

PERSONAL NARRATIVES:
WOMEN WITH ANOREXIA SHARE
THEIR EDUCATIONAL EXPERIENCES

By

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PERSONAL NARRATIVES:
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Abstract: The purpose of this qualitative study was to provide individual women who have been affected with anorexia with a voice to express how they narrate and understand their school experiences in order to explore the role that school has played in their lives. Ten women ranging in age from 21 to 66 participated in the study. Data sources included individual interviews, short follow-up interviews, participant written reflections, and researcher field notes and reflections. The study was grounded in an interpretivist theoretical perspective. The methodology of narrative inquiry guided the development of the study's design, data collection, and analysis processes. Data were analyzed through primarily thematic and some structural narrative analysis (Reissman, 2008) and concepts from feminist theory to explore both what was said and how the stories were structured in order to detect common themes. The women's stories described the various educational spaces in which they learned lessons about their bodies, formed their self-image, and adopted their gendered roles. Data analysis revealed many of the women were high-achievers and perceived a thin female figure as an attractive ideal that would make them more socially acceptable. Most women in the study developed their anorexia during early adolescence after experiencing a broad spectrum of influential events. The study also revealed that peer pressure was a significant source of educational lessons for women in forming their perspectives on food and exercise. The women's educational experiences suggest that women had few, if any resources in their schools and in other educational spaces to learn about preventing or addressing anorexia. Their experiences also suggest that the curriculum of schools, written and unwritten, could have a major influence on young women's eating behaviors and self-image. This study contributes to understanding of the intersections between education and eating problems, demonstrates the need for schools to assume a more active role in prevention and aid, and provides additional insight into ways schools can help.

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CHAPTER 1

INTRODUCTION TO THE STUDY

There is an intricate relationship between mental and physical health that is demonstrated in the potentially lethal behavior of anorexia nervosa (Klump, Bulik, Kaye, Treasure, & Tyson, 2009). Although there are numerous behaviors that shape people's lives, this study focuses only on those women "living with" the eating problem of anorexia nervosa (Lather & Smithies, 1997), primarily because it is the problem with the highest morbidity rate (Siegel, Brisman, & Weinshel, 2009; Strober & Johnson, 2012). Current data indicates that more than 2,500,000 women in the United States have been diagnosed as having an "eating disorder" (Levine & Smolak, 2006). That number may be conservative since many people may not seek help because they are unwilling or unable to receive treatment, or they do not perceive themselves as having a problem. Medical researchers have categorized anorexia as a mental illness because they contend that women with anorexia are experiencing thoughts and feelings that may not have much basis in reality (Fodor, 1997; Roth, 2010). Medical personnel argue that women with anorexia have distorted and delusional thoughts relating to their size and shape, food, fat, and exercise (Ginsburg & Taylor, 2002). Ironically, by dismissing their thinking as distorted and by minimizing the importance of each woman's voice in making sense of their conditions, they may be discounting the most critical element of their patient's full

recovery. Because medical professionals perceive anorexia to be a mental illness that is a biogenetically mediated disease, they categorize it with other major mental illnesses including schizophrenia, obsessive-compulsive disorder, anxiety, and depression and base their perceptions and treatment on data received from medical research studies (Levine & Smolak, 2006; Strober & Johnson, 2012).

Contrary to the medical perspective, however, some suffering from this behavior may feel nothing is wrong with them and contend that they have adopted a lifestyle that satisfies their needs (Heaton & Strauss, 2005). These women might argue the lifestyle they have chosen is a conscious rebuttal to consumerism and an undisciplined and overindulgent society (Lelwica, 2010; Siegel, Brisman, & Weinshel, 2009; Waller, 2012).

In fact, the perceived value of self-restriction and the beauty of the skeletal female figure sported by those who have anorexia is celebrated and reinforced in various internet websites and forums like Pro-Ana (www.proana.com). Pro-Ana maintains that their website is designed to provide a support system and a sense of community for those who have anorexia. Pro-Ana has its own set of Ten Commandments, an anorexic creed and psalm, a shibboleth that promotes pride in women's anorexic behavior and desire to be thin (Lelwica, 2010). Although the medical profession denounces such websites, organizations, and forums as extremely harmful, group advocates for Pro-Ana argue their efforts and purpose are distorted and misinterpreted (Lock, LeGrange, Agras, & Dare, 2001). They believe their perspective provides support to women who refuse to be stereotyped and choose to define the feminine physique on their own terms.

At the same time, some feminist scholars believe that anorexia is not a mental illness, nor is it a disorder, but some women's response to a disordered society powered by racism, sexism, classism and sexual, physical, and emotional abuse (Bordo, 2004; Thompson, 1994). In her book, *A Hunger So Wide and So Deep*, Thompson (1994) argues that anorexia may be some women's way of coping with a hegemonic society in which women continue to be victimized and marginalized. In her book she shares the poignant stories of sixteen women she interviewed. Their accounts are a powerful testimony to the significance of an individual's voice and why it needs to be heard. The women in her study felt their voices—their interpretations of their experiences—had been silenced, and that the medical field would not listen to them. Their interaction with food became a survival strategy in an environment filled with injustice.

Other feminist researchers suggest that women who suffer from eating disorders appear to have succumbed to the advertising promoted by Wall Street concerning the ideal female figure and have pursued physical perfection via dieting and exercise because they are dissatisfied with their physical appearance (Ginsburg & Taylor, 2002; Lelwica, 2010; Liu, 2007; Roth, 2010; Wolf, 2002). Primarily through exposure to media messages, they have come to believe that their physical beauty will enhance their chances for social success and acceptance. It would appear, then, that gendered body norms and pathologizing are utterly culturally specific.

However, while anorexia nervosa is a multi-dimensional and well-researched phenomenon, it has received less exposure in the media than the obesity epidemic, in spite of the high fatality rate associated with the condition. Feminist scholars argue that the primary reason there is not a stronger response to the eating behavior is because

approximately 80 percent of those afflicted with eating disorders are women and that women's concerns are often marginalized in society and research (Hornbacher, 2006; Liu, 2007; Wolf, 2002). Unfortunately, it also appears that those in the medical field who are primarily responsible for treating those women who suffer from anorexia do not share the perspectives of feminist scholars and appear to disregard the findings of their research. Perhaps they find them irrelevant to "curing" the disease?

While both feminist findings and the medical field indicate that women with anorexia often share common psychological factors like low self-esteem, depression, and perfectionism (Lock, LeGrange, Agras, and Dare, 2001), medical professionals appear to place the onus of eating disorders on genetic predispositions and neurological tendencies. In their treatment process, medical centers and treatment programs appear to place minimal emphasis on social forces and the voices of their patients when designing their programs and rather rely on data they gather primarily from medical and psychological research (Becker, 1995; Jacobi, Fiittig, Bryson, Wilfley, Kraemer, and Taylor, 2011; Keel, Baxter, Heatherton, and Joiner, 2007; Killen, Taylor, Hayward, Haydel, Wilson, and Hammer, 1996; Kraemer, Kazdin, Offord, Kressler, Jensen, and Kupfer, 1997).

Because of the high rate of recidivism, other theorists argue for educational programs that emphasize the integration of personal and environmental changes that will contribute to health and the prevention of illness (Ruhrman, Schultze-Lutter, Salokangas, Hainimaa, Linzen, & Dinges, 1998). There is evidence, however, that prevention programs, while well-intentioned, are generally unsuccessful. Only a small percentage of those who participate in prevention programs change their behavior, and those who do

change frequently revert to former behavior patterns following completion of the programs. Furthermore, the programs may achieve an outcome contrary to the desired results when participants share information with others that subsequently leads to unhealthy behavior (Herzog, 2009). In addition, the programs may stigmatize the participants as well (Levine & Smolak, 2006).

The Need for Narrative

The aforementioned responses to anorexia in medical recovery and school prevention programs as well as feminist studies exemplify the multi-faceted and complex issues associated with eating disorders and their treatment. While strategies from each area of professional expertise are applied to women with anorexia, the rate of recidivism for those patients treated in recovery programs and the sporadic success of prevention programs suggests that continued research is needed to enhance these programs (Strober, Freeman & Morrell, 1997). In light of the evidence that relying primarily on quantitative and medical data may obscure the lived experiences of people recovering from anorexia, those who construct treatment and preventions programs may both enrich their knowledge and enlighten their perspective by exploring the in-depth, personal accounts women narrate about their experiences (Liu, 1979). Indeed, it may also be beneficial to study more systematically the narratives of women with eating disorders to understand both *what* they experience and *how* they narrate those experiences to make sense of them. An educational narrative compiled from women's stories of their experiences in school and other educational contexts and processes such as family dynamics, friends and peer relation, treatment programs, and college might teach others lessons about eating

disorders. Barthes (1997) might suggest that providing a voice to women with anorexia would be more than beneficial: it would be essential to their recovery.

Although current programs of recovery and prevention are medically, psychologically, and socially relevant to the treatment of anorexia and play a vital role in addressing the illness, the value of the information gleaned from personal narratives merits further consideration. Feminist scholars see personal experience as one form of knowledge. Perhaps a study by Byely, Archibald, Graber and Brooks-Gunn (2011) provides the most compelling reason for the need for narrative. The findings of their study indicated that women who have participated in prevention and recovery programs are often influenced to eliminate self-destructive habits and enact more self-edifying behavior after hearing testimonials from former patients who have recovered. Their study also revealed that the reading memoirs of other women who have had eating disorders resulted in a reduced rate of recidivism. It seems the voice of those being treated, rather than those who were providing the treatment, resonated most loudly and most deeply with women who shared their experiences.

One of the hopes of this study is that the interviews with women relating their school experiences and other educational settings might serve to expand the knowledge about ways in which women are taught messages about their bodies (Brown, 2001). Furthermore, I hope we might better understand the sporadic success of medical and educational programs by investigating the patients' perceptions regarding the various aspects of the school environment and the effectiveness of the tactics in those programs (Levine & Smolak, 2006). It is my belief that gathering information regarding the women's experiences through open-ended questions in semi-formal interviews provided

unique insight into strategies employed in school programs, serving as a resource to form curriculum, as well as offering hope to others who are struggling with the illness.

Patton (2002) suggests that qualitative research using interviews and observations makes it possible to explore the feelings and thoughts of individuals. Qualitative research methods allow the door to be opened into the heart and mind a woman with anorexia in a way that eludes information gathered from quantitative approaches. As a woman recounts in Lather & Smithies' study (1997) on women living with HIV/AIDS, "statistics are people with the tears wiped off." Quantitative research does not make it possible to hear the personal, intimate account of a woman who is processing her past experiences. Narrative inquiry can. Only through an interview can we hear the words that contradict the messages that the world is sending them: that they are not beautiful enough, or smart enough...that they are not perfect. Qualitative methods such as narrative inquiry provide women with a voice that allows them to be more than a statistic or a patient. Narrative inquiry not only provides them with the opportunity to share their unique personal journey, but also provides others insight into the cultural messages that shape and form their lives.

I therefore used narrative inquiry as a valuable resource to collect and examine women's personal stories regarding their educational experiences and provide data that might offer comfort or promise to women recovering from anorexia as well as insights for others who want to understand where intersections between experiences with anorexia and education intersect.

Statement of the Problem

A review of the literature suggests that there is an abundance of current medical and quantitative research focusing on the physiological, neurological, and social factors that may precipitate a distorted self-image and consequential eating disorders (Becker, 1995; Tarvis, 1992), but there is much less qualitative study devoted to the thoughts, feelings, and perspectives of the women themselves, particularly in regard to their school experiences and broader educational processes (Strober & Johnson, 2012). Little research has examined adult women's retrospective accounts of their experiences with eating problems during school, yet schools are important sites for adolescents to learn about their bodies and their health. There is a growing body of literature devoted to the memoirs of women who have recovered from anorexia and wish to share their story (Nash, 2004). However, in spite of the ample literature available on women with eating disorders that is medically, psychologically, or historically based, there is a void in qualitative research data related to their lived experiences in educational spaces.

The findings of this study may assist in expanding awareness of how women narrate their experiences with anorexia in relation to their broader educational experiences, the "lessons" they learned about their bodies in school and in college, from their peers and family, and the formal and informal pedagogies they encountered in relation to their treatment and ongoing recovery from anorexia. Furthermore, through their narratives we may achieve a greater understanding of *how* women narrate and recount their experiences in relation to schooling. As this study shows, the ways in which women narrate their accounts share both similarities and differences in form and in delivery. As noted by Reissman (2008), "attention to narrative form adds insights beyond

what can be learned from referential readings alone” (p. 77). Such understanding may contribute to formulating innovative and productive school programs that will assist younger women in the formation of healthy self-images and constructive behaviors.

Purpose of the Study

The purpose of this study is to contribute to the fundamental knowledge of women’s experiences with anorexia through providing the participants the opportunity to recall memories of school and other educational contexts. Specifically, it gave them an avenue to reveal their perceptions of school and other educational spaces through their own memories and life stories. Because schooling is a powerful arena in which gendered lessons about bodies and processes are taught and learned (Pillow, 2004; Thomas, 2011; Thorne, 2004), I believed that investigating the stories of women with anorexia regarding schooling, and their educational experiences more broadly, would provide insight into a specific cultural issue (Patton, 2002). In this instance, it illuminated the critical issue of women with anorexia and the role of school in their lives. It also revealed the many educational contexts, places, and processes that influenced the women as they shaped and formed their perceptions about their bodies and their identities. In addition, using narrative inquiry not only served to explore the content of their stories, but it also made it possible to examine *how* women with anorexia understand, experience, construct, and narrate their memories of their educational experiences. The knowledge gleaned from this study may offer additional insight into the perspectives of women with anorexia and assist schools in recognizing the role they may assume in their lives.

As the educational experiences of the women were explored through the process of narrative inquiry, the following questions were addressed as a base for the research study:

Research Questions

1. What are the life experiences in school of women with anorexia?
2. How do women with anorexia organize, narrate and construct those life experiences?
3. What lessons did women learn about their bodies in school?

Definition of Terms

In order to clarify the discrepancy of perspectives between biomedical literature and people who are diagnosed with anorexia, this study reviews terms from the clinical perspective that medical personnel use. The study then provided analysis of a set of key terms as “indigenous concepts” Patton (2002) that authors and scholars of eating disorders memoirs repeatedly discuss in their writings. Patton (2002) notes that emic analysis begins by defining, “key phrases, terms, and practices that are special to the people in the setting being studied” (p.454). The primary purpose in comparing those terms is to clarify the emic perspectives this study adopted, drawing directly from women with anorexia and how they see themselves and the world.

The Clinical Perspective

Anorexia Nervosa Defined

Anorexia nervosa is a behavior that is manifested in a physical condition whose characteristics and patterns have been redefined over the past thirty years as research and medical professionals learn more about the condition (Kaye & Strober, 1999). In 2013,

the DSM-V (APA 2013) presents four criteria for anorexia nervosa : 1) the individual refuses to maintain bodyweight at or above a minimally normal weight for age and height; 2) having an intense fear of gaining weight or becoming fat, even though underweight; 3) having a disturbance in the way in which one's bodyweight or shape is experienced and being overly conscious of and unduly influenced by one's bodyweight and body shape; 4) in postmenarcheal females, the absence of at least three consecutive menstrual cycles (pp. 785-787).

Health Defined

According to the World Health Organization, health is both the absence of illness and the presence of the psychological, physical, and social resources that enable one to meet one's needs, cope with change, and contribute to society (Macrina, 1999).

Mental Disorder Defined

According to the DSM-V a mental disorder is defined as:

A clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with the present distress (e.g. a painful symptom) or disability (i.e. impairment of one or more important areas of functioning) or with a significant increased risk of suffering death, pain, disability, or an important loss of freedom. In addition, this syndrome or pattern must not be merely and expectable and culturally sanctioned response to a particular event, for example, the death of a loved one. Whatever its original cause, it must currently be considered a manifestation of a behavioral, psychological, or biological dysfunction of an individual.
(APA 2013: xxi)

Prevention Defined (primary, secondary, and tertiary)

Prevention originates from the Latin word *praevenire*, which means to come before, anticipate, or forestall. Prevention stresses three important goals:

- To evade the development of a psychological disorder or unhealthy behavior;
- To protect current states of health;

- To promote greater well-being in order to protect against possible stressors.

According to Caplan (1964), prevention is designed to reduce the incidence of mental disorders of all types in a community (primary prevention), the duration of a significant number of those disorders which do occur (secondary prevention), and the impairment which may result from those disorders (tertiary prevention).

Self-perception Defined

Belensky, Clinchy, Goldberger, and Tarjule (1986) defined perception of self as an awareness of self that is manifested in the behavior, actions, thoughts, and appearance of an individual. According to the authors, it is an individual's self-perception which guides her daily activities and responses.

Perspectives of Women with Anorexia

A contrasting set of terms is evident in the process of reviewing the life stories, memoirs, biographies, and narratives related to this study for certain words and phrases that authors repeatedly discussed as having been influential in the behavior of women with eating disorders. For example, feminist scholar Naomi Wolf (2002) defines *food* as a symbol of status in society, *fat* as a symbol of being undesirable and unloved, *thin* as being synonymous with *lovable* and *beautiful*. Liu's (2007) writing is in accord with the perspective of Wolf, and also includes *dieting* as an indicator of *self-restraint* and *perseverance*; and *hunger* as a manifestation of *strength* and *independence*. Fodor (2007), Ginsburg (2002), Hornbacher (2006), Lelwica (2010), and Roth (2010) are among the many authors who have written about their and others' experiences with eating problems and argue that these words help to define the world of women with anorexia. The analysis of member's meanings (Emerson, Fretz, & Shaw, 2001) in the present study is

not only necessary to understand the meaning of these words from the perspective of a woman with an eating disorder; it also helps to distinguish the subtle variations in meanings and perspectives of each participant through the process of narrative inquiry. Terms that women used in the study to describe their own “condition” included ‘problem’, ‘situation’, ‘disease’, ‘disgusting’, and “struggle.”

Theoretical Perspective

This research was informed by the theoretical perspective of interpretivism, specifically analyzing the perspectives of women with anorexia and how they are related to their school experiences. This is in line with Crotty’s (2003) statement that the interpretivist looks for “culturally derived and historically situated interpretations of the social life-world.” (p. 67). Being grounded in social constructionism, interpretivism proceeds from a set of epistemological assumptions that within a culture people create their own reality (Crotty, 2003; Geertz, 1973). The interpretivist perspective recognizes the distinction between the social sciences and the natural sciences, and the corresponding need for essentially different research methods. Also, because anorexia appears to be a gendered problem that lends itself to feminist interpretations, this study used feminist concepts to assist in recognizing the way cultural messages and structures are gendered and played out, in many ways, in women’s experiences with their bodies.

Narrative inquiry is one methodological approach for the design, the data collection, and the subsequent analysis and interpretation of the data. Through the exploration of their narratives, autobiographies, and objects that participants deem as central to their experiences, such as personal tote bags, feeding tubes, school yearbooks, photos, and other artifacts, the research study incorporated these and other facets of the

subjects' lives in an attempt to interpret their perspective of how they remember their school settings and their experiences with anorexia. These viewpoints helped clarify both women's memories and perceptions of their schooling experiences (which Reissman calls the "what" in narrative inquiry) and *how* women with anorexia narrate those experiences.

Methodology

The design of qualitative research invites a myriad of possible sources of data, particularly in narrative inquiry (Erlandson, Harris, Skipper & Allen, 1993; Patton, 2002). This study drew from narrative methodological approaches in Chase (2010), Clandinin & Connelly (2000), Kiesenger (1998), Luttrell (1997), and Reissman (2008) who focused on the elicitation of stories and participant meaning-making through interviews.

Consequently, while interviews were the primary source of data collection, the study also incorporated data collected from a "final reflection" the participant completed after the interview, artifacts she provided, and a reflective journal the researcher maintained. The participant was asked to send their "final reflection" about one additional school memory via email or standard mail within two weeks after the initial interview. During this study there was direct interaction with participants in the form of semi-structured interviews with open-ended questions focused on eliciting participants' experiences, stories, and memories. During this process, the participants were asked to recollect the memories and experiences they had related to their school and their anorexia. They also had the option of sharing and discussing items from their schooling years they deemed significant such as yearbooks, photographs, letters, and other related memorabilia. Questions were focused on how they perceived their school and in what ways they felt connected to it. Because multiple meanings and interpretations are an integral component of

constructionist epistemology (Crotty, 2003), this facet of constructionism also provided the researcher with the opportunity to analyze the content of their rich, vivid, detailed stories of their unique perceptions and methods of construction.

All interviews took place in a glass enclosed lounge area of an urban health and fitness center that was conveniently accessible to the participant. All conversations were digitally recorded and transcribed word-for-word by the researcher, and field notes were kept as well to provide additional information not included in the dialogue. Brief follow up interviews, a form of member-checking, were conducted after interviews were transcribed.

Organization of the Study

The representation of this study consists of six chapters. Following the First Chapter, which introduces the background of the problem of the study, Chapter Two describes the scholarly research conducted on women's experiences with eating problems. The chapter then analyzes current prevention and treatment programs for those with eating disorders. The chapter also examines the extent to which schools incorporate the voices of those who participate in their programs. The Third Chapter provides information regarding study design and the methods of data collection, and the analysis and reporting process. It also defines the characteristics of narrative inquiry and narrative analysis as a methodological foundation. Finally, Chapter Three discusses what role narratives might play in the prevention or treatment of anorexia.

The purpose of Chapter Four is to present individually the narratives of the subjects of this study (Luttrell, 1997). Chapter Five reports the findings of the study while analyzing the different types of stories, individually and collectively, focusing on the

types of stories told and how they are structured. Lastly, Chapter Six draws conclusions made from the study and their implications in relation to future research, future programs, and future theory in the medical and educational fields.

It is my hope that this study will provide a glimmer of the emotional turbulence experienced by a woman who has anorexia. The participants in this study were women of strength, courage, and resolve. They have survived what is described by some as an incurable disease and have flourished. As each woman told me their story and recalled their memories of school, they did so with passion, humor, and stark honesty. I have taken the self-portraits they have painted for me and have attempted to present my interpretations of them in as true and clear a light as possible. While there may be no cure for the condition known as anorexia, perhaps this study will help to better understand to some slight degree what it means to be a woman living *with* (Lather & Smithies, 1997) anorexia and the significant role school might play in shaping her experiences.

CHAPTER 2

REVIEW OF LITERATURE

There is ample literature available that delineates the theories, practices, and treatment the medical profession provides for those suffering from anorexia. In a study by Pirke and Ploog (1987), for example, periodic blood and urine analyses were made of women with anorexia over a one-year period in order to detect the biological changes occurring in women who severely restricted their food intake. Another study conducted by Bruch (1978) explores the pathology of the disease as well as social implications. Questionnaires, surveys, and experimental methods are often used as measuring instruments in medical research. Prime examples can be found in Hagan, Whitworth, & Moss (1999) with female college students, Van Strien, Frijters, Bergers, & Defares (1986) with Dutch women, and Garner, Olmstead, & Polivy (1983) whose study developed a frequently used multidimensional eating disorder inventory for women with anorexia. It appears that the bulk of medical literature is based upon the data acquired primarily through post-positivist medical research and reinforced by recovery programs that utilize that information in their facilities nationwide.

There is also psychological research. For example, in a study by Walsh (2011), eating behaviors of patients were analyzed in an attempt to link eating patterns and food preferences with those who had obsessive personality traits. A similar study by Tanofsky-Kraft and Yanovski (2004) compared the behavioral patterns and personality

characteristics of obese individuals to those with anorexia to determine significant similarities or differences. Another study by Polivy, Zeitling, Herman, & Beal (1994) examined the eating behaviors and biological consequences of former prisoners of war whose food intake had been severely restricted. Also, in another study, Celio, Wilfley, Crow, Mithell, and Walsh, (2004) compared three primary tools used in eating disorders examinations to assess their effectiveness in recognizing and treating women with unusual eating behaviors. Another example is Herzog's (2009) psychoanalytic study which attempted to identify and categorize key behavioral characteristics and personality traits of women with anorexia.

This review will first indicate the vital role narratives play in understanding women's experiences with eating disorders, followed by an examination of the literature on education that demonstrates the ambiguous messages schools in the United States teach women. The chapter will then explore the various prevention programs that schools offer to students in their efforts to prevent the formation of harmful behavior. Traditionally, the most prevalent educational prevention programs used in schools have focused on bullying, sexual harassment, and drug, tobacco and alcohol abuse, but in the past ten years there have been an increasing number of prevention programs that address eating disorders (Bermudez, 2012). This chapter will next examine the treatment, recovery, and educational programs that medical centers provide. The literature review will then describe studies that both extol the benefits of the medical and educational programs, as well as provide critical sources that pinpoint the flaws and fallacies associated with those types of programs. The chapter will conclude with an emphasis on the need for narrative to better understand the experiences of women with anorexia.

Personal Narratives

Every year there are numerous new memoirs written by a wide range of authors: lawyers, celebrities, athletes, teachers, military personnel, novelists... every one has their story. The “life writing”, or personal narrative, is becoming an increasingly popular method of inquiry (Nash, 2004). Personal narratives of those who have struggled with eating disorders may be presented in the form of memoirs, personal essays, oral histories, diaries and journals, or autobiographies and biographies. The women who have written these accounts have expressed their belief that by sharing their thoughts and feeling with others who may have had similar experiences they may provide support, encouragement, and hope for women who are struggling with eating disorders. Some of the authors’ writings may draw from qualitative research and personal reflection, while others may also include findings from quantitative research in their writing. Still others may focus on holistic methods of healing. For example, what is widely considered to be the first memoir of anorexia, *Solitaire*, was written in 1979 by Aimee Liu. *Solitaire* takes the reader through the journey of the author’s painful existence that she endured for years as she grew dangerously thin as well as recounting her difficult, remarkable recovery. Almost thirty years later, Aimee Liu has written another book, *Gaining: The Truth About Life After Eating Disorders* (2007), in which she collects interview data to extend the knowledge of the symptoms, causes, strategies, and coping skills that she believes will help to both prevent and treat anorexia.

In her attempt to understand what triggers the onset of anorexia and to investigate the long-term effects the illness has on the overall health and brain function of an individual, Liu interviewed dozens of women with eating disorders over a span of thirty

years. During that time she also consulted with eating disorder specialists and researchers, analyzed quantitative and medical research studies conducted on eating disorders, and read many of the numerous memoirs by women who had been inspired by the publication of her book, *Solitaire*. In her most recent publication (2007), she recounts the devastating effects anorexia can have on relationships and careers, and why some seem to fully recover while others relapse. Using the information she gleaned from women's personal stories she explains why many relapse during their middle age and which recovery treatment programs are most successful. In her text she also states her belief that personality and temperament are primary factors that contribute to the development of anorexia, and necessitate careful monitoring. However, her belief that genetics may shape the development of anorexia seems based more upon the clinical research she reviews than on the data she gathered from the more than forty women she interviewed.

In both books, she briefly mentions how peer pressure in her school environment affected her feelings about her appearance. However, at that time in which she wrote *Solitaire* there appear to be no school programs in place designed for the prevention or recovery of an eating disorder.

Amy Liu's second book, *Gaining*, explores the value of using qualitative research to understand experience. She places particular emphasis on the narrative information she gathered from her interviews and the importance of giving a voice to the women and providing them an opportunity to tell their stories.

Since the publication of *Solitaire* women have written many other narrative accounts about their struggles with anorexia that include a holistic approach in the

recovery process. They focus on the spiritual costs of eating disorders, or on the way capitalism feeds off of women's insecurities. These texts maintain that adopting a perspective of consumerism and capitalism does not allow an individual to experience an authentic life. As a result there is a spiritual void, and those women who develop anorexia become followers of the "religion of thinness." For example, in her book, *Women, Food, and God* (2010), Geneen Roth explores the relationship that one has with food and contends that only after a person has explored their inner feelings about food and establishes a relationship with God will they be able to discover their true selves.

Viola Fodor, the author of *Desperately Seeking Self* (1997), also relies heavily in her text upon her own experiences with an eating disorder and the healing process that occurred during her recovery. Trained as a psychotherapist, she actively engages the reader of her book by presenting a format of a patient and therapist conversing. Through the conversation the patient finds her true spiritual self and, as a result, discovers the purpose and meaning of her life. Fodor believes that by embarking on a journey inward, ultimate truths will begin to surface, bringing with them spiritual comfort, guidance, and inspiration. From the author's perspective, an individual's transformation and complete healing is only possible when his or her true nature is revealed and their life becomes centered on a spiritual self.

Two other authors who suffered from anorexia, Lynn Ginsburg and Mary Taylor, include a philosophical perspective regarding how women view their bodies and their relationship to food in their book: *What Are You Hungry For?* (2002). The authors suggest that through the practice of meditation and Yoga women will come to hear their inner voices: directing them to a higher purpose in life and allowing them to unfold as

they discover their true nature. They contend that eating is more than just a physiological process and that women must develop a mindfulness that will make them more aware of their relationship to food. It is the same mindfulness to which Michelle Lelwica alludes in her book, *The Religion of Thinness* (2010), which advocates achieving the state of mindfulness through the practice of Yoga. Lelwica also believes that, in addition to becoming adept in practicing the state of mindfulness, a woman must also become culturally critical and examine cultural and media messages that may contribute to such self-destructive behaviors as eating disorders. As previously mentioned, all of these books were written by women who have endured eating disorders themselves. Reflecting on their own personal history, they use the insight acquired from their experiences of struggle, recovery, and healing as a text to teach others how to recover from their eating disorders. However, their belief that one who has anorexia needs to fill a spiritual vacuum in order to overcome their disorder is a concept that is minimized in both the psychological and medical treatment programs. In addition, the narratives reveal little about the influence of schools and other learning spaces in their lives in regard to their eating disorders.

Other autobiographical literature available appears to be less overtly instructional in nature and more focused on writing as a form of emotional processing and catharsis. For example, *Biting Anorexia* by Lucy Howard Taylor (2009) reflects upon her painful adolescent experiences using both reflection and excerpts from her diary to highlight the initial stages of her illness, the ensuing ordeal, and her arduous, remarkable recovery. The diary excerpts support the feminist perspective that argues that women feel compelled to achieve an ideal female figure, and that their role as a woman is subservient

to those of men. is Other notable autobiographical accounts include *Being Ana* by Shani Raviv (2010), *An Apple a Day* by Emma Wolf (2012), *Diary of an Anorexic Girl* by Morgan Menzie(2003), *Stick Figure: A Diary of My Former Self*, by Lori Gottlieb (2000), *A Shape of My Own* by Grace Bowman (2006), *Wasted* by Marya Hornbacher (2006) and *How to Disappear Completely: On Modern Anorexia* (2004) written by Kelsey Osgood. Although each of the women's writing styles differed, one theme was common to all of them: their compulsion to be thin controlled their lives. All of these personal histories reveal candid introspection as they chronicle their journey through recovery. Their histories are both unsettling and inspirational as they explore the physical, social, and internal ramifications of their eating disorders. However, in spite of the grippingly honest accounts they provide of life with anorexia nervosa, there is scant information provided that indicates in what ways their school experiences surface in their journeys or shaped their behavior or the decisions that they made in regard to anorexia.

On the contrary, the primary purpose of many of the narratives appears to serve as a cathartic outlet for the author to share with the reader their experiences of frustration, torment, shame, and guilt. Yet, such memoirs have a pedagogical undercurrent in attempting to instruct others in not only how it feels to be anorexic, but also in how to survive and to recover from the illness. The narratives also testify that women can and do live through the condition. In addition to helping them achieve an understanding of the ordeal, other narratives include helpful insight and instruction for the families that are affected, and offer encouragement, hope, and inspiration for all those involved on their road to recovery.

The importance of implementing qualitative research methods to better understand the multidimensional problem of eating disorders is reinforced in feminist scholarship, particularly two works, *The Beauty Myth* (Wolf, 2002) and *A Hunger So Wide and So Deep* (Thompson, 1994). In addition to recounting their own life stories and those of others who have battled and overcome anorexia, the authors also dismantle many of the popular beliefs regarding the cause of anorexia and bulimia. Adopting a feminist approach, they argue that environmental changes are essential to any individual or group change; that transformation of self, of group and of environment are the only means by which permanent change is possible. The authors further contend that the feelings of power, agency, connection, and meaning are the experiences that provide women with a foundation of embodiment, thereby shattering the previous concepts they believed led to negative body image and disordered eating.

For example, Thompson's (1994) perspective is based on the detailed, highly descriptive life histories derived from interviews that she conducted with varied working class women, lesbians, and women of color with eating problems. She uses the words "eating problems" specifically to counter the psychologized and medicalized model of women's relationship to eating as "disordered." The author contends that the "culture of thinness" model so often used to explain women's eating problems in a media-saturated culture does not take into consideration the interrelationship of racism, sexism, sexual abuse, and acculturation with eating problems that women develop. As a result of listening to and analyzing the life histories of the women that she interviewed, Thompson concluded that the women's eating patterns were often a way that women attempted to cope with society's own disorders. In her interviews, she found that women didn't feel as

if they had much control over anything at all; consequently, her perception is that they often turned to food or away from it to regain a sense of control. Drawing on lyrics from the music of the African-American singing group, Sweet Honey in the Rock, to title her study, she described women's feelings of hopelessness and frustration:..."a way outa no way is too much to ask/ too much of a task for any woman..."

One painful observation that can be made when reading the interviews is that many of the women felt as if they were neither seen, heard, nor recognized by medical personnel when seeking different kinds of treatments. In other words, they felt they had no voice; or, to be more specific, the medical personnel disregarded their voice. In response to the medical staff's indifference, the women often created ingenious strategies of their own in their recovery process. For example, as they came to understand that the basis of their eating problems came from a number of different traumas: exposure to racism; sexual or physical abuse; poverty; or the stress of acculturation or homophobia, many of them promoted their own healing by including some form of activism. Some chose to work with a rape crisis hotline or in a rape crisis center. Others became involved in helping at battered women's shelters, organizing a women's support group, or acquiring funds to go to college so they could finish their education. The strategies these women used were outside the medical model and proved empowering for them in their recovery. More importantly, the personal histories of these women vividly illustrate how healing is a communal affair, that people can't do it on their own, that even if they feel ignored by the medical establishment, there are other ways that people can help. Overeaters Anonymous, for example, was a useful instrument for many women whose emotional problems expressed themselves in overeating. Her book also exemplifies the

productivity of qualitative research to helping women reflect on and progress in their recovery from eating disorders.

The concept that anorexia is a symptom of a woman who is struggling with oppression and abuse and the need for a voice is further substantiated in Gentile's book, *Creating Bodies: Eating Disorders as Self-Destructive Survival* (2007), an analysis and commentary on the diaries of a young girl named Hannah. The text focuses on the relationship of the mind, body, and food and Hannah's struggles as she attempts to cope with the psychological and physical abuse she experiences with her parents. Her feelings of entrapment and the emotional torment she experiences lead her to a pattern of self-restriction and denial.

While Thompson and Gentile focus on life stories and the empowerment the women gained in their personal recoveries, feminist scholar Naomi Wolf uses her own story in addition to her observations of the experiences of other women as a foundation for her perspective: what she refers to as "the beauty myth." She points to the sixties as the defining historical period in the United States that initiated the creation of the illusory model of femininity in the guise of "perfection through thinness." In her book, *The Beauty Myth* (2002), she attributes the construction of the impossibly thin model of feminine beauty as Wall Street's response to feminism and the women's movement. Wolf notes that as women were abandoning the traditional position of housewife and adopting the role of active participants and professionals in the work force, the media began spreading the ideal of the perfect woman achievable through diet, exercise, skin care, and surgery. Wolf's analysis thus emphasizes the social, cultural, and economic forces shaping individual women's adoption of slim ideals. Wolf introduces her

perspective based upon the premise that those who occupy higher status positions in society desire to control those who are lower in status.

