) referred to this trend of women seeing extreme thinness as a means to gaining power, status and economic security as an identity crisis.

Relating this to participants, it could be argued that one participant’s (Lebo) participation in beauty pageants was an implicit adoption of white attitudes to physical appearance. The other two cited their regard for being fat as a sign of lack of
love for oneself, with one (Lindi) further highlighting the fact that people equate being fat with being stupid, as though the fat goes up to one’s brain and diminishes their mental capacity. It could be argued therefore, that theirs was more a fear of the social connotation with being fat rather than the lure of thinness per se.

With Gordon’s (2001) chronicle of the rapid proliferation of anorexia in countries and communities that were historically regarded as being immune, Kuba and Harris (2001) labelled this identity infiltration as acculturation. As mentioned earlier, one participant’s participation in beauty pageants could be construed as an implicit form of acculturation. While this sentiment was expressed by referent-others in the other two participants’ socio-cultural context, in-depth exploration of the dynamics of their experience renders justification for this attribution questionable.

The role of mass media in alliance with the fashion and beauty industry in the incidence and prevalence of anorexia nervosa remains contentious, with some regarding it as an innocent reflection of society to itself whereas for others it is a conspirator and villain. Dietz (1990) concluded that the high prevalence of contradictory eating disorders such as anorexia, bulimia and obesity are reflective of the contradictory messages and role of the mass media.

The media and had relevance for two participants’ (Lebo and Lindi) experience. Lebo was initiated into the world of fashion and beauty pageants through television, an interest that was reinforced in her family. Given the extent to which beauty pageants were embedded in her family life, it remains questionable whether the strength of influence came more from her family than the media. For Lindi, through magazines, notably the ‘Reader’s Digest’, the media had served as an authoritative source on anorexia, such that she could not be persuaded otherwise with regard to her own condition, in spite of professional opinion and diagnosis. Again, it is questionable whether this dynamic is personal i.e. it was this participant’s internalization as highlighted by Levine (2000) and Thomsen et al. (2002) or it could be attributed to the media, as asserted by Dietz (1990), especially in light of the media moguls’ professing to more recent atonement (Shaw, 1998), even though some question whether this is nothing more than cosmetic lip service (Smith, 2004).
Through Bruch (1974), Orbach (1993), Seid (1994) and Wooley (1994), the feminist perspective offered a compelling reminder of the gendered nature of society and that even though gender dynamics evolve over time, sediments of patriarchy remain deeply entrenched in the social psyche, especially in the social construction and the social gaze on women. For participants, this has resonance for the various levels of ‘performance’ that women in general are subjected to in order to gain patriarchal approval, whether this is in beauty pageants or intimate relationships or intra-sexual competition for male attention and approval. Further, considering the tension between two participants (Zandi and Lindi) and their mothers, it could be argued from the feminist perspective, especially given the way they also described their parental marriages and family life, that their struggle was also symbolic of their rejection of the roles they had seen their mothers occupy in patriarachally-ordered relationships.

While compelling insights were gleaned from consideration of what were multiple layers of socio-cultural environmental stress factors, they left the researcher pondering how, if they are so significant and socially pervasive, does it come about that internationally, anorexia remains confined to a small percentage of females. Even more so, how it comes about that in South Africa, it remains confined to an even more miniscule number of black females compared to the general black population. Given that anorexics of all races, socio-cultural and socio-economic standing come from a primary referent group, this prompted a narrowing from the macro to the meso level in order to explore family dynamics of anorexia.

Minuchin et al. (1978) put forward that every human being’s sense of identity depends largely on the validation of the self by a reference group. With the family as a child's primary reference group, it is within this environment that children develop their earliest sense of belonging and autonomy, which are critical to the development of their global sense of self. To this view, Jones et al. (2006) added that in order to develop in a healthy manner, children need to develop feelings of autonomy, connectedness and acceptance and that parental practices or social experiences that interfere with the child’s ability to achieve this can lead to an unhealthy core self-belief system.
Participants shared varying degrees of relationship closeness with their families. Perceptions of their family relationships ranged between being very close to both parents and siblings (Lebo), being close to siblings but not close to both parents (Zandi) as well as being close to one parent more than the other (Lindi). In line with their family relationships, they experienced themselves in terms of a strong sense of belonging and worth (Lebo), to feelings of alienation and rejection and with that, a fractured and fragile self (Zandi and Lindi). A deepened inquiry into the finer nuances at different family subsystems provided an even deeper appreciation of participants’ of the vicissitudes within which their sense of self was crafted.

In a similar way to the socio-cultural factors, the researcher gleaned significant insights into participants’ lives but continued to be plagued by the same question. This, all the more so when considered against Bachner-Melman’s (2003) caution that although, perhaps in a similar way to participants’ families, she identified four of Minuchin et al.’s (1978) five characteristics of psychosomatic families in her own family as having rendered her more susceptible to developing anorexia, they were not the cause.

This prompted a further comprehensive micro-level inquiry into participants’ internal landscape and personal functioning that could bring together a complex of factors through which it would be possible to glean the persons they were within themselves and also shed some light into what in their self rendered each so susceptible as well as how this came about.

Millon and Davis’ (1996) theory was chosen for its complexified and integrated view of development and personality functioning as well as its view of humans as a complex organically integrated biopsychosocial system. Hendrix’s (1992) imago theory was also chosen for its integration of inter alia, psychoanalytic, psychodynamic, behaviourist as well as developmental, social learning and human energy systems perspectives. In this way it served to augment Millon and Davis’ (1996) clinical and diagnostic inclination and provided more elaborate operationalisation of theoretical concepts. Together with Hultsch and Deutsch’s (1981) and Lerner and Hultsch’s (1983) life-span perspective it was possible to discern participants’ stage-based development. Mead’s symbolic interactionist
perspective (in Kimmel, 1990; in Morris, 1962) made it possible to discern participants’ neuropsychological repertoire with which they construed themselves in relation to life experiences and how this became the core part of their fundamental attitudes about themselves, others and the world.

In what Denzin and Lincoln (2000) refer to as interpretive crystallisation, Denzin’s (1989) interpretive interactionism provided an added lens through which participants’ experience of anorexia could be understood as a reflection of their sense of self and body image consciousness. Denzin (1989) shares that in the human world there is only interpretation and that everyday life revolves around people making judgements about their own and other people’s behaviours and experiences. Further drawing on Geertz and Mead (in Denzin, 1989) helped to emphasise how these interpretations, as working theories, allow individuals to make sense of problematic experiences as well as how this unfolded.

Denzin (1989) distinguishes between four types of epiphanies i.e. a major, a cumulative a minor or illuminative and relived epiphany. From one participant’s (Lebo) experience, a major epiphany revealed how her life was shattered by a single interactional moment that made it never the same again. In another participant (Zandi), a cumulative epiphany was gleaned in that her experience was shown to have occurred as a result of a series of deep-level events that had built up over time in her life. In this way, this was shown to be a relived epiphany that also became illuminative in that it revealed underlying dynamics and tensions in her relationships. In a similar yet unique way, the third participant’s (Lindi) experience was also a cumulative and relived epiphany in that she also relived a deep-level experience that had accumulated over the years and through this experience underlying tensions in other relationships were also illumined.

If they would be viewed in isolation, these interactions seem arbitrary and their symbolic significance as turning point interactions could easily have been glossed over. It is only when they were placed in each participant’s biography that their potency was illumined.
Having deliberated on all the above, the researcher drew a number of conclusions pursuant to participants’ experience of anorexia nervosa. First, that although the role biological factors could not be excluded, more especially the role of genetics and hormones in adolescence, the exact nature thereof was beyond the scope of this inquiry and was therefore inferential than diagnostic. Second, that although there were varying degrees of resonance in participants’ experience with some of the macro socio-cultural factors considered, these did not appear to have been pathogenically pre-eminent. Third, it was in the exploration of particular vicissitudes of participants’ family relational dynamics that the embryonic seeds of their experience were revealed. As the scaffold for the sculpting of their sense of self, belonging and worth with which they navigated their socially interactive world, it was here that the gestalt effect of their susceptibility matrix was woven (Minuchin et al., 1978; Jones et al., 2006; Taylor, in Hoskins, 2002). It was also here that the kindling effect of their experience evolved and built up to an incendiary level, such that they became like a tinderbox, ready to burst into flames at the slightest breeze (Hendrix, 1992). Through Denzin’s (1989) epiphany, it was possible to see how an otherwise arbitrary interaction became the breeze that burst participants into an anorexic flame. This metaphor was cogently depicted in Zandi’s drawing.