According to the author, one of the methods used to accomplish their purpose of domination is through objectification of females and creating an image of the perfect female body. As she sees it, men view females as being passive objects of viewing pleasure, while men's bodies are projected as being active, aggressive, and independent. The mass media in particular portrays them as passive, vulnerable, and available instead of active, busy, and self-sufficient. Gradually, this objectification causes girls to monitor their own bodies in order to maintain an attractive appearance, a process Wolf refers to as self-objectification. Her perspective, therefore, suggests that eating disorders are a direct result of the projection of the all-desirable body of the fantasy woman that Wall Street promotes and commodifies. This portrayal is further projected in the form of sexual abuse, harassment, and sexual violence. Wolf argues that pornography, in particular, has exacerbated the objectification and dehumanization of women, increasing the incidence of rape dramatically and depicting sexual violence as the norm.

From Wolf's perspective, women's obsession with an impossible, fabricated ideal of physical perfection has trapped them into behavior that is self-destructive and that confines them to a limited, objectified social status. Consequently, as society belittles women's ideas and opinions, the author believes they gradually begin to lose their voice. Her perspective aligns with Thompson's findings, as well the work of African-American feminist, bell hooks. The importance of using narrative inquiry as a means of what hooks refers to as "finding a voice" is perhaps best described by the author herself in her book, *Talking Back* (1989). She writes,

As a metaphor for self-transformation...finding a voice...has been especially relevant for groups of women who have previously never had a public voice, women who are speaking and writing for the first time, including many women of color. Feminist focus on finding a voice may sound clichéd at times....However, for women within oppressed groups...coming to voice is an act of resistance. Speaking becomes both a way to engage in active transformation and a rite of passage where one moves from being object to being subject. Only as subjects do we speak. (p.12)

Moving from being an object to claiming subjectivity might be a particularly important aspect of women's memoirs that speak to women's desire to be recognized as full human beings. As previously stated, Thompson (1994) does not perceive anorexia as a mental illness or disorder and suggests this perspective pathologizes women's behavior that doesn't map on to social norms. Her perspective is supported by social and cultural historian Dr. Joan Brumberg (1998), whose study in *Fasting Girls: The History of Anorexia Nervosa*, traces the origins of anorexia from medieval times to the 20th century.

In Brumberg's study, she found that during the Medieval Period, women often fasted for religious purposes, and achieved a status of sainthood as a result of their efforts. Their activity was essentially identified with the Catholic religion, but during the Protestant Reformation, women of other faiths adopted similar practices. By the seventeenth century, however, perceptions shifted. Some began to view fasting and refusal to eat as a sign of demonic possession rather than as a sign of holiness. And by the 19th century, the religious empowerment associated with anorexic behavior was transferred to the medical establishment which chose to categorize such behavior as a mental illness. The medical profession has recognized it as such since that time. Surprisingly, other than the administration of heavy medication, the diagnosis and treatment methods are quite similar to those originally applied 100 years ago.

As previously mentioned in the introduction to this chapter, the literature available indicates that the medical establishment relies heavily upon medical and psychological studies that, from a feminist perspective, can objectify women as patients in planning and implementing treatment programs. In that process, as noted by authors Thompson, Wolf, Brumberg, Gentile, and hooks, they can downplay or disregard the voices of the individual women being treated, thereby basing treatment on medical models and standardized protocols and methods rather than personal, individualized information. Feminist methodologists argue that the potentially relational and emotional aspects of qualitative research approaches (Bailey, 2011; Inckle, 2007) are productive alternatives to more objectifying post-positivist approaches. Narrative inquiry can provide additional data to medical personnel as a viable resource to be used in recovery programs, but more importantly, it provides women with additional avenues to share and recognize their experiences.

The rise in personal memoirs that provides a voice of the individual women seems to have increased exponentially with the desire for thinness and women's emergence into the competitive economic market with men. A common thread of these voices is women's frustration and dissatisfaction with their appearance and need to satisfy social expectations. However, little evidence indicates that the information from those stories is being used as a viable resource for teaching and/or planning an educational curriculum to use in recovery treatment or prevention programs. The autobiographical narratives with pedagogical elements as described above are widely-read. Also, some recovery programs do incorporate testimonials both on their websites and as part of their agenda during "family week" to provide success stories for their patients and their families in order to

encourage and inspire them. The stories they share with the patients and their families briefly recount their struggles with anorexia and how they have managed their recovery.

However, what is uncertain is to what extent medical staff provides narrative accounts or biographical sketches of speakers who have had anorexia as a part of the curriculum to the patients during their treatment in prevention programs. A quantitative study by Siegel, Brisman, and Weinshel (2009) conducted at 26 different schools indicates that peer statements heavily influence the behavior of individuals with anorexia. Wolf (2002) and Liu (2007) also mention the thousands of personal stories from women who contacted them after reading their books and finding connection with the authors' experiences. The women's general response to the authors' histories was one of recognition, of empowerment, and of deconstructing their own personal beauty myths. It would seem to follow that others would benefit from reading personal narratives of women who have experienced and recovered from anorexia. The rationale for the emphasis on personal narratives, then, is to ground the associated review of literature with the need for further qualitative research that explores the feelings and thoughts of women concerning the effect that their educational experiences, broadly conceived, had upon them.

In order to fully appreciate the need for additional qualitative research in the form of narrative inquiry that explores women's educational experiences, it is helpful to first examine the approaches currently being implemented institutionally. Research indicates that there are a growing number of recovery treatment programs for eating disorders nationwide (Andersen, 2005). These treatment programs are using a variety of methods in the treatment of their patients, including an education component that attempts to

restructure the beliefs of the patients concerning food, exercise, and their body (Cash, 2006). In addition to the recovery programs, an increasing number of schools are implementing prevention programs which instruct students into adopting healthy lifestyles and practicing acceptable social behavior in an attempt to stave off the possibilities of developing an eating disorder (Winzelberg, Eppstein, Eldredge, Wilfley, Dasmahapatra, Dev, and Taylor, 2000). It should also be noted that research reveals that some prevention programs appear to be limited in their ability to create a permanent change in behavior (Deter & Herzog, 1994).

Mixed Messages in Educational Institutions

In spite of the introduction of school programs designed to prevent the formation of addictive behavior by promoting activities that are designed to increase self-esteem and to instill within the individual participants habits and goals that are self-edifying, the few that do focus exclusively on eating disorders seem to be cognitive-based and have minimal reference to the gender role socialization that takes place in schools, particularly in regard to the shaping of the body (Levine & Smolak, 2005). There is some evidence that the educational institutions themselves appear to engender the students through traditional practices that reflect social expectations of both the school and the community. For example, Lee, Marks, and Byrd (1994) describe schools as the primary site where socialization of adolescents takes place. Dress codes are in place that determines acceptable dress for both males and females. Despite the establishment of Title IX of the Educational Amendments Acts, girls and boys are assigned gendered roles in schools and curriculum, programs, sports, and extra-curricular activities.

For example, athletics is a key arena for such socialization. In his book, *Learning Capitalist Culture: Deep in the Heart of Texas* (1990), Foley emphasizes how students learn fundamental values and gender roles from competitive school athletics. What is considered to be masculine and feminine are clearly delineated in the roles of football heroes and adoring female cheerleaders, as well as in the groups of spectators including druggies, greasers, nobodies, nerds, and the “in” crowd (p.29). Further gender role assignment is evident in the formation of the marching band and the powder puff football games. In those games, male football players jokingly wear cheerleader outfits with make-up, wigs, and stuffed bras. They prance and mock cheer in falsetto voices, while the female cheerleaders wear the traditional male football gear, and correspondingly mock male “assumed male behavior” by spitting, cussing, and grabbing their crotch. The male gender boundary of what constitutes appropriate masculine behavior is clearly established by referring to male band members with the dismissive epithet as ‘band fags’.

Barrie Thorne (2004) demonstrates how both teachers and students themselves promote mixed messages for girls and boys in the adoption of gender-specific behaviors and expectations. In her book, *Gender Play*, Thorne presents her observations of fourth and fifth grade children at a public school. She explores the games that children play in both the classroom setting and the playground to construct and reinforce what it means to be a boy or a girl. Girls and boys play different games and in different ways. What is considered acceptable for a boy is not acceptable for a girl. A girl must learn to act “like a lady,” but the “boys will be boys” attitude provides boys with the latitude to act out more aggressively and to become more independent and at the same time less responsible. Through her experiences, she concludes that gender identity is formed as a result of a

social interaction process that involves *groups* of children rather than individuals. Her conclusion is in congruence with Lee, Marks, and Byrd's perspectives, that institutional patterns are the primary factors that influence how gender identities are formed. Their research further supports the idea that girls are sent mixed messages regarding what is expected of them socially and academically.

Researchers have also substantiated how the opposing conflicts of being feminine and achieving academic excellence may influence gender role problems and resulting eating disorders. Silverstein & Perlick (1995) found that women who desired to achieve a high level of success academically and who also strived to be physically attractive were more inclined to develop an eating disorder. In addition, according to the results of their study, the more roles the women adopted to form their identities, the greater the likelihood of developing an eating disorder. Their study further indicated that these same women considered traits that were regarded as masculine as necessary for achievement and success.

The gender ambivalence created by the changing role of women in the past thirty years is notably substantiated in Naomi Wolf's *Beauty Myth* (2002). She attributes the surge in eating disorders to the problematic dilemma faced by women who seek to adopt what are considered to be "masculine" traits to ensure success while maintaining impeccable femininity and physical perfection. Her perspective contradicts the concept of the medical professionals who describe anorexia as a mental illness. On the contrary, her perceptions regard the behavior of a woman who has succumbed to anorexia as a natural consequence to the pressures placed upon her to be both masculine and feminine.

It is important to note that the literature indicates there is ambiguity to the messages any young woman receives in school settings regarding femininity and masculinity, that these messages can shift, that there is a juxtaposition of what is expected and what is observed in terms of male and female roles in school, and that schools traditionally fail to provide women avenues for developing a strong, independent voice regarding their own perceptions of their health, bodies and sexuality. Recognizing the multidimensional aspects of eating problems is important in understanding the challenges in developing school-based curricula and programs. Because of these conditions, it is difficult for school prevention programs to be successful.

Education, Eating Disorders, and Programs

While the purpose of education has been widely debated in scholarship historically (Freire, 2006; Nussbaum, 1997) as well as discussed in the popular media, studies suggest that current educational practices focus on a curriculum that is product-oriented (Garan, 2004). This means that End-of-Year-Instruction (EOI) test results are the primary criteria upon which schools are deemed successful. The focus on annual improvement in test results in the areas of core knowledge deemed necessary has resulted in what foundations scholars consider being the reinforcement of traditional teacher-centered instruction and the consequential reduction or elimination of individualized lesson plans and democratic education. The perceived need for standardized testing in order to receive government funding has created a competitive school culture which stresses excellence in performance and the appearance of success over education that cultivates students to become “more fully human” (Freire, 2006).

There is also data that indicates that present school programs and their cultures influence the values and social roles students adopt (Murray, Touyz, & Beaumont, 1996). Research suggests that some women respond to external pressures in the educational setting by adopting a behavior that ultimately leads to the development of an eating disorder (Dornbush, Carlsmith, Duncan, Gross, Martin, Ritter, & Siegel-Goerlik, 1984). Mary Pipher graphically depicts the harmful effects of pressures that schools and society place upon adolescent girls in a collection of case studies entitled, *Reviving Ophelia* (1994).

In a study by Keel & Klump (2003), the researchers describe women with anorexia as being driven in nature; they strive to be perfect in everything they do. Their high level of energy, their ability to focus, and their determination to succeed leads to regular high achievement in school, athletics, and numerous extra curricular activities. However, they argue that women with a propensity for developing anorexia see themselves, their behavior, and the world around them differently than those who do not have an eating disorder. Someone with anorexia may easily forget praise for achievements and feel like a failure. For example, an all-A student who receives a B can feel devastated. The failure to achieve perfection becomes a magnified source of self-recrimination and depression (Lock, LeGrange, Agras, Moye, & Bryson, 2010).

In addition, peer pressure, in particular, plays an important part in how the girls perceive themselves and their feelings of social acceptability (Pipher, 1994). If a girl's desire for peer-acceptance is based upon her achievements and her appearance, when she thinks she's overweight based upon a classmate's derogatory comment, or when she feels she is unworthy because she perceives other young women at school as more attractive,

dieting and exercise seem viable solutions to becoming a person that her peers will accept. Unfortunately, as she succeeds in losing weight through exercise and diet, the positive reinforcement she may receive from her peers regarding her appearance, and perhaps performance in school sports serves as an encouragement to continue her regimen of dietary restriction and excessive exercise. She may even develop a strong sense of pride in her ability to refrain from eating and pushing herself physically to the limit (Siegel, Brisman, and Weinshel, 2009).

Perceptions of Weight

From the psychological viewpoint, the irrational fear of becoming fat (DSM-V, 2013) is one of the primary behaviors that lead to developing anorexia. In addition, a study by Hudson, Pope, and Kessler (2007) indicates that women are significantly more likely than men to develop an eating disorder, and that adolescence is a period of peak risk. Striegel-Moore and Buli (2007) theorize that the patterns are the result of culturally-based gender differences in Western ideals of thinness. The research findings of the Striegel-Moore et al. study indicates that this ideal of thinness becomes particularly relevant as girls mature and experience significant changes in their weight, shape, and percentage of body fat. These findings align with those of Pipher (1994). In contrast to the idealization of thinness, a study by Tylka (2011) suggests that although males are not immune to cultural body ideals, the muscular ideal pressures boys face may serve as a guard from syndromes characterized by a fear of gaining weight.

Based on two comprehensive quantitative studies of risk factors for disordered eating (Jacobi, Hayward, de Zwaan, Kraemer, & Agras, 2004; Stice & Whitenton, 2002), weight concerns emerged as a potent risk factor for eating disorders. A quantitative four

year study of high school girls, (Killen, Taylor, Hayward, Haydel, Wilson, & Hammer, 1996) provided evidence that weight concerns prospectively predicted the onset of eating disorders. In addition to this prediction, another study indicated that decreases in weight concerns prospectively predicted a decline in the risk of developing an eating disorder (Jacobi, Fittig, Bryson, Wilfley, Kraemer, & Taylor, 2011).

The literature reviewed indicates that psychotherapists argue that personality traits may contribute to why only some girls living in a weight-obsessed culture develop weight concerns, and why only some girls with weight concerns develop eating disorders. Perfectionism, a personality trait characterized by the tendency to strive to achieve flawlessness also has been posited to increase the risk for developing anorexia (Shafran, 2013). The author suggests that while perfectionism can have both negative and positive aspects, the development of clinical or maladaptive perfectionism greatly increases the risk for acquiring anorexia. In this regard, fear of mistakes, the belief that only perfection will lead to social acceptance from classmates and the pressure to achieve unrealistic ideals in school ultimately leading to failure and negative self-evaluation connect maladaptive perfectionism to the larger construct of negative emotionality (Strober & Johnson, 2012).

According to Jacobi et al. (2004), negative emotionality represents a risk factor for the development of anorexia, while Stice (2002) also concluded that negative affect was a risk factor for eating pathology. From these quantitative studies, it would appear then that both negative emotionality and perfectionism demonstrate associations with weight concerns, and that weight concerns may represent a final common pathway

through which perfectionism and emotional negativism become funneled into distress when one is unable to achieve the thin ideal.

In addition, Keel & Forney (2013) suggest that these personality traits may contribute to eating disorders through their influence on social environments. For example, their review suggests that personality trends may not only provide the lens through which adolescents interpret cultural messages in schooling spaces, but may also influence which environments at school they seek and what they experience there. Furthermore, their study demonstrates how peer selection represents an example of the powerful influence of personality on the environment. Rayner's (2013) study supports this concept by suggesting that individuals tend to socialize with others who share similar views and values and consequently are active participants in constructing their social environment, an approach aligned with constructionism, which "claims that meanings are constructed by human beings as they engage with the world they are interpreting" (Crotty, 2009, p. 43). They believe this tendency is reflected in their findings that individuals with higher levels of negative emotionality and perfectionism may be drawn to others who share these traits, which then creates a social environment magnifying insecurity about weight and shape and the importance of achieving the thin ideal.

Further studies support that exposure to friend dieting significantly predicts higher body dissatisfaction (Paxton, 2006), using unhealthy and extreme weight control behaviors, and binge eating (Eisenberg & Neumark-Sztainer, 2010). In this regard, for example, Stice (2002) believes that because adult identities are formed in college, exposure to peers' concerns can reinforce cultural ideals of thinness and may contribute

to others' internalizing of the thin ideal. These findings were similar to some statements of women I interviewed for this study.

The psychosocial risk factor research suggests that interventions challenging the thin ideal within peer groups of late adolescent females may prevent anorexia. In a review by Shaffran (2013), the author provides compelling evidence that peer-led prevention is effective in disrupting the internalization process of the thin ideal. Unfortunately, while there is some discussion concerning the effectiveness of peer influence on preventing the onset of anorexia, at this point there appears to be little evidence of utilizing this knowledge in the psychological realm of treatment or prevention programs. One of the intents of this study is to better understand how women with anorexia perceived and interpreted the voice of their peers in school.

Controlled Education in Public Schools

In regard to prevention, in recent years there are a burgeoning number of school prevention programs nationwide that are designed to address health issues including tobacco, drug, and alcohol abuse; bullying; and self-image and eating disorders (Garfinkel & Garner, 1982). These structured prevention programs are one strategy that schools implement to improve self-image and to fend off destructive, addictive behavior. In contrast to the research of Deter and Herzog (1994), studies conducted by Caspi, Haririr, Homes, Uhrer, and Moffit (2010) indicate some school prevention programs may be associated with improved health, greater self-esteem, and increased involvement in school activities which may explain why some schools continue to implement such programs in their curriculum.

However, there continues to be controversy among those who design the programs in regard to which methods are most effective. In addition, because limited funds are available for such programs, they may be siphoned off to other programs deemed more important in a tightening fiscal climate. Educational prevention programs tend to be optional after-school programs separate from the general curriculum of the schools funded by grants and often sponsored by an outside agency like the YMCA. Consequently, availability of existing programs is sporadic and tentative (Albee, 1996; Heller, 1996). Furthermore, other research indicates that most prevention programs currently employed in educational facilities show only minimal success that often dissipates over a period of time after the program is concluded (Levine & Smolak, 2006). Clinicians attribute the limited success of the programs to cultural factors regarding women's appearance and behavior from which women with anorexia find it hard to ignore or escape (Butler, 1999; Ginsburg & Taylor, 2002; Lelwica, 2011).

Despite the controversy over the limited success of prevention programs in schools, Levine and Smolak (2006) emphasize the importance of using prevention programs as a tool in dealing with eating disorders. Their support of prevention programs for eating disorders is reinforced by their review one prevention program, *The Weigh to Eat*, that a private high school used in 1995 (pp. 125-131). The program is based upon the belief that gender messages for girls to "look and act like a woman" permeate their homes, neighborhoods, schools, and broader culture. The authors refer to the processes by which people glean information involving direct reward and punishment for different behaviors as social cognitive theory (SCT).

The Weigh to Eat! Program

Based on social cognitive theory (SCT), the Weigh to Eat was a curriculum designed by Neumark-Sztainer (1995) consisting of ten lessons delivered in weekly one-hour sessions during regularly scheduled classroom time. The program attempts to prevent unhealthy dieting and binge eating. The program worked with students who were 14 through 16 and provided them with knowledge and skills that would enable them to resist influences from peers and the media that may be unhealthy. The program also attempted to assist the students in improving their body image, their eating and exercise habits, and their self-esteem. Finally, Weigh to Eat attempted to establish new peer group values and norms that would reinforce individual changes. In addition to instructional time with students, the program also provided two training sessions for teachers in order to help them know how to support the program and the students in and out of the classroom (Neumark-Sztainer, 1995).

Some of the goals of the Weigh to Eat program were to change the attitudes, knowledge, and the behavior of the students through a combination of symbolic communications, behavioral programming, and discovery. All lessons relied on class and small group discussions that focused on group problem solving methods. In addition, daily homework assignments provided students with the opportunity to gather and interpret information related to healthy development.

Research based on questionnaires and surveys found that the program did have a positive effect on nutritional knowledge, regular meal patterns, and exercising. In addition, the authors contend that the programs made an effort to provide information that is relevant to the girls' interests and lived experience with a continual dialogue that

allows for the personal expression of the girls experiences, thoughts, and feelings. The authors suggest that not only does the dialogue open the avenue for plans that will lead to personal and group action to change unhealthy socio-cultural contexts, but just as important, will provide the girls with the opportunity to regain their voice. It is significant to note that of the 61 programs Levine and Smolak analyzed, the one that experienced the most success was the one that incorporated dialogue among peers and allowed the individuals to tell their stories.

Their study also showed that the prevention effect for binge-eating was maintained after a two-year follow up. However, those girls who were already engaged in binge eating or unhealthy weight management behavior did not improve from the program.

In order to be most effective, they suggest that school prevention programs reach beyond the individual student by providing tools to parents and teachers as well that will allow them to more effectively aid the youth in school settings. For example, programs might offer teachers information on how to discuss teasing about body shape with parents, or how to help students reduce “fat talk” among themselves and in their families. Schools might also make information available to parents to help them change school policies about teasing. Girls and parents could be taught how to lobby teachers and the media to present more positive images of women in a variety of sizes. In addition, programs can raise parents and educators’ awareness of the factors that might shift a girl’s risk status: changing schools, moving up to the elite level of a sport emphasizing appearance, or joining a new and more appearance-conscious group. These changes could

make a girl more susceptible to social messages regarding thinness and to internalizing the thin ideal more readily.

Their philosophy is succinctly stated in the introduction to Levine and Smolak's book: "It is more sensible, humane, pragmatic, and cost-effective to build psychological health and prevent maladjustment than to struggle valiantly and compassionately to stay its awesome tide" (p.18). However, while this statement has great merit, one must also question whether it is valid or desirable to compare eating disorders to other addictive behaviors, or to incorporate the same methods used in prevention programs for substance abuse. The difficulty in this analogy is that those prevention programs deal with the use of substances that are foreign to and unnecessary for the body. Food and eating, on the other hand, are natural and vital processes of the human organism and cannot be eliminated. The problem is not food or the body; the problem is how one perceives food and the body, and the relationship one creates with food to the body (Bardone-Cone, Wonderlich, Riso, Crosby, Mitchell, & Uppala, 2007; Fernandez-Aranda, Pinheiro, Tozzi, Thornton, Fichter, & Halmi, 2007).

Controlled Education on University Campuses

In addition to the programs present in public schools at the elementary and secondary level, programs have been introduced on university campuses as well. The success of these programs has been reviewed in a study by Yager and O'Dea (2006). They reviewed 27 large randomized and controlled health promotion and health education programs for undergraduate women that researchers conducted at the secondary and tertiary prevention levels. The programs sought to improve participant behaviors in body dissatisfaction, dieting, disordered eating, and excessive exercising.

They placed the programs into six categories: didactic, psycho-educational, cognitive behavioral therapy, computer based, media literacy interventions, and dissonance based.

The findings of their study showed that the programs had only limited success in improving the students' body image or eating and exercise habits. Furthermore, their study indicated that information-based, cognitive behavioral and psycho-educational approaches were the least effective in addressing student needs. However, their study also identified successful elements that others might use in the development of future programs. They suggested that future models should be computer oriented and take a media-literacy and dissonance based educational approach while incorporating health education activities that build self-esteem to ensure greater success in the prevention programs. The authors of the study also recommended using larger sample sizes in future programs as well as including a proportionate number of male students. A summary of their review can be found in Appendix A of this study.

Analysis of their quantitative study reveals that only one of the programs (Mann, Nolen-Hoekseman, Huan, Burgard, Wright, & Hanson, 1997) incorporated personal narratives as a component to the design or success of the programs. The narratives were personal stories presented by two women who were recovering from eating disorders. There were also informative videos or CD-ROM's that were a part of the curriculum in four of the programs (Franko, 2004; Irving & Berel, 2001; Posovac, Posovac, & Weigel, 2001; Winzelberg, Eppstein, Eldredge, Wilfley, Dasmahapatra, Dev, & Taylor, 2000). There is no indication that any other form of narrative was incorporated. The Yager and Odea (2006) study clearly indicates the inconsistent and limited success of intervention programs designed to combat eating disorders.

In contrast to Yager and O’Dea, Levine and Smolak remained optimistic after reviewing 61 different-universal prevention programs that targeted adolescents and continue to support them as a viable means to address eating disorders. Yet in spite of their optimism, others, in addition to Yager and O’Dea, do not perceive prevention programs as having significant results. Rosenvinge and Borensen (1999) state this:

Apart from the increasing of knowledge, there is no evidence that primary prevention programs provide changes in eating attitudes and behaviors, and some authors suggest that primary prevention may actually do more harm than good (p.8).

Recovery Treatment Centers

When schools and prevention programs are minimally effective, it is often necessary for a girl with anorexia to receive treatment at a recovery center that medical professionals direct. Recovery programs for women with anorexia are typically part of a hospital psychiatric treatment center that specializes in eating disorders. While there are hundreds of recovery programs in hospital centers and even more support group systems that operate nationwide for women who are financially unable to afford the cost of hospital care (Rubin, 2007), this review of literature examined only nine of the eating disorder treatment centers in the United States. These examples provide a glimpse into some of the approaches common to this type of health and educational facility. Those eating disorders treatment facilities are the Carolina House in Raleigh, NC; the Eating Recovery Center in Denver, Colorado; the Futures of Palm Beach Center in Palm Beach, Florida; the Sierra Tucson Program in Tucson, Arizona; Harmony Grove, the Rebecca House, and Montecantini in San Diego, California; New Dawn in Sacramento, California; and the Laureate Psychiatric Clinic in Tulsa, Oklahoma.

Regardless of the differences in compass of the treatment centers, they all appear to have an educational component. Indeed, as a school administrator, I soon became aware that it is a legal requirement that the institutions treating adolescent patients for an extended period of time provide them an education commensurate to one that could be received outside of the program. The primary components of the educational program including curriculum, instruction, and evaluation may be coordinated by the education program director. Those treatment facilities that have an in-house education program base their curriculum on the state standards that the state department of curriculum provides and which a state-appointed representative monitors. However, in the majority of the treatment centers studied, the education program director serves primarily as a liaison between the center and the patient's home school and is not involved in evaluating the student's performance. In many instances, the director arranges for the students to receive and complete assignments on-line. The assignments are academic in nature in compliance with state standards and are not related to eating disorder issues. In the event that a patient requires assistance in understanding or completing an assignment, the program director provides a tutor for that student.

The hospital-based recovery programs appear to approach treatment from the epidemiological perspective and psychological perspective that anorexia is a mental illness: the defining characteristic being that the patient has "lost perspective"; that they are seeing, thinking, hearing, and feeling things that may not have much basis in reality; and that they are having distorted / delusional thoughts regarding their size and shape, food, fat, exercise, self, and others (Stokes, Davis, & Koch, 2010).

Because center professionals perceive and approach anorexia as a mental illness, they design their programs based upon medical and psychological knowledge. The centers incorporate a range of treatment elements including prescribed medication, assigned menu plans and feeding through nose tubes if deemed necessary and restriction in their physical activity. The aforementioned practices are designed to alter body and brain chemistry by increasing bodyweight (Eppling & Pierce, 1996).

The approach to treatment of anorexia and other eating disorders at recovery centers are often encapsulated in their philosophy or mission statements which they present in broad terms to reflect how the facility will relate to and help the patient. However, the treatment centers might differ, there are several common threads among them: the desire to provide a safe environment, to provide individualized medical and psychological treatment, to closely monitor progress with a personal therapist during the healing process, and to provide tools that will enable the patient to experience full and lasting recovery in their transition to life after completing the program.

Upon review of the mission statements, there are similarities found in the recovery programs in terms of clinical design, structure, and implementation of treatment. Some of the most prominent commonalities are: providing 24-hour care, full-time on-site psychiatrists; multiple therapy modalities including cognitive behavioral therapy; weekly family visiting hours; individual sessions with multidisciplinary team members; a daily schedule that includes academics, process groups, and activities; supervised meals; a body imaging program; life skills training; and an alumni support group and aftercare follow-up.

However, there are also some distinct differences among the programs. For example, some programs are affiliated with a hospital, while others are not. Based upon the mission statements and website information, those affiliated with a hospital appear to rely primarily upon medical knowledge in their treatment programs, while those that are not present a more holistic philosophy that seeks to enhance spiritual growth as a vital part of the recovery process. The Carolina House, Harmony Grove, Montecantini, New Dawn, and Rebecca's House are examples of treatment centers that adhere to this particular philosophy. Another difference is that many of the centers serve only female adult patients, while others include a separate program for adolescent girls as well. There are some significant differences in the methods incorporated in treating the adults in contrast to the adolescents. The treatment differences are necessary not only because of variations in age, but also because the adults have entered the program voluntarily, while adolescents are primarily admitted by their parents.

While there are both similarities and differences among the various recovery treatment centers, the studies seem to indicate that the treatment staffs measure the effectiveness and success of their program largely by the amount of weight the patients gain and a corresponding increase in the body mass index (BMI). The cause, treatment, and probability of successful recovery from anorexia nervosa rely upon accumulated statistical data acquired through quantitative studies that is the foundational base of knowledge used by the medical staff (Stokes, Davis, & Koch, 2010).

The Medical Field Stance

In contrast to the feminist perspectives of Wolf, Thompson, Liu, or the ecological-developmental activist stance of researchers like Levine and Smolak, the

medical field appears to rely heavily on a philosophy of treatment for anorexia that examines the biological and genetic tendencies that may contribute to developing the 'illness'. The belief that brain chemistry contributes to developing anorexia emerged in part from the Minnesota Starvation Experiment (Keys, 1950) conducted in 1944. From a group of over 400 volunteers, medical researchers selected 36 white males to participate in a year-long study to examine the short and long term effects of food deprivation.

The findings of the study indicated that long periods of semi-starvation the men endured resulted in a substantial increase in severe depression, emotional distress, withdrawal from others, and a preoccupation with food. The observation that the men of the study were displaying patterns of behavior similar to those of women with anorexia suggests that the chemistry of the brain does create conditions within the body that may cause a person to become and remain anorexic.

But the findings of the Minnesota experiment do not explain why 80% of those diagnosed as anorexic are females. Nor does it provide any insight into why only 6% of those women who may have a biological proclivity become anorexic.

Why is there a discrepancy in gender? Viewed through a feminist lens, much of the problem might be attributed to the pressures placed upon women in a patriarchal world. From a feminist perspective, the wide array of social roles assigned to women and masculinist cultural constructions of the mythological image of the perfect woman are inscribed on women's subconscious. Consequently, many women feel compelled to live out the expectations placed upon them: being the perfect wife, mother, and lover, and perhaps career woman as well. They may lose their voices and the opportunity to develop multidimensional identities as they assume culturally-prescribed and limited gender roles.

I found common variations of this theme in works by such feminists as Bordo (2004), Liu (2007), Wolf (2002), Luttrell (1989), and Hornbacher (2006).

However, while medical professionals do examine the social and environmental factors, including school, home, and peer pressure, their primary focus continues to be on the chemistry of the body and the brain (Jacobi, Howard, de Zwaan, Kraemer, and Agras, 2004; Kaye, Bulik, Plotnicov, Thornton, and Fichter, 2008; Stice, Whitenton, 2002).

Doctors use the medical research data comprehensively to treat women in the recovery programs who are traditionally referred to as patients. The unique story of each individual woman does not appear to be a significant factor in determining the treatment process. In addition, the research appears to indicate that while recovery treatment programs do conduct both group and individual sessions as well as intake interviews to collect personal information, they still rely primarily upon medication, psychological history, and knowledge gained from medical studies as a primary source of treatment.

As an example, *The International Journal of Eating Disorders*, a publication of the Academy of Eating Disorders, is widely used by medical professionals who deal with eating disorders. In reviewing the extensive studies published in the journal over the past several years, there is no indication that interviews, field observations, or any form of personal narrative is used a viable source of information for understanding women's experiences with the illness. The website (www.aedweb.org) for this publication specifies that articles are selected for publication "based on scientific merit and impact on the field."

As previously stated, recovery programs are based upon knowledge of biological factors related to brain chemistry and individual genetic design in conjunction with the

history of environmental factors of family and peer influence (Lock, LeGrange, Agras, Moye, & Bryson, 2012; Strober & Perris, 2011). Unfortunately, many common treatment procedures, such as forced tube-feeding, immobility, 24-hour surveillance, heavy medication, and restriction of activities that are deemed necessary and vital to the success of the program are not acceptable to the patient, which may result in defiance and further depression (Ruhrman, Schultze-Lutter, Salokangas, Hainimaa, Linzen, & Dingemans, 1998). In addition, there are those in the medical field who believe that the use of medications, electroconvulsive therapy (ECT), and counseling have limited effectiveness for treating anorexia (Shisslak, Renger, Sharpe, Crago, Mcknight, Gray, Bryson, Estes, Parnaby, Killen, & Taylor, 1999). As a result, the average patient will return to seek treatment in a recovery program seven times. In addition, Strober & Johnson (2012) reports that forty-two percent of former patients utilize the outpatient services available in recovery programs, indicating a need for continued assistance after treatment.

The review of literature reveals that medical programs are guided almost exclusively from data acquired through medical, experimental research, and quantitative studies. This history is in line with Leavy's (2012) study of interviews, who found that pre-existing academic articles lacked women's perceptions regarding their body image and relationships. It can also be concluded from the review that the high rate of recidivism for women who have been treated at recovery centers (Bermudez, 2012) indicates that their current practices are limited in their ability to effectively change their eating behavior. In light of the information the review has provided, the additional insight provided by women's narratives in this study may be of significant value in helping to

understand the complex, multidimensional phenomenon of anorexia, and the potential value of incorporating personal narratives in educational and treatment programs.

Summary

This chapter has reviewed various approaches in dealing with the phenomenon called anorexia. Specifically, it has explored the literature pertaining to women with anorexia and the various perspectives held by medical professionals, educators, research sociologists, and feminists regarding the cause of the problem, its prevention, and the appropriate approach necessary for a full and lasting recovery from the condition. There are those women who have had anorexia and believe it was the result of a spiritual vacuum in their lives. There are still other women who have overcome anorexia and written about their experiences hoping that their stories might positively impact the lives of other women with anorexia by providing them with knowledge, guidance, and hope. Then there is the medical profession, whose view is that anorexia is a mental disease generated by a biological predisposition, a view disputed and challenged by some feminists who contend that it is neither a disease nor a disorder but is a survival skill women adopt to cope with trauma and the injustices of a patriarchal society. Other feminists argue that women with anorexia have succumbed to the “beauty myth,” and are attempting to attain an impossible ideal. Schools as well have created confusion in identity formation by sending conflicting messages to women regarding gender roles. Also, there are few educational intervention or prevention programs in schools that address body image formation, and those that do exist appear to have limited success.

Yet despite the disparity between the various factions in their perspectives and corresponding approaches to the problem of anorexia, there are also some common

threads. All parties seem to agree that peer influence can be significant in directing the behavior of others in both positive and negative ways. There also seems to be a consensus that the environment and culture in which a woman lives can shape her identity. Finally, all perspectives have noted that the telling of personal stories can have a positive effect on both the speaker and listener.

It is because of these common threads that I believe this study of personal narratives has value in understanding and addressing the issue of anorexia in women's lives. As they tell their stories, they disclose the world as they have seen and experienced it: their culture, thoughts and feelings about themselves and others, and memories of school and other educational contexts, all serve to shape and form the personal face of anorexia, a face which becomes visible only when others hear and listen to their voices.

CHAPTER 3

METHODOLOGY

This study was epistemologically grounded in constructionism and used the qualitative research approach of narrative inquiry to collect and analyze the stories of women with anorexia in regard to their school experiences. Both inductive and deductive processes were used to analyze data in this study which was driven by the purpose and theoretical foundations of narrative inquiry and interpretivism. In addition, because anorexia is a gendered issue, I used feminist concepts to assist in developing this study and analyzing the data.

As mentioned previously, the purpose of this research was to contribute to the fundamental knowledge of the schooling experiences of women who had anorexia. Accordingly, this study required using qualitative research methods which provided the flexibility and structures needed to pursue exploratory research focused on people's perceptions and experiences (Cresswell, 2002; Patton, 2002). As Patton (2002) expresses, the qualitative process requires multiple data sources and positions the researcher as the primary instrument. He writes, in the "complex and multi-faceted analytical integration of disciplined science, creative artistry, and personal reflexivity, we mold interviews, observations, documents, and field notes into findings" (p. 432). I believe, as Patton does, that not only did the qualitative meaning making process make it possible to explore the

subjects' experiences in depth, but also revealed new insight into myself and our culture as well.

Personal Perspective

In concurrence with the theoretical perspective of interpretivism which placed me in the role of both observer and participant, I felt it necessary to reflect upon my own perspective of the body and health and how it related to those women I interviewed.

As far back as I can remember, I have always been interested in health and strength. As a child, I was very thin and often ill, and my desire for good health and a strong body was increased by having two older brothers who were star athletes. At the age of thirteen I read a book that affected the course of my entire life: it was, *The Jack LaLanne Way to Vibrant Good Health* by Jack LaLanne, a pioneer in health and fitness who died in 2011 at the age of 96. In his book, LaLanne told his personal life story of how he had been sickly as a child but whose life was transformed at the age of 16 after hearing a lecture on health by Paul Bragg. From that day on, LaLanne vowed that he would follow the rules of healthful living that Bragg espoused, and eventually LaLanne became a leading example in the benefits of exercise and healthy eating. During the fifties and sixties LaLanne had his own exercise program on TV, invented numerous types of exercise equipment, performed incredible feats of strength and endurance, and became a consultant for prominent executives and celebrities.

It was the telling of his life story that inspired me and served as the catalyst for my commitment to become healthy and strong. Since that time, my passion for health through a holistic approach has influenced every aspect of my life. Reflecting back, reading his story not only provided me with a model for healthy living, it also illustrates

the powerful effect that the telling of one's personal history can have on the life of another. Through the lessons his story provided, I learned how to adopt a lifestyle that would enable me to reach my goals of achieving excellent health and unusual physical strength, eventually becoming one of the top middleweight Olympic lifters in the world. But even more important than the valuable lessons about healthy living that I learned from him, his personal story taught me that within every individual lies great potential.

As a result, when I began my career as a teacher, I resolved that I would always attempt to inspire my students and to provide them with the opportunity to discover their own true potential. Over the years, I have tried to design lessons that focused primarily on who the student was rather than what the subject was. During this process, I discovered that students love to tell their story and that through telling it, they not only discover more about themselves, but feel a closer connection to what we are studying and how they relate to those around them.

However, not only as a teacher, but especially as a school administrator, I have observed that far too often student's voices are silenced and repressed. As an administrator, I also became aware of the victims of bullying, and the devastating effects that other student's remarks and actions had on the lives of those who were being bullied. My direct involvement with the daily occurrence of bullying revealed to me that the episodes were often the result of student's emphasis on physical appearance. Utilizing the knowledge that I had obtained as a teacher in the classroom, I responded to the bullying problem by assembling all of the individuals involved in the incidents in one room and gave them all the opportunity to tell their own personal stories. Indeed, it seemed, that it was only when students were allowed to speak openly and fully and that others heard and

responded that change in behavior occurred, both on the part of the speaker and the listener.

It was observing these interactions and my own personal experiences that prompted my interest in and subsequent passion for the power of the voice and one's personal story and drove me to adopt narrative inquiry as my primary research strategy. In addition, both my personal history and school experiences made me aware of the growing number of females in school who suffer from anorexia yet received very little, if any, assistance in addressing their illness while in the school, despite the significance of the adolescent years for the increased risk of developing eating disorders. It is primarily for this reason that I believed this study was necessary and that women's telling of their stories would contribute a significant element to the extant body of knowledge. Also, because I recognized that I was the main instrument for analysis in this study (Patton, 2002), I took measures to document research choices and reflections in a journal during the entire study (Weick, 1995; Orr, 1996). In my journal entries I entered any thoughts that might have occurred to me both during and after my interviews with each woman. I reflected not only on my impressions of how they spoke and told their story, I also attempted to understand what they were trying to tell me in such a way that I could understand their perspective more clearly. I believe that my own personal dedication to health and well-being, and my previous interactions with female students who had eating problems may have heightened my interest in their stories and provided me with additional insight into the struggles they faced both with school and with anorexia. Although I have not experienced anorexia and cannot presume to understand the

particulars of the women's lives given my "outsider" position to the group under study, I approached the study with empathy and openness to understand as best I could.

Purpose of This Study

The purpose of this study was to explore the educational experiences of women with anorexia. Specifically, by narrating their own schooling experiences retrospectively, the study revealed women's perceptions of their school years and other formative educational experiences and, in the process, provided insight into a specific cultural issue (Patton, 2002). In this instance, it focused on illuminating the intersections between women's experiences with anorexia and their schooling stories, including the lessons they learned about their bodies not only from school, but also from their peers, their families, and the media. In addition, it provided me with their perceptions of the educational programs that may have been offered concerning eating behaviors and self image both at school and in recovery programs, and the means they used to cope with their eating problem in response to those programs.

In addition, this study not only explored the content of what the participants recalled, but also examined the manner in which they presented their stories, the form and structure used, which is a key aspect of some forms of narrative inquiry (Reissman, 2008) because it provides insight into how the narrator perceives herself and others, their relationship to the world around them, and what is most important to them. Underlying the purpose of this study was to better understand the school's contribution in the lives of the women with anorexia. At times, their stories revealed schooling sites as key spaces in which their experiences with eating problems surfaced.

Research questions

1. What are the life experiences in school of women with anorexia?
2. How do women with anorexia organize, narrate and construct those life experiences?
3. What lessons did women learn about their bodies in school?

Epistemology and Guiding Theoretical Perspective

As previously stated, interpretivism is the theoretical perspective for the study and narrative inquiry provided the methodological tools for exploring and analyzing women's stories regarding anorexia and their school experiences. Interpretivism seeks to explore the unique individual pattern of human behavior and attempt to understand it. I also used concepts from feminist thought to assist in my interpretations of the individual perceptions of the women in this study. Because interpretivism focuses on that which is unique and singular to each person, I felt that the process of narrative inquiry was both practical and effective. There are two guiding questions that Patton (2002) submits inherent within the process of narrative inquiry which played an integral part in the development of this study and guided the data collection and analysis procedures: (1) what does this narrative reveal about the person and world from which it came? (2) how can this narrative be interpreted so that it provides an understanding of and illuminates the life and culture that created it? (p.115). It is these two guiding foundational questions--a focus on what Luttrell (1989) calls both "life" and "story" which influenced this study's design, guided data collection, and analysis procedures.

Study Design

Grounded in interpretivism, this study used narrative inquiry to collect data and analyze findings to discuss the implications related to how women with anorexia perceive their school experiences. Chase (2010) characterizes contemporary narrative inquiry as “an amalgam of interdisciplinary analytic lenses, diverse disciplinary approaches, and both traditional and innovative methods---all revolving around an interest in biographical particulars as narrated by one who lives them.”(p. 208). Focusing on narratives as data was useful because the stories revealed the unique way in which the women saw the world and made sense of it (Bruner, 1990; Gee, 1986; Mishler, 1986; Riesmann, 2008). But, as Chase (2010) points out, it is not only what they say that was significant, it is also how they said it. As each narrator told her story, she constructed a unique, individual version of the sequence of events that they reflected upon; emphasizing those elements that they deemed to be of greatest significance and differing those items that were of less importance (Young, 1996). And as mentioned by Chase (2010), the narrator did not simply refer to the events; the events were constructed through the lens of the speaker through varied narrative forms, structures, and sequences.

As noted by Crotty (2009), interpretivism proceeds from the assumption that “meanings are constructed by human beings as they engage in the world they are interpreting” (p. 43). As a researcher, the interpretivist theoretical perspective guided my methodological choice to proceed with narrative inquiry because the perspective focuses on seeking “...culturally derived and historically situated interpretations of the social life-world” (p. 67). It holds that..... I proceeded with the understanding that participant’s subjective meanings rooted in their own interpretations are accessible through interviews

and conversations. Each participant was a unique individual who molded and constructed their stories to conform to their perspectives and understandings of the world around them. The theoretical perspective of interpretivism allowed me to be both a participant and observer as I listened to their stories. The interviews provided me with the opportunity to interact with the narrator and to solicit meaning from not only what they said but from how they said it. The manner in which they presented themselves as they told their stories was not only an indication of their interpretations; it also affected my response and my interpretation of them as they were told. It was my hope that their stories would provide me with a glimpse of how they perceive themselves and interpret their experiences. Through our conversations, I also hoped to better understand how their narrations of their schooling experiences reflected lessons about women's bodies learned in school as well as their ways of making sense of broader cultural messages. As Crotty points out, because human and social sciences are idiographic, involving the study of cases or units as individual units with a view to understanding each one separately, the research required different methods of investigation than if it were a nomothetic study. Narrative inquiry, focused on approaching the world as storied, therefore, was an ideal methodology to apply to this research study.

Narrative Inquiry

The methodological approach of narrative inquiry has diverse expressions in practice but revolves around an interest in the enduring presence and human power of narratives as a cultural, communicative, and personal form of intimate expression. As Barthes (1997) puts it, "narrative is present in every age, in every place in every

society...all classes, all human groups, have their narrative...narrative is international, transhistorical, transcultural: it is simply there, like life itself” (p.79).

Feldman, Skoldberg, Brown, & Horner (2004) describe narrative as being a conglomerate of connected stories that have a beginning and end. Czarniawska (1998), Hummel (1990), Orr (1996), and Weick (1995) portray narratives as retrospective by nature. Narrators express their reflections of past experiences in such a way that they reveal the significance of objects and events that have been a part of their life. The authors describe the stories as useful tools for both communication and understanding and a means by which to express one’s sense of themselves and the world around them.

In 1967, Labov and Waletzky wrote an article entitled “Narrative Analysis: Oral Histories of Personal Experience” that demonstrated the powerful impact of telling the stories of ordinary people’s everyday experiences. In their study, they posit that oral narratives have five sociolinguistic features that make them a distinctive form of discourse that serves specific social functions: orientation (who, what, when, where); complication (the action); evaluation (the main point); resolution (the consequence of the action); and coda (the return to the present). This structural understanding of stories highlights their features as social entities, rather than solely individual ones. Subsequent researchers extended the arguments about stories and critiqued this earlier guide as limited in scope and assumption. Reissman (2008), for example, views their formulation as being too narrow, so she developed a broader range of narrative genres, including the hypothetical narrative and the typical narrative, exemplifying how people perceive experiences differently and the relationship between what people say and how they say it. Schegloff (1997) notes another criticism of the model, observing the need to consider the

context in which the narrative is produced, including how, when, and where the narration takes place. Chase also (2010) maintains that narratives are a distinct form of discourse whose verbal action provides a distinct opportunity for the voice of the narrator to express his or her unique perspective of how they see themselves, the world, and their experiences.

Reflecting upon these assumptions, it is clear, then, why narrative inquiry served as an effective and essential approach to research in this study. An approach primarily used in a constructionist epistemology, narrative inquiry can utilize naturalistic research methodology; a methodology that provided a guiding structure that helped to reveal patterns of our culture and its narratives through the lens of an individual. While the review of literature indicates a growing number of memoirs of women who have had anorexia, there is a paucity of data from qualitative studies of women with anorexia regarding their perceptions of their school experiences. Focusing on both what the women said and how they narrated their experiences both individually and collectively exposed stirring images and statements regarding their personal lives and the role that school played in those lives. Their voices belied the portrayal of them as victims or patients and revealed them as passionate human souls, unique and powerful.

The two guiding foundational questions of narrative inquiry that contributed to the design of this study shaped the research and interview questions, the data sources, and the data analysis procedures. For example, each interview question was formulated in such a way as to explore an individual's interpretation of their unique experiences in regard to a specific portion of their life only. The interview questions (Appendix B), while prompts for dialogue, were in line with the goals of narrative inquiry in that they

were designed to elicit stories. In his study, Weiss (1994) cautions the researcher to provide the interviewee with the opportunity to speak in specifics rather than generalities. As a result, this study attempted to solicit meaningful responses by designing interview questions that evoked rich, detailed stories. Furthermore, each individual revelation provided a distinct portrait of both the subject and their world. As a result, the qualitative nature of this study provided the researcher with a deep, rich understanding of the participant's perspectives and their ways of narrating an experience.

As noted by Patton (2002), there are twelve major principles that form the framework for qualitative inquiry which he organizes into three fundamental categories: design strategies, data collection and fieldwork strategies, and analysis strategies (p.40) It is the unique characteristics of the themes that compose these guiding fundamentals that illustrate the strengths, effectiveness, and appropriateness of implementing the approach of qualitative inquiry , particularly narrative inquiry, to this study.

Data Collection

Approaches common to narrative inquiry contributed to the data collection procedures. As noted by Bloomberg & Volpe (2012), Patton (2002), and Roberts (2010), the themes distinctive to the design strategies used for qualitative inquiry provide a suitable framework for data collection in a narrative study. Subsequent to IRB approval for the methods of this study (see Appendix G), I used four data sources to gather information: interviews prompted by open-ended questions, artifacts provided by the participants, a written reflection, and a personal journal of the researcher. The interview questions that served as a catalyst in gathering data can be found in Appendix C. These semi-structured open ended questions allowed for rich, detailed descriptions of each

participant's perceptions of what was significant to them when reflecting upon their past school experiences. Cresswell (2007), Denzin & Lincoln (2000), and Patton (2002) support the effectiveness of open-ended questions in informal interviews as an effective means to acquire unique, in-depth, detailed perspectives from individual participants.

Also, in order to stimulate conversation and to evoke memories, the researcher encouraged participants with the option of bringing artifacts (yearbooks, school photos, and school memorabilia) to the interview. Unfortunately, only four of the participants brought artifacts with them for the interview, but their photos and yearbooks stimulated our conversation and provided additional insight into the significance those individuals placed upon the artifacts.

The first interviews were generally about an hour long and were conducted over a span of six months, beginning in March of 2014 and culminating in August of 2014. All conversations were digitally recorded word-for-word with the knowledge and consent of the narrator, including the follow-up member check (Appendix E) that was conducted with a phone conversation that lasted for an average of thirty minutes. Once the transcription was complete, the researcher sent the document to the narrator to review for accuracy as well as for the opportunity to abridge the information provided during the initial interview and to add any additional information they were inclined to share. Approximately two weeks after sending them the transcription, I called them to discuss the content of the transcription. In our second conversation, all the participants remarked that the content of the initial interview was accurate in describing what they had said and in the depiction of our meeting. The information I gathered from the member checks not only reinforced that what they had said was accurately transcribed, they also provided me

with additional information regarding school memories and the treatment of their anorexia that had not been provided in the initial interview.

They were also sent a transcription of the conversation that took place during the member check, and were asked to contact me if they had any further comments or suggestions. None of the participants contacted me in reference to the member check. I analyzed the data from the member checks using the same process I had for the initial interviews, first transcribing the entire conversation verbatim and then reading the transcript a minimum of three times for content, structure, and commonalities.

A third data source was a reflective memory (Appendix C) that was written after the participant had returned home from the interview. After our initial conversation, the narrators were asked to write about one additional event that occurred in school that left a lasting impression on them. They were asked to briefly describe the plot, characters, and setting of their story, followed by a reflection on what they learned from that incident and how it affected them. They were given a stamped, self-addressed envelope in which to mail the written memory, and were also given the option to email the story to the researcher. All the participants responded by sending me the requested reflective memory within a two-week span after our initial interview; four sent them by email and the others sent them via postal mail. The written memories were about one and a half pages long, and all related to a school event that left an impression on them. I found the additional information from the written reflections useful in furthering my understanding of significant events and extended illustrations of how they expressed themselves. Their reflective memories gave me additional insight into how the women saw themselves, the school, and their anorexia.

Because one of the strengths of qualitative methodology is flexibility in design based upon emergent data (Erlandson, Harris, Skipper, & Allen, 1993) a field note log was compiled as a part of this study. Field notes written during the interviews were the fourth data source. As Patton (2002) notes, the writing of field notes during an interview accomplishes four things. First, it assists in analyzing and interpreting the interview by recording thoughts that occurred during the interview. Second, reviewing field notes may provide the researcher with new insights that help to shape and guide the direction of the study. Third, taking field notes during an interview increases the focus of the researcher and may prompt additional ideas and questions during the interview. Finally, taking field notes acts as insurance in the event of an equipment malfunction (p.383). During and immediately after the first interview, I wrote detailed descriptions of the setting, body language and facial expressions of the narrator, the interaction that took place between the narrator and listener, and any other observations I felt were relevant to the study. Immediately after the member check I also entered notes in the field log, recording my thoughts on the conversation. Each entry included the time, date, and description of the location. I found the field note log invaluable by providing me with detailed descriptions of the women's appearance and behavior. Recording impressions of their mannerisms, their facial expressions, and our interactions made it possible for me to construct a more vivid portrait of the experience of our conversation.

In addition to the field note log, the researcher kept a reflective journal to document daily entries of the thoughts, reflections, interpretations, and reactions to the interviews. The entries reflected the narrative of the researcher as he continued to explore the literature related to women with anorexia and school processes. These practices were

grounded on the idea, as Chase (2010) suggests, that researchers need to understand themselves if they are to understand how they interpret narrators stories. I found that reflecting upon our conversations caused me to become increasingly aware of the sensitivity of the conversations I was having with the participants. It caused me to approach them with a growing respect as they willingly opened up their lives to me in their stories. Writing my reflective thoughts down also heightened my desire to represent their stories in such a way that others could hear their voices as clearly as possible. As with the field note log, each entry had a time, date, and description of the location. In addition, the interviews recognized my participation in the data collection process.. Chase (2010) describes options for representing this participation as either an authoritative interpretive or supportive interpretive voice. She differentiates the two by defining the authoritative voice as one that intends to separate the researcher's voice from the narrators in order to distinguish differences in purpose, while the intention of the supportive voice is to draw full attention to the story by highlighting the narrator's voice. For the purposes of this study, the researcher incorporated the supportive interpretive voice, recognizing that a narrative is combined effort of narrator and listener (Mishler, 1986) and that the researcher himself is a narrator (Denzin & Lincoln, 2000). Specifically, in writing this study I have attempted to allow the narrator's words to direct the flow, rhythm, and content in their interpretation and construction of each theme presented in the process of interpretation.

Data Analysis

Once all data had been collected, the researcher began the process of data analysis by reading and rereading the individual narratives. Luttrell (1989), for example,

recommends reading each person's narrative individually to get a holistic sense of that person's story. As mentioned previously, from the perspective of narrative inquiry, particularly as Chase and Reissman approach the process, the narrator constructs their personal story based upon their own view and understanding of themselves and their relationship to the world. For this reason, the analysis of their stories did not focus on the validity of the events, but rather on the meanings and understandings they presented through their stories in line with interpretivism, noting recurrent patterns and themes and organizing them into a conceptual framework.

As previously stated, this study provided a voice for women with anorexia to tell their stories as they reflected upon their school experiences. When analyzing their stories of women's experiences in school, this research study focused on both the content of *what* was said, what Reissman refers to as thematic narrative analysis, as well as attended to some extent on the form and structure of *how* the narrators constructed their reflections. Chase refers to this as narrative linkages and narrative strategies. In addition, as the analysis unfolded from exploring both these elements of the data—what (content) and how (structure and form of what was said)—a series of questions emerged from a feminist perspective: In what ways were the eating problems used as survival strategies or coping mechanisms in response to a patriarchal society? What gendered forces seemed to shape her eating experiences? How was her voice silenced in her experiences? In what ways was she able to regain her voice?

In order to analyze each narrative as thoroughly as possible, I used a three-step procedure. First I read the narratives to analyze the content of the story: what exactly was she telling me? What was the setting, the plot, the main theme? Who were the main

characters? What happened in the story and how did it end? After my first reading I summarized each story in the order that narrators shared them with me, looking for plot, theme, setting, action, climax, and resolution. In my second reading I focused on how the narrator presented the school narrative. In what order did she place her characters and sequence of events? On whom and what did she place her main emphasis? How did she involve herself in the telling of the story? Who did she place as main characters and how did she react to them? I looked at my field notes for vocal intonation, sounds, methods of delivery, descriptions of body language, gestures, pauses, eye movement, facial expression. Finally, for the third reading, I sought to find patterns collectively among all the women, minimizing the individual idiosyncrasies in preference to identifying common themes.

Participants

The basic criterion to participate in the study was being an adult women over the age of 18 who had personally experienced anorexia. An additional criterion was that they were willing to share personal stories of their educational experiences and their anorexia. Recruitment approaches took a variety of forms. First, I discussed my study with individual women I knew as a result of my work performed in the public schools over the past forty years as well as serving as a long-term volunteer at a residential treatment center for anorexia. I gauged interest in the prospective study and made a list of those who might be interested in participating. After designing and proposing the study (Appendix G) and gaining IRB approval, I contacted all of the women on the list by phone to see if they were still interested in participating in my study (Appendix D). Once I made initial contact by phone and established an interview time and site, I recruited

additional participants by using the purposeful sampling procedure referred to as the networking, or snowballing strategy of sampling. Those individuals who actively participated were asked to refer others they believed might be interested in participating and asking to contact me by phone. Once ten individuals had been selected for the study and a time had been established, in keeping with the nature of qualitative research to focus on depth over quantity, I limited my sample size to ten participants.

Diagnoses and Treatment

While Table 1 in Chapter 4 indicates a diverse range of ages, education, ethnicity, and professions, it does not illustrate the disparity of knowledge and experiences the women had in relation to their school and anorexia. Nor does the table explain the discrepancies in diagnoses and whether and how long they received treatment. One reason for these disparities is that the definition, diagnoses and the knowledge regarding anorexia itself has varied over the past fifty years DSM-V (2013) and for this reason, the self-diagnoses, medical diagnoses, and the medical description of that condition may all differ at times. However, the women themselves provide clear explanations of why there are differences between them. By providing their perspectives concerning their diagnoses and treatment I attempted to illustrate not only their interpretations, but I also hope to illustrate the unique insight and knowledge that narrative inquiry can provide and its effectiveness as a methodology for studying life experiences. For example, in regard to her anorexia and treatment, Kim aptly stated

We're talking about back then, and people didn't think about it, you know...anorexia or bulimia...so, they were not aware of people like me, you know, they didn't know what was going on. I had an uncle...and he was a doctor.

He didn't know what was wrong with me, you know... right. So they just kept giving me medication. So that's what they did. But no...no mental help.

Kim entered a treatment program when she was thirty-six. Because she lacked adequate financial resources, Kim stayed in the treatment program for less than four months. As she reflected upon her treatment at the center, Kim stated, "You learned no skills. It (the treatment center) gave you no skills. No. There are no skills."

Following her brief stay in the treatment program, Kim attended a community recovery program for approximately 8 months. She then discontinued receiving any form of medical assistance other than medication.

Kim's statement regarding the effectiveness of the treatment she received contrasted sharply from Jan, 56, who also attended a center at the age of 19 for a period of less than four months.

My life changed because of the treatment I received at the center, and I'll never forget what I went through there. It made me wiser and ...funnier. I blossomed there...from a girl to a young woman...the people there were so supportive, so caring...and they gave me hope...they knew what they were doing.

Also, after leaving the treatment center, Jan attended weekly support group meetings and received counseling from a psychiatrist regularly in conjunction with a prescribed meal plan and regular medication. She continued this regimen for over three years after leaving the center.

From the contemporary vantage point, both Jan and Kim mention their period of recovery: Kim for 28 years; Jan for 30 years. However, despite the similar period of time

in recovery, their perspective on their struggle with anorexia is quite different. Kim said she felt that

You cannot give it up. What I'm saying is, when you're anorexic, it isn't going away. I still, I still have it. I still workout a lot. I'm always thinking, 'Oh gosh, I'm gaining weight'; so it never goes away. Yeah, it is a terrible disease.

Jan, on the other hand, said

I'm excited about how effective our current treatment programs are; there have been fabulous advances in research and medical knowledge since I was in treatment.

Jan gave no indication she currently struggles with anorexia. On the contrary, she believes that her struggle with anorexia has been a valuable tool in her medical practice because it provided her with knowledge and awareness that could only be gained through her experience.

Four of the participants (Patricia, Nicole, Sally, and Linda) did not receive professional assistance to treat their anorexia. Their resourcefulness in managing to deal with their anorexia without the aid of the medical profession contradicts the findings of the twenty-five years of studies Bermudez (2012) explored who defined anorexia as a serious mental disease that requires intensive professional treatment and care.

When asked why she believes she was able to overcome her anorexia, Nicole attributes her recovery to her own personal resilience and familial support.

I think...Nani (her grandmother)...it was just my Nani...and how much she loved me...she never gave up on me...she...Nani...she was my therapy; she was my recovery program. And prayer...I believe with all my heart...it was her prayers

that saved me...so it was Nani...and her prayers...she's the one...if it hadn't been for her... You know... she was...I hope...I just hope I can be half the person she was. She was such a remarkable woman.

As these few preceding responses indicate, in spite of experiencing the same eating problem, the women perceive and interpret their anorexia and its effects in their lives in different ways. Women's voices emerge as unique, rather than a category.

Site Selection for Interviewing

Because of the sensitive and personal nature of eating disorders, I chose an interview location that was easily accessible, non-threatening, non-institutional, comfortable, and secure for the participants. Interviews were conducted in a glassed, partitioned room that was part of a health and fitness facility. My intent was to make available to the participant a room that was public yet ensured confidentiality. Below is a detailed description of the room in which the interviews took place.

THE SETTING

The room we sat in was small: about 15' by 12'. The French doors that opened into the room had large glass windows framed in delicate wood molding that were painted white that made it possible to view the interior of the room when the doors were shut. Looking into the room we could see a large picture window on the left wall with partially-opened white mini-blinds, providing an outdoor view of a well-manicured landscape of shrubs, tall oak trees, a pond with geese floating across the surface, and a freshly cut, green hillside. Directly in front of us on the wall was a large, impressionistic painting of a lake and a log cabin. The ground and cabin in the painting were dressed in a cover of newly fallen white snow underneath a gray sky. Beneath the painting was a

brown leather sofa with a cranberry pillow resting on the corner of each arm of the chair. A rectangular, mahogany coffee table with a glass top was in front of the sofa. A dark brown, leather Ottoman was placed diagonally in front of the coffee table. On the left of the sofa was a mahogany lamp table with a brass lamp that had an opaque lamp shade. The lamp was turned on, and there was a soft, golden glow that filled the room from its light. On the wall to the right hung another large, impressionistic painting that portrayed red, yellow, and white flowers in a flagstone patio garden with a trellis laden with green vines and white flowers.

The walls of the room were painted a warm ivory shade, trimmed with white crown molding and floorboards, and the floors were a clean shiny ginger-stained oak, covered by a 6' by 8' Navajo style rug centered in the middle of the floor.

Sitting in the room with the doors closed, we could hear the distant buzz of mingled voices as people passed in the hallway accompanied by the continual chorus of piped music, occasionally interrupted by a faint, tinny intercom announcement.

Ethical Considerations

From the very beginning, I have been aware of the delicate nature of this study. There is a stigma associated with anorexia that makes it difficult for most people who struggle with this problem to share their experiences for others to hear. Medical treatment centers commonly refer to it as a mental disease. Those who suffer from anorexia sometimes die as they slowly starve themselves, and those afflicted with anorexia may often be reluctant to discuss that portion of their lives. The women in this story did. To help feel as comfortable as possible in our conversations, I assured them that measures would be taken to ensure the confidentiality of all those who participated in the study.

Pseudonyms were used, and the names of schools, geographical locations, and individuals were all changed. The participants were also assured that they would not be required to answer any question or to elaborate on any detail during the interview that made them feel uncomfortable. In addition, they were reminded that their participation was completely voluntary and that they could end the interview and withdraw from the study at any time without consequence. All recorded interviews, journal citations, and critical incident reports used pseudonym identifiers and were locked for safe-keeping.

Furthermore, all participants were provided with a comprehensive explanation of the purpose of the study during the recruitment and selection process, followed by further explaining and clarifying when necessary. Prior to participating in the study, all participants were provided with an informed consent form (Appendix F) to ensure they understood their interests and rights. My varied experiences working with women in an eating disorders treatment program made me keenly aware of the sensitive nature of the study. Because of this, every effort was made to provide a secure, relaxed setting that ensured the participant's emotional and mental well-being.

Drawing from those experiences, I was also aware that being a male was a factor that informed the study from both the narrator's and listener's perspective. As stated previously, the role of the interviewer is an interwoven component of the entire narrative process (Chase, 2010; Kiesinger, 1998; Riesmann, 2008). It was for this reason that I used the theoretical lens of interpretivism for this study. As a male researcher conducting interviews with females who are affected by what many consider a gendered condition, it was necessary that I was ever-mindful that my position invariably shaped the topic I

selected and my approach to the research, how I interacted with the participants, and my methods of analysis.

Quality Criteria

Qualitative research employs different kinds of quality criteria than quantitative research. In order to indicate the soundness of the methodology used in this study, I established the trustworthiness of this study by utilizing techniques that provided credibility, transferability, dependability, validity, and reciprocity as well as attending to issues of authenticity (Patton, 2002). In the following section I will explain how each of those aspects of trustworthiness was addressed as well as the indicators of authenticity.

Credibility

Credibility is defined as the degree to which the reported findings accurately represented the perspectives of the women in this study in regard to their personal narratives. In order to ensure credibility, I used purposive participant sampling, transcribed each interview verbatim and had the participants review the transcription for accuracy and feedback in a follow-up interview, as well as having each transcript reviewed and critiqued by a peer, my advisor, for additional input and interpretation. I also gathered any artifacts the participants may have provided in their interviews, which included personal photos, journals and yearbooks to gain additional insight into their stories.

Transferability

Transferability is defined as the degree to which the information gathered in this study might be generalized and applied to other contexts, specifically in the area of personal narratives of women with anorexia and their school memories. While qualitative

studies are often limited in their transferability because of the limited number of cases in the study, I have attempted to enhance the possibility of the applicability of information in the study to others by using purposive sampling in order to recruit as diverse a group of women possible: women of different generations with a wide range of ethnic, educational, and socio-economic backgrounds. In addition, I attempted to provide a detailed narrative portrait of each woman with the corresponding ample supply of information that might be useful to other studies.

Dependability

Dependability is defined as the traceability of the research process. To meet this criterion, all digital tape recordings, transcriptions, reflective memory forms, personal journals, data logs, field notes, and artifacts have been retained and organized to provide an audit trail in order to ensure the dependability of this study.

Validity

Validity refers to the degree to which an inquiry, measurement or method is effective. The size of the sample in this study was kept to ten people to ensure that as much detailed, rich data would be collected in the time allotted. The purposeful sampling procedure also contributed to the need for ample, rich personal information that would be meaningful and offer varied insights. Finally, the personal relationships I had developed with many of the women prior to the study assisted in creating a relaxed atmosphere in which they seemed to feel comfortable in disclosing their thoughts and feelings.

Reciprocity

Reciprocity refers to the manner in which an interviewee may be compensated for their time and the information they provide in their interview. The women in this study

knew in advance that there would be no monetary compensation for their participation in this study. Their willingness to be a part of the study seemed to be based upon their desire to share their stories with others in the hope that they might have a positive impact on others who have anorexia, and upon the belief that I would represent their voices and the stories they told as accurately and vividly as possible.

Authenticity

By authenticity, I am referring to the study's ability to recreate and identify the participants' perceptions of reality within the given context. The transcription process and the narrative representation were intended to capture women's stories as authentically as possible. I also assured participants of their rights. I provided all participants with an informed consent form at the beginning of the interview and also reminded them that they could withdraw from the study at any time without fear of consequence. I assured them I would use pseudonyms for confidentiality, and provided a copy of their transcribed interviews to ensure the accuracy of the documents.

Conclusion

In conclusion, this chapter has provided a description of the epistemological stance and the research methodology that was used in this study. This chapter also provided the position of the researcher and explained why narrative inquiry was chosen as a methodology for this study. In the explanation the researcher provided the two guiding foundational questions guided this study, the three research questions that provided the information needed to conduct this study, and the three-step method of analysis. This chapter also outlined the necessary measures to ensure the participants

confidentiality, and concluded with the strategies that will be employed to provide dependability, credibility, transferability, and authenticity.

The intent of this study was to provide a vivid description of the school experiences of women who have had anorexia through their own voices. It is my hope that their words will serve as a light to an increased knowledge and understanding of what it means to be anorexic. Finally, it is hoped that their words will not only serve as a sounding board for those who choose to listen, but will also provide new insight for the professionals who are responsible for the design, organization, and implementation of both current and future school and medical programs.

In Chapter Four this study presents a narrative portrait of each participant in thick, rich descriptions. Chapter Five then discusses the findings that emanated from the data. Finally, Chapter Six discusses further conclusions and implications in relation to future research and possible applications in both the medical and educational field. I then conclude this study and make final suggestions.

CHAPTER 4

NARRATIVE PORTRAITS

As I sat in the lobby waiting for the last of the women who agreed to participate in my study, it became more apparent to me with each interview that I felt somewhat like an alien might feel if he were interviewing an earthling. Each story evoked in me an increased awareness of my ignorance regarding how women think and feel about their bodies and food. Regardless of their age, vocation, background, social status, and what I had read, and my life-long attention to my own health that helped me to understand a strict regimen of diet and exercise, they had all suffered emotionally, physically, and psychologically in ways that I could not fully imagine. At one point in their lives, their daily thoughts and activities frequently revolved around what they ate and how they looked. And while they all maintained that they had overcome their destructive eating behaviors, some admitted that some days can still be a challenge.

Would it be possible at all for me to relate to them? I was not a female and had never had anorexia. On the contrary, most of my life, particularly because of my interest and involvement in weightlifting, I have often been concerned about being too thin, and have concentrated my efforts on gaining weight, not losing it. Nor have I ever felt that being attractive was a necessary prerequisite for being loved or attaining a professional position.

Yet here I found myself, in the lobby of a health and fitness center, anticipating hearing stories about women's experiences in school, all of whom suffered from what the medical profession has diagnosed as the disease of anorexia. How would my experiences help sensitize me to their concerns? How was I any different from the other male professionals who studied and analyzed their eating patterns? Why should they trust me?

I believe that perhaps the women in this study opened up to me because many of them knew me from previous interchanges. The sampling was purposive and snowball, but the primary responses came from people I knew in some capacity previously. We were acquaintances, former colleagues, or friends. Some of the women worked with me. Others I had met because of common interests that had brought us together. I met others through volunteer work in a treatment center. We were familiar enough with each other that, with one exception, I was aware of their past history of eating behaviors, and they appeared to feel close enough to me to seem relatively comfortable talking about their lives and their struggles.