Through Skarderud (2007) it was possible to glean that the essence of this breeze was participants’ experience of shame as an affective adaptive response to anxiety, anger and self-disgust. This was allied to participants’ cognitive appraisal of themselves as being inferior, inadequate or flawed, especially in comparison with significant referent-others. For Berghold and Lock (2002), Campbell and Lavalee (1993) as well as Surgenor et al. (2007) and Tice (1993), this self-schema was reflective of participants’ low self-esteem. Following this, participants engaged in compensatory behaviours characterised by withdrawal, concealing, deceit and manipulation. These behaviours were initially deliberate attempts at faking good, with accompanying feelings of pride and a sense of being in control of themselves, others and the situation. It is in this way that they could be diagnostically referred to as denial. However, as Vandereycken (2006) cogently pointed out, due to the cognitive fallout as a consequence of protracted nutritional deprivation, it was more appropriate to refer to participants’ behaviour as anosognosia, a manifestation of perceptual impairment.
This made it possible to see how participants’ personal trouble became a public issue (Denzin, 1989). For the one participant (Lindi), her hospital admission as an encounter with the treatment system served little than to entrench denial of her condition. For the other two (Lebo and Zandi), their encounter was an epiphany in that it was their first conscious encounter with the word ‘anorexia’. What they had up to then regarded as innocuous behaviour took on a new identity. However, their newfound insight did not immediately translate into behavioural change, as they all continued to engage in deceptive and manipulative behaviour. For one participant (Lebo), a turning point towards recovery was characteristic of Yalom’s (1975) corrective emotional experience. For the other two (Zandi and Lindi), through the absence of this experience, they do not appear to have benefited to the same degree as Lebo from their admission. As such, even during their encounter with the researcher, some time after their admission, their narratives were replete with sediments of their continued wrestle with the eating disorder; this being a possible reflection of still prevalent fracture in their sense of self. It is in this regard that the researcher hazards that perhaps the one participant’s (Lebo) experience may have been more characteristic of a state fracture i.e. a temporary wound or setback in her sense of self, following which, through therapy, she experienced an ameliorative reconstitution and reintegration. On the other hand, the other two participants’ (Zandi and Lindi) experience seems to have been more characteristic of a trait fracture i.e. a deep-seated wound, with enduring deep-level effects.

Juxtaposing this with her own personal experience, the researcher similarly hazards hers as characteristic of a state fracture whose epiphany was what Skarderud (2007) refers to as academic achievement failure. In a similar way to participants, her experience was also inalienably interwoven into the turbulent vicissitudes of her family life, which seem to have had a kindling and compound effect on her response to her experience of achievement failure at that particular time in her life.

Reflecting on her experience, in the extent to which her experience was coloured by academic achievement failure, the researcher felt that she could find herself in one participant’s (Lindi) experience. It seems also that the opportunity to remedy this failure served as the researcher’s corrective emotional experience. It is in this way
that the researcher was also able to find herself in Lebo, one of the other two participants.

At the outset, Denzin (1989) borrowed from Sudnow to assert that one of the key aspects of interpretive interactionist research was that it begins and ends with the biography and the self of the researcher, because the events and troubles that are written about are ones the researcher has already experienced or witnessed firsthand. While this added to an already onerous undertaking, it also enabled the researcher to reflect on the nuances and resonance between her experience and that of participants, without a simultaneous attempt to generalise about either. In this way it was possible to apply Sartre’s assertion that every human being is a universal singular and must therefore be studied as a single instance of more universal social experiences and social processes.

By the same token however, while insightful, this exploration remains humbled by Denzin’s (1989) reminder that human life does not stand still, nor will it conform to scientists’ logical schemes of analysis; that it contains its own dialectic and its own internal logic, which can only be discovered by the observer’s participation in the world. Even so, this researcher concedes that in spite of her participation in participants’ world, these interpretations and conclusions are offered as a glimpse into rather than a totality of participants’ experience.