Still, I felt that my being a male who never had anorexia inevitably affected our relationship during the interviews and the manner in which the women responded. I believe that my sincerity in wanting to hear their stories prompted them open their hearts and reveal glimpses of the pain and the confusion they experienced that manifested itself in the form of anorexia. The public center, then, was where we ultimately met, and where each woman shared with me their compelling and heartfelt stories. In this chapter, I present brief narrative portraits of the women who participated in this study and shared their experiences with me. The narratives are organized by chronological age, starting with the oldest and finishing with the youngest participant.

Table 1 below presents a demographic matrix that illustrates the diversity of those who told their stories. All of the names are pseudonyms.

Table 1 – Demographic Matrix

Name	Time in treatment	Years in recovery	Status	School	Ethnicity/ Race	Age*		
						I	SD	MD
Linda	0	46	Teacher	Public/rural	African-American	66	19	46
Jan	4 years	30	Doctor	Private/suburban	Jewish	56	15	19
Kim	4 mo.	28	Teacher	Private/urban	Latin	48	14	19
Nicole	0	26	Teacher	Public/urban	White	48	16	18
Rhonda	2 years	24	Supervisor	Public/magnet	African-American	48	22	22
Joan	2 years	10	Flight Attendant	Private/urban	White	43	21	32
Sally	0	22	Artist	Private/urban	White	42	20	22
Patricia	0	22	Counselor	Public/rural	Native American	38	14	28
Alex	3 years	2	Editor	Private/urban	White	25	19	20
Sarah	2 years	2	Student	Public/urban	White	21	14	17

*Age: I – At the time of the interview
 SD - At the time the participant diagnosed herself
 MD - At the time the participant was diagnosed by a medical professional

As the table indicates, the women I interviewed represented diverse ethnic and educational backgrounds. Their average age is 44. The participants in Table 1 have been arranged from oldest to youngest (66 years old to 21 years old). The rationale for arranging them chronologically was based on the belief that such an arrangement would make it easier to detect discrepancies, patterns, and changes that have occurred in the perceptions and treatment of anorexia during the past half-century in a temporal fashion.

LINDA

At the age of 66, Linda is the oldest of the women who participated in the study. On the day of the interview she wore no make-up or jewelry, had on a loosely-fitting brown dress with a flower pattern, and wore gray, rubber flip-flops on her feet. Her shiny, close-cropped hair was brushed to one side of her head. She is an African-American elementary school teacher who is the only one of her six sisters who received a college

degree. As she answered each question, she spoke deliberately and slowly, often pausing as she spoke, as if to ensure that she was selecting the most appropriate word for her response.

Linda began by saying that she attended a small, one room school house from Pre-K to 8th grade with the same teacher. She smiled faintly and nodded her head when she told me that her entire class consisted of only eight students. She continued nodding her head and looking at the floor as she described her teacher: ...”she was a teacher, the kind that was hard on us. She was...a good teacher, but she had some crude methods of teaching.” When I asked to explain what she meant by ‘crude methods,’ Linda shook her head and let out a short laugh as she explained, “We were paddled...we were pinched...our ears were pulled...our toes were beaten with a yardstick...so...it was different.” She shook her head again and looked down at the floor.

The oldest of ten children, Linda said that life was always hard for her as a child. She grew up in an impoverished environment and commuted to high school every day by both car and bus because the school in her hometown was not integrated at that time.

In spite of the harsh conditions and the limited resources that the school provided, Linda prided herself as being the top student in the county and the elementary teacher’s favorite. Linda shared that the elementary teacher was so fond of her, in fact, that she suggested to Linda’s mother that she send Linda to the teacher’s house to live to provide her with ample opportunity to be educated properly and to receive a college education. Linda said her mother may have been tempted, but her father was adamant in having his daughter at home, maintaining that “college was not for girls.” His position was based upon the experience he had with his sisters, who all went off to college and dropped out

after becoming pregnant. In addition to her father's reluctance to send her away, Linda was the oldest of ten children, and her mother undoubtedly valued her assistance in raising a large family.

Linda herself felt a strong sense of commitment in helping her mother at home, and she believes it was her strong sense of responsibility that led to her anorexia. In Linda's own words, "I thought, being the oldest, I had to sacrifice and not eat much...and let others have more that way...so, I wanted to be as thin as I could be...I felt like it made me stronger than all the others." Linda lifted her head and set her jaw as she reflected on what she said, half-closed her eyes, then nodded her head slowly.

It was a male teacher's inappropriate behavior and comments, however, which increased Linda's desire to be as thin as possible. She fidgeted and appeared anxious as she glanced about the room as she recounted how he sexually harassed her and was subsequently fired. With a tired sigh and a long pause, she looked down at her hands as they fidgeted in her lap, stressing with each word her belief that by becoming extremely thin she would dissuade other men's advances and comments about her body. By being thin Linda felt that she was distinguishing herself, "setting myself apart" from other full-figured, black women who, in her opinion, sometimes allowed themselves to be viewed as sexual objects.

Tilting her head back, she recounted how she decided to attend college in her mid-40s and received her degree 4 years later. But, after being in the educational system for 23 years: 7 years as an assistant and 16 years as a teacher, she said she felt frustrated. She said she does not have the freedom to teach as she would like. "Too much politics," she sighed wearily. "I might retire in three years. I don't know...I'm tired...but next year,

I'm going back...I'm going back next year." The fatigue from years of struggling was etched in her face and in her movements, and she sank into her chair as she continued.

Today we have kids who we say are ADHD...and ADD...that was unheard of in my day...if you were ADHD...the paddle took care of that...it cured you real fast...real fast....you sat there...and you did your work...or there were consequences.

Smiling and releasing a quiet laugh, she gazed out the window as she reminisced, nodded her head several times, then looked at me, and gently smiled. Remembering how very hard her elementary teacher had been on her and the other students, she explained.

She was hard on me...very hard. She always told me that if you gonna go places in life, being a little black girl, you gonna have to be better than the others, in order to get ahead...in order to get something outa this world, and in order to give something back to it...you gonna have to be a whole lot better than the others.

Linda's anorexia began with a vow.

It was kind of a promise I had made to myself and with God. That I would be strong and not eat much food, so there would always be more for the rest of the family. And I felt good about that. I did.

Her desire to be thin increased as she grew older, primarily because she believed being thin would dissuade men from being attracted to her. In slow, deliberate tones she emphasized, "I wasn't like the others. I wasn't going to mess around and end up pregnant. I was going to work hard and become somebody. I wasn't going to be like the other girls." She saw thinness as a way of protecting herself to ensure she met her goals.

Having an extremely thin body was not without its consequences. Linda was prone to suffer from hypothermia, and as a teenager, she still had no menstrual cycle, yet she continued to restrict her food intake.

It was not until she married a childhood friend that her behavior began to change. Linda attributes her recovery from her eating behavior to her love for her husband and to her first pregnancy. She said she had to change her focus from herself to those who depended on her most. She said her thinking changed. Her entire face brightened and she sat up as she described her husband. “He is a good-looking man, and very smart...a real gentleman...a Godly man.” She became increasingly animated and threw back her head and laughed as she described her change in behavior that came in part from her first pregnancy. “I knew I had to stop being so thin; that it wasn’t good for me and it wasn’t good for the baby. So I started eating more...a lot more.” She added that she now realizes that her restrictive eating habits were “not a good thing”, and advises women who have anorexia “to get help from someone who can help them stop.”

JAN

Jan is a pediatrician who professes to love kids and dogs. She appeared very relaxed during the interview, smiling often, and speaking with an authoritative, confident air, appearing to be very much at peace with herself and her life. Raised by Jewish orthodox parents in an exclusive neighborhood, Jan said she believes her privileged background provided her with advantages that the majority of children are not afforded. She described herself as a curious, highly motivated precocious child who knew at the age of ten that she would one day be a doctor. She excelled in school, yet school was not an entirely pleasant experience for her. There were only a few other Jewish students in

the private school that she attended, and as a result, she said she felt ostracized and labeled as an outsider. In spite of her outstanding academic achievement, she said she sensed both the students and staff resented her. She added that she yearned to be popular with her peers, and her unrequited efforts to be liked and noticed by boys often led to depression.

Her sense of isolation changed, however, when she was in tenth grade. Jan lost a considerable amount of weight after having a severe case of the flu, and when she returned to school, she drew the attention of several girls who remarked on what they considered to be her improved appearance. More importantly to Jan, not only did the girls admire her more slender figure, but the boys did as well, casting her unprecedented winks, smiles, and comments. Jan had always seen herself as being fat and unattractive, and she said she was delighted by the attention she was getting for her slender figure. She was thin, and she said she wanted to stay that way.

But Jan came from a background that was rich in the Jewish tradition of food and festivity. In Jan's home, food had always been a critical focal part of her family's Jewish tradition, and her mother loved to cook and to feed her family. Food for Jan was more than just food: "...it's a way of life. It's a tradition. It's a part of what we share, of who we are."

Jan found herself torn between being the perfect child for her parents, which included eating the large amounts of food that her mother and others provided, and being thin. She resolved her dilemma shortly after her return to school, when she accidentally discovered how her friend Sally and other girls who had recently befriended her maintained their extremely thin figures. One day after lunch, Jan found Sally throwing up

in the school bathroom, and Sally confided to Jan that she and others regularly purged after they ate to stay thin. She added that they frequently took laxatives and enemas as well to keep from gaining weight. Not long after her discovery, Jan found herself adopting the same behaviors.

As a result, Jan was able to maintain her thin figure while still indulging her parents and eating all of the food that her mother fed her. However, Jan said she felt guilty and disgusted with herself, and went through several bouts of depression and self-loathing. In spite of her depression, she continued to do well in school and was accepted by a prominent Ivy League school. When her abnormal eating behavior continued there, she said she realized that she needed help in order to stop. She contacted her parents and withdrew from college. After concluding an extensive in-house treatment program, she continued taking prescribed medications, as well as attending both individual therapy sessions and group outpatient sessions. This lasted for four years.

Jan is now in her mid 50s and is a practicing physician. In addition to her own independent practice, she also works in conjunction with a hospital that has an eating disorders unit for adolescent girls. She said she believes that her own personal experience is invaluable in helping the patients who are being treated at the recovery center. When speaking with girls who are anorexic, she reminds them that, “Their personality traits...will help them succeed in changing their behavior.” Jan concluded her advice by adding, “I think it helps for them to know that they are not alone. That there is hope and that they have their whole life ahead of them.”

KIM

Kim is a middle school teacher and a native of Latin America. She contacted me when she heard that I was interviewing women who had suffered from anorexia. Her call was a surprise, because I did not know that she had an eating disorder. As previously mentioned, she is physically fit, has a medium build, appears very healthy, and is full of energy. Kim has thick auburn hair that is closely cropped, and her hairstyle accentuates her prominent nose and chin. She has a mocha complexion and expressive, hazel eyes. She generally has a somewhat pensive look on her face; there is a constant sense of preoccupation in her manner, which is reflected in her melancholy countenance and wistful voice.

Kim describes herself as a fighter: “I’ve been a fighter all my life, you know.” When I asked Kim if she could recall any memory from school that would illustrate that she was a fighter, she began her response by relating how she never was happy in the school she attended because she never felt like she fit in. She appeared restless as she answered my questions during the interview, adjusting herself as she sat there, often glancing about the room, and then staring intently into my eyes as she replied, “I was not happy with myself...I was not really happy with my life....so I was never happy. The only time I was happy was when I was playing sports.”

Kim then reemphasized that she felt as if she never fit in, and that her anorexia contributed to that feeling of being different and isolated. Reflecting on her school experiences, she leaned towards me, stared intently into my face and pursed her lips as she spoke in a subdued, monotone voice that delivered the words in bursts of flat, staccato words.

I didn't feel like I was part of the group, you know? I mean, it could be me. Maybe I was the one that I didn't want to...I don't know. Like I say, I was anorexic. So, so, when you have that you don't feel like you fit anywhere. You are so worried about yourself and how you look, see. I was always worried about how I was looking. So when I was 14, that's it. When I was 14, that's when I started it...when I became anorexic. And that changed everything in my...so I don't really think I have good memories, 'cause that's all I thought about all the time...and playing sports...so no really good memories.

Kim then stated that her unhappiness as a teenager and her lack of fond memories could be attributed to the death of her estranged father and her younger sister when she was only eight years old as well as to her struggle with anorexia. Kim could not remember the school ever offering any classes that dealt with health or diet. She added that when she was in school, there was very little knowledge about the conditions we now refer to as anorexia or bulimia. She said that she feels that has changed, and that now schools can play an important role in helping students who have eating disorders. In regard to the treatment she received for her anorexia, Kim's voice grew louder, and she angrily stated, "...you didn't do what the brochures at the eating disorders center said. You didn't do that. You learned no skills. It gave you no skills. No. There are no skills!"

Throughout the interview, Kim appeared intense and animated, often grabbing my arm or wrist to capture my attention and leaning towards me to emphasize her point. When stating her belief that women are influenced by models and advertising to be thin and attractive, she grabbed my shoulder and threw her hands into the air.

All that shit! It's everywhere. All the dolls the girls play with...those Barbie dolls. They're everywhere. Little girls play with them and think that's the way you're supposed to look. Advertisers! When you're anorexic, you want to be perfect...I still workout a lot...I'm always thinking. 'Oh, gosh, I'm gaining weight', so it never goes away...what I'm saying is, when you're anorexic, it isn't going away. I still, I still have it.

Kim is 48 years old.

NICOLE

Nicole is a middle-school teacher who described herself as a perfectionist. She said that she is always the first teacher in the building in the morning and the last teacher to leave in the afternoon and mentioned that she received formal recognition for her outstanding performance as a teacher.

Nicole is also a tri-athlete who regularly competes in iron man competitions. To prepare for the competitions, she trains with weights daily as well as runs, swims, or bikes for approximately two hours every day of the week. Nicole stated that she is strictly disciplined in her diet and avoids any food that may be detrimental to her progress as a tri-athlete. In addition to her athletic activities, Nicole added that she an avid practitioner in the arts.

The strict discipline with which she conducts herself was reflected in her behavior during the interview. Petite and athletic, her dress and hair were impeccable. She was reserved in her gestures, conveying her feelings more with her facial expressions and her tone of voice. Every word, every thought, seemed to be controlled and measured as she spoke. She smiled freely yet infrequently.

Nicole confessed that she is quite private, and rarely engages in any social or extra-curricular activities at school. She told me that she struggled with anorexia as a teenager and a young adult, and that one of the reasons she majored in psychology was to better understand how the body and mind worked together. She also told me that her anorexia subsided when she became pregnant the first year of her marriage, but added that every day she has to make a conscious effort to control her thinking and her actions in regard to her eating and physical activities.

In our interview, two of the stories that Nicole related to me were particularly disturbing. The first story was an emotional account of a baby chick that she had brought to school when she was in kindergarten. During recess a classmate snatched the baby chick from her hands and ruthlessly twisted its neck, then threw it on the ground and laughed. Her other traumatic account described how her drunk stepfather tried to rape her when she was sixteen. When she told her mother what he did, her mother became angry and accused her of provoking the assault. Nicole left the house feeling betrayed and vowed never to talk to her mother again. Nicole said she felt unclean and began to abuse laxatives and alcohol. She also made a conscious decision not to eat, although she had been restricting for about two years up till that point.

While she never revealed the abuse to her grandmother about what happened, she now thinks that her grandmother knew in spite of her silence. Her behavior changed, she became very reclusive, and didn't do as well in her studies at school. For over six years, Nicole struggled to overcome her eating disorder, her alcoholism, and her self-destructive behavior. She said she is now successfully recovered. When asked what she might say to a woman with anorexia, Nicole responded:

I would tell them...there is hope...and I would tell them, you can't do it on your own. You need others to help you...you can't live your life trying to please everyone...stop trying to be perfect...you are good enough just the way you are, and you don't have to be more than that...you have to let go...you have to let go of all the ideas that chain you down and make you feel like you have to be perfect...you have to let go of anything that may be hurting you and keeping you from moving ahead with your life.

Nicole said that she believes the faith, support, and encouragement her grandmother gave her during that turbulent period of her life was what made it possible for her to eventually emerge as a strong, confident individual.

Nani, she was my therapy; she was my recovery program...and prayer. I believe it with all my heart; it was her prayers that saved me. So it was Nani and her prayers; she's the one...I just hope I can be half the person she was. She was a remarkable woman.

RHONDA

Rhonda is a 48 year-old wife and mother who is supervisor for a government agency. She is a tall, slim African-American woman with large, espresso eyes and medium length hair with curled bangs. During our conversation, she spoke in a very calm, relaxed manner and was upbeat in her responses, often smiling and laughing, revealing a set of perfect white teeth. The morning of the first interview she was wearing a charcoal grey business suit with a knee length skirt, a silver silk blouse, and black patent leather dress shoes with stiletto heels.

When Rhonda first described her struggle with anorexia, she mentioned that her anorexic behavior did not start until after she graduated and pursued her interest in modeling. However, upon further reflection, she conceded that insights gained from her years in counseling during her treatment made her realize that she always had what her therapist described as an anorexic personality: a perfectionist that was overly concerned with physical appearance, who was afraid of getting fat, constantly engaged in compensatory behavior to maintain her figure, and who set standards for herself that were not possible to attain.

Rhonda emphasized during the interview that her years of school were wonderful. Looking back, she says that she wouldn't do anything differently or trade anything from elementary through high school. She attended the same high school as her father and said she took pride in continuing that legacy. The worst memory that she could recall was having her shoe drop underneath the steps of the stadium as she played in the band at a college football game. She laughed as she recounted the story of her efforts to retrieve her lost shoe.

As Rhonda described her middle-school and high school years, her face lit up and she smiled broadly. She gave no indications that she was ever unhappy or displeased with the education she was receiving at her magnet school. On the contrary, her responses were upbeat and positive: an almost Utopian existence. She said she believed that one of the greatest benefits she derived from attending her school was exposure to diversity. She added that her affinity for perfectionism was heightened by the school's high standards for students. As she recalled her two favorite teachers, she mentioned that both of them expected the very best from their students.

What Rhonda remembered most about college was the opportunities her sorority provided to serve the community. She recalled the many community outreach projects in which her sorority participated to serve those who were in need. While in college she and her sorority sisters painted homes, brought older and impoverished people food, and visited disabled veterans. As Rhonda put it, her sorority “was big on service.” She said that the best part of being in a sorority was helping somebody. “It doesn’t take much to make people happy. So your time and your presence, that’s what they are really looking for...and that stuck with me.”

Her anorexia began after she accepted a modeling job with a modeling agency that requested that she lose weight. By restricting her diet and exercising excessively she lost the weight they requested, but said she felt trapped in a behavior that was foreign to her to that point and left her confused and frustrated. She attributes her husband’s concern as being the primary reason she sought counseling. After two years of what Rhonda described as extensive therapy with a psychiatrist, she successfully ended her abnormal eating behavior and her excessive physical activity.

We worked over a year together. There was a transformation...mostly in the way that I looked at the world around me...and at myself too. I don’t feel like I have to be the best anymore. I still set high standards for myself and others. But I’m comfortable with the results of my efforts now. I don’t feel as if they are never good enough, that I am never good enough. That’s how I used to feel, how I used to think. I don’t think that way anymore. I’m more at peace with myself and others.

Rhonda's optimistic attitude and positive outlook on life were present throughout the interview. For the past twenty-five years she has been working in the criminal justice system. The personal philosophy that drives her and compels her to serve others is stated in her own words, "It's the whole idea that I can save the world...you know, it's about...there's just somebody out there who needs to be understood."

JOAN

Joan is a 43-year old, tall, very slender blond woman who claims that she never takes herself seriously. On the day of our interview her hair was drawn back in a pony tail that fell to the middle of her back, which she tossed about frequently as she spoke and gestured during the conversation. Her large, warm, brown eyes sparkled when she talked, and her expressive, oval face is highlighted by even features with prominent cheekbones, a strong chin, and a well-shaped nose. She was dressed in a black designers' jogging suit that highlighted her long legs and small waist. She wore only a hint of light beige eye shadow and pink coral lipstick on her deeply tanned skin.

Joan opened the conversation by describing herself as a 'fun person' and, indeed, during the interview she was animated and lively, interspersing her dialogue with light-hearted jabs and laughter.

As she spoke, Joan expressed her belief that men find women who are thin as being most attractive, and for that reason she said she thinks that it is very important for a woman to be thin (beautiful) and sexy. In order to enhance their appearance and to be even more desirable to men, Joan encourages women to consider breast augmentation and other forms of cosmetic surgery, as she herself has done. She admits that she is "still very much obsessed about my looks" and that the only thing preventing her from further

plastic surgery is a lack of money. In her words, “I think it is really important as a woman to be beautiful all the time and everybody has a different definition of that.”

Her emphasis on the importance of physical appearance was evident as the interview progressed. For example, as she described her mother as a sweet, sincere, septuagenarian, she added that her primary amazement was in her mother’s unbelievable beauty. And when recollecting high school memories, she focused little on academics. As she put it, school was “just not her thing.” What she did remember was how cute her history teacher was. “He was a doll. I would have jumped in bed with him in a heartbeat.”

Joan described herself as a wild child who loved people and loved to have fun. She said that smoking pot and making out in the basement of a private Christian school was *de rigueur* for the students. So was going to parties on weekends, getting drunk, and doing “dumb things”. It was all part of growing up, as Joan saw it. Her parents were not totally oblivious to her antics, however, and whenever Joan was caught in one of her escapades, she was grounded and/or deprived of her customary allowances.

As Joan reflected on her school experiences, she recalled receiving little instruction regarding physical appearance or healthy diet other than her gym class that included a brief discussion concerning healthy eating. She admitted to enjoying gym class, primarily because of the physical exertion required. Joan said she has always been athletic, and she appeared to take pride in talking about her fitness and muscular arms.

As Joan was growing up, she said that many of her ideas about how a girl should look came from conversations with other girls. She and her friends would talk about how a woman is supposed to look, what they were supposed to wear, who was cute, who was a geek, who was fat, who was sexy, and who was not. During high school Joan said she

went on lots of dates, and she attributes her appeal to boys to being thin and sexy. When asked why she felt that most boys were attracted only to thin girls, Joan leaned forward with her head tilted downward, bit her lower lip with a grin, looked directly into my eyes as she put her hand on my knee and queried, “You ever go out with a fat girl...hmmm?” When I failed to respond to her question, she jumped up in her seat as she hooted, “Ha...I knew it...that means NO!”

Although Joan admitted that she was not academically inclined, after graduating from high school, she continued her education at a state college. However, her sophomore year, after she became pregnant and had an abortion, she dropped out of school. At the time of her withdrawal, she weighed only 95 lbs., was popping pills, drinking excessively, and eventually sought medical treatment.

Joan is a married mother of two. She emphasized that it was the fear of losing her family that prompted her to seek treatment at the age of 35; her husband had threatened to leave her and to take their children with him if she didn't seek treatment. She said that she felt desperate, and admitted herself to a treatment center, but, because she had very little money or insurance coverage, she was unable to participate for more than 5 weeks. After leaving the treatment program she continued her therapy with a psychiatrist and a recovery program while following a meal plan the treatment center nutritionist gave to her. Joan said that she was not pleased with her treatment at the center.

All they want to do is fatten you up...they all had their own ideas, and they just didn't want to hear what I had to say. I don't mean they didn't care, but they just didn't listen to me.

She is currently attending classes to receive a degree in psychology so that she can treat women with eating disorders. Joan said she believes that her personal struggles with anorexia will enable her to be more effective in treating women with eating disorders than therapists who have never experienced their clients' hardships.

SALLY

Sally was the first person that met with me at the center. She is a married artist in her 40s and a mother of two. Her very first response to my opening question was, "I'm a recovered anorexic."

Sally is a slender, petite woman about 4'11" tall with full, thick, shoulder length, wavy blond hair and expressive, deep blue eyes. Her skin is smooth with a clear complexion and is well tanned. Sally wore very little make-up for the interview. During the interview she sat with her feet curled up besides her as she lay back on the sofa.

She gestured occasionally with her arms and hands, but most of her expressiveness was from her face and the variety of postures she assumed when answering questions. She appeared pensive, her eyes indicating intense thought and consideration before answering questions. During much of the interview she looked directly at me, and only looked away when reflecting on a response to a question or, perhaps, recalling a memory. When she spoke of her father, tears welled up in her eyes.

My dad was very challenging to me...like anything I said, I'd have to prove it...I just didn't feel good enough...that's one of the reasons I don't like to be around him. I mean, he is always saying stuff, like how awful I look, and how I need to put on some make-up...just constant criticism about how I look and comparing me to other women...and to my mom...saying how beautiful they are.

Her obsession with food and thinness manifested itself when she was a sophomore in high school. Sally said she believes that after eating a person feels guilty, and that when they eat it is a type of reward. When questioned on why a person would feel guilty, she was at a loss to explain her reasoning. She then traced the question to herself saying that she herself feels guilty and that she is not deserving. She said she doesn't know why she feels that way: why, to her, food and eating is a reward.

In contrast to the narratives of other participants, Sally's anorexia resumed after getting married. She explained that her husband was very controlling and demanding, and she said she felt she could never meet his expectations. When her weight dropped to 79 pounds, she began to have heart arrhythmia. Her doctor diagnosed her anorexia, and told Sally that her heart could stop at any time. Incredibly, Sally admitted that the doctor's prognosis barely made an impression on her. However, when her minister told her that she was putting herself above God, she said that it horrified her and that she fervently prayed to God for intercession. When Sally became pregnant one week later, she said that she saw her pregnancy as "a gift from Jesus and that she would be betraying Jesus" if she continued to starve herself. So, without any formal medical treatment, her severe food restriction gradually ended, and after her pregnancy her bodyweight went back to 105 lbs. Further reflection after the birth of her son changed her perspective and caused her to become much more health conscious, seeing her eating behavior as being stupid and selfish.

As a result of her own experience, Sally appeared passionate in admonishing others with anorexia.

It is stupid and selfish. It is extremely selfish. When you are anorexic, all you are thinking about is yourself. But you are not only hurting yourself, you're hurting everyone around you. It's really stupid. So you have to stop thinking about yourself...and start thinking more about the people around you. And you can stop...it's you...you have to just do it.

Sally's face became very somber and she looked down at the floor as she admitted that she still has issues with food. She periodically glanced about the room as she compared herself to her mother, who she believes is overly conscious of food, dividing it into two categories: "healthy" and "unhealthy".

I mean, sometimes I'll eat things I know I shouldn't, but I don't feel as guilty, like I used to; not as much. But I do try to limit those foods...the ones I think are unhealthy. I try to eat mostly healthy foods. I'm a lot more health conscious now than I used to be.

And yet, afraid of getting fat, Sally still doesn't eat dinner. She recounted how, growing up, her dad made her feel that being fat is unattractive and totally unacceptable and his constant comparisons to other women, including her mother, affected the way she saw herself. Responding to her father's criticism, she said she now feels her mom is beautiful and skinny while she herself, at a bodyweight of 106 pounds, is 10 pounds overweight.

Ironically, although she now plans the meals for her kids and her husband, she eats very little herself. Sally can't explain why she is so concerned about her children's meals but does not follow the same program for herself, realizing that it doesn't make sense. Her basic response was that there is something wrong with her brain chemically

that causes her to think the way that she does and has triggered her eating disorder. She said she believes that whatever allows a person to think logically is broken inside of her head now.

She said that the best she ever has felt about herself and her appearance was when she was in college before she got married. In college she was constantly validated, and was independent, was always getting compliments, and people enjoyed her company. She didn't feel judged. Her eating disorder still haunts her.

I think it doesn't ever really go away...I mean, the way you feel about yourself...how you look...about being fat...I'm better, thank God ...but I still feel like I'm fat, especially my legs. The only time I felt good about the way my legs looked was when I weighed 75 lbs....so, I know I still have a problem...I think I have a good handle on it. It's something you just live with.

PATRICIA

Patricia is a 32 year-old school counselor in a small-rural town of just over 1,000 people. She drove eighty miles to meet with me for my third interview, which was held on a mild, sunny day in early March, 2013. When I asked her to describe herself, Patricia used the following words: patient, attentive, caring, structured, sincere, honest, trustworthy, dependable, consistent, and occasionally grumpy.

Like other women I spoke to, Patricia appeared to be conscious of her appearance, and her hair and dress were impeccable. On the day of the interview she was wearing khaki slacks with a slender, silver belt, silver leather sandals, a long-sleeved silk lavender blouse, and pearl-shaped coral earrings. She appeared relaxed during our conversation, leaning back in her chair, smiling often; and she spoke in a soft, melodic

voice with a slow, country drawl. Her hands rested in her lap, and she lifted them occasionally as she pondered a question or emphasized a point. As we spoke, she expressed great warmth, affection, and concern for both her students and family.

That's the main reason I became a school counselor; because I want to help students make it through their tough times...and I always tell kids when they come into my office...they're the only ones who can change things.

When asked about her activities outside of school, Patricia responded...okay...I really don't spend anytime by myself...that's rare...and my husband and I don't...we're all about family, and so our family time might be to just sit around and watch a family movie together...we may go to the park...but everything...everything revolves around family.

Growing up in a small town and attending small rural schools provided her with a close, intimate connection within the school, family, and community. As a result, she found the transition from elementary to secondary difficult, and it was about this time her eating behavior changed. Patricia said she believes her developing anorexia was primarily the result of her older brother's and father's comments about her being fat combined with the change in school environments and her poor self-image. It was not until her junior year in high school that she began to feel good about herself again and to feel as if she fit in with the other students. At the end of her sophomore year her father died, and shortly after his death she became a member of the flag corps and began to enjoy school more. Her anorexia subsided; and she said she felt better about herself and the way she looked.

When asked to recount any college memories, she recalled one male teacher who was extremely negative and discounted women. She contrasted her dislike for that male teacher to a female teacher who was uplifting and who went out of her way to encourage her to pursue a career in psychology. Her enthusiasm for the two classes appeared to be directly proportionate to her fondness for the two teachers. As she reflected on her positive experience, she added that she did not pursue a career in psychology as the instructor suggested because she was married and focused her attention on her family. Patricia described the two teachers from high school that stood out in her mind most as both strict and efficient. She said their methods made it possible for the students to learn the material effectively and efficiently. In both of those classes, Patricia said she felt she had teacher who really cared about the students and that she was learning a lot.

Patricia did not receive medical treatment for her anorexia. However, she said that she recognizes that every individual is different, and encourages women who have anorexia to seek help if they are struggling. She added, however, that ultimately being able to change is up to them.

What it all really boils down to is...it's a choice...it's a choice...you choose whether or not you want to be anorexic...or anything else for that matter. Too many people want to blame the way they are on things that happen in their life. They want to use something for an excuse for why they are the way they are. But I don't agree with that. I think we are the way we are because we choose to be that way. So if we want to change, we have to do it for ourselves...nobody is going to be able to do it for us. We have to do it ourselves.

ALEX

Alex is a shy, petite, multi-talented 25 year-old perfectionist who, at the age of fourteen, began to struggle with drugs, alcohol and anorexia. At the age of seven she described herself as an aspiring athlete whose world crashed when one of her coaches began to sexually assault her at the age of nine, and continued to molest her for the next two years. She recounted that she felt confused and ashamed and was afraid to confide in her parents. She added that she believes that her addictions and abnormal eating behavior were her ways of coping with the churning emotions that she kept bottled within her. These experiences echo those of Jan, and also of Becky Thompson's findings in her study, *A Hunger So Wide and So Deep*.

She explained that initially her sport made her feel free and confident, but after her coach's violation and betrayal her enthusiasm waned. She went on to say that her athleticism had been a source of pride until that point, but with her world shattered she began to find refuge and comfort through drawing and painting. She remembered how her artistic talent flourished as she began to receive praise, recognition and awards from her teachers. During this early period of her life she also practiced dance diligently in order to enhance the creative aspects of her athletics. When she auditioned to attend a scholarship-funded summer arts camp, she was accepted to attend the program for both disciplines. She admitted that her joy for being selected to participate in the art sessions was diminished greatly when she discovered that her parents arranged for her to attend the dance classes at the camp in the afternoon after her morning session in painting.

She said she received some solace from her roommate, Norma, a girl that practiced dance with her in their hometown since they were both very young. Alex

discovered that Norma abused both drugs and alcohol, and soon the two girls intimacy became what Alex described as a destructive, co-dependent alliance that eventually led to both girls being expelled from the camp. Their expulsion occurred on the day that the girls were to have made their final presentation at the camp: some of the artistic work that displayed the excellence they achieved during their intense two-week studies. Alex said she returned home devastated.

At the age of 16 Alex quit her athletics and began what she described as a downward spiral of drug and alcohol addiction and anorexic behavior.

I was miserable inside. I was still a very good student...I was a member of the NHS, was the class president my junior and senior year...sang in the choir...getting top honors in the art exhibits, but it was all a big show...kind of a game...I knew what my parents wanted, and so I gave it to them, but I hated them for that...it was like I was two different people...the goody-goody girl, and then there was the real me...I didn't know who I was.

She revealed that she thought that when she went to college, things would change. She found she was wrong. "College was the perfect place to feed all of my addictions. So I fell hard once I got to college..." By that time, Alex weighed 65 lbs. It was at that point her parents intervened. They gave her an ultimatum: "Either you admit yourself into a treatment program voluntarily, or we will have you court-committed." Feeling that her parents were interfering with her life again, Alex felt ambivalent about going. But she felt she had no choice. She recounted, "I felt so weak, so tired...I didn't care at that point if I lived or died. I just wanted to disappear...anyway; I went...it didn't go well."

Initially, Alex recalled how she rebelled against those who were trying to help her, and for the next three years, she was in and out of treatment programs.

I was in treatment way too many times...seven different programs in three years... the last time I went, I realized that recovery was my choice...it was a choice I had to make for myself...finally....to change my thinking...it was the hardest thing...to change my thinking.

Alex said she believes that her ability to change her behavior resulted from that realization. She also attributed her successful recovery to having “great therapists.” Because of their help, Alex said she now sees herself and the world in a different way and no longer feels the compulsion to indulge in her previous addictions. But she added it still is not easy.

For me, it’s a day by day struggle. It helps to know that other people have recovered. It helps to see successful people who have recovered. I think the biggest step is to go for treatment. I think I felt like I was at the end the first time I went into a treatment program. I knew I had potential...a part of me told me I could do it...and now, life is so different. For the first time in my life, I feel free. I feel like there is hope now. I feel like life is worth living. So there has been a big change for me, a big change.

SARAH

Sarah was the youngest of the women to participate in the study. She is about 5’10” tall and slender. Her face has classical, symmetrical features with high cheek bones, large blue eyes, a radiant smile; a long, graceful neck, and thick, auburn hair. On the day of our interview she wore a full-length, sleeveless red cotton dress, black cork

sandals, and a silver necklace with matching earrings and carried a black, designer's purse. When Sarah approached me in the room where we held our interview, she glided across the room, her every movement seemingly purposeful and yet effortless, her head and body held high and erect, almost as if she were floating. Her overall appearance and demeanor was stunning. She gave me the impression of a high-fashion model displaying an outfit on a runway. She spoke in a quiet voice, barely audible at times, and when she smiled, it almost appeared as if she were posing. When she spoke, she would carefully tilt her head to the right or left, and with her hands strategically placed on the armrest of the sofa or on her leg or knee, she uncrossed or crossed her legs, looked directly at me, and smiled.

However, as I began my interview with her, Sarah made it clear that she does not think she is attractive or slim. On the contrary, she said she feels she is just average, and she is ever-conscious of her size, saying she is too large, particularly in regard to her feet.

I had this boy in my class, and I kind of liked him...I had a crush on him, you know? And he looked down at my feet one day and he went, 'Man, you got big ol' feet,' and that just...I could hardly stand it...it scared me...what he said...with my feet, and I 'm always looking at...when I go to buy a pair of shoes...oh, gosh, I hate to tell'em what my size is, you know?

Sarah described herself as confident, yet shy; competitive, a go-getter, a problem solver, and very goal-oriented. As our conversation unfolded, Sarah confessed that she only strives to excel when she is attempting to gain the approval of a person who singles her out and makes her feel special. For those individuals who show little interest in her, she does little to gain their attention.

She laughed a lot during our interview...a soft, quiet, laugh. She remembered school as a happy time, and what she remembers most about her school days was interacting socially with other girls and how silly they all were. In her reminiscence, she laughingly described 'dating' as her primary extra-curricular activity. Other than two teachers that brought out her best efforts in class, she said she views most teachers as being apathetic and disinterested in the students in their class. When describing herself as a student, she saw herself as a "goody-two-shoes" who never did anything to warrant punishment or correction, while she also admitted that she was not above cheating on homework. Sarah added that the only factor that prevented her from cheating on a test was her fear of getting caught.

At the age of 17, Sarah weighed only 100 pounds, and began to experience arrhythmia and fainting spells. Unable to afford a treatment program or medical help, her parents pressured her to attend a community recovery group that met weekly at a church. Sarah said she was reluctant to attend. She smiled softly and spoke quietly as she recalled her first impression of the group.

I felt so sorry for those people. I thought, I'm glad I'm not like them. The people here are really sick. They have got some major issues. And I was glad to get out of there.

Nevertheless, Sarah returned the following week, and the next week as well. It was after her third meeting that Sarah changed her opinion about the group and her need to change.

There was a girl there...she really opened up...she started crying...and then, I started crying, too...because I felt like I was her. I didn't say anything that night.

But something had happened. And when I got home, I went up to my room and I prayed to God to help me. I asked him to help me change. I think it was the first time that I can remember that I knew I had a problem and I needed help. The next week when I went I told them everything...about not eating...about all the exercising I did....if it hadn't been for that group...if it hadn't been for God leading me to that group...I might not be alive today.

She said she advises other women with anorexia to seek help and to find something that will replace it.

Anorexia is just an escape mechanism. It's just a way that you hide from your problems. It's a way you deal with the world so you can survive. So you have to have something that you can use that will help you face each day....I replaced mine with spiritual values and encouragement from the group I was in and found other avenues.

However, the anorexia she experienced in her life continues to haunt her in the form of continued self-restriction in both the amount of time she devotes to exercise (2 hours daily) and in the number of calories she allows herself every day (1200-1500). Sarah has been in recovery from her anorexia after two years of treatment with the community recovery group. She is 21 years old.

Summary

In this chapter, I presented a brief narrative portrait of the ten different women who participated in this study and shared their experiences with me. It seemed as if their stories began the minute they walked into the room where we had our conversations. The way in which they walked and held themselves and the careful attention they had placed

upon their personal appearance was their introduction. It was one of their ways of saying, “This is who I am.” After sitting down and exchanging cordialities, they then began to share with me their memories about school: how they felt about it, what they enjoyed most, what they favored least, and the difficulties that emerged as anorexia seemed to overcome their lives. Each was unique in the telling. Some of them sat quietly back as they spoke softly and deliberately. Others were highly animated and energetic, speaking in bright, clear tones that rang out as their stories exploded. They often chose their words carefully, crafting each scene in such a way as to convey to me the importance of that particular memory. Yet in spite of their differences in style and delivery, they all were stories of humor and pathos, of conflict and conquest. Each woman had overcome what some describe a potentially fatal disease. In the telling of their stories, they sometimes became emotional, and I felt somewhat intrusive, as if I were a stranger who had invaded their private sanctuary. They spoke to me in more than words. Their hands, their faces, and especially their eyes seemed to reflect feelings that words might not express. And with the limited resource of words that I have at my disposal, I have attempted, as best as possible, to recapture the experience of our conversations in an effort to convey to those who would hear the poignancy of their voices.

In that effort, in the next chapter, Chapter Five, I will rely heavily upon the approach recommended by Reissman (2008), as well as Luttrell (2010) and Kiesenger (1998) to present the findings of this study. I turn from capturing narrative accounts of the participants to analyzing what they said and *how* they said it. Chapter Six will then discuss the implications regarding this narrative study in relation to future research and

possible applications in education and the medical field, will conclude the study, and make final recommendations.

CHAPTER 5

FINDINGS

For some people, there may be no other experience that is quite as daunting and at the same time more exhilarating than that of having the opportunity to tell their own story. I spoke with ten women with anorexia who did just that. They recounted their memories of school, their interaction with their peers and faculty, and what school meant to them. They also recalled related educational experiences in college, at home, in recovery programs, and in other educational contexts. While listening to their stories, I was invited into a part of their world, a distant spectator whose hand they grasped as they led me down one of the paths of their life journey into past experiences with their struggles with anorexia and their memories of school. For me, it was a humbling, gratifying, enriching, and enlightening experience.

Their stories serve to illuminate the critical issue of anorexia and the educational context in which it can occur. It also reinforces the importance of voice as noted by hooks (1989). Activist hooks argues that it is essential for women to find a voice, to be able to speak publicly, if they are to be transformed from object to subject.

...coming to voice is an act of resistance. Speaking becomes both a way to engage in active transformation and a rite of passage where one moves from being object to being subject. Only as subjects do we speak. (p.12)

When analyzing their stories, I first used thematic narrative analysis to examine the content of their personal narratives and to examine what they said. I then drew from

structural analysis focusing on the manner in which the narrators constructed their reflections to determine how they told their stories. As noted by Reissman (2008), the use of structural narrative analysis, which considers how form, order, word choice, prioritization, characterization, and method of delivery matter in narrative, makes it possible to include voices and topics that might otherwise be missing when analyzing for content alone. Finally, I analyzed the data through feminist theoretical concepts which prompted a series of analytical questions that focused on gendered experiences: In what ways were the eating problems used as survival strategies or coping mechanisms in response to a patriarchal society? What were the gendered forces that shaped each participant's eating experiences? How was her voice silenced in her experiences? In what ways was she able to regain her voice? Who were the primary characters in their stories and what role did they play in their educational experiences? In what ways was their anorexia related to their school experiences? Using these questions to form the framework for analyzing the data, the data presentation and related discussion of findings in this chapter was organized first by the guiding research questions. The three research questions guiding the focused data analysis and providing the organizational structure of the data presentation were:

1. What are the life experiences in school of women with anorexia?
2. How do women with anorexia organize, narrate and construct those life experiences?
3. What lessons did women learn about their bodies in school?

Using the research questions as a guide, in line with the purpose of thematic analysis Reissman articulates and as Chapter 3 details, this chapter first explores the content of the stories the women told by focusing on “what” they said.

What are the life experiences in school of women with anorexia?

As Table 2 demonstrates, the women’s schooling experiences are as varied as the backgrounds of the women. Half of the women attended public schools; half went to private. Only two of the students were educated in small, rural settings. Also, all but two of the two of the students received a college degree. Of those two, Sarah is the youngest of the women and is currently enrolled and scheduled to graduate in 2015, while Joan dropped out of college at the age of 19, but is currently attending a community college pursuing a degree in psychology.

TABLE 2 - SCHOOLING

PRIVATE	PUBLIC	RURAL	URBAN	COLLEGE	LOCATION
	Linda	Linda		Yes	Midwest
Jan			Jan (suburban)	Yes (W)	Midwest
	Nicole		Nicole	Yes	Midwest
Kim			Kim	Yes	Latin America
	Rhonda		Rhonda (magnet)	Yes	Midwest
Joan			Joan	(DO) current	Midwest
Sally			Sally	Yes	Midwest
Patricia		Patricia		Yes	Midwest
Alex			Alex	Yes (W)	Northeast
	Sarah		Sarah	Current	South

W – Withdrew for treatment of anorexia; returned after 1 year
 DO – Dropped out of college

In the following section, I first discuss *what* the women said by exploring the following themes: 1) striving for approval; 2) a sense of purpose; 3) career choices and college; 4) perceptions of school; 5) self-image; 6) changing concepts; 7) being different

In the subsequent section I discuss *how* the women constructed their stories, outlining individually their style of construction and delivery followed by a summary of their constructions. The final section explores what the women learned about their bodies in the following educational spaces: formal curriculum and classrooms, school cafeterias, gym classes and playgrounds, with peers in and out of school, treatment centers, and at home in family spaces. At the end of that section I reflect upon new lessons that the women themselves currently pass on to others.

What the Women Said

Striving for Approval

As the women recalled their educational experiences, they remembered both pleasant and unpleasant memories. Some of them expressed their desire to do well in school and to receive favor from their teacher while others expressed their ambivalence towards and even dislike for school. As their stories unfolded, some of them spoke of one or more teachers who gave them preferential treatment or that made them feel special. In many instances, some of the women strived to excel in their academic achievements and received favorable attention from one of their teachers.

Their need for approval from their teachers and their desire to please them is reminiscent of the theme feminist anthropologist Wendy Luttrell discusses in her work, *“School-smart and Mother-wise* (1997) and Becky Thompson in her study, *A Hunger So Wide and So Deep* (1994). In both studies, the authors noted that the women spoke of key figures in their lives that influenced the way they felt about school, while in Luttrell’s book the women she interviewed often referred to teachers’ favorites as “teachers’ pets”.

For instance, in spite of being the recipient of almost daily paddling, Linda remembered what her teacher expected of her and how her teacher made her feel. “I was her favorite. I was her favorite. I think I was...because I worked so hard.” Her teacher was so fond of her, in fact, that she asked her mother to give her to her when she was in 9th grade to make sure that she went to college. Her mother refused.

Jan had a much different background than Linda. The daughter of Orthodox Jewish parents, her parents placed her in parochial schools where, as a minority Jewish girl, she said she felt like an outsider. But she also added the following comments regarding her feelings about school.

School was my escape, in a way; I was kind of like in my world in school. I was always a good student, very bright and very curious. It was what I was really good at. So I was still (in spite of the anorexia) the top one in my class...valedictorian and all, my senior year...head of my class.

Jan went on to add that she sometimes felt her desire to be the best and her outstanding academic performance was not always admired by others.

I often sensed resentment for my desire to be the best, for my desire to lead and to excel. But, I mean, that’s what my parents expected of us. We had to be the best. That’s what everyone expected...even me. That’s what I expected of myself.

Nicole had much the same experience. She said she was always involved in the activities of a “pretty small school” so the teachers and the principal “all knew and liked me. I guess I was kind of the poster child for the school.”

Some of the students had more than one teacher who garnered her with privileged status. Sarah, a self-described “goody-two-shoes” remembered more than one teacher

who seemed to favor her and recalled that the younger teachers in particular liked her very much. Her third grade teacher, specifically,

really, really liked me...and it made me strive to be the best citizen...we got that put on the board every day...whoever was the best citizen...or the smartest girl in class...because my teacher liked me and gave me a lot of attention. She put me in the fourth grade reading group; but I was only in third grade. It gave me a lot of confidence because my teacher gave me a lot of nurture and encouragement.

Her 10th grade English teacher, straight out of college, was also an inspiration to Sarah who had nothing but praise for the fledgling teacher.

She really wanted to help the student...she really went out of her way...she was very excellent....she genuinely liked her job...because of how she was...I was an exceptional student when I had her. She brought out the very best in me...and that's when I really got into writing.

The teachers' concern and attention prompted other women to strive for excellence as well. This was a common theme in the women's narratives, though it took different forms. Patricia, for example, had a psychology teacher in college that motivated her to do her best by leaving notes of encouragement on all of her papers:

She would always leave me these notes on my paper and encourage me to become a psychologist. I was working on a master's in school counseling, so it was like, wow, and she wouldn't just do that with everybody's papers, you know, so like, just on my paper, so, you know, it really meant something, it really stood out....she motivated me just by her little notes on my homework assignments.”

Although some may not perceive a teacher's effort to show concern for a student and encourage them as evidence of being "a teacher's pet," the attention could have a profound effect on the student's feelings and behavior.

Sally recalled one such teacher in high school. "Oh, my art teacher...she thought I hung the moon. She just raved on and on about my work in art class....and I think I was her favorite."

Sally remembered one time in particular when her art teacher asked her to stay after class in order to ask her why she appeared so unhappy and why she was losing so much weight. The teacher's eyes began fill with tears, she hugged her warmly, and asked Sally to promise her that she was going to eat more. The teacher's heartfelt concern caused Sally to sob uncontrollably. As she regained her composure, Sally promised the art teacher she would eat more and asked her not to worry.

"I will never forget that...I will always remember her kindness...she was special...and she made me feel special. She really touched my heart." Unfortunately, in spite of Sally's expressed desire to fulfill her promise to gain weight her anorexic behavior continued.

In their stories, the women did not always specify a teacher that may have been partial in their treatment towards them, but as their narratives unfolded they disclosed their need for recognition from their teacher and "to be somebody" as Linda put it. Her phrasing, "to be somebody" is reminiscent of the study conducted by Wendy Luttrell (1997), which analyzed the stories of middle-aged women who had returned to school to become a "somebody."

Even Kim, who had few fond memories of school other than physical education classes, remembered herself as a good student. She recalled, “I was a good student. Cause, you know, in my country you don’t have a choice. You know, going to school is important. So I took care of my grades.”

Rhonda, too, described herself as a high achiever who strove to merit favor from her teachers. She went to a magnet school where students were selected from hundreds of applicants based on their superior academic performance and their outstanding citizenship. Rhonda believed that her school encouraged her desire to be the best and to be noticed. Recalling one of her AP teachers, she stated, “Everyone would strive to make sure they were ready for him in class because you wanted to be important, you wanted to be validated, and you wanted to be heard.”

She noted that her desire to succeed and to be one of the best, to be noticed for her achievement, was one of the primary criteria that made it possible for her to be chosen and to maintain her place in the magnet school program. She also attributed her success to her own expectations and the high standards she placed upon herself. “You have to have a standard... and I always rise to my high standards, just as I expect you to...and that’s what I got from high school.”

Rhonda admitted that she was a perfectionist, and that she was overly concerned with her appearance and afraid of being fat while in high school. However, unlike the other women in the study, her anorexia was not to become problematic for her until after her graduation.

Alex, on the other hand, shared with the other women the burden of anorexia as it emerged in her adolescence. By the age of 16, in addition to her anorexic behavior, Alex

was heavily into alcohol and drugs. Yet she related that she continued to be a top student who vied for the attention of the teacher.

I was miserable inside...but...I was still a good student. I was a member of the National Honor Society, was the class president my junior and senior year...sang in the choir...my paintings got better and better...so I was getting top honors in the art exhibits...but it was all a big show...I was the goody-goody girl.

Her statement, that she was a goody-goody girl, is consistent with the feminist perspective that girls are expected to be docile and obedient, both in school and elsewhere. It also suggests that Alex, and perhaps the other women as well, had two identities: their real self and their public self.

There was only one of the ten women who did not perceive high academic achievement as being necessary or important, at least not for her. That was Joan. Joan's stories revealed that she saw school as a place to socialize and to plan weekend parties. She stated that her academic endeavors were secondary to having a good time. She qualified the importance of school by adding that a good education was importantly only for those professions that might require extensive knowledge and preparation: careers in law or medicine, for example. She admitted that her primary purpose for working hard and getting good grades was to keep from being grounded by her parents.

I was just a so-so student, you know what I mean? Getting really good grades wasn't that important to me. To me, school was kind of a waste of time. I thought it was all kind of a joke. You don't have to know all that stuff they're trying to teach you, you know what I mean? I think school should be more interesting. For some people it makes sense; not me.

From our conversation, it became clear that school was indeed important to her, but in a way that differed from the others' accounts. Joan's stories suggested that her desire for excellence manifested itself in her efforts to be beautiful, sexy, and likable at all times. Joan's perception of school as being primarily a social activity, her emphasis on appearance and being liked extended even into her description of one of her history teachers. "He was cute. He was a doll...taught history."

As Joan continued to recall her memories of his class, her concept of being a teacher's pet and receiving special attention seemed to differ from the others. Rather than through academics, she related that she sought the teacher's attention through her personality and appearance. In this regard, her desire to do well in school and to be favored by a teacher was important to Joan and influenced her behavior significantly, just as it did with the other women.

As I listened to each woman's narrative, I was struck by their desire to be the best, for their teachers to recognize their performance in school, and their high expectations of themselves, even in their appearance. During the interview, several of the women seemed conscious of their appearance and the manner in which they presented themselves. Overall, as recounted in Chapter 4, participants attended carefully to their attire, their hair style, make-up, even to their shoes, purse, and accessories. Regardless of differences in personalities, they all appeared to want to sound and look their best.

A Sense of Purpose: Duty to Others

The women revealed that they had a profound sense of duty to others. Some of the stories projected a sense of obligation, a need to not only be perfect for others, but to assist others, at times as a personal sacrifice. This desire to help others was another of the

common themes that emerged from the women's stories. In their desire to help others, the women all continued to receive an education past high school.

Anorexia, Career Choices, and the College Experience

In her story, Joan devalued the importance of education and dropped out of college during her sophomore year when she became pregnant. Yet today she is currently pursuing a psychology degree with the goal to help women who have unusual eating behaviors. Joan is currently gainfully employed working as the flight attendant. She said she loves her job. She even pointed out that she works only half the hours that her college graduate friends work, but has a substantially higher income. And yet, Joan's primary purpose as a flight attendant is to serve others. Also, she has returned to college to help women who have anorexia, and she said she believes she can best accomplish this by becoming a psychologist.

I really do think that by going back to school and getting my degree I can help people...especially women with eating disorders. That's what I really want to do; and you know what? I think I can be a lot better than those psychiatrists because they've never experienced having an eating disorder. They don't know what it's really like. But I do. And I think that makes a difference...a big difference.

Joan's belief that her personal experience with anorexia will be an invaluable asset for her as a psychologist corroborates the feminist claim that experience is a form of knowledge. Her sentiment was reinforced by Jan who is a self-proclaimed perfectionist who knew at the age of 10 that she would become a doctor.

Jan entered an Ivy League school on an academic scholarship after graduating from high school, but withdrew after her first year because of her eating disorder. She

returned to college after a year of treatment, and completed her studies with ongoing outpatient treatment and therapy. She related that her desire to help others was one of the primary motivators for her in seeking a career in the medical profession, and she believes her experience with anorexia has helped her to be more effective in her job.

“All that I went through...I think it made me a much better doctor...because of what I went through and all the struggles...all of that...I think I’m much better at my job.” Jan believes that her experience as a woman with anorexia enhances her awareness of particular aspects of lived experience as a woman resulting in knowledge that one without this experience could not possess.

Sarah, as well, who is currently pursuing a career in nursing, believes that it is her mission in life to serve God, and that she can do this best in the medical field because of her experiences with anorexia. When recalling her days in school, those events which stood out to Sarah were those in which she was providing a service to others: running errands for the teachers, helping in the cafeteria, sewing clothes in sewing class for others. Sarah’s perception of what is important reflects her self-image as being a person who, though independent, is dedicated to serving others.

Another example of a woman dedicated to helping others is Patricia. Patricia is a high school counselor, and in this capacity she is able to work one-on-one with her students when problems arise and important personal decisions have to be made. She related that she performed well in school academically, but that she had a difficult time in transitioning from elementary to high school. Her desire to help students in their transition was one reason she chose to be a school counselor. When asked to describe herself, she responded:

I'm patient...I'm very structured and organized...I have a sense of humor, and I'm always willing to listen. And I'm very honest. Whether it's with my own children or with my students, I do not sugarcoat things...especially with these teenagers. I'm just bluntly honest with them. It is what it is...and I'm known as being confidential. They know if they come in here and tell me I'm not going to go and repeat who I heard it from.

Patricia added that it was because of her desire to help make a positive difference in the lives of students that she chose a career in school counseling.

Two of the women in the study are teachers: Linda and Nicole. Nicole teaches in middle school and Linda in elementary. Linda did not go to college right after high school. In fact, she did not enter college until much later in life. It was a teacher's supportive comments that eventually prompted Linda to enter a college program to receive a degree. She was working as the teacher's assistant, and she herself had wanted to be a teacher since she was a young girl. The teacher's encouragement sparked Linda into action. "I wasn't like the others. I wasn't going to mess around and end up pregnant. I was going to work hard and become somebody. I wasn't going to be like the other girls." So Linda entered college in her 40s and graduated four years later just shy of her fiftieth birthday. She has been teaching ever since.

Nicole described her current teaching role by saying, "I believe I was put here for a purpose and that purpose is to help other people. I'm happy now. I love my job. I love my life. Life is good. Life is good for me." When recalling her school experiences, many of the events Nicole remembered had to do with helping others: singing Christmas carols in the school choir, decorating the school bulletin boards, working in the cafeteria,

being in the patrol guard. Nicole was the first female to become a crossing guard at her school. Traditionally that was a position held only by 8th grade boys...until Nicole. When asked by the sponsor of the patrol why she wanted to be a crossing guard, she replied

I told him I wanted to help the younger kids cross...to help them cross the streets at the corner and to keep them safe...and I knew I could do a good job...because I always did my best...and I knew I could do it....and I wanted to help.

Nicole was raised by her grandmother, and in the process, Nicole said she came to believe at a very young age that she did not have to cater to the concepts of a patriarchal world. She remembered how her world was shaken when her step-father attempted to rape her when she was 16, and her voice was silenced temporarily. However, she said that the unconditional love of her grandmother eventually enabled her to regain her voice once again.

The desire to make a difference in the world was a familiar theme that Rhonda expressed as well. Rhonda, who said that her entire educational experience was wonderful, mentioned that what she enjoyed most about her sorority experiences was having the opportunity to serve others. She remains involved with her sorority and participates annually with her sorority sisters in community-action projects, including visiting people in their homes, painting houses, and going to nursing homes. When asked to describe her community-outreach activities, Rhonda made the following comment, "It doesn't take much to make people happy... your time and your presence; that's what really people are looking for."

Rhonda decided to attend college after she performed with her high school band in college stadiums during halftime at football games. When asked why she chose to

pursue a career in criminal justice, Rhonda replied, “The whole idea that I can save the world. You know, it was about, there’s somebody out there who just needs to be understood.” Rhonda has been working with the criminal justice system since her graduation, and said she enjoys helping former inmates adjust to civilian life.

The women’s college experiences varied. Because of the complications that arose from their anorexia, three of them withdrew, but all three eventually returned.

Kim, who repeatedly said that she was very unhappy in both elementary and high school, said she had more pleasant memories of college. She connected her good moments to having some friends and to going out, rather than being inside all the time. She didn’t mention the coursework or teachers. The new opportunity to interact with peers in a different school setting may have increased her sense of connection and nourished her voice.

Her social interactions with others while attending college, however, were the only positive experiences she could recall about school. Nonetheless, Kim herself has become a teacher in a school, and has spent her professional career assisting others, a role she said she is beginning to question. While she admits that she loves her job and feels that she is effective, she also said she is burdened by a sense of inadequacy, as if something is missing in her life. Kim disclosed her frustration in the opening comments of our conversation, when she confessed that she was still looking for her purpose in life, and that she still feels controlled by her anorexia.

The desire to help others, to serve as a mentor and guide, to provide care and concern in a sincere and loving manner appeared to be a driving force in all of these women’s stories. Which brings up the question: Why? Why is it so important for all of

these women to be in a career that is dedicated to helping other people? If viewed through a feminist lens, one possible answer might be that all of them have assumed social roles focused on care and nurturing, aligned with traditional gendered expectations that also make them, in some cases, subservient to others, even when in a role of leadership. One explanation may be that the larger gendered occupational structure has solidified some of women's opportunities and pathways through a cumulative series of events based on socialization, expectations for women, historical patterns, and cultural trends.

Feminist scholars suggest that some careers are more appealing to women because they are linked with their socialization or because some careers are more female dominated and seemingly "natural" for women's abilities or strengths with more opportunities for role models. Teaching, nursing, and counseling are some of those roles. One interpretation of the occupational patterns is, then, that they have constructed as "individual choice" their choice in occupations even as they have internalized the symbolic order placed upon them by masculine expectations.

Memories of School Spaces

As the women told their stories, they displayed a variety of feelings towards school. Some said they hated school, others said they loved it; others indicated they were ambivalent and saw school primarily as a social venue.

School: A Wonderful Place

Rhonda appeared upbeat as she recalled her time spent in school, regardless of whether it was elementary, secondary, or college. At the very outset of our conversation, she said, "First of all, all of my years of school were wonderful. It was...I wouldn't do anything, trade anything differently from elementary through high school." Rhonda

concluded the interview by reemphasizing her fondness for her school experience, “I just, I just had a really wonderful time in school. A lot of things I learned in school have stuck with me. They were all really good years!” As previously stated, Rhonda attended a magnet school program for both middle school and high school.

An Exciting Place to Learn

Jan, who described feeling alienated as a Jewish girl attending a private Catholic school, nevertheless has fond memories of her days at school.

That school, it was one of the best. I don't really regret any of the years that I spent going to school there, in spite of the way I felt. I mean, that's just life, the bias and all...the expectations. I mean, it was a great school. And I really liked it.

As Jan recalled her experiences in school, she remembered the excitement for learning that was inspired by her chemistry and biology teachers. She said she attributes her love for learning to the influence that her teachers had on her and the manner in which they engaged the entire class in the learning process.

Not all the women, however, appeared to be excited about their classes or the curriculum. This was especially evident with Joan who, as previously mentioned, saw school primarily as a place to “hook up” with other people.

School: A Place for Socialization

Joan enjoyed her school experience. As the conversation with Joan began, she described herself and her relationship with others. “I'm fun. I think I'm a fun person to be around. I don't take myself seriously...ever.” Joan described school as an extension of her social life which continued through the weekends. She recounted how she would party with her friends and students from other high schools every weekend and get drunk.

Looking back, she describes her behavior as ‘stupid’, but justified what she did as being a normal part of growing up and doing dumb things in the process.

Regardless of how the women perceived school, it was a place where the women’s stories indicated that school was instrumental in shaping their identity and how they felt about themselves as a result of the interaction they had with others and their performance. Administrators’ and teachers’ attention often influenced their behavior in both positive and negative ways. Such, for example, was the case of Sally.

Sally had fond social memories of school. This was particularly true in college, where she said she felt unencumbered and free to be herself and not having to meet the expectations of others. As with Joan, her fondest recollections were of the friendships that she established and feeling validated both in college and in high school.

While in high school, she began restricting the amount of food she ate, often eating no more than a box of candy corn during the entire day. Sally said she believes that her anorexia caused her to withdraw in high school and to become more introverted. She related that as the anorexia progressed, she felt constantly tired, unable to concentrate, and disinterested in her schoolwork. Her grades dropped. As previously mentioned, Sally was also ingratiated to an art teacher who highly praised her art work and deeply cared about her. Her interactions and relationships with others, both teachers and peers, appeared to be one of the primary areas of focus in Sally’s recollections.

Significant to note in this study is that the women’s most vivid memories of schooling were of the people they encountered. There were only bits and pieces of talk about curriculum or extra-curricular activity. The primary focus of their stories seemed to be on the people they remembered and how they influenced their lives while in school.

Joan explicitly voiced her sentiments that curriculum was secondary to establishing personal relationships in school, and Sarah, as well, made it clear that what she valued most about school were the bonds she made with peers and teachers.

Sarah, too, saw school as a place to develop friendships rather than as an institution for learning. While in high school, she remembers writing her own column for the school newspaper that profiled a male and female student every month. When asked if there were any other school activities in which she participated, she replied, “I mainly dated a lot. That was my extra-curricular activity.” As the conversation proceeded she added,

I did like high school...mainly because of the group of...the social time. I loved my classmates. I had a lot of friends. It was just a great time for me. Gosh, I really enjoyed my high school years. It was a great time. During lunch we had a lot of fun. Oh gosh...just silly girls...really, really silly girls. And even though, you know, I had a boyfriend, we didn't...we didn't really associate in school or...we weren't even in the same grade or have any classes together. I think our lunchroom time was really different. So it was great fun...with just being extremely silly. I miss that. I really liked to do that.

Sarah's memories of schooling focused on the teacher or a specific student rather than the subject matter of the class, which she perceived as irrelevant. “I'm not sure that school really taught me any valuable lessons about life. I think I had to learn that on my own.” As mentioned earlier, Sarah did have two teachers that she felt were different and that she worked very hard for, but, in Sarah's mind, they were the exception. In her opinion, most teachers “were not interested in the students or what they thought or felt.”

Her stories implied that she saw school as a place to nurture relationships, not as a locus for learning. However, not all the women felt that way.

A Place to Shine / A Place to Hide

School being perceived as a social venue was in sharp contrast to the way in which Nicole recalled her school memories. Nicole said she enjoyed school primarily because of her outstanding performance in both academics and sports. Taller than her classmates and “all arms and legs...like a spider,” Nicole described herself as a tomboy, having only one friend as she was growing up, her cousin Mark, and of having no close friends in high school. Nicole explained her reluctance to form friendships:

I never really went out of my way to have a friend. I don't think I needed to... because I just liked doing things on my own...drawing and painting...or reading books. Maybe it's because I've always been real sensitive and my feeling got hurt really easy, so maybe that's part of it. I didn't want to get hurt. So I needed to protect myself, you know, have a kind of barrier.

Nicole added that she felt that everyone expected perfection from her. As a result, she hesitated to form a close relationship because she didn't want them to find out that she wasn't as perfect as they thought she was.

Nicole then described some of her accomplishments in school. She was a top scholar, represented her school in a national competition, and was frequently asked to use her artistic talents to decorate school displays. She described how much she enjoyed singing in the school choir, working in the cafeteria, and in becoming the first girl crossing guard, a position that was traditionally assigned to boys only.

Although Nicole said she was reluctant to develop personal relationships in school, she admitted that she preferred to apply her intelligence and talents in school projects, describing how she plunged into her work with an enthusiasm and vigor, succeed academically, and came to enjoy her school experience.

Of all the women who participated, Alex expressed the most ambivalence when describing her school experiences. As previously mentioned, she said she felt she was constantly putting on a show, and by outward appearances, she was a successful student: a member of the National Honor Society, class president her junior and senior year in high school, a member of the school choir, a prize winning artist.

In addition to her school activities, her parents had placed her in an athletic and dance program when she was young, and she soon became obsessed with her sport. It became her whole world. Her intense training in her sport and her work at school left her with little, if any, time for a social life. She said she believes that the combination of the pressure placed upon her and a series of events in her youth triggered her anorexia as well as her addiction to alcohol and drugs.

For one thing, there was my girlfriend. And then, of course, there was the pressure...the pressure I put on myself to be the best. I'm a perfectionist. As a student, as an athlete, and as an artist, especially as an artist...I'm my own worst critic. But, you know, a lot of it all probably started when my coach sexually molested me. I was only 9 years old. My whole world caved in. I felt like something died when that happened. I didn't want to talk about it. It made me feel so ashamed.

Alex confessed to feeling unloved by her parents and said she hated them, especially her alcoholic mother. She said that she was unhappy in school because she felt alone and betrayed by those she trusted.

As with Alex, the unhappiness many women felt was often unrelated to their school experiences. School became for some a sanctuary, for others an escape, for still others, a place to explore their feelings and to discover who they were.

A Place to Find Yourself

Kim, for example, repeatedly commented throughout our interview on her unhappiness in school. However, as with Nicole, she did not attribute her feelings to her school experiences as much as to the deaths of her father and of her younger sister when she was 8 years old. Her story told of how her unhappiness permeated her thoughts and actions throughout her teen years, and she recollected that her fondest memories of school were of the time she devoted to sports, the only positive school activity that she could recall.

I guess physical education, 'cause that's all I was happy with. You know, I was always happy doing things physical. But I didn't care much for the rest. I didn't care much about school. Not really. But I was a good student.

In spite of her admitted apathy towards much of school, she still did well academically, because she felt it was important and others expected her to perform well. She emphasized that she was happy that she went to school in Latin America, especially. When asked why, she replied, "I learned who I am, you know. I learned to be a tough person, I guess. I'm a tough person. I learned that in my country."

Her school experience, while not reflected upon as an enjoyable, was important to her then. It taught her to be tough. It taught her to be “a fighter.”

Then there were those whose feelings about school fluctuated as they progressed through the educational system. Linda, for example, said she hated her elementary experience, but thoroughly enjoyed her time in high school. When asked how she felt about her years in elementary, Linda responded emphatically, “I hated school. I hated school. I did...during that time. I did. I did.” But then she capitulated when recalling her days in high school, “I was just a happy high school student. I loved school so much. It was so different from my elementary years that I hated.” Although Linda described her high school experience as happier than her elementary days, her food restriction and anorexia began during her sophomore year in high school.

Patricia’s feelings about her days in elementary school also differed from those in high school. Unlike Linda, however, she said she enjoyed elementary school much more than high school because of the small school atmosphere.

All of these parents were on to you and what you’re doing. Everybody got along; you didn’t have all these little cliques and all these people. We all knew each other; we just grew up with each other since kindergarten.

She did well academically, but found that going to a much larger school as a freshman in high school was difficult. She said that she had a very poor self-image. During her freshman and sophomore years she became reclusive, felt fat and unpopular, and chose not to participate in any school activities. It was also about this same time that she started to restrict her food intake and found that being thinner resulted in her receiving much more attention. She began to enjoy school again during her junior year.

Then, when her father died her junior year, Patricia explained that “something happened,” and she felt as if a great amount of pressure had been released, and she started feeling good about herself again. She tried out for the flag corps with a friend, and they both made it. At that point, her feelings about school began to change, and once again school was an enjoyable experience for her.

The stories of school that the women shared revealed the importance they placed on academics and/or social activities and personal relationships and how they were related to their happiness. Regardless of whether or not the women in this study had formed friendships with others in school, it appeared that they felt tremendous pressure while in school to be socially accepted, a theme Pipher (1994) discussed in depth.

Self-Image: The Significance of Being Attractive

Women in the study often described themselves as feeling unattractive in school, as being average in appearance and seeing themselves as fat. Again, peer pressure at school was influential in women’s desire to be physically attractive (Siegel, Brisman, & Weinshel, 2009). In addition, based upon both their current appearance and their stories, several women continue to believe in ideal image of what a woman should look like.

In this section I will divide narratives by sub-themes of idealized images of womanhood, the construction of fatness, the battle to remain thin, and the resolve to change.

The Ideal Image

For these women, their peers influenced how they felt about themselves, and particularly about how they should look. Both Sarah and Joan especially verbalized the importance of attaining what they considered to be the ideal vision of womanhood. This

vision was reflected in Joan's story, in which she discussed the conceptual link she saw between desirability and feeling attractive, her goal to be attractive all the time, and the social rules she has adopted about how she feels a woman should look.

I think being sexy is the most important thing ever. I'm still very much obsessed with my looks. I want stuff done to my face and botox...If I had access to money I would have my boobs done again. I want my eyes done. I don't care...I think it is really important as a woman to be beautiful all the time, and everybody has a different definition of that.

Joan, who described herself as fun and a person who likes to make friends with everyone, believes her emphasis on appearance provided her with lots of dates while in high school. Especially because she was thin.

Sarah also remains thin and sees herself as quite average in appearance in spite of her past history of having modeled periodically for clothiers and cosmetics. When questioned about why she wants to remain thin and to look like a model after having struggled with anorexia, she responded immediately.

Because I think they look the best. You look around. That's the people who are the most noticed. They're on magazines. They're talked about the most. They're the ones on the cosmetic counters...on the advertisements. That's the world we live in. Women are supposed to look like fashion models, and...I can't get that out of my head.