As another layer of this exploration, the researcher gave voice to participants’ lived sense of the relationship between their experience or anorexia and their cultural identity and affiliation. This took place against the backdrop of Adams et al.’s (2000) assertion that body weight concerns are cultural artefacts rather than health concerns, a sentiment that was echoed by Furnham and Baguma (1994) and further, that although ideas of beauty appear to change over time, a consensus of opinion and taste prevails within cultural groups, regardless of age and socio-economic status.

Participants’ reflections revealed that at the time of their experience, there was no conscious internal sense of a relationship between this and their cultural identity and therefore that at the time, their experience was not a reflection of acculturation. While one participant’s (Lebo) habitual participation in beauty pageants may be deemed to
have been acculturative (Dolan, 1991), the fact that she had not, until that turning point interaction, needed to augment her body in order to assimilate or to be seen to be good enough for and to be accepted into the world of beauty pageants seems to question the appropriateness of the notion of acculturation as the need or pressure to change something in oneself in order to fit into the value system and beliefs of another social context. Also, apart from one participant’s (Lindi) short stint at a mixed-race tertiary campus, none of them had been exposed to what could be deemed to have been the acculturative effects of being in a mixed-race environment, as asserted by Browne (1993) and Szabo (1999).

Participants’ reflections also revealed differences in terms of their affiliation with the cultural consensus on the female body. Only one participant (Lebo) shared her affiliation with this, even though she similarly shared that she had had no sense of this at the time of her experience of anorexia. The other two (Zandi and Lindi) were unequivocal in asserting that they had never bought into this consensus for themselves.

For the researcher, this assertion was significant in relation to the prevalent discourse on the relationship between the incidence and prevalence of anorexia and acculturation, especially in communities that were considered to have been historically immunised by their cultural norms. This seems to indicate that while different manifestations of what may be deemed to be examples of acculturation may be an epitome of the post-modern era as argued inter alia, by Denzin (1989), Gordon (2001), O'Donohue (1998) and Tolle (2005), it is questionable whether anorexia counts as one such manifestation.

The researcher concurs with observations by inter alia, Chance (2004), Chernin (1981), Hsu (1997), Osvold and Sodowsky (1993) as well as Schwartz (1986), Russell (1995) and Seid (1994) on the whirling norms and historicity of the female body. Even more so, with Fredrickson and Roberts’ (1997) objectification theory, regardless of whether the mass media and its ally, the fashion and beauty industry are innocent participants in this or co-conspirators and villains (Morley & Robins, 1995; Tierney, 2006). Similarly, the researcher concurs with arguments on the social construction of the self as well as the social construction and perhaps also the social deconstruction of
body image (Hoskins, 2002) and especially with the feminist view of this construction being a gendered agenda (Bruch, 1978, Orbach, 1993; Seid, 1994).

All factors considered, ultimately, the researcher stands strongly in the opinion that gleaning this as the personal experience of three black female participants and drawing in sediments of her own personal experience, anorexia nervosa is ultimately a uniquely individual experience that is uniquely and inextricably tied to the specific vicissitudes of each person’s biographically constructed self. While socio-cultural factors may play a part, they were not, in these participants as well as her personal experience, of themselves pathogenically pre- eminent. If they were eminent, the researcher is of the opinion that there would be an inverse incidence and prevalence of anorexia worldwide than what is currently the case.

Therefore, this research concurs with previous studies that have sought to show how cultural norms of the female body have been subject to the push and pull of social evolution (Gordon, 2001). The researcher is of the opinion that her observation of the ‘new black girl’ phenomenon may be a stark manifestation of changing eating attitudes as a reflection of changing body image attitudes in black South African females (Mompei, 2002; Senekal et al., 2001; Szabo et al., 1995, Szabo & Le Grange, 2001; Szabo, 2002), Similarly, the researcher is of the opinion that these changes may be a reflection of changing socio-economic and socio-cultural aspirations, as asserted by Bagley et al. (2003), Browne (1993), Hsu (1987) as well as Jacob (2001), Nielsen (2002), Striegel-Moore et al. (1993) and Willemsen and Hoek (2006). However, the researcher remains convinced that anorexia nervosa, even as an experience of black South African females stands as a covert and metaphoric language of distress, with its own dynamics and internal logic, which may sometimes overlap with dynamics that colour the socio-cultural landscape in different epochs.