Several women stated their desire to look like a model and to be thin. Rhonda, for instance, stressed that appearance was always an important factor in determining popularity and acceptance among her peers at school. In spite of not experiencing severe

symptoms of anorexia until after high school, she recalls that while growing up, she placed an inordinate amount of importance on the physical appearance of both herself and others. “I wanted to be perfect. I didn’t know that I was obsessed.”

The Fear of Being Fat

However, as Sarah told her story, she revealed that it was not only her desire to look like a model that prompted her to be thin. She was also driven by an irrational fear of being fat. Sarah emphasized that being fat is not an option for her. She told a story about a boy she was attracted to who laughed at her “big ol’ feet.” After his comments about her feet, she said she was overly conscious about her size. She also mentioned overhearing people’s comments in restaurants concerning fat people who load their plates with food, and stressed how important it is for her to eat light and to look fit.

I want to look fit. It’s just an important aspect of my life. If I ate 3,000 calories a day I would just balloon up like two-ton Annie...so, for me... no more than 1200 calories a day at the most...maybe 1500 at the very most. I’m just...I don’t want to be fat.

Joan as well conveyed her fear of being fat and, as previously mentioned, believes that it is a common assumption that men are more attracted to women who are thin; that fat is ugly; that nobody wants to be fat. During our interview, she looked directly at me and asked me if I had ever gone out with a fat girl. When I failed to give her a direct reply, she laughed, “Ha...I knew it...that means NO!”

The fear of being fat seemed to be a phobia that haunted the participants in this study and prompted me to wonder in what ways our culture has infused this fear into these women. It was a theme that repeatedly surfaced as each woman told her story.

For Sally, the word “fat” is repulsive, and the idea of being fat is unacceptable. “Fat” sounds like a dirty word. At least it does when Sally’s father says it.

There are three words that when he says them they sound like they are dirty words: ‘whiskers’, ‘blue jeans’, and ‘fat’. When he says fat, it sounds like a dirty word. And that’s one of the reasons I don’t like to be around him.

The Battle to Remain Thin

The fear of being fat compelled the women to whom I spoke to resort to what the medical field refers to as compensatory behavior. When they felt they had eaten something that would make them fat, some of them purged. Others took laxatives or enemas. Many of them exercised excessively, and some still exercise considerably. The women’s pursuit of thinness through exercise and their justification for it was well described by Sarah:

But, I don’t think I go overboard with it. You know, I can relax, and eat a big meal and eat sweets and stuff and not worry about it...I couldn’t do it every meal. I have a limit on how...what I will allow myself. But I’m not going to allow any major restriction...and or, purging ...that kind of thing. I do like to exercise. I consider it still an important aspect of my life. And I have to really monitor it, or I’ll exercise all day. I’d exercise 4 or 5 hours at a time if I could...but I’ve got a job now...I allow myself two hours a day.

As with Sarah, exercise remains appears important to some women’s daily routine. Kim, for example, remains slim and athletic at the age of 48. But she admitted that does not perceive herself as such. She continues to work out.

Cause eating, working out, eating, working out...that's your whole life. You look at the mirror...that's the bad thing; you know...you think...I'm so fat. I'm so fat. Look at those big legs!

Nicole also continues on a rigorous training program and monitors her diet very closely. Nicole has always been competitive in sports and currently trains for triathlons.

It appears, then, that a few of the women continue to harbor vestiges of what some medical professionals might consider to be harmful behavior. However, from women's stories, regardless of these nuances, have come to live productive, active lives free of anorexia and have undergone a positive transformation. Several of the women explained in their narratives how those transformations occurred.

Women's Narratives of Changing Conceptions of Self

Rhonda said she was happy throughout her school days because she felt she met her high expectations and standards. She said that all changed when she became a model after graduating and was told that she was too heavy. Wanting to become one of their "best" models, Rhonda went on a strict exercise and diet regime and quickly lost weight. Her modeling agency's favorable response to weight loss encouraged her to lose even more weight. She eventually weighed 105 lbs at a height of 5'10". Now, when she looks at pictures of herself during that time, she thinks, "Oh, no! What in the world? How did I ever let myself look like that? It's like looking at some stranger. It doesn't even look like me."

Rhonda said she still feels like caring about her appearance is important, but she added that she no longer feels that she is obsessed with appearance as she once was. She

said she believes her therapy helped her to change her thinking concerning what is beautiful and what is important in life.

Alex, on other hand, strived to be thin for a different reason. She was involved in activities in which she was presenting herself on stage, and she felt that the coaches and the general public expected to see a slim, lithe figure performing before them. Alex made very little mention of the importance of being thin other than saying that she was once obsessed with having the perfect body, but that she no longer feels that way. Now, she says, she is content with the way she looks. She likes the way she looks, and as a result, she no longer exercises compulsively to maintain her figure. She does continue to exercise, but primarily in the form of yoga and walks with her dogs. And although she no longer has the desire to exercise like she used to, she admits that there are days she struggles with her previous addiction to alcohol.

Sally, too, admitted that there are days in which she struggles. She is aware that her ideas about being fat are not logical, but she feels there is really nothing she can do to change the way that she thinks. As she put it, “Something up here...in my brain.. is broken.” Although her behavior is not as extreme as it was when she was younger and she appears to have overcome the anorexia she experienced while in school, she continues to be overly-conscious of what and how much she eats and is preoccupied with her appearance.

Patricia, on the other hand, said she feels that she no longer has to struggle. During her narrative, in fact, she spoke very little about her appearance and how she felt about herself in college, other than she felt she was fat because of the constant verbal jabs

her older brother and father directed at her. She conceded that she was anorexic in high school, but is also of the opinion that anorexia is a matter of choice.

I don't agree with my doctor that it (anorexia) never goes away. I don't agree with that at all. I don't worry about being fat anymore. I know I'm not fat. I know I'm slender, but I don't feel like I have to be thin...I'm not afraid of getting fat....what it all really boils down to...it's a choice...you choose whether or not you want to be anorexic...or anything else, for that matter...I think we are the way we are because we choose to be that way. So if we want to change, we have to do it ourselves, if that's what we truly want...

Patricia continues to maintain a very slender figure and orders all of her clothes from designer catalogues. She, like several others in the study, said she no longer has a problem with anorexia.

Peer pressure at school emerged as a significant factor and commonality in women's desire to be physically attractive (Siegel, Brisman, Weinshel, 2009). In addition, based on both their current appearance and their stories, some of the women continue to believe that there is an ideal image of what a woman should look like.

Being Different

The women's stories indicated that many of them felt as if they were not like their peers. The idea of being different from others was another theme that appeared in several of the women's stories about themselves. During our conversations, some of them told me that they often felt isolated, but their comments suggested that they seemed to prefer their independence from others and valued their singularity. They expressed their trait as a non-conformist in a variety of ways. Joan, for example, saw herself not only as a "fun"

person, but as a “strong” person as well. She attributed her strength as being the dominant feature of her personality that allowed her to be anorexic.

The one thing I feel good about...about myself, I mean...I'm a very strong person. I don't think most people are as strong as I am, you know what I mean? I mean strong like, strong on the inside...that kind of strong. That's me, I'm strong. I'm a very strong person.

Joan referred to the importance of strength several times, presenting it as an admirable characteristic, and one that distinguished her from others, including bulimics. She saw bulimics as weak and self-indulgent. Joan believes that a woman is more beautiful when she is thin, but that most women are not strong enough to make the necessary sacrifices and to do the things that are necessary.

Linda also saw herself as unique, and believed that self-restriction and self-sacrifice are admirable traits. In her early teens, Linda adopted an ascetic lifestyle in order to make it possible for her nine other younger siblings to have more at her expense. She felt good about sacrificing her own food needs so that the others could have more, and she even prayed about it in order to maintain the resolve to put the others before herself. “It was kind of a promise I had made to myself and with God.”

She also saw her restrictive eating behavior as a sign of strength because it enabled her to maintain a slim figure. To Linda, allowing her body to become full-figured was a sign of weakness. She did not want to attract the attention of men. Linda wanted to distinguish herself from other women and to discourage the advances and attention of men, and she felt one way to accomplish this was to become painfully thin.

When not directly verbalized, the necessity of being strong and self-disciplined surfaced in women's narratives of their lifestyles. Sarah, for example, continues to monitor her caloric intake and permits herself a maximum of 1,500 calories a day. She still enjoys exercising daily, and admits that she is tempted to workout much more than she does, but controls herself so that she will not revert to her former behavior pattern of continuous exercise. Still she admits:

I would not want to end up looking like Roseanne Barr. Not only would I not want to look that way I would not permit myself to be that way. Being fat is not even in my range of thinking. It is...that is NEVER going to happen...EVER...that's not for me. It's not now, never has been, never will be.

Alex also described a similar pattern of behavior, who described her commitment to practicing for hours daily in both sports and athletics from the age of seven. Her rigorous physical activities were supplemented by careful dieting in order to maintain a lean physique. Alex took pride in being an outstanding scholar and athlete, and said she strives for perfection in all of her endeavors. However, in her advice to others who have anorexia, Alex made a comment at odds with Joan's perspective, who believes strength and independence are admirable characteristics of an anorexic. "Stop pretending to be strong. You don't need to be strong. Nobody is as strong as they pretend to be. We all need each other." By making this statement, Alex indicated her awareness of the intricate relationship between strength and anorexia and the manner in which it is manifested in the forms of exercise and restriction. However, Alex's statement acknowledging the need to rely on others does not diminish the evidence of her own personal strength which has enabled her to overcome years of struggling with drug, alcohol, and food addictions. Her

individualism is further evidenced by her comfort with her sexual orientation, another indication of her ability to regain a voice that had been silenced when she was repeatedly raped by her coach at the age of nine years old. Until she finally regained her voice, her addictions were the means by which she was able to cope and survive in an oppressive male-dominated world.

Restricting food intake became a method of control for her, just as it did for many of the other women in this study. This act enabled them to achieve and maintain the figure and bodyweight they sought. They described denying themselves food through skipping lunch at school or dinner at home. Sally adopted this behavior, but in retrospect found it “extremely selfish.” She urged others with anorexia to “stop thinking about yourself...and start thinking more about the people around you.” Yet, Sally’s advice seems somewhat contradictory to the behavior she narrates. She continues to feel she is overweight. The importance of “strength” as a characteristic and goal for anorexics is a theme reminiscent of Siegel’s (2009) study.

Summary Analysis

Several common themes emerged from women’s narratives. Their stories revealed that primarily they were self-conscious about their appearance and that being attractive was not only important, but often felt necessary to be socially acceptable. As Wolf (2002) explains, women’s concerns with weight were focused primarily on their body size, especially their legs and hips, areas synonymous with feminine characteristics. Several also associated thinness with beauty and sexual desirability. Another common theme was that others’ comments whose opinion they valued often guided their behavior: peers and parents. For example, Kim and Nicole both described how badly they felt when a fellow

student commented on the size of their legs in the locker room. Sally also described feeling touched when her art teacher and the assistant principal expressed concern for her and her thin body. Sarah recalled how a boy at school had ridiculed her big feet. Linda said boys at school would often talk about the girls' bodies and make suggestive comments.

The women felt evaluated, and as a result, they strove to look and act in a way that was pleasing to peers and faculty, including performing well in school and other activities. Their desire to please and to be of service was also reflected in some of their career choices. The participants' stories also indicated that they sometimes required outside assistance in order to recover. From a feminist perspective, women's experiences reflect broader gendered pressures in which women are often valued for how they look and for their service to others, particularly during adolescence, while negotiating sometimes personal traumas, family complexities, self-esteem issues, and feeling 'different' from others. The narratives reveal the enduring challenges of negotiating a culture of thinness and women's efforts to control, for varied reasons, the size and shape of their bodies.

How the Women Constructed Their Stories

As noted by sociolinguist Charlotte Linde (1993), every person has a life story. However, the manner in which the women told their story: what they chose to emphasize, what they chose to exclude and what they chose to tell, as well as the order in which they recalled the events in their lives, provided additional insight into the perspective of each woman as they recalled their life and their schooling.

Consequently, after analyzing the content (the “what”) of women’s narratives, this study then examined “how” the women told their stories, paying particular attention to how they organized, narrated, and constructed those stories and who were the main characters. Reissman (2008), drawing from Labov, presents six components for analyzing narratives structurally: Abstract, orientation, complicating action, evaluation, resolution, and coda. These six components must be present in a given story to constitute a fully developed narrative. As mentioned in Chapter 3, using these narrative tools of analysis provided additional insight into how the women constructed themselves and their school experiences.

Each woman was unique in both experience and personality. Therefore, it seemed logical and most conducive to analysis to present each structural element individually. Following the examination of the stories is a summary of the findings of the structural analyses.

Linda

Linda spoke throughout the interview in a slow, controlled, deliberate manner. She gestured sparingly, seemed to be tired, and regularly paused before answering a question or resuming her narrative. When completing a thought, she often ended with the word “so,” took a deep breath, sighed, and then continued. She appeared relaxed but guarded in her responses, causing me to speculate on the effect the disparity in our gender and race might have on our conversation. She seemed to warm quickly, however, as she recounted her experiences, and smiled slightly when she recollected an accomplishment.

Every one of the stories that Linda told seemed to emphasize the importance she placed upon her accomplishments in school and her self-sacrifice. Her stories often began

with a description of a problem. She then emphasized the deprivation she felt in her accounts, then expressed her ability to triumph in spite of adversarial conditions. Her repetition of presenting scenarios in which she overcame difficulties was accompanied by a sense of self-sacrifice. She repeatedly used words and phrases that reflected a life of oppression and hardship: “struggle”, “hard”, “paddling”, “broke my spirit”, “uncomfortable”. Her scenes and words suggested that she at times felt like a victim of injustice: being paddled and pinched, ears being pulled, toes being beaten. Linda expressed the urgency of situations in each story through words such as “had to”, “needed to”, “gotta do”, “supposed to.” She emphasized the injustices she described through segregation and her discomfort from being sexually harassed by a teacher. She also focused on the value of her sacrifices, sacrifices she made in her life, with special emphasis on the responsibility she felt for her nine younger siblings, using the word “devoted” several times to describe her efforts..

Linda’s memories were centered on what she expected of herself. She mentioned the dogmatism of her father, the inappropriate comments of one of her male teachers, and the crude teaching methods of a woman she described as a “good teacher.” There was only brief mention of her mother. Her stories often ended with commenting on the pride she felt in her accomplishments, for being strong, for overcoming difficult circumstances. Her allusion to evoking strength from God through prayer and supplication further suggests that she has assumed the role of martyrdom through her anorexic behavior.

In her comments, Linda frequently emphasized her resignation to accept a situation by placing the repetition of a phrase at the end of a story. This repetitive pattern

almost seemed to become a signature mark of her coda, a way of emphasizing her resignation.

For example, when Linda spoke of her profession as a teacher for the last 16 years her voice and face were tired, and there was no enthusiasm in her voice or face as she told me, “I might retire in three years. I don’t know...I’m tired...but next year, I’m going back. I’m going back next year.”

Although Linda appears to no longer suffer from anorexia, her need to sacrifice herself for the good of others seems to remain as she resumes her teaching career.

Jan

When Jan spoke, she appeared animated, expressive, and intense. She smiled and laughed often, and her words were delivered with enthusiasm, energy and conviction. While telling a story, she would often diverge into another area, but quickly returned to the topic at hand. Contrary to Linda’s stories, Jan’s stories reflected a joy and optimism that surfaced in most of our conversation. However, despite their differences in the mood they created through their stories, both women shared their age at the beginning of the conversation which I thought was a bit unusual.

When Jan related an incident, she would mention the name of the class, express her fondness for it, and then detail an exciting lesson she remembered in class and how much she enjoyed the teacher. She always spoke well of both students and teachers that were in the story, and she remembered their names.

However, her narrative is framed around her Jewish heritage. Her identity as a Jewish woman is brought up very early in her story, and she subtly presents her consciousness of being Jewish as both a blessing and a challenge throughout the

interview. Jan's recollections indicate how being Jewish affected her relationship with food, with her parents, with school, with her friends, and with her activities. Jan posits herself as a character struggling between two different cultures.

She constructed her stories to focus on positive characteristics of people and the world around her. "She was amazing", "He knew his stuff", "He was such a nice man", "He was a really good teacher", "Mom was a great cook", "They knew what they were doing" are typical of Jan's comments about her past experiences.

Her stories are sequential, ascending, recollections that build upon each other. The memory typically begins with a dismal situation which includes a well-described setting. A crisis then presents itself, is confronted, and is ultimately resolved with a hope-filled future. This sequence of her story making is reflective in the entire pattern that emerges as she is being interviewed. Each episode that Jan relates to her present life appears to be a learning experience that has used to shape her into the woman she is or the woman she is becoming.

"Hope" is a key word she used consistently in her narrative, and a word she chose to use in her counsel to others with anorexia.

Kim

When Kim spoke in the interview, her words, ideas, and stories were delivered with a rapid, almost staccato delivery. It was as if she were unloading a barrage of thoughts and memories that needed to be heard and understood all at once, and she wanted to make sure that didn't leave anything out. She used key phrases to fill in every moment of dialogue, to emphasize points, or to end one thought before beginning another: phrases like "you know", "see", "so anyway" or "but anyway", and "I don't

know,” appeared extensively in her stories. “You know” seemed intended to confirm whether I was paying attention, “see,” seemed to make sure I understood; So anyway” and “but anyway” seemed transitional, when acknowledging an unpleasant situation and marking a turn to her next thought. “I don’t know” was interjected to express feelings of frustration and futility. The intensity of her delivery was also accentuated by repeating particular ideas three or four times to emphasize a point.

In our interview, Kim shared early in the conversation that she was unhappy and that anorexia controlled her life when she was in school. However, her verb tense often shifted, beginning in past tense but then shifting to present tense, suggesting that her unhappiness is an ongoing, persistent, and unresolved condition. For example, in a typical story she would give a brief scenario, followed by a qualifier of what she was about to say. Then she would reflect upon the events of the story and sometimes interject a comment about feeling unhappy and explaining why, followed by a question which would lead to a description of her present situation. Quite often the story would end with the phrase. “I don’t know.”

As she described events, Kim customarily editorialized on the situation with clauses that observed the difficulty of the scenario; two of the most common descriptors she used were: “that was hard” and “that was difficult.” In her stories, she often presented herself as a victim of unwanted and tragic circumstances she had to overcome..

Very early in the interview she presented the condition of anorexia and its devastating effect on her life. Without prompting, she continued to comment on the control anorexia had over her as she spoke of her school experiences. It seemed to be the focal point of her dialogue. As her narrative progressed, she linked anorexia to her

feelings of isolation, unhappiness, and not fitting in. This was an important part of understanding the depth of the ways anorexia was woven into other difficult life experiences and its enduring effects.

Rhonda

Rhonda, like Jan and Linda, began her conversation with me by telling me her age. And, like many of the others, she then described her self as a perfectionist. Rhonda's admission to being a perfectionist was projected in the way she spoke, dressed, moved, and behaved in our interview. She even used the word "perfect" frequently throughout our interview. Whether sitting, standing, walking or talking, Rhonda appeared to have choreographed her every move and gesture to make sure it was exactly as she thought it should be. She used a series of gestures that accompanied her smooth delivery of words that were carefully enunciated, pronounced and articulated. Her voice was warm yet strong, controlled in both volume and pitch, resulting in a very pleasant sound. And although she appeared to be relaxed, she sat up very straight during the entire interview, frequently laughing and smiling as she cocked her head to one side or the other.

Her words and stories were spoken with an almost legato delivery, each phrase or idea carefully and seamlessly connected. Rhonda spoke in a friendly tone with confidence, authority, and constant eye contact to engage me into her stories as she spoke. Her stories often began and ended with laughter as she previewed and reviewed the memory. Each story was also carefully constructed with a beginning, middle, and end. Her narrative usually began with an introduction of the subject of her story, most often a person or persons. She would then make a brief comment relating to their character and appearance, followed by events that occurred with the subject. All of the

stories she shared in the interview seemed to be resolved and concluded in a favorable light with her ending the story by making a comment of how she was affected by that experience. Her method of delivery were almost as if she had composed in her mind a paragraph with a topic sentence and concluding sentence that framed a body of supporting ideas.

As she recounted her experiences, she generally shifted back and forth from first person to second person, first describing herself individually by using the pronoun “I”, then transferring herself as a member of her peer group by using the pronoun “you.” Her stories were often about both her and those around her, and by switching back and forth from 1st person to 2nd person, she was able to unify herself with her peers and those who went to her school.

Rhonda’s school stories seemed to be centered on two things: people who inspired her and the values she inherited from her school experiences. She would emphasize the importance of both with a concluding statement at the end of her story like “that stuck with me,” or “that’s the kind of person they were.”

When she spoke of her anorexia, she presented her experiences with it as an observer rather than a participant. It was the only time in our conversation when she appeared to be lost in thought and spoke in shorter clipped sentences in a much softer tone than the rest of the time we spoke together. She chose words and a perspective that seemed to distance herself from that experience and used phrases like “I don’t know”, “I don’t understand”, “lost”, “I think”, and “it wasn’t real.” Her presentation of self appeared to shift from one of confidence to one of uncertainty. During her recollection,

she also shifted the subject of conversation from herself to her husband, suggesting that she perceived him as much a victim of her experience as she herself.

Nicole

At the beginning of our conversation, I asked Nicole to comment about how she felt about school. Her very first response referred to her appearance. She commented about how uncomfortable she felt about being taller than her classmates, describing herself as “all arms and legs...kind of like a spider.” Her self-consciousness about her height surfaced several times during the course of the interview.

Nicole’s stories often focused on a person who had a significant impact on her life. They were not just about her, but the importance of the events that occurred, and their lasting effects for her. She spoke with a warm, strong voice, sat back on the couch, using gestures often to emphasize a certain point of idea. She frequently smiled as she spoke, and became teary-eyed on several occasions, particularly when she remembered her grandmother. She referenced her grandmother repeatedly as a touchstone, connecting her in some fashion to the memory she was constructing. There were very few events she spoke of that did not allude to her grandmother. She would smile, her face would brighten, her voice would soften, and tears would come to her eyes every time she spoke of Nani, the woman who raised her. “Kindest”, “sweetest”, “most loving” were descriptors Nicole used when speaking of her.

As Nicole would begin a story, she would introduce the character and comment on their personality and how she felt about them. As her story progressed, she would continue to elaborate upon the events that occurred with that person and how she would

react to their actions. As she ended the story, she would comment on how that memory made her feel and the lasting impact that person's actions had upon her.

Many of the stories that Nicole shared had a traumatic element to them which made a lasting impression on her. For example, Nicole told a story about Sharon, a classmate in elementary school. Nani had given Nicole a baby chick for Easter, and Nicole took it to school to show to her classmates. While on the playground, a classmate named Sharon snatched the chick from her hands and ran away. When Nicole caught up with her, Sharon squeezed the bird until it was dead and then threw it on the ground back to Nicole.

Other stories Nicole chose to tell were equally disturbing: having to return to school in kindergarten after leaving the school; being humiliated by her cousin Mark in the high school cafeteria; being called fat by a classmate in the girls' locker room; the attempted rape by her stepfather and subsequent tirade by her mother on Thanksgiving Day. Using words and phrases like "I cried and cried and cried", "sad", "hard", "mean", "loser", "he made my skin crawl", "abused", "hate", were carefully woven in her accounts as she built upon the frustration and loneliness she felt.

When Nicole recounted pleasant memories of school, she also included the names of her teachers, but unlike the traumatic episodes, she did not go into as much detail in her happier reflections. Instead, she used bits and pieces of words and phrases to form a picture, much like pieces of colored glass in a stained-glass window, in which she was the recipient of the sunshine that shone through her. But in her disturbing memories, her wording emphasized the traumatic experiences that remained with her, the ways she had

been victimized, and she often shifted from first person to third person, as if wanting to verbally remove herself from an undesirable situation.

Joan

When speaking with Joan, she seemed eager to engage me in her narrative. Throughout our interview she grabbed my arm or hand to emphasize a point. When talking about someone, she often looked intensely into my eyes, leaned forward, and lowered her voice as if the person she was describing might be able to hear her. Apart from those times, she was very animated, often standing and posturing to reinforce the point of a story she was telling. She spoke energetically and confidently, laughing and joking as she recalled incidents that occurred while she was in school. She did not sit still.

Her responses were helter-skelter. She would begin with one idea, then switch to another, and then another. Our conversation seemed composed of a series of colorful vignettes that she sketched for me. As she did so, she would lose her train of thought, ask me to reorient her, would briefly reminisce on the topic at hand, and then quickly digress to another thought. She repeated words and phrase multiple times as she spoke, as if each repetition ensured the validity of what she was saying.

Joan was the central character in her stories. Although she would mention other people and include them in her narrative, the emphasis was on the role Joan had chosen for herself in the scenarios and incidents she relayed. Whether she was talking about her parents, or her teacher, or classmates, or therapists, she would always revert back to herself with comments like “I was such a brat.”

Whenever she made a self-deprecating remark like that, she would smile and wink, as if to say, ‘I’m not really serious.’ In her stories, she often referred to the

importance of appearance. She consistently treated the words “thin”, “sexy”, and “beautiful” as if they were synonyms. She also interspersed the word “fun” throughout her narrative when describing herself or life. She repeatedly referred to the importance of these concepts throughout our dialogue.

During our conversation, Joan often would also often pose me with a question after presenting a strong belief of hers. For example, after saying that most men don’t want to date a ‘fat girl’ she looked at me smiling and asked, “Do you? Her question was then followed by a statement that reflected the attitude, “See. I knew I was right.” This was a pattern she used consistently, as if to reaffirm the validity of her belief.

When constructing her stories in which she was the main character, she also placed herself into a setting in which she made herself the protagonist and those who were in authority as the antagonist: me against them. This pattern was repeated in stories of her home, her school, and her treatment center. In her home situation, she described her father as “so critical, very obnoxious.” School was described as “a joke.” Treatment centers were “disgusting” and those in authority as “playing their little game.” In all of those circumstances and the subsequent conflict, Joan presents herself as the ultimate agent of her life and the victor over challenges she faced.

Sally

Sally spoke quietly and reflectively during our conversation. She appeared relaxed as she removed her shoes and curled up on the couch while she reminisced. At times, there were long pauses of silence as she sat deep in thought before responding to my question or comment. During those moments, she would look out the window or down at the floor before directing her gaze back to me as she began to speak. She

gestured sparingly, using her eyes and facial expressions more than her hands to emphasize her thoughts.

Her very first response began with the statement, “I’m a recovered anorexic.” She claims this as an identity category, and its placement in the narrative suggests its importance to the stories to come. From that point on, all of her stories were shaped by the ways anorexia has affected her life. The stories she told about her anorexia would begin with a conflict; describe how she dealt with the conflict, and the ensuing feelings of frustration. Anorexia is presented as her way of escape. In telling her stories, Sally went into a minimum amount detail describing events. She created scenarios where she presents herself as a helpless victim. She introduced characters in her stories only to explain in what way they might have been responsible for her behavior. For example, her best friend, her father, her mother, and her husband were people that she brought into her stories as villains who were responsible for making her “invisible” as she put it.

Sally used the word “just” in almost all of her dialogue: “I just started reducing my calories,” “it’s just calories,” “just our responsibility,” “just a small,” “just cuz it got gross,” “just so long,” “just one time a day,” “I just didn’t feel good enough.” Her use of the word “just” suggests more than a lack of vocabulary or a habit of using a familiar word.

This pattern of feeling as if she is a victim and being controlled also emerges in each recollection, presenting herself as a person who has no voice and is at the mercy of a dominant force. One characteristic in describing others is that she often used the words “demanding” and “controlling” to convey, it seems, the ways she felt forced to submit to and comply with others’ demands. For example, she also chose to use expressions like

“he made me.” She attributed control to a force outside herself even in the description of her recovery. God was the one responsible for her recovery, not her. She places herself under His authority and at His mercy, being a servant of His will and not her own. In doing so, Sally emphasizes the importance of support in overcoming such a difficult condition.

Patricia

At the outset of her narrative, Patricia highlighted her role as a high school counselor and mother of three, along with a collection of adjectives ascribed to her by herself, her husband, her children, and her students. The adjectives she chose had a positive connotation, and she did not refer to her anorexia. It was only with direct prompting on my part that she even brought up the topic of her having had an eating disorder. Her narrative of her struggle with anorexia was brief, and the manner in which she presented it suggested that she viewed it as a phase rather than a problem that continued to control her behavior.

Unlike Sally, whose stories were all centered on her anorexia and feelings of inadequacy, Patricia focused on her family and students and the feeling of satisfaction she derived from fulfilling her obligations. She began most of her stories describing the setting and the main characters involved. She then proceeded to give a brief description of the interaction of those characters, and then summed it up with a reflective comment upon the value she placed upon that experience.

Her husband and children were the focus of her initial stories. Many events revolved around them. When she described her son, she went into a great bit of detail as the story progressed, revealing her pride and emotion as she spoke. The same was true of

her husband and daughter. She presented them exclusively, and it was only by my request that she began to speak of her school experiences.

When she spoke of her school experiences, she mentioned a male college teacher that met her disapproval, and followed that short story with a commentary on a teacher who she enjoyed and had a positive influence on her. In both stories she explained her reactions, and why she thought they were a good or bad teacher. When she described the male teacher, she did not berate or condemn him, but only explained why she didn't like his methods. She was brief and to the point. When she spoke of the teacher she liked, however, she went into much more detail, highlighting the positive affect the teacher had upon her.

Her other stories were mini-dramas that took place during grade school and high school. They were all told in the first person, and she described herself as a participant that was growing up and learning from her mistakes. She laughed at herself as she recounted episodes of a school fight and the subsequent admission of her misbehavior when she arrived at home later in the day. She laughed even more as she described the memories she had of cruising down the streets on weekends with her girl friends. When she recalled those times, her face lit up as if she enjoyed describing the type of car that they were packed into the vehicle and hit the streets.

She then reverted back to talking about her daughter and the types of things she was learning from school related to body image and appearance. She spoke more about how her daughter reacted than she did to the content of the books. She then briefly mentioned her self-consciousness about her weight and self-image in high school, seemed

to discount it as being unimportant, and then resumed her story about high school, describing her two favorite teachers.

No matter the story focus, Patricia's stories focused on other people, not herself. She was a character in her story, but she projected the others as more important than herself as she spoke about them. As she developed her characters, she used details that would emphasize their positive traits. When she spoke of someone who had an unfavorable role in her story, she did not speak about them as much as she did about their behavior and why she disapproved of it. She used her wording and development of both plot and character to accentuate the positive and to minimize the negative.

She avoided talking about her anorexia and how it affected her life. In her stories she creates herself as a very pro-active character that learns from her mistakes and thinks and expects the best of everyone, even those with whom she felt uncomfortable. Patricia's chose to present her stories with a focus on the friends and people who engaged her and on enjoyable memories. She reminisced over the event more than the people in it. When she spoke of anorexia, she spoke of it as a past event that occurred over a two year period of time that had little effect on her life at the time, and that no longer haunts her in the present.

Alex

As Alex introduced herself in her narrative, her topic of conversation moved from location to family to self. She quickly shifted from past to present and then back to the past, attempting to connect the two and show how they were related. She appeared relaxed during our conversation and spoke in a warm, sincere tone. She became emotional several times when recalling memories, displaying joy when speaking of her

athletic endeavors and accomplishments, and sorrow when recalling events where she presented herself as a victim of abuse.

In her stories, she occasionally used the second person as if to involve the listener and help them experience the event with her. Such was the case when she spoke of her sport and the discipline associated with becoming proficient in that sport. When not using the second person she used third person. She did not digress, but developed each narrative with a continuity of plot that developed chronologically. Whenever she described an activity in which she participated, she would also interject how that activity made her feel: “I was happy,” “I was on cloud 9,” “I was crushed,” “I felt like I was in prison,” “I was so angry.” She was explicit about how she felt in her stories.

The stories she created went into great detail by providing ample information about the topic she was discussing. When creating her own character, she developed two separate individuals: a private self and a public self. The public self was the face she showed when performing for those who felt she had to impress. The private self revealed her innermost thoughts and feelings that she shared only with those who were intimately connected to her. She used language that excluded her parents and adults in general who were not allowed into her hidden world of torment. She presented adults as opponents that were untrustworthy and manipulative.

Alex voiced her anger and hatred towards her parents, but did not describe them in any detail, nor did she use much description in the development of any of her other characters, except for Norma. Rather, her narratives emphasized how she felt about them and the influence they had upon her. She attempted to make those events come alive by choosing colorful, specific words that might capture her experience.

And although she said she was happy in school, she steered away from talking about school and spent the majority of time sharing memories of events that were turning points in her life.

Very early in our story she chose to juxtaposition girls with boys by narrating a story of a chubby little girl that her male classmates tormented. In her story, she laughed about the reversal of power from male to female as the girl antagonized the boys by chasing them and kissing them. She concluded the story by commenting on the stupidity of the boys' behavior and her ambivalence towards them. Her story also seemed to indicate her perception of the gendered roles that school had placed upon both the girls and boys on the playground and how they were expected to interact.

Although she appeared comfortable in discussing her sexual identity, she discussed it only to the extent that was necessary for her to fully express her feelings related to the story she was telling. For instance, she did not elaborate on her relationship with Norma, but elected to disclose their relationship to indicate its consequences. However, while she spent very little time talking about their relationship, Norma is the only character that she created in which she used vivid descriptive words and phrases. Her choice of words indicated that she did not detach herself from her memories of Norma as she did with her other character descriptions.

Sarah

Sarah spoke slowly, quietly, and confidently in our conversation. She appeared very relaxed, smiled and laughed frequently, and sat back on the couch as she recalled her school experiences. Her eyes stayed focused on me whether speaking or listening, and her responses to my questions seemed thoughtful with very little hesitation.

When first asked to describe herself, she did not focus on her appearance but on her abilities: “a problem solver,” “go-getter,” “competitive,” “goal-oriented.” As our conversation continued, her stories and responses indicated that she chose to evaluate others’ abilities as well. When speaking of others, she sometimes critiqued them through words such as X. She was often harsh in her criticism, finding fault with the amount of food people eat, the perceived indifference of most teachers, her mother’s treatment of her, classmates getting drunk at the prom, and caterers serving tainted food to the students..

She was not as hard on herself in the creation of her character. She laughed frequently, was more light-hearted and less accusatory, making light of her inadequacies. She also was more complimentary of her teacher and classmates, and the stories were composed of shorter sentences and phrases.. Unlike the descriptions she created of others, her self-image was projected in a more positive, more forgiving light. This was the common pattern she followed when describing herself and her memories in school.

She also constructed a portrait of a teacher she felt was exceptional to the others, a teacher who displayed concern for her students. In that story, she built her praise of that teacher on what she did in her interaction with the students that made them an outstanding teacher. She did not focus on the teacher’s appearance, but on the teacher’s efforts to assist the students.

As with some of the other participants in the study, she did not mention her anorexia in school. Her stories indicated that she seemed to prefer to talk about the fun that had at school, the problems with the teachers and the curriculum, and her feelings about herself. When she did speak of her anorexia, she began with a summary of her

family background, followed by describing her reaction to a comment made by a boy that she admired. She then elaborated on the chain of events that led to her food restriction, and her justification for her behavior. She concluded by reaffirming her resolve to maintain her slim figure.

Revelations from How They Structured Their Stories

The purpose of analyzing the way in which the women told their stories was to assist in detecting and uncovering meanings and perspectives that might not otherwise be observed. Overall, when reflecting upon all of the conversations, it became apparent that the personalities of each individual participant strongly influenced how they told their stories. Comments on the style and manner in which each woman chose to tell her story have already been made. However, despite the differences in their personalities and the individual way they chose to reconstruct their story, examination of their methods also revealed certain commonalities among them which I did not notice when inspecting only what they said.