Further, for the researcher, this specific probing of participants’ sense of the relationship between their experience and their cultural identity and affiliation serves to point to the need for attributional caution both within the medical and academic fraternity. While the evolving cultural identity and affiliation of black females is undeniable, the prevalent causal attribution to acculturation appears to have been convincingly shown in this case to be an external and cursory one. Similarly, this
discourse seems to assume homogeneity within African cultural communities, such that to not concur with the prevailing consensus is deemed to be synonymous with acculturation.

As a dialectic to the above, the researcher also allowed participants to give voice to the cultural scrutiny of their experience through the lens of their culturally-referent others. This exploration represents the researcher’s curiosity to find out whether the notion of acculturation was one that exists in participants’ cultural community or whether similar to the above, this was an external discourse. This was particularly important in light of Dolan’s (1991) description that because culture speaks of belonging to and living up to the values of a particular social group, it provides one with a sense of identity as well as Nasser and Di Nicola’s (2001) addition that identity is constituted within a social system and requires the reciprocal recognition of referent others, i.e. group affiliation as a means of placing one’s life in a larger context.

Participants’ narratives demonstrated that while anorexia was identified as a medical syndrome in Europe as far back as the 17th century (Buchan & Gregory, 1984; Orbach, 1993; Russell, 1995), it remains virtually unknown in participants’ cultural community. From their experience, it was given a three-fold identity, one being that of witchcraft, the second being of acculturation and the most dominant and pervasive to all participants being that of HIV and AIDS.

For the researcher, the equation of anorexia with witchcraft has important implications for its identification, diagnosis and treatment in the black community. It is concerning that it took so long for two of the three participants’ (Lebo and Zandi) condition to be properly diagnosed, perhaps because of a belief that anorexia does not manifest in this population group. The likelihood exists therefore that those people who may consult a traditional healer exclusively and comply with the diagnosis of witchcraft may be lost to the Western medical fraternity and possibly lose out on an opportunity for recovery.

The equation of anorexia with acculturation within participants’ cultural community is equally disconcerting as it demonstrates lack of insight into the deep-level dynamics of this experience. Also, it speaks to Denzin’s (1989) notion that a personal trouble
becomes a public issue when values that are cherished by a cultural group are felt to have been transgressed. As asserted by Skarderud (2007), the implication of this attribution is the stigmatisation and shaming of an already deeply wounded person, this possibly driving them into deeper feelings of isolation and rejection.

While its equation with HIV and AIDS and the attendant probability of stigmatisation and rejection is equally disconcerting, it speaks to the extent that HIV and AIDS has become the felt equivalent of this epoch within this community. And, as shared by Govender (2002), highlights the fact that while there may be signs of a vogue of downsizing, the fuller figure still counts for black female beauty and this may continue to play a mitigating role.

As an interpretive interactionist undertaking (Denzin, 1989), this study has endeavoured to convey participants’ experience of anorexia nervosa in its richness, in an attempt to render it understandable. Recognising that the understanding presented here is the researcher’s hermeneutic circle, going back full circle to the introductory chapter, the reader is invited and urged to discern their own understanding.

6.6 Critique

Conventional research has provided much empirical knowledge about anorexia nervosa. As an additional window, the interpretive interactionist approach of the present research has enabled a deepened immersion into the biographically lived experience of anorexia nervosa. In this way, it has enabled access to aspects and dynamics of this experience that would otherwise have been glossed over.

Conventional research critique has rested on the trinity of validity, reliability and generalisability. As highlighted in 3.4.4 above, the credibility and trustworthiness of the present research accrues from the simultaneity of its methodology and the extent to which this is reflected in its methods.

By the same token however, as a post-modernist undertaking, this research departs from an understanding that objective reality is only given in direct, unmediated experience. Therefore, it recognizes itself as presenting not facts but human-laden
and thereby interpretive approximations and constructions. Similarly, it recognizes the inalienable distance between the narrated and the written.

While this research has opened deep forays into the experience of anorexia in black females, it recognises its limitation in terms of data saturation, due to its limited sample size. Therefore, it offers itself as a signpost for further research into what is essentially an unexplored territory.

6.7 Chapter conclusion

As a reflexive undertaking, this chapter has attempted to expand on languages of understanding the experience of anorexia nervosa. Rather than merely turning participants into passive objects of a voyeuristic gaze, it drew them into a deeper layer of participation by inviting them to share their reflections on their participation in this research.