The way in which some of the women painstakingly organized their thoughts before speaking might reflect the perfectionism that most of them acknowledged as a characteristic. . Also, some women exhibited traits of optimism in the ways they spoke and moved. Recovery had given some of them a sense of confidence..

When examining the methods the women used to construct their stories, it also became apparent that the topics they chose to talk about (or to avoid) might reflect governing forces their life experiences. All of the women narrated influential characters in their stories. . A minimal amount of description was devoted to the building of the antagonists, while much more care and detail was spent on talking favorably about those

they construed as protagonists. Developing key characters, key figures in their stories were a focal point that absorbed a good deal of their narratives. Such concern for character development suggests the strong influence other's opinions and actions had upon the participants. Also, all but two of the women tended to avoid talking about anorexia other than when prompted. For Sally and Kim, anorexia was the ubiquitous theme that permeated their entire narrative. There were other elements in their stories, but anorexia dominated their conversation. Even in the conclusion of their narrative, they expressed the belief that anorexia is a condition that never goes away. The other women, however, often distanced themselves from the topic, not only by omission, but by using the past tense when referring to it. By doing so, they seemed to view it as a past event, a condition that is no longer controlling their lives.

What the Women Learned About Their Bodies in School

Finally, this study sought to determine what role the school played in teaching women lessons about their bodies. In terms of curriculum, only four of the women recall having any classes that provided knowledge about health and diet. Jan, who went to an exclusive parochial school, remembered taking a class called Health Science, while Nicole, Alex, and Sarah recalled taking a class in biology. None of the women remember taking classes that discussed self-image, life skills, or gender roles. Even their gym class, mandatory in high school for only four of the women, was bereft of any class work. The total time in class was devoted to physical activity.

Yet in spite of a lack of formalized instruction concerning self-image all of the women learned much about their bodies while in school and much about what was expected of them. As Simone de Beauvoir (1953) profoundly stated, "One is not born,

but rather becomes a woman.” If men and women are “cultural artifacts” as described by Geertz (1973), then school does indeed play a part of the acculturation process. Other educational environments were also significant: the home space, treatment centers, locker rooms and gymnasiums, school cafeterias, and in various locations with peers. In this section, I will group responses by different educational spaces.

Formal Curriculum.

The women recalled very few memories of formal health curriculum in their schooling. As Patricia and Sarah each spoke of their high school memories, she could not remember any classes that included information about self-image, health, diet, or exercise or other aspects of a healthy lifestyle. Some mentioned briefly their recollections about discussions in class about health and fitness. Jan, for instance, said she received an excellent education related to healthy life styles and nutrition while in high school and in her stories she fondly remembered the teachers who instructed those classes. In contrast, Kim attributed the meager supply of classroom instruction on healthy lifestyles to the era in which she grew up.

I guess we’re talking about back then, and people did not think about it, you know? You didn’t think about it, you know...anorexia or bulimia. They didn’t think about that, you know. So they were not aware of people like me, you know? They didn’t know what was going on.

Statements made by Alex implied that, because she was a female, she was treated differently by her teachers than if she were a male. She explained her perception of what she considers to be a clear distinction.

I think they (boys) are treated differently. I mean, like in school, they are treated a lot different. I think boys get away with more. If they do something wrong, then the teachers punish them, but they say things like ‘boys will be boys.’ It’s almost like they expect boys to act up. But if girls do something they’re not supposed to do, it’s like...there is really something wrong with that child...teachers expect girls to be more organized...and more quiet...they expect girls to have their assignments in on time. In elementary, I remember the teachers always asked the girls to run the errands...pass out papers...be hall monitors...stuff like that. They seemed to trust the girls more, and expected more out of them; but not boys so much. Boys got away with more, I think.

Alex’s perceptions were lessons she learned from school that served as a basis for how she formed her self-image. She learned from her school experiences that there is a distinction made between girls and boys that determine how they are supposed to look, what they do, and how they are treated. Alex’s many observations are similar to those presented in great detail about schooling segregation among boys and girls in Thorne’s book, *Gender Play: Girls and Boys in School* (2004).

Public schooling spaces: The cafeteria.

Some spaces in school surfaced as places in which women learned lessons about their bodies. One of those spaces was the cafeteria. Nicole for example, a self-described tomboy, was painfully self-conscious about her height in school.

I was still the tallest girl in class. I never really liked that. Some of the boys were catching up, you know. I guess being so tall made me feel awkward...terribly awkward. I just didn’t know how to handle it...my body was changing...I was

filling out. Some of the boys, mostly the older ones, started flirting with me. I didn't know how to handle it. I just didn't like the attention the boys were giving me.

Nicole's discomfort and self-consciousness was heightened as a result of an event that occurred in the high school cafeteria her freshman year. In a school of 4,000 students, Nicole felt alone and isolated, and when she saw Mark, her cousin, sitting at a table with a group of boys, she rushed over to join him. Mark had been her best and only friend growing up, and seeing his face in the crowd of strangers lifted her spirits. But when she hugged him and attempted to sit down, he tried to ignore her, and she was shocked when he rudely told her that she could not sit there because it was "the guys' table." He then directed her to the other side of the cafeteria where the girls were supposed to sit. Her humiliation and embarrassment were heightened by the catcalls, whistles, and comments about her body made by the other boys at the table as she retreated to the far side of the cafeteria. Her cousin and the boys at the table taught her that women and men were allotted their own designated spaces in the cafeteria.

Sally, Sarah, and Jan also had experiences that taught them lessons about their bodies. They saw the cafeteria as a place to meet and socialize with their girl friends. Their desire to remain thin was reinforced by their habit of talking and not eating, or if they ate, to purge afterwards. Jan recalled that it was after she discovered that some of her friends purged after having their lunch in the cafeteria that she began to consider mimicking their behavior. She learned that she could retain her slim figure by adopting the anorexic behavior of her friends in the cafeteria.

Sally also described an incident in the cafeteria that affected the way she felt about her body. Sally saw the cafeteria as a place to meet with friends, not a place to eat lunch. She remembered how her failure to eat lunch and her thin body drew the attention of one of the assistant principals.

I remember she came by more than once and would look at me, like 'Where's your lunch?' I remember that she told me that I needed to eat something; that it wasn't good for me not to have something to eat at lunch time. She was really nice. She really cared about the students. She was strict and all, but you could tell she really cared about the students.

From the attention and comments made by the assistant principal, Sally learned that her thin appearance drew attention and concern towards her.

Gym Class and the Playground

Gym class and the playground was a particularly educational space. For Kim and Nicole, the gym was a space that invited taunts from peers. However, in terms of the formal curriculum, it was the only class that Joan remembers discussing health and diet. The class focused primarily on physical activity, which Joan professed to enjoy very much because it appealed to her need to be in constant motion to enhance her thinness.

"I liked all my veins in my arm showing...I liked looking slim...looking hard." As she reflected upon the subject matter that was taught in her classes, she could not recall any discussion on a woman's physical appearance. However, she did not feel that including that topic in class was necessary.

We never really talked about how a girl should look or anything like that...all the girls...we kind of already knew how we thought a woman is supposed to look.

We talked about it all the time, you know. I mean, who's wearing what, who's cute, who is fat, who's with it, who's a geek. We talked about each other a lot. We knew who was sexy, and who wasn't. We knew the boys. I mean, the boys...come on...the boys only wanted to hang around sexy girl. I mean, face it, the sexy girls were the ones getting all the dates. Hey, you didn't need a class to tell you that.

To Joan, peer messages, cultural messages, and family messages permeated the school and were unnecessary in the formal curriculum.

Sally's recollections of gym class were much different than Joan's. As she lost weight her strength and coordination began to wane. She recounted how her loss of athleticism made her the target of one of her gym teachers.

It seemed like she was picking on me a lot. I felt like she was always making fun of me...because I had gotten so thin, and I wasn't as athletic as I used to be. She would make comments like, 'Oh, wow, I wish I could do that' or 'That girl is a natural-born athlete.' When I heard her saying those things, it really crushed me. And I didn't even want to try any more. And I think that's the real reason I quit the cross country team. Because of the way she made me feel.

The gym teacher's comments taught Sally that her thin body could be the object of ridicule and contempt when she did not meet the expectation of others.

Alex, as well, learned much about her body in the gym and on the playground. Perhaps none of the women were more aware of the importance of their appearance than Alex. She was very heavily involved in sports and activities that made her the center of attention when performing, and she learned at a very early age that having a "certain

look” strongly influenced the response to her performance. She learned from her coaches, from her team mates, and from her peers, what constituted a perfect body, an ideal she strove to attain through constant exercise and diet.

The gendered lessons she learned in school regarding body image were subtly revealed in a digression that was initiated when she gazed at picture of her with her first grade class. After commenting on her diminutive stature and always being the smallest girl in class, she suddenly pointed at one of the girls in the picture and exclaimed,

I remember her. The boys used to call her Butterball. And they used to tease her all the time. So, at recess, sometimes she would chase them and try to catch them and kiss them...because she knew the boys wouldn't like that, so she would chase them. And sometimes she would catch one of the boys and squeeze them and kiss them hard. And the boys would all laugh and shout out, 'Ugh, cooties, cooties, she gave him cooties,' and she would be watching and giggling, and then would try to catch another boy to give him cooties, too.

In her reminiscence, she had uncovered the discovery that boys are not attracted to girls who are fat. They run from them. In spite of this revelation, however, Alex did not find it necessary to attract the attention of the boys. She paid little attention to the boys, describing their behavior as stupid. During recess, she preferred to play games like hopscotch and jump rope with the other girls, and enjoyed showing off her athletic ability by doing flips and cartwheels for them. She learned that her physical agility and her physical appearance won the attention of her peers, and she said she welcomed their admiration.

Peer Lessons

The recounting of the women's stories revealed that their self-images as being fat and unattractive were often the result of peer comments. For example, Kim attributed her unhappiness in school to a number of life events, but remembers specifically a comment made by one of her peers when she was fourteen that caused her to feel fat and ugly.

And you know how I became anorexic...one person...one. ..told me...I was 14 years old...she told me...you're gaining weight...14 years old; and I was changing from a little girl into a woman. Aha! But I didn't know that, so I'm like, 'Oh, my goodness'...so that's all it took.

Kim believed that her ideas about how she looked came from her classmate's comments and from the broader culture of consumerism and advertising related to the image of the "perfect woman." What Kim referred to as, "All that brainwashing. All that shit. It's everywhere."

An incident quite similar to Kim's occurred with Nicole during high school. Nicole became conscious of the size of her legs when a fellow PE student commented on them in the locker room. Prior to those remarks, Nicole had never perceived her legs as fat, but that changed after the other girl, who was overweight, slapped Nicole on the legs and laughed at the size of her legs. "Wow, girl, you're getting kind of big. Whoa, look at those legs. Won't be long and you'll be wearing my shorts...thunder thighs, girl, that's what they are."

Peers seem to be influential in how, whether positive or negative, participants narrate their self-perceptions. Nicole mentioned never seeing herself as pretty, in spite of others' favorable comments.

I never saw myself as being pretty...I know that sounds crazy, because people were always telling me how beautiful I was. I never really saw myself that way...maybe because of Mom. When I looked in the mirror...all I saw was a girl with too many teeth, legs that were too long, and eyes that were too big for her head. I felt like I looked like a stork. So I never saw myself as being pretty...for sure not beautiful.

The only person that ever made her feel pretty as she was growing up was her was “Nani”, her grandmother, who she ascribes as being the most influential person in her life, and the one mostly responsible for her successful recovery from anorexia.

Jan as well did not consider herself as attractive, and attributed her lack of popularity with the boys to her appearance, lamenting that none seemed attracted to her. That is, not until she lost twenty pounds as a result of a bout with the flu. Jan remembered how shocked she was at her classmates’ positive reaction to her appearance when she returned to school following a two-week illness. She said she looked awful, but both girls and boys complimented her on her appearance. They said she looked great. Her altered appearance seemed to increase her popularity, and she said she relished the attention she was getting from the boys. Her new-found popularity fed her anorexia. “I liked being skinny. It seemed like being skinny made me feel more popular. And I loved it. I really did. It made me feel like I fit in, for once.” She wanted to stay thin, and knew this would not be possible as long as she ate the abundance of food that her mother prepared for her every day.

During this time Jan discovered that many of her new girlfriends at school often purged to maintain a thin figure. Shortly after her discovery, Jan began purging. She

found that it effectively allowed her to consume the food that her mother expected her to eat while she could continue to maintain a skinny body. However, her anorexic behavior also caused her to harbor feelings of guilt and self-repulsion. She became depressed.

I would feel terribly guilty...and I didn't want to be fat again. You know what? What is so crazy about the whole thing...I was never really fat...I just thought I was.

Peers were also influential teachers for Sarah. Sarah's knowledge of her body was influenced primarily by comments made by peers at school. Like Joan, she stated that school curriculum taught her little of value and teachers were not invested in their job. Sarah also said that she had no classes providing information concerning body image or personal appearance; no classes about healthy eating or healthy lifestyles.

Other lessons came from boys in class. Although she was always thin, Nicole said she felt as if she were fat and not pretty at all. The gendered concept of the disparity of eating behaviors between men and women and their corresponding appearance was highlighted in one of the stories Nicole told when recalling comments made by the boys in her biology class in high school. While studying metabolism and digestion, the boys eagerly contributed to the discussion in class.

I remember how the boys would joke. They were always saying something...like how they could eat real food and how they could eat as much as they wanted...and never get fat; and then they would say something smart about how girls were always on diets...because they were afraid they would eat too much and get fat.

She remembers a particular time when a popular male student singled her out during a discussion and said, “See that skinny twig over there. She eats one banana a day and that’s it. I’m surprised the wind doesn’t blow her away.” The class laughed, and to her recollection, the teacher said nothing. The teacher’s failure to respond to the boy’s comments and the reaction of the class may have taught Nicole that her feelings were insignificant because she was a girl, and it appeared to reinforce her self-consciousness. She mentioned that she had few friends in school, and their remarks about her thinness taught her to doubt the sincerity of other peers’ remarks about her beauty. She learned not to trust what her peers said to her. By the time she was 16, a downward spiral began. She said she wanted to become invisible, to disappear. She became dangerously thin. As with the women in Thompson’s (1994) study, her anorexia appeared to be a response to her experiences both in and out of school.

Patricia mentioned that comments made by her brother caused her to be self-conscious about her body, but she added that her friends at school also made her overly conscious of her weight, and taught her that “thin was in.”

I was feeling fat...and it seemed like all the girls that got dates were thin. I didn’t know at the time that it was more about sex than about looks...you know what I mean...but I wanted to look like the other girls...I just didn’t fit in. And when I got thinner, I got a lot more attention.

Patricia, like Jan, learned from her peers that her appearance determined whether or not she would be allowed to “fit in.”

The same lesson was learned by Sally who, until she entered college, did not feel good about herself and the way she looked.

Ironically, her desire to be thin subsided once she entered college. When asked what it was that she learned in college that changed her behavior, Sally responded

I suddenly realized that I didn't have to compare myself to anybody...that I can be fun. What did I like about myself? I was still body conscious, of course, but...the biggest thing was my personality came out...when I didn't have to compare myself to anybody or to be something for someone else.

Sally learned that her friends valued her personality more than her looks. She said she was happy because she felt she was not being judged, and that she could just be herself. Contrary to the lessons she learned from her peers in high school, her classmates in college taught her that she was a likable and attractive person regardless of her appearance.

Comments and lessons came in many forms. The only exception to women's perception that 'thin was beautiful' was Linda, who felt that in high school she was "easy on the eyes." To Linda, being thin was a sign of being strong, a symbol of self-discipline that encouraged an ascetic lifestyle through self-sacrifice. She perceived her behavior as a gift to her family so there was more food to go around. Actually, in her own mind then, being thin was a symbol of her sacrificial gift to her family and therefore desirable for her, as opposed to being full-figured, which was undesirable.

Linda also noted that as the girls' bodies in her class began to change; both boys and girls were always talking about "what looked good." These peer messages were powerful educational instruments. The comments the boys made and that other girls responded to implied to Linda that the girls were looked upon as sexual objects. Linda protested that she didn't like those comments, saying they were improper. She responded

by becoming thin, believing that the thinner she became, the less desirable she was to males, and Linda said that she liked that. Linda decided for herself how she wanted to dress and what she wanted her body to look like. She stated that she has always taken pride in her appearance.

I guess the Lord blessed me, and I looked pretty good (in high school). And I have always been particular about how I dress, and how I look. I've always thought the way a woman looks is important. So I've always prided myself on taking care of my appearance...in high school, I took a lot of time to make sure I looked good.

Linda did not want men to objectify her or target her with inappropriate comments that reduced her from a subject to an object; so she consciously minimized the physical characteristics that may have made her the object of men's attention.. At the same time, she felt it was very important to always look her very best. In her mind, therefore, her concern for immaculate grooming and being well-dressed was on her own terms. She did not believe that the comments or opinions of others, particularly males, should dictate how she should look or dress.

Joan was the antithesis of Linda. She said she saw school as a place to meet friends and that being sexy was "the most important thing ever." She learned her lessons from her friends both in and out of school

That's what school was for me...a place to be with my friends and to have fun. I just love to have fun. I just love people...I really, really care about people...and I want you to instantly feel like we're friends...I like to be liked. I want you to like me.

Her frequent mention of being sexy, attractive, thin, and beautiful implied that the lessons she learned from her friends were that how she looked contributed to her popularity with the girls and her desirability as a date for the boys. Their attraction to her taught her that looks were important.

Rhonda, too, believed that peer pressure during high school influenced her obsession with appearance.

You had to be perfect. Either you were wearing the Farah Fawcett flip, or the feather...but you had to look a certain way....we (the kids at our school) were kind of setting the standard...if you're thin, you're healthy...even the colorism...if you were dark, you know, it was just not as good. And if you had a certain body type, the way you wore your hair, the shoes you wore, the clothes you wore...it all kind of went together to make you perfect.

Rhonda highlighted her feelings of judgment, criticism, and comparison in school when she mentioned a list that was compiled by her male classmates during her senior year. The list that Rhonda described was a compilation of traits about the girls in school that the boys didn't like. Rhonda and all of her girl friends were "nervous wrecks" to see if their names were on that list, and what they needed to do differently.

The information on the senior boys' list in school was indicative of the importance Rhonda and her girl friends placed upon appearance and social acceptance. The lessons about self-image and appearance were not learned from the textbooks but from the list, and the girls' response to it. Rhonda frequently mentioned that she wanted to be perfect, and she learned in school that being perfect included not being on "the list." The Educational Space of the Treatment Center

The treatment centers taught other kinds of lessons. Some found it an empowering space that was a catapult for significant changes. For others, the lessons focused on the wrong kinds of issues. For example, Kim spent a brief amount of time in a treatment program for eating disorders, and in her opinion, what she learned in that program was meaningless. “You didn’t do what the brochures at the eating disorders center said. You didn’t do that. You learned no skills. It gave you no skills. No. There are no skills.” Instead, she felt she was taught to gain weight, a curriculum that focused on external signs. Kim felt that the only purpose of her schooling at the program was to make her gain weight. In her opinion, the program needed to focus on another type of lesson—for the spirit, not the body. Kim appeared to see the methods used at the treatment center as inappropriate. Her statements indicated that because the lessons did not focus on the root of the problem they were ineffective “Work on the inside...the spiritual. There’s no program like that....I don’t know...I disagree with everything....every single one of those ideas they tried to teach us.”

Jan, on the other hand, attributed her successful recovery from anorexia primarily to what she learned while at a treatment center. While undergoing treatment, the therapists taught her to forgive herself and to stop feeling guilty. They taught her to be content with herself and her appearance, and how to deal with her emotions. She learned that her body shape was not as important as she had previously thought.

My life changed because of the treatment I received at the center, and I’ll never forget what I went through there. It made me wiser, and funnier. I blossomed there, from a young girl to a young woman.

Joan was only at a recovery treatment center for five weeks, followed by treatment from a psychiatrist and participation in a recovery group for two years. The staff at the treatment center taught her that the way her body looked was not as important as her personal health, and that her restriction and excessive exercise was slowly killing her.

Alex received treatment in and out of centers over a period of three years. She described the process as “hell,” and said that she was so depressed at times that she considered suicide. While she was there she learned that she was lovable regardless of her appearance, and that having a thin body was neither attractive nor necessary to be acceptable to others. The staff also taught her how to control her eating and exercise habits to avoid becoming too thin again. Finally, she learned how to focus more on her health and less on the appearance of her body.

Family Lessons

Many of the young women learned lessons about their bodies from the educational environments at home. For example, Joan recalled comments by her father, and Patricia remembers feeling was “really bothered” by the remarks her father and big brother made about her being fat. Because of their critical remarks, Patricia did not feel good about the way she looked when she entered ninth grade. Sally, too, was discouraged by her father’s constant barrage of critical remarks about her appearance and also by the frequent comparisons he made of her to other beautiful women, including her mother.

She found spending time with her father to be difficult, because he was very critical of her appearance. She felt the same way around her husband...that she was never good enough; that she never looked pretty enough; that she was always being judged. When

asked about how she feels she looks, she “thinks her face is ok, but that she is a little chunky, and would be better at a bodyweight of 96 pounds.” She remarked that the only time her legs looked good was when she weighed 79 pounds. She added that her legs are still too fat, and that she needs to have skinny legs. She said she continues to compare herself to other women who are beautiful, and thinks her ideal weight is 96 pounds. Although she said she feels that she “has a handle’ on her anorexia, she admitted that she is still worried about getting fat because of the comments made by her husband.

I don’t eat dinner. If I eat dinner I’ll become a blimp. I’ll get fat. I will. I really have to watch how much I eat, or I’ll get fat. I do not want to get fat. I mean, it looks awful. You know it does. And...my husband would be grossed out. My dad would always be saying things...oh, he’s the worst.

One of the lessons Sally learned from her father and husband is that her being attractive is based upon the way that she looks. Her habit of avoiding dinner implies that her current behavior is still affected by what they taught her about her body.

One of the women’s stories related how being a woman affected their opportunities in education. Specifically, Linda informed me that her reason for not going to college sooner was the result of gendered statements her father made when she was a young girl.

My dad’s way of thinking was college was not for girls. He had sisters that had gone off to college, and each one of them that went off to college got pregnant, so he wasn’t too big on girls going to college...the girls would stay home, find a job, and go to work...and so, I didn’t go to college until I was in my forties.

Some might view Linda's delay in going to college as a response to her father's dominant beliefs and expectations of her as a woman. In our conversation, Linda mentioned that "Whatever our father said, that's the way it was in the house. No argument." It appeared as if Linda had lost her voice in her home because she was a woman.

Passing on New Lessons: Teaching Others

Several of the women, Jan, Patricia, Nicole, and Kim, have entered professions where they can now teach others. Jan's profession has placed her in a position where she can teach others. She is able to use the knowledge from her experiences to assist other girls who are dealing with unusual eating behaviors. Patricia, too, uses the knowledge from her experiences to work with young people who are struggling. As a school counselor, she encounters troubled youth on a daily basis, including girls with poor self-images and eating disorders. Patricia herself struggled socially her freshman and sophomore years in high school, and it was a high school counselor who made her aware of her anorexia, and provided her with information and support in an attempt to help her deal with her eating behavior. Perhaps her experiences with the counselor and what she learned influenced her own decision to become a school counselor.

I do think that some people need more help than others. Some people have been through so much they don't see things very clearly. They feel like no one cares. They feel weak. They feel hopeless. That's the main reason I became a school counselor...because I want to help students.

Nicole's as well said she loves her job, and that her position as a middle-school teacher provides her with the opportunity to share her knowledge from her experiences with her students. Her experiences have taught her that she does not have to be perfect.

Stop trying to be perfect. That's not going to happen. You are good enough just the way you are, and you don't have to be more than that. You have to believe you are a truly good person. You were born that way, and you will always be that way.

The differences in personalities of the women appeared to affect the way they perceived their roles as teachers. Kim stated that she felt she learned very little at the treatment centers or in school curriculum that taught her much about her body. Kim admitted that, "With anorexics, it's just about us. We want everything our way. How we're going to do it. How it's supposed to be. We're on top of things." As a teacher, Kim is in a position to positively affect the students in her classrooms as she recognizes her personal attributes and limitations. Although she received no help for her anorexia from her school growing up, she stated that she believes schools can now help students with anorexia. "Now, I bet you, now I bet they can. I don't know if they do here. But they need to help a lot of the students, you know?"

SUMMARY

This chapter has presented my findings from data analysis by answering my three research questions:

1. What are the life experiences in school of women with anorexia?
2. How do women with anorexia organize, narrate and construct those life experiences?

3. What lessons did women learn about their bodies in school

The analysis of women's life experiences in educational spaces, including school, first focused on what the women said. The experiences that they remembered in school usually were about the interactions they had with teachers and peers and how they affected their lives. Several of them admitted to succumbing to the peer pressure at school, stating that their desire to be thin was based on their belief that they would be more popular if they were thin. They added that they were very self-conscious of their physical appearance at school, and felt affected by other students' remarks about their bodies and behavior. Teachers' comments also had a marked effect on their behavior and their self-image, and some of the women attributed their eating behavior to what teachers and coaches said to them. A few of them stated their social circle at school promulgated the idea that being thin was beautiful, sexy, and desirable.

While the majority of women in this study said that they enjoyed school, some indicated that their anorexia caused them to live two lives: a public life and a private life. Most of them sought excellence, even perfection, in their activities and studies at school, and enjoyed the success of their accomplishments. Yet, at the same time, some of the same women harbored deep feelings of guilt, shame, and depression because of their hidden anorexia.

Finally, some acknowledged that the opinions of other students were influential and preferred to be alone at school with few, if any close friends. Others in the study recalled fond memories of their friends and appeared to enjoy reminiscing about their relationships.

Structurally, I noted that personalities of individual narrators shaped how they constructed and delivered their stories. However, there were still common themes that emerged from the stories they constructed, despite the differences in their structural design. For example, many of the women placed themselves as strong people who were temporarily victimized by a variety of forces and ultimately overcame an oppressive situation and succeeded in establishing a productive life. In addition, the manner used in the presentation of their story: in style, physical presence, and characterization suggested themes of perfectionism and optimism. For some of the women, their narratives displayed increasing confidence as they compared their current sense of self to their past experiences. Also, the warmth and smooth delivery of their stories, their emphasis on the goodness of the main characters, and the empathetic stance that surfaced in the narratives reflected the thought that many had given to their realities with anorexia.

This study also found that the women did not learn much about their bodies from the formal curriculum in their school, but they learned powerful messages in other educational spaces. Peers, teachers, coaches statements about their bodies, attractiveness or performance, all surfaced in their schooling memories. Their stories indicated that informal and formal lessons in school—including the absence of health curriculum—reinforced gendered identities by enforcing culturally-established guidelines related to appearance, academic expectations, preferential treatment, and extra-curricular activities. This is an important finding. Schooling spaces and other educational places of learning, supported particular messages women learned about their bodies. Silences are one way to learn lessons. From the findings in this narrative study, in Chapter Six I continue to discuss further conclusions and implications in relation to future research and possible

applications in both the educational and the medical field. I then make final recommendations and conclude the section with a final reflection.

CHAPTER 6

“For me, school was my escape, in a way...
I was in my world in school...
It was what I was really good at...”
....Jan

This research study was conducted in order to give women with anorexia the opportunity to tell their stories relating to their school experiences. In the process of telling their stories, they not only told how they felt about school, they also revealed other information about the lessons they learned in school, their growth and changes, and their feelings about themselves and their purpose in life. In addition, they told how having anorexia affected their school experiences, and in what ways their school experiences were related to their anorexia.

I chose to use narrative inquiry as a specific lens because I felt that it was an ideal avenue for the women to take as they traveled back in time and shared their memories with me in the conversations that we had together. In addition, because anorexia appears to be a gendered problem, I analyzed some of the data through a feminist lens. .

The ten women who volunteered to be a part of the study ranged in age from 21 to 66, and they came from varied backgrounds and ethnicities. Two of the women were African-American; one was Native American, another Latino, and the other, Jewish. The rest were Caucasian. Some grew up in affluent neighborhoods, others in poverty. Their socio-economic status growing up was affected their schooling opportunities as well, placing some in a one-room country school house and others in expensive, private

preparatory schools in exclusive neighborhoods. Despite the disparity in their elementary and secondary schooling, however, all of the women in this study have received, or are in the process of receiving, a college degree.

All of the women participated in individual interviews held in a semi-private room at a health center. Guided by open-ended questions, the women were encouraged to tell stories about their school experiences, and were provided with an opportunity to add or revise information in a follow-up phone conversation held about two weeks after the initial interview. I read the data from the conversations multiple times to analyze what was said, how it was said, and what could be learned from that analysis regarding women's bodies and school experiences.

Using a purposive, and then snowball sampling technique, I recruited participants from those I knew from previous interactions or their acquaintances who contacted me after hearing of my study. They volunteered to tell the stories of their school experiences with me because they shared my hope and belief that the study would provide beneficial information to other women with anorexia as well as to schools and medical professionals. Throughout this study, I have been aware that being a male who has not personally experienced anorexia affected several aspects of the research, including my perspective of women and the culture in which we live, the research questions that I chose, the way in which I interpreted the women and their stories, and how the women told their stories and presented themselves. Nonetheless, I have attempted to present the findings and conclusions as authentically and as trustworthy as possible.

The voices of the women were intimate and sincere and profoundly personal, and presuming to categorize their stories as a type of data seemed almost callous and

insensitive. Yet, not to record and analyze their stories would diminish the importance of what they had to say and would negate the entire purpose of this study, which was to provide them with a voice in regard to their school experiences.

The purpose of this study was to contribute to the fundamental knowledge of the perspectives of women with anorexia by providing them with the opportunity to recall their school experiences. Specifically, it gave them a voice while revealing their perceptions of school and other educational experiences. I believed that investigating the stories of women with anorexia regarding their educational experiences would illuminate the critical issue of anorexia and the role of the school in their lives. I discovered subtle ways in which educational messages were woven throughout early experiences, including from family, peers, in gym and classrooms, and into college. Hurtful or critical statements teachers, peers, and coaches made during school surfaced frequently in women's narratives. In addition, using narrative inquiry not only served to explore the content of their stories, but it also made it possible to examine how women with anorexia understand, experience, construct, and narrate their memories.

Initially, the three following questions were asked to provide a foundation by which to guide the conversations and the study:

1. What are the life experiences in school of women with anorexia?
2. How do women with anorexia narrate and construct those life experiences?
3. What lessons did women learn about their bodies in school?

The stories the women told revealed that there was a broad spectrum of educational experiences that occurred in their lives that influenced their eating behavior and how they perceived themselves and their bodies

In this chapter I will discuss the findings and the conclusions that I have drawn from this study while seeking to answer these questions by addressing three major areas of concern: (1) disparities in perception of anorexia; (2) the multiple influences associated with anorexia (3) the lessons about bodies in school. Upon completion of the discussion, I will then present my recommendations, specifically in regard to the role of the school, based upon those findings and conclusions, followed by a summary and final reflection.

FINDINGS AND CONCLUSIONS

The Disparities in Perception of Anorexia

The first major finding in this study is that women generally had different perceptions than those in the medical and educational field regarding the cause, treatment, and recovery process of anorexia. I concluded from this finding that the disparity of those perspectives influenced the women's reaction to the behavior and subsequently determined the approach to treatment and recovery. In the following section I am exploring the emic perspective of the women by exploring the use of certain words that many of them commonly used in their stories when talking about their anorexia and their educational experiences.

First of all, I observed that women described and responded to their anorexia in a variety of ways, both in recalling its onset as well as during their period of treatment and recovery. A number of women viewed the control over their bodies as a signal of *strength*, whether to make more food available for her siblings, as in Linda's case, or as an avenue to increase attractiveness and sexual desirability, as in Joan's case. *Strength*, being strong, was a term used by several of the women when telling their stories. One of

the first comments Kim made was that she saw herself as being “a fighter,” and later in our conversation she commented on how glad she was that she was born in Latin America because it taught her to be “tough,” while Sally indicated that she saw her ability to survive on a box of candy corn each day as a sign of her strength and independence; a sentiment echoed by Joan. Joan said that most people were too weak and lazy to follow a rigorous exercise and dietary regime, and she, as well as Alex, Sarah, Nicole, and Rhonda all alluded to their strength in being able to restrict their diets in order to achieve their goals. I concluded from their statements that the ability to go without food and to exercise rigorously was a symbol of strength for many of the women who spoke of it as if it were a virtue, and who valued it as an essential characteristic as they formed their self-image. I also concluded that strength was viewed by many of the women as a sign of their independence from conformity as was explicitly stated by Linda who said she did not want to be like other black women.

The way that the women referred to *food* and their relationship to it also emerged in our conversations. Jan said that in her culture food was a way of life, and Linda’s self-denial of food suggested that she saw it as a measure of social status. Food was described as a reward by Sally, while Alex, Sarah, Joan, and Nicole referred to food in relationship to having a healthy, lean body. The manner in which many of the women referred to food implied that it was more than just sustenance to them. Other than Jan, the women who went to treatment centers spoke of food as if it were forced upon them and unwelcome. They expressed a cause effect relationship between food and fat. For some, like Linda and Jan, it seemed to be connected to family traditions or social situations, for others like Rhonda, Alex, and Joan, food, or the lack of it, appeared to be viewed as a means to an

end. The women in this study did not talk about dieting, but they did refer to their restriction of food, and how denial of food helped them to achieve their goals.

As the women told their stories, many used the word *fat* as synonymous to ugly and undesirable, and contrasted the word fat with the word *thin*, which they seemed to equate with beauty and desirability. Joan, Sally, and Sarah spoke of fat as if it were a dirty word. Jan, Patricia, and Kim all recounted episodes where the word increased their self-consciousness of their body. One of the women, however, did not appear to react to the word as if it were repugnant. Linda did not relate the word fat to something that was undesirable. Her story seemed to equate it to a feminine characteristic; one that she believed might make her more desirable to her male peers. Fat and thin were words in their stories that seemed to have a powerful effect on their eating behavior and their physical activity.

The word anorexia itself was presented differently in the narratives of the women. Kim and Jan described anorexia as a terrible disease, almost the opposite of Joan's depiction, who argued that her anorexic behavior was a conscious decision to be thin and muscular and that she could control her behavior. However, her contention that it was a conscious choice contradicted her later statement that she believed something was "broke in her reasoning" that caused her to be anorexic, a statement shared by Sally. In our conversation, it was never determined what prompted them to believe that: did they come to that conclusion randomly, or did they acquire that belief because of something they were told when receiving treatment by a medical professional?

It is possible that Jan's perspective was influenced by her extensive medical training. Perceiving anorexia as a disease caused Jan to approach her recovery treatment

differently than Joan, who saw it as a waste of time and only necessary because of the pressure placed upon by her husband. Consequently, Jan extolled the positive results she received from her treatment at the recovery center. Describing it as a disease, Jan did not appear to mind receiving medication to treat her condition, while Joan voiced her frustration and contempt for the methods she received during her short stay at the treatment center. She was especially frustrated with the amount of medication that the staff gave her during her treatment program. In her story, Joan graphically described her memories of the pills she was obliged to take.