By viewing this research as a uniquely human experience, it also provided an opportunity for the researcher, as co-creator, to share a naïve sketch of her experience and its attendant dynamics and in this, allowed her world of interpretation to also be interpreted. This served as the backdrop against which she also took an opportunity to share her reflections of her own participation in this research and to find areas of possible resonance with participants. It also offered an opportunity for the voices of the research supervisors to also be heard, as they are part of the larger web of participants in this undertaking.

The researcher offered her ‘final’ reflections in an attempt to integrate her interpretations and understanding of participants’ experience as well as her own. By the same token, these reflections beckon the reader into their own interpretive world and invite them to glean their own understanding.

In closing, the researcher embarked on an introspective critique of the inherent dialectic of this undertaking in terms of what the guiding methodology and associated methods of this research allowed and disallowed, as a post-modernist undertaking.
List of references


ANNEXURE A

April 2006

Dear Potential Participant,

I am registered for a Masters Degree in Psychology at the University of Johannesburg, previously known as RAU. My research interest is to understand the lived experience of Black females diagnosed and treated for anorexia nervosa. Please find the following information to assist you in considering your willingness to participate in this study:

- A page explaining the purpose and nature of this study and the way in which you will be requested to participate.

- A page in the form of a consent form, which you are requested to sign as confirmation of your willingness to participate in this study.

- A page in the form of a consent form, which you are requested to sign, giving permission for the research discussion to be recorded on tape.

Thank you in advance for taking the time to consider your willingness to participate in this study.

Regards

Khosi Jiyane (Miss)
Explanation of the Study and Nature of Participation

The purpose of the study is to gain an understanding of the experiences of indigenous Black African females who have previously been diagnosed and treated for anorexia nervosa. Participants will be requested to share their experiences in a face-to-face interview with the researcher, Khosi Jiyane. It is anticipated that the interview may last between 60 – 90 minutes. In order to facilitate ease of discussion, participants have the option of using the language of communication most comfortable to them, without feeling they have to express themselves in English.

In order to ensure accurate capturing of information shared and to minimise interruption of the discussion, it is necessary to record the interview on audiotape. However, such recording will only be done with the participant’s signed agreement on the attached consent form. Once recorded, the interview will be transcribed word-for-word into written form. A copy of the transcript will be given to each participant to read through and assess if the discussion adequately captures their experience. Where deemed necessary, a follow-up discussion will be arranged with the participant for further clarification.

After transcription, the interview will be deleted from the audiotape. Further, on completion of the study, all information will be shredded and destroyed, in order to protect the privacy of the discussion. Once the transcript has been analysed, the researcher offers to give the participant feedback on the information gleaned from her shared experience.

In recognition of the participant’s right to privacy, the interview(s) will take place at a time and place most suited to the participant’s comfort. Throughout the discussion, as a participant you are assured of your right to refuse to discuss a particular issue or to withdraw from the discussion at any point, without any prejudice or negative consequences. The study recognises the potential sensitivity of the experience to be discussed and therefore, where deemed necessary and agreed to by the participant, appropriate debriefing or counselling will be arranged with an appropriate professional/institution.
With the study being undertaken within an academic context, the information will be discussed with the researcher’s supervisor for guidance. On completion of the study, a bound copy will be kept at the University of Johannesburg Library for future use and reference. However, the identity of each participant will be protected by the use of fictitious names, so that only the researcher will know the real identity of participants.

This study seeks to understand the unique experiences of anorexia in Black females, especially given that this is a recent phenomenon amongst this population and cultural group. It is anticipated that insights gained from this study will be used in the development of life-skills programmes at schools and support groups, which are aimed at limiting the spread of this condition in South Africa.
ANNEXURE B

Interview Protocol

Research Background
The purpose of the study is to gain an understanding of the condition of anorexia nervosa through the experiences of indigenous Black African females who have previously been diagnosed with the condition of anorexia nervosa and who have attended and participated in a treatment programme, either as hospitalised inpatients or as outpatients in a recognised treatment/therapeutic institution.

Personal Profile of Participant
1. Please tell me about yourself in relation to your family background
   ➢ Where you were born, grew up and live at the moment
   ➢ Your parents – where they come from, what they do
   ➢ Your siblings and birth order

2. How would you describe significant relationships in your life
   ➢ Your whole family
   ➢ Between your parents
   ➢ Your siblings
   ➢ Your friends
   ➢ Intimate

3. How would you describe your upbringing and significant memories of growing up in your community and family?
4. What are some of the messages and experiences that shaped your sense of who you are and how you began to see and feel about who you are?

Circumstances Surrounding Anorexia
1. How would you describe your family relationship and your own with food and eating from your childhood?
2. What is your earliest recollection of when your body shape and size began to matter?
3. What would you say influenced your way of seeing and thinking about your body shape and size?
4. How did you behave towards your body?
5. What was it like to behave this way in terms of your thoughts and feelings about yourself?
6. When did you first hear about anorexia?
7. What did it mean to you to have this condition?
8. The African/Black female body ideal is described as that of a fuller figure – what do you make of this ideal?
9. What does it mean for you to be a Black African female who has been diagnosed with anorexia?
10. How do you relate your cultural identity to this condition? How do you view your experience of anorexia in relation to how you experience your cultural identity and belonging within your cultural group?
11. How do you see and feel about yourself now?
12. Would you say that for you now, anorexia is something that belongs in your past or do you think in some way you have a relationship with it that may continue in the future?
13. If you go back to your experience, what kind of thing is it to experience anorexia? Some people use different things or comparisons to describe their experience, for example, a person would say an experience was like a roller-coaster. What would you use to describe it?

**Reflections on the Interview**

1. What was it like for you to share your experiences with me regarding this condition?
2. Have you thought about these questions before?
Participant Consent Form

Audio-Recording

I, _____________________________________________ hereby confirm that I give consent for the audio-recording of my interview/discussion with Khosi Jiyane, on the basis of her undertaking that such recorded information will be used strictly for the purpose agreed to and will be deleted/destroyed on completion of its use in the study.

Signed ___________________ on this ________ day of _________________ 2006 at __________________________________________________

UNIVERSITY OF JOHANNESBURG
ANNEXURE C2 & D2

Zandile

- fire

Earthquake

- 7 down or fallen building

- ash

wind

- 3 steps

Zandile

- fire - It burned me down, it destroyed my happiness. Sometimes it makes me anxious, fear, hate, punished, angry, myself quieting.

(a) When I tried to make my life better it just came and burned me and left me with.

ash - If I tried to get out of my eating disorders or tried to neglect it.

He was a friend that tells me that never live me!!! I will die with you.

By that time my friend Peace died. I felt guilty and started to blame myself for his death.
When I was still suffering from thinking about Peace

There's Comes the Earthquake - I was with my uncle that and he died. I experienced hate of food and anger to myself. Earthquake left me with fallen buildings.

When I tried to pick up the pieces I was suffering anxious fear.

That was the time when my cousin died from fits in a bathtub.

I tried to take the step and lift myself up. The wind came and blew me down and I fell down. And I started to glimpse

Then I kept on continuing up until now.
ANNEXURE C3
LINDI
This is a girl who never thought that once in her life, she could be so stressed, her life was so miserable in such a way that she had this anger inside of her and a fear of being around people.

She never wanted to do the things that she used to enjoy at that time. She was so depressed, full of anger and scared. She even felt that she was in the darkness, in the cold room where she always felt that she has been locked up alone in the room and no one will come rescue her.

She prepare to be alone and just be quite. It was like she was in jail. When she looks threw out the window, looking at her friends playing, she becomes more angry and end up crying. Because she becomes so mean to her friends. Shouting at them. She became of the anger that is controlling her life so badly. So she tried to avoid that. She made herself less free.
27 July 2006

Sorry to do this now. I suppose when I saved what I had written the other day, on the disk, I did not do it properly. I did not print the document because I had run out of ink. Anyways, having an eating disorder in the Black community, Anorexia in this case, was awful, and that is an understatement.

All sorts of awful and unforgivable things were said to me, about me, to my face and especially, behind my back.

Those who were educated enough to know what Anorexia is, said I was trying to be something I am not (a Whitey), bringing shame to the Black community.

As for the average Joe, well, it was said I had AIDS.

Come to think of it, that was fitting. A few months earlier I had taken an over-dose of sleeping pills, and suddenly I was thin. The fact that I was diagnosed as having Clinical Depression and was taking Prozac, was not helping either.

Anyways, when people do not understand a thing, be it an illness, especially an illness, mental or otherwise, they stigmatise the person who has it.

I have always been an introvert. I am what is known as a nerd. I'm an indoors type of a person, and being by myself, does not make me uncomfortable. Some people do not like some 'alone' time. They are scared of their own thoughts or company. I am not one of those. I am never bored, but I definitely do get lonely.

Anyways, on a sub-conscious level, I think, I have decided not to be part of my community, so to speak, because it was not that supportive of me.

It is hard to shake off the labels I was given. I do not even try to be humorous around complete strangers, lest they think that, "Oh! there she goes again, losing the plot, she is crazy after all, you know". Yes, crazy, that was one of the nasty labels I was given. Even to date, I still struggle to convince people that there really is nothing abnormal about me, I just someone who happens to have a liking to certain things, that a majority of people do not seem to like. Eccentric, yes, but schizoid? That's far-fetched. As a result, my circle of friends, are my childhood friends. They know me. They are less inclined to raise an eyebrow.

I do not really know what to say, about Anorexia. What I know for a fact, is that, I do have an eating disorder, sometimes, I get a little bit obsessed and it shifts to Anorexia, but it's not. I can eat when I want to, even binge and put weight on fast, if I have to (I have done this after the AIDS rumours) and then work out afterwards and take laxatives. I just think
that I have bad relationship with food. It really gets extremely confusing. When I am fat, it's wrong, I get teased, when I am thin, it is wrong as well.

Thank God! I am an adult! I know right from wrong, and I do not let other people define who I am, anymore.

I am angry, mistrustful and very resentful of people. I feel very much betrayed and let down by those closest to me.

I also bemoan all the lost opportunities that I had, even if I had used them, I would have somehow somewhere, found a way of sabotaging myself, sub-consciously.

Right now, I am fat again, not just chubby, just outright fat, and it does not sit well with me. I buy all sorts of over-the-counter pills that claim to help one lose weight effortlessly. Of course, the opposite has happened, and I am getting even more desperate and frustrated. One can only imagine what that feels like. What makes things worse, is the fact that, I really am not use to carrying the extra flab anymore, my left knee, is painful sometimes.

The only pills that work for me, have awful side effects. I do not think it would be very much wise for me to take them, when I am not on leave. I just can not afford to be irritable at work. I just might lose my job. That counts as well. I know they will do the trick, but I have to be on leave. I am newly employed. I can not take leave, so soon. I really do get irritable, extremely depressed, and very paranoid when I have taken those pills.

I have a lot to say, about my life, but I guess not now, not today.

P.S. I had to sign it, so that, its authenticity won't be doubted.
ANNEXURE E  
Anorexia Nervosa (AN) in Black Females 
An overview of the major categories and themes as described by participants regarding their experience of AN 

Context
Participants describe the experience of anorexia as a way of coping, initially triggered by a sense of rejection (diminished sense of being and belonging) - situated within a fragile sense of self. As a way of coping, AN invades the relationship with the self, others and activities of daily living, ultimately resulting in isolation and a sense of despair.

1. Living with AN describes as a way of coping situated within a fragile sense of self
   1.1 The point of entry – self-image challenges & experiences of rejection that resulted in a sense of not belonging (background information + childhood experiences + earliest recollection of consciousness of body image + identity statements)
   1.2 The journey continues – acts of control and consequences for the self (immediate and long term)
       • Emotional impact
       • Behavioural impact – anger, resentment…
       • Cognitive impact (body image disturbance)
       • Physical impact (described by two participants)
   1.3 The way forward is described as a paradoxical experience of holding on to Anorexia on the one hand and standing up on the other (future perspective)
       • Anorexia’s voice of temptation (body image disturbance) – role models, etc.
       • Standing up to AN (unique theme of self-acceptance vs. struggle for autonomy against AN.

2. Living with AN described as invading relationships with others, resulting in isolation and a sense of despair
   2.1 Looking through the lenses of cultural identity: a stigmatised view of the self, resulting in disconnectedness
       • Relationships with significant others (parents, siblings, family members)
       • Relationships with other people (friends, boyfriends…) - labelling