They fill you up on meds, too...all kinds of meds...if you're not a drug addict before you go, you'll be one by the time you leave. I mean, it's really crazy. They had me take 4 Klonopin, 2 Ativan, and 2 Effexor...and that was just for anxiety...plus they were giving me Zoloft, and Wilbutrin, and Prozac...all of them, for depression...and, Oh, Simethicone...Ha...lots of gas with all that food...and Mirlax...all those drugs...you can't have a bowel movement....so they give you the Mirlax so you can poop. And it wasn't just me. All the girls on the floor that were anorexic were given the same treatment...all of us. Kind of like lab rats.

The tone of voice of she used and the words she chose in her recollection indicated her frustration with the treatment program's reliance on the administration of heavy doses of medication as a part of the recovery process. She seemed to be utterly frustrated with the entire treatment process.

Her frustration of being treated as if anorexia were a disease is significant to the findings and how we think about the eating behavior of women and how we approach

women who are suffering from that behavior. Patricia, Sally, Nicole, Rhonda, and Linda did not describe it as a disease but as a problem that they were able to overcome over a period of time and with some assistance or encouragement from others. Sarah and Alex described it as a condition that resulted from various stressors in their lives. Alex also commented on her alcohol and drug addiction as well, implying that she perceived her anorexia as an addictive behavior as well but not a disease.

What are the ramifications for treating anorexia as a disease if it is indeed not one? What are the long term psychological side-effects? And if it is not a disease, what is it, and how can it be treated? Finding the answers to these questions might provide valuable insight in finding alternative approaches to helping women who are struggling with anorexia.

Directly related to this concept is the perception of what *recovery* means to the women. The word *recovery* in itself suggests that anorexia is a disease, yet the women used the word as they spoke to me with a different connotation. Their stories suggested that they no longer felt controlled by their restrictive habits or the compulsion to exercise, and in this sense, they felt they had recovered. In our first interview they told me that they were recovered, but as their stories unfolded, while some mentioned they no longer felt the need to be thin or to exercise excessively, others indicated that they were still exercising, counting calories, and watching their weight. Kim, in fact, made the comparison of alcohol to anorexia, saying that “it never leaves you.” Sarah, Sally, Joan, Kim, and Alex also mentioned their need to exercise and to watch how much they ate, although Alex said she no longer used exercise as an escape. What they told me suggests that they still feel the need to be thin, despite their claims to have recovered from their

anorexia. Their behavior and statements make it difficult to ascertain whether or not they have recovered, because they are exhibiting behavior that could be equated to a woman with anorexia. The implication from their statements is that they said they were recovered because they felt in control of their behavior. On the other hand Jan, Linda, and Patricia did not exhibit similar behavior, nor did they allude to the need to monitor their food or exercise activity. Their behavior and conflicting statements made it difficult to determine if some of the women still had anorexia, and consequently to establish whether or not they had recovered.

This contradiction led me to the implications of what it means to these women to be diagnosed and treated by someone who has never had anorexia. Joan, Jan, and Patricia clearly stated that their personal experiences with anorexia would make them more effective when working with women who had anorexia than other professionals who had no such experience. While I agree that their experiences provide them with a more empathetic insight and may be very useful, I don't think their knowledge is an indicator of the degree of their effectiveness in working with them. But the stories they told and the words that they used do suggest that it would be of benefit to those working with women who have anorexia to consider the emic perspective of the women and to carefully consider their individual stories as an integral part of the healing process.

Spirituality and Religion

For instance, some of the women in the study alluded to the spiritual nature of their lives and how it affected their behavior and ultimate recovery. While not all of the women in this study mentioned this subject in their stories, their attention to the positive affect it had on their anorexia implies that it warrants further investigation by those who

treat anorexia. Scholars Roth (2010), Fodor (1997), and Ginsburg (2002), women who themselves had suffered from anorexia, expressed the belief that their lives became meaningful and their anorexia disappeared only after they found peace and understanding through yoga and meditation. Once they experienced a spiritual awakening their anorexia subsided. However, other than Alex, their model of spiritual significance differed from those of the women in this study. Alex mentioned that yoga currently helps her to maintain focus and balance and to achieve a state of tranquility. But what about the women who professed to already have a deep faith? There were four women who stated in their dialogues that it was their faith in God that guided them through the turbulent episodes of their life and made it possible for them to overcome the obstacles associated with their anorexia. Sally, Nicole, Linda, and Sarah emphasized the powerful effect of prayer in their lives and how it helped them overcome their anorexia. Their stories imply that there was not a spiritual vacuum in their lives at all; that in spite of their spiritual beliefs, they had succumbed to anorexia. That does not reduce the significance that their belief had in helping them to overcome their harmful eating behavior, but it does challenge in some aspects the position of Roth, Fodor, and Ginsburg.

Linda's story presented a different perspective on spirituality. She said she felt it necessary for her to abstain from eating in order to make more food available for her siblings. She saw her restriction as a form of sacrifice, and she prayed to God for the strength to maintain her abstinence from food. Her desire to be thin, then, was different in some ways from the others. Her symbol of being thin was a testimony to her devotion to her family and to God, much like the women in Brumberg's study (1998).

Although her perspective was somewhat different from the others, it is significant in that it demonstrates that she developed anorexia consciously, just as her decision to discontinue her harmful behavior was a conscious choice when she became pregnant, just like Sally, who also stopped when she became pregnant.

The perspectives of these women and their convictions regarding prayer and God were succinctly expressed by Sarah.

I think the biggest difference is because of my faith...my faith in God...I know that He is the reason I am able to make it every day...He gives me the strength and the purpose to live a life without anorexia...and I'm not here for myself...I'm here to serve Him...and anorexia is not a part of that...as long as I keep my eyes focused on Him and not myself or the world around me, anorexia is not an issue...and I know that is true...it is the only real truth there is.

However, their statements that they were already spiritually oriented prompt the question, "If the women had no spiritual void, then why did they develop anorexia? Their stories also provoke the questions, "Should recovery treatment centers consider spiritual resources as a viable means to help treat women with anorexia? And if so, in what way, and to what extent should it be administered as an educational component of the treatment program and by whom?"

For those five women, it seems that their faith in a spiritual force was an integral part of their recovery. It appears that their belief was an effective resource, making it possible for them to overcome their addictions and to live productive lives. Of the five women who attested to their faith in a higher power, four received no treatment in a medical facility. The only one who did was Alex, who was in and out of treatment centers

over a three-year period while also dealing with substance abuse. And, unlike the other four, yoga is her spiritual resource.

Independence vs. Dependence

As previously stated, the women's stories revealed that they seemed to value the quality of being independent and autonomous. The prime example of an independent woman was Joan. Joan's philosophy that a woman should be thin, beautiful, and sexy was expressed in a confident, self-assured manner in which she derided bulimics as weak, self-indulgent and lazy. She prided herself on her muscular, athletic physique, and expressed her belief that the reason most women did not have a body like hers was because they did not have the strength or discipline necessary to exercise and eat properly. Her sentiments are similar to those professed in the Pro-Ana website referred to in Chapter 1, a site that extols the lean physical characteristics described by Joan. From Fodor (1997) and Roth's (2010) viewpoint, her feelings on discipline might be counterproductive. Were her thoughts distorted and delusional, as Ginsburg and Taylor (2002) might argue; or is her perspective of herself and others based primarily upon the value she has placed upon being physically fit? Joan's story revealed that she has strong convictions and standards that she has chosen to live by. Her decision to seek treatment was initiated when her husband threatened to leave her and to take their children with him. Because her desire to keep her family intact was more important to her than being physically fit, she acquiesced to her husband's demands. She begrudgingly went to a treatment center for five weeks, acknowledged that her time spent there was of little value, yet she altered her habits sufficiently to gain weight and to appease her husband.

Her behavior does not appear to be that of a person who has limited control over their actions. Actually, Joan's words and actions indicate that she is a highly, motivated individual who has set high standards and expectations of herself, and almost everything she does is purposeful and goal oriented. Like Linda, she is proud of herself and feels that what she is doing is best.

However, in spite of her claims to be independent and autonomous, Joan eventually sought assistance to address her anorexia when her weight hovered around 95 pounds. Another significant point that emerged for thinking about women's experiences with anorexia is that the majority of them recognized that without outside help, they were uncertain they would have changed their behavior. When not in the form of a spiritual force, the impetus for some was a husband, or a child, or a beloved grandmother. Support came in the form of supplications, encouragement, admonishments, and praise. The only participant who did not refer to seeking help was Patricia, who spoke very little of her anorexia or her recovery.

This point of seeking help matters because it sheds light on how the women attempted to empower themselves in terms of women's experiences with school and anorexia. Although they portrayed themselves as autonomous and independent, their stories illustrated their dependence on others. It is significant to note that some of the women's perceptions of themselves did not seem to match their behavior; that who they thought they were differed from whom they really were. In spite of the faith of their convictions, it is significant that their need to find succor outside of themselves was a pattern exhibited in their stories. Their means of assistance varied, but it appears that they all recognized that without outside help, they would not be able to change their behavior.

This conclusion prompts the question, “Was it their strong belief in the resource, or the resource itself that enabled the women to recover?” This point is also significant because it demonstrates the importance of providing women with anorexia easily accessible resources that are readily available and effective. Although Patricia did not describe a need for additional help to recover from anorexia, the rest of the women in this study expressed the importance of receiving assistance from a source outside of themselves.

The significance of this is that it may explain to some extent how women view their source of power. Women with anorexia may define their power differently than how others view it. The ability to begin eating again, to choose to eat, to recover, to focus on exercise and diet is significant because it illustrates the priorities that the women in this study have placed upon themselves and the manner in which they live their lives and the roles that they adopt. Viewed through a feminist lens, much of her behavior might be attributed to the pressures placed upon a woman in a patriarchal world. From a feminist perspective, the wide array of social roles assigned to women and the mythological image of the perfect woman as constructed by a masculinist culture has been inscribed upon her subconscious. Consequently, she may feel compelled to live out the expectations placed upon her: being the perfect wife, mother, and lover, and perhaps career woman as well. I found variations of this theme to be common in works by feminists Bordo (2004), Hornbacher (2008), Liu (2007), Luttrell (1989), and Wolf (2002).

But ironically, as other feminists have noted (Orbach, 1994; Orbach & Eichenbaum, 1995) normalizing the act of “slimming” the body as a cultural ideal reduces the power of a woman’s corporal presence and may, in fact, reduce her power. As Jackson Katz and Jean Kilbourne (1979) have argued in a compelling documentary,

the idealized size of male bodies has gradually increased as women's have significantly dissipated.

However, although some of the women felt compelled to restrict their food intake and to exercise excessively as a result of their fear of becoming fat, other women who matched their profile followed a Spartan-like regime because of their dedication to athletic competition and no longer exhibited their chosen behavior once their competitive days had come to an end. Alex is a prime example of such a case. Alex took pride in her athletic accomplishments, and strived to be the best she could be. Her sports as well as her dancing activities required her to be disciplined in both diet and exercise in order to accomplish her goals. Some may argue that the pressure placed upon Alex resulted in her eating disorder. Alex herself refutes that argument, believing that there were a multitude of factors that led to her addictions and self-destructive behavior, including the sexual abuse she experienced as a young girl, and the control and pressure her parents exerted upon her to be the very best at everything, their seeming indifference for her artistic talent, and their lack of support for her sexual orientation. Anorexia and drug and alcohol abuse became her coping mechanisms, a behavior vividly described in Thompson's (1994) study.

Multiple Influences

My second major finding was that there appeared to be a myriad of influences, some challenging, others traumatic, that they associated with their experiences and anorexia. The women in this study had varied socio-economic backgrounds, ethnicities, and were from different generations and school settings. Some had experienced various forms of abuse, including sexual, physical, and verbal. Others had also been victims of

poverty, classism, racism, and sexism. The conclusion that I drew from this finding was that it may not be possible to determine why some women develop anorexia and others don't. A second conclusion I drew from the finding was that, from the perspective of the women in this study, anorexia became a sensible means for them to cope with what appeared to them to be overwhelming problems.

During the course of telling their stories an underlying current of sexism seemed to emerge as the women recount educational experiences. The pattern of recurrent sexism in their stories matters, because it helps to explain how the women perceived their sense of control and power in their lives: how they felt they lost it, and how they attempted to regain it.

Bordo (2004), Gentile (2007), Hornbacher (1998), Kiesinger (1998), Liu (2007), Thompson (1994), and Wolf (2002), are among the feminists who discussed the significant role that sexism played in contributing to the eating behaviors of women. Thompson in particular perceived a "disordered society" as a primary contributor towards developing "eating disorders", a term she described as a misnomer. The roles the women were expected to adopt were stressors within themselves. Linda, Nicole, and Rhonda wanted to be perfect students; Jan wanted to be the perfect daughter, Sally and Alex wanted to be the perfect artist, Alex, the perfect athlete. In other words, they wanted to be perfect in any and every role that they adopted, in both performance and appearance. Silverstein (1995) observed that when women are high achievers and seek physical perfection, the more roles they adopt as women the more likely they are to develop an eating disorder. The implication is that the women felt that achieving perfection was necessary for them to be successful. Rhonda, Jan and Alex spoke of the high standards

they placed upon themselves. Many of the other women professed to their continued preoccupation with their appearance and it may be necessary for them to reevaluate the criteria by which they judge their appearance, their performance, and the roles they have placed upon themselves. Their behavior and their stories suggest to me that the women felt they had no control over their lives, and that the only way that they could regain control was through the way they responded to food and physical activity in their lives.

For example, in terms of appearance, they admitted to feeling unattractive, and felt compelled to compare themselves to others who they considered to be attractive, especially models. Sarah and Kim were the most outspoken critics of the modeling industry, and expressed their belief that many girls, like them, become anorexic because they seek to have the ideal figure and face. Rhonda was afraid of fat and wanted to be perfect. Her concept of the perfect woman was greatly influenced after she became a professional model. The modeling agency requested that she lose weight, and in her quest to become the perfect model, her behavior went into an uncontrollable downward spin of severe food restriction and excessive exercise. The insistent pleadings of her husband led to her eventual treatment and total recovery through a personal psychiatrist, his affiliated support group, and medication. Her story indicates the powerful effect of the ideal image on women, particularly in Rhonda's case, who was past her adolescence when she developed her anorexia.

But the stressors imposed upon the women were not only in the form of high expectations. The women also experienced various forms of abuse, separation, harassment, or neglect. Linda, for example, confided that her anorexic behavior intensified as a result of the sexist statements made by her teacher and the boys at school.

Her feelings of being sexually harassed by boys at school were echoed in the voices of all the women interviewed, and for some, the abuse went beyond words. Nicole sadly recounted the Thanksgiving Day that her stepfather attempted to rape her. Her mother's response to that event was a surprising tirade in which she accused her daughter of having seduced him and labeled her a "slut" and a "whore." The entire episode further alienated Nicole from her mother, and caused her to sink into depression and to turn to alcohol and food for solace. The lessons these women learned occurred at home and at school and were taught by both peers and family members. While it may be true that there are many scenarios similar to these that have occurred with women who never developed anorexia, it is also true that the women in this study did. Anorexia appeared to be their way of responding.

The experience of Alex was even more traumatic, being the victim of repeated rapes by her coach between the ages of 9 to 11. Alex wanted to become invisible, and, being unable to talk about the abuse, felt as if she had lost her voice. Taking drugs, drinking alcohol, restricting her food intake, and exercising became her methods of coping with the shame, anger, and frustration of the rapes. It appears, then, that Alex had multiple responses to the abuse she experienced, yet none of seemed to resolve the conflicts or turmoil she felt within her.

The stories of the women who suffered sexual abuse imply that they perceived their anorexic behavior as a means they to cope with the shame and guilt they felt from their experience. Their feelings of hopelessness and the strategies they devised to survive are further reflections of the findings of Thompson, who states that women with anorexia may have neither an eating disorder, nor a mental disease, nor the desire to have the

perfect body, nor a need for a spiritual epiphany. Rather, she perceives anorexia as a coping mechanism for some women in a world deluged with sexism, racism, heterosexism, social stratification, sexual abuse, and paranoia. Thompson also argues that the problems of a disordered society must first be addressed before any attempt is made to modify the behavior of women with anorexia.

Her scholarship on eating disorders argues that “eating problems often begin as an orderly and sane response to insane circumstances” (p. 2). The women she interviewed developed eating problems not because they were overly concerned about their appearance, but as a way of coping with multiple hardships in their lives. She points out that those who focus on the psychological or genetic origins of anorexia base their knowledge from research conducted primarily with white, heterosexual, middle-class and upper class women, women like Sally and Joan. Thompson’s study chose women who did not fit the typical anorexic profile: women who were lesbians, women of color, and women of poverty. Her findings suggest that factors other than genetics may be the primary reason for their behavior. In Thompson’s opinion, the women in her study had developed an abnormal eating pattern in order to cope with the oppression, abuse and hostility they experienced in their life. Like the women in Thompson’s study, some of the participants in this study described a number of challenges in educational spaces that may provide one way of thinking about the intersections between experiences in school and eating problems.

It is important to note that some conflict exists because of the distinction between the psychological, individual, and gendered structural attributions of eating disorders. As pointed out by social historian Joan Brumberg (1998), women with anorexia have been

labeled as being mentally ill and have been sent to mental institutions or private physicians since the mid-nineteenth century. Brumberg argues that the women lived in a culture where they were believed to have fragile nervous systems and diminished mental capacities, making them prone to emotional and mental breakdowns. It is the vestiges of those same beliefs that feminists continue to challenge. Feminists contend that a woman's potential is restricted when she is placed in a role that is inferior to a male's position. Furthermore, it prevents her from asserting her creating individuality. Such oppression, they add, confines them to succumbing to gendered expectations even in regard to eating behaviors.

After listening to the women's stories, I found they had the following characteristics in common. First of all, they all desired to be thin, and that, with the exception of Linda, they all believed that being thin made them more attractive. They also seemed to feel that personal appearance was a major factor in determining the social worth of an individual. In addition, I found that they were high achievers who acted upon a strong desire to do well in every task they performed, a trait that made them outstanding students in school. However, in spite of the popularity they experienced among their classmates, all but one expressed a discomfort in social interaction. Another characteristic the women had in common was a compulsive nature to please others. Their desire to please others seemed to be one of the factors that led them to pursue service-centered careers. One other common element of their recollections was that many of them felt victimized at some point in their lives, and their feelings of helplessness eventually led to the development of anorexia. Their stories also indicated that the women were well-educated, intelligent, highly motivated, creative, and emotionally sensitive. Finally, while

some of the women described themselves as having recovered from anorexia and that it no longer controlled their behavior, there were others who said they still felt remnants of its presence in their lives.

In light of the revelations disclosed by the women while recounting their school and other educational experiences as they discussed their diverse eating patterns and how they recovered, another conclusion to be drawn is that, for them, anorexia was not a disease or disorder but a harmful response to a combination of beliefs, traumatic events, and people in their lives.

Lessons about Bodies in School

My third major finding was the women learned lessons in school about their bodies from their peers and from others outside of school. In the stories the women told me, they had few recollections about school programs that were designed to inform the students in self-image or health. However, there were numerous stories that focused on the interaction between classmates and gendered expectations from both peers and faculty and from family members outside of school. A conclusion that can be drawn from this finding is that it was not the written curriculum that had the most profound influence on their behavior and eating patterns; it was the unwritten curriculum and the comments directed towards them by others that reinforced their desire to be thin and to “act like a girl.” School, in other words, was just one of the many educational settings in which they were influenced by others, including peers. There stories were set not only in the classrooms, but in school cafeterias, in restrooms, at home, in college dorms, in gymnasiums and locker rooms, on the athletic stage, in bedrooms, and on the playground.

How others interacted with them in those settings and what they said about them appeared to be what they remembered most vividly.

As I unraveled their culturally diverse stories across different ages and experiences, it seemed to me that, in spite of the commonalities that I detected among the women's narratives, their experiences with school and anorexia were all different. Their school experiences and the relationship to their anorexia seemed to be as diverse as the women's lives. A couple of the women, Patricia and Linda, had been educated in small, rural one-room school houses and had the same teacher for eight years where they received individual, daily paddling as a part of their schooling. The intimacy of the small towns in which they were raised reinforced the gender roles they learned from the interactions with their peers and teachers at school.

Others, like Alex, went to sprawling, urban schools with thousands of students where they felt invisible. Still others, like Jan, attended expensive parochial institutions with a preparatory curriculum where they experienced the effects of social stratification, reminiscent of the conflicted spaces studied in Mary Thomas's book, *Multicultural Girlhood* (2011).

The stories of the women's experiences repeatedly recounted how statements and actions directed towards them from their peers influenced the way they felt about themselves and their appearance. Rayner (2013) delineated the social development of girls, and highlighted the importance of being socially acceptable during the transformative years of adolescence. For the women in this study, their adolescent years were a pivotal point where the symptoms of anorexia were conceived and ultimately emerged in the form of self-destructive behavior. In one manner or another, all of the

women narrated stories in which they were self-conscious about their appearance. The desire to be beautiful propelled most of them. When they received praise from their peers for their physical attributes, including their thinness, their desire to be and to remain thin increased. In keeping with Rayner's observation, they developed relationships with those classmates who had similar beliefs and behaviors, including unusual eating patterns.

After examining the various causes of anorexia discussed by the research literature currently available, the women's stories themselves verify the impact their peers had upon their behavior. As Pipher (1994) and Siegel (2009) observed, peer pressure and social acceptability have a powerful influence on the behavior of an individual, especially during the transitional stage of adolescence, where self-image is being examined and adult identity is being formed.

The statements made by the women as they told their stories reveal how important it was for them to be accepted by their peers, and all of them felt their appearance, and how their peers viewed them, influenced their behavior. Several of the women recalled that their obsession for thinness began after one of their peers criticized their figures. After that, they were overly conscious of what they perceived as a fat, large body that needed to be monitored constantly to avoid any possibility of becoming even larger. For many of them, excessive exercise and severe food restriction were necessary to achieve and maintain what they perceived to be the ideal figure.

For some of the others, their desire to be thin was a result of favorable, rather than contemptuous comments, made about their figures. The praise they received from their peers for having a lithe, slender physique encouraged them to continue practicing behavior that made it possible for them to maintain their ultra-thin bodies.

Often, the pressure the women felt from their peers regarding their appearance was reinforced in the home. Sally and Patricia, for example, felt that it was necessary for them to be thin and beautiful in order to win the approval of their father. They also commented on the incredible beauty of their mother, as did Joan and Sarah, along with an ongoing commentary from their fathers regarding the importance of feminine beauty. The stories the women told suggested that the continual diatribe of their fathers, and sometimes mothers, combined with the comments made by their peers, made them feel inadequate and unloved. Their experiences were reminiscent of the study conducted by Strober (2011) which explored the significant influence mothers and fathers had on the self-image of their daughters. The feelings expressed by the women are also in concordance with the psychoanalytic feminist perspective that focuses on how women form their identities during the oedipal phase of their development. This perspective appears to have been a significant factor even in the behavior of Rhonda, whose anorexia did not surface until after she graduated. Although she initially believed that her anorexia began after she was told by her modeling agency to lose weight, as she reflected upon her experiences in school and growing up, she recognized her obsession with achieving perfection in everything, and her unrequited affection for her father were latent factors that eventually emerged in her eating behavior.

What do I need to do to be lovable? What do I need to be popular? For these women, their stories suggest that they believed that having a thin figure was one way to receive the love and acceptance they were wanting from both their peers and parents. As mentioned earlier, the only exception to this pattern was Linda. For Linda, her words imply that being extremely thin was her way of showing her love for her siblings and her

family through self-sacrifice. Her reasoning adds a new twist to Strober's study on family environment. Her story also indicates that she believed it was a way to assert her independence and inner strength. It may be that Linda's reasons for wanting to be thin differ from the other women because her cultural heritage was markedly different. As Thompson (1994) explained, many African-American women and men "associate *skinny* with whiteness and a culture outside of the black community" (p. 10).

However, the findings of the Minnesota Experiment also seem to suggest that there may be a biological threshold responsible for the onset and continuance of behavior that is described by the medical profession as anorexia. If there is such a threshold, it is logical to conclude that the chemical changes that occur within the body after a person has been deprived of food over a prolonged period of time may initiate an abnormal eating behavior when occurring simultaneously with the many other stressors experienced by the women in this study: the desire to be perfect, the concept of the ideal woman, a perceived spiritual void, sexual abuse or harassment, the need for approval from peers and parents based upon appearance, the myriad of roles placed upon women and the subsequent loss of voice. This conclusion not only reveals the complex nature of anorexia, it also may explain why there are a disproportionate number of women who experience the eating behavior compared to men.

Implications of Their Experience as Knowledge

As the women recollected the experiences that occurred both in and out of school, they connected them to their subsequent self-destructive behavior, echoing their sentiments that they never felt good-enough, never felt satisfied, never felt as if they fit

in, and never felt as if they were pretty or attractive. Kim, who attested that she doesn't believe anorexia ever leaves a person, nonetheless made the following revelation:

I'm so sick of anorexia and being called anorexic. You know what? That's not really the problem. That's not the problem. I am controlling, and, you know, you come in, and you sit all these girls down, and every single one of them, every single one has been molested on some sort of level...every single one of them...every single one. So that (anorexia) wasn't my problem. My problem was my 15 year-old girl cousin. It was a girl cousin. ..so if I could just work on that, then the anorexia is going to go away...it's not all about what I look on the outside...what about the inside...in here...deep inside me?

Kim's words shocked me when I first heard them. First of all, everything I had read in the literature and heard from professionals was that often women with anorexia were victims of sexual abuse. But nothing I read indicated that it was as universal as Kim seemed to believe. It also surprised me when she expressed her displeasure at the treatment she received in the recovery program, arguing that those responsible for the program were focusing their efforts on the outside appearance rather than the provocative thoughts and emotions within a woman that caused her eating behavior. Kim's remarks were made right after she referred to the type of personal therapist she preferred, which made her remarks even more puzzling.

But seen from an interpretivist perspective, her statements are based on the reality she has constructed, and therefore, for her, they are true. Kim appears to believe that the majority of women with anorexia have been sexually molested, and because of that, medical practitioners need to treat the underlying symptoms. Although Kim often

expressed confusing and contradictory thoughts like these as she told her story, I believe Kim was relating to me how she felt about herself and the world as she sees it, and she believes that labeling her as an anorexic hides the cause of her behavior, and thereby diverts the medical staff, prompting them to treat her symptoms rather than to the cause of her eating behavior. Her voice is saying that she is not an anorexic. I believe her voice is saying that she is the survivor of sexual abuse, and she wants someone to address that issue so that she may resume what she would consider to be a normal life that does not include an eating disorder.

Although Kim's interpretation may differ from those of the other women in this study, examining the stories of each participant suggests that all of the women had a unique interpretation of their behavior and the need for treatment. Furthermore, their experiences had provided them with a knowledge that could be gained in no other way than to have lived it. Unfortunately, the people responsible for their treatment had rarely experienced anorexia themselves, and the knowledge they had of the disorder was based primarily on research and information the women shared with them. Consequently, even when they were administering treatment for them, the medical staff was not a part of their world. In the eyes of the women, they remained detached observers: compassionate, caring, knowledgeable, and dedicated perhaps, yet nonetheless, detached observers. They felt as if they had no voice.

The women in this study were provided a voice by sharing some of their educational experiences and their anorexia. In our conversations, they expressed the belief that the knowledge gained from their experiences could serve as a useful tool when addressing anorexia. Consequently, many of them have entered careers in that benefit

from their personal experiences. Jan became a doctor. Joan is pursuing a career as a psychologist and Sarah is becoming a nurse. Patricia, Kim, Nicole, and Rhonda as well have chosen careers that draw upon their experiences with anorexia to serve as a valuable resource in their professions. In fact, during the interview, Jan and Joan both remarked that their experiences cannot be supplanted by the knowledge a doctor gleans from a textbook or from a research study.

Implications Regarding the Educational Experiences

The lack of classroom instruction related to physical appearance, self-image, diet, exercise, or healthy lifestyles was a common element that appeared in all of the interviews. This is not meant to suggest that the school did not provide courses, curriculum, activities, or programs that did not provide knowledge about such issues. On the contrary, it is possible that each of the schools attended by the women may have provided such knowledge. But, from the perspective of the women interviewed and from the content of their stories there is little evidence of having received that knowledge through the school's curriculum. Rather, it was more common to hear them say that what they learned about their bodies in school came primarily from comments made by their classmates and teachers, discussions with their peers while at school, the expectations of the school staff, and the ideas presented to them from various forms of the media. In other words, there were a broad spectrum of educational experiences that intersected with their eating behavior.

After listening to and examining the stories of their experiences, it appears that the women in this study were particularly sensitive to the comments made by others regarding their appearance and that those comments seemed to be a significant factor in

their eating behavior. Aside from that, there seems to be no indication that there were any significant factors in the school curriculum that may have contributed to the women's eating behavior. However, there were some recollections that made an impression upon them. Sally recalled with disgust a history class where the history teacher briefly discussed the Roman vomitoriums. It made her want to stop her purging, but she continued to do so. Sally also remembered how the kindness and concern of her art teacher in high school temporarily caused her to eat lunch. Other than that, her eating behavior seemed to be removed from what was happening at school.

Linda, too, reacted to a male teacher's sexual harassment by increasing her efforts to remain dangerously thin. However, based upon the resolve expressed in her story to be strong, thin, and independent, it seems possible that her restrictive behavior would have continued regardless of the incident with her offensive teacher. Joan's behavior was the antithesis of Linda's, but her desire for her teacher's attention might be perceived as more of a reflection on the disparity between Joan's needs and Linda's. As stated earlier in this chapter, the majority of the women enjoyed their school experiences, and there was very little knowledge provided to them through the school curriculum itself that seems to have either contributed to or prevented their anorexia.

During the process of story telling, they provided their personal perspective of what school means to them. Their stories also added unique insight into what anorexia is, and how it has affected them their entire lives. Indeed, some of them continue to struggle with and are uncertain about their future in regard to anorexia and their lives in general.

“What's my purpose? Is this it? Is this all I have to give to the world?”

.....Kim

Kim's words reminded me that their stories are not over, and those reflections they shared with me are no more than a glimpse of their yesterdays that lead to more tomorrows. In addition, because the participants in the study were all women, I had to consider what their narratives meant from a feminine perspective and how they might be gendered.

As I examined what they had told me over the months of interviewing and the member checks and my time analyzing the data, I discerned that their stories both corroborated and contradicted different aspects of research that explores the lives of women with anorexia. In an effort to best comprehend all that they had shared with me, I felt it necessary to review not only all they had told to me, but also all that I had read related to school and anorexia. After review of the data and feminist scholarship exploring different approaches and explanations for how and why anorexia remains an enduring aspects of women's lives, I still find myself with many unanswered, one of which is: What role should schools play to address the issue of anorexia? And because the medical profession currently plays a major role in the recovery of women with anorexia: What might medical treatment programs do to be more effective?

Recommendation: Medical Treatment Programs

First of all, the recovery centers that some of these women attended appeared to rely primarily on medicinal and psychological treatment while limiting their educational role. The women's stories indicated that they received only sparse bits of information that guided them through the cultural roles placed upon both men and women. Some of the women felt as if they learned nothing of value while undergoing treatment. After hearing their stories, I would recommend that treatment centers to include a more substantial

educational effort to inform the women undergoing treatment of the specific cultural aspects of gender identity formation and how to reconstruct their self-image.

Recommendation: What Schools Can Do

What is most significant about the influence of peer pressure at school is that the women's actions and thoughts were guided by the belief that being thin was a necessary attribute for women who wanted to be attractive and desirable. Their belief suggests to me that their voices had actually been silenced at a very early age, and were replaced by the voices of a culture which inscribed upon their hearts and minds notions about what a woman should be. Again, this belief may be perceived by feminists as a cultural phenomenon promulgated by a patriarchal society that traps women into pursuing an image that is impossible to attain. So, the first thing that the school can do is to help each student discover their own unique voice and allow them to use it.

Listening to the liberated voices of the women who told me their story, I observed that, to some degree, some continue to battle with their self-image and feelings of inadequacy as a woman. They have regained their voices through the recognition and acceptance of themselves as being imperfect, realizing they still have much to offer to the world as talented, intelligent human beings. Some of them regained their voices after undergoing treatment and/or by seeking help from an individual or group that provided them with the strength, knowledge, and support they needed to destroy the myth of the perfect woman they had placed in their mind and to replace it with a new image and new identity. Others appeared to recover by drawing upon their own inner strength while changing their perception of themselves. So the second thing the schools can do is to provide their students with the knowledge and tools necessary to form a healthy self-

image by helping them to become media literate in a school environment that fosters individuality.

Currently, research indicates that there appears to be very little effort made by the schools to address anorexia. As mentioned in Chapter 2, there are a myriad of prevention programs associated with the schools, but they are limited in scope and minimally effective. The reason for this may be, as Wolf (2002) suggests that women are being marginalized because it is a behavior exhibited primarily by women. Furthermore, it may also be because, as Thompson (1994) believes, that it is not an eating disorder at all, but a symptom of a disordered society. If this is true, then in my opinion, the most viable and most effective resource of all to address the problem of anorexia is the school itself. And I am not referring to post-secondary schooling, but the elementary and secondary level.

The average person is in school for seven hours a day for a minimum of 186 days a year for 13 to 14 years, usually between the ages of four to eighteen. During that time, it might be beneficial for the schools to include media literacy curriculum from kindergarten through twelfth grade. The purpose of this curriculum would be to provide the students with the knowledge and the skills necessary to analyze, question, and challenge the information they receive on a daily basis from the media. In addition, in order to provide them with the skills needed to avoid stereotyping and role-casting, I would also suggest that the schools provide a curriculum that would enable the students to explore their culture and as well as other cultures in order to better understand how self-image, identity, gender roles, and racial and ethnic roles are formed.

In addition, it might be beneficial if schools coordinated their efforts more closely with those of recovery programs and treatment centers for the purpose of increasing their

efficacy of both learning spaces. I also suggest that administrators of schools analyze the current response of their individual schools in regard to sexual harassment and gendered comments and expectations. The scope of such an analysis could go beyond behavior practices between faculty and students. It could extend to hiring practices of personnel by placing more women into positions that have been traditionally viewed as “male jobs.” I also believe that it would be beneficial if schools would decrease the amount of time, energy, and money placed upon the male athletic programs while providing additional support and continued encouragement for females to pursue careers and courses in science and math.

But the data indicates that the issue of anorexia extends beyond the scope of school, and that there are numerous educational settings that may be implicated in the problem of anorexia. In order to address this issue, schools might consider the ways in which they could connect themselves with the business community and the news media to involve them in their efforts to deconstruct the gendered roles of our present culture.

Such recommendations might be viewed by some as a radical, perhaps even Marxist, approach to addressing the issue of anorexia and the role of the school. But it is my personal belief that the school and the knowledge that it provides to the students may be the only way to change the thinking that initiates the onset of anorexia in women today. In the past and presently, schools have been recognized as being a reflection of the culture in which they exist. Is it not also possible that those same schools can cause a culture to reflect upon itself, and to transform the culture that it perceives into a new reflection? If such were to be the case, the process occurring at the schools would become more than just an education. It would become one of enlightenment.

Commentary

I realized from the beginning of this study that being a male would influence every aspect of the research process. But as previously mentioned, my experiences as an educator and school administrator made me increasingly aware of the problem of anorexia among women in the school setting, and I felt compelled to better understand the nature of the condition in spite of my gender. After completing this study, I do not believe that being a male hindered me, nor do I think that it made it impossible for me to understand, to some extent, what has been described by some as a gendered condition. I do believe, however, that it shaped how I approached the women in this study, how I formulated the questions and how I addressed and responded to the women during the interviews. I also believe that my male perspective influenced the way that I analyzed what they told me in their stories and how I interpreted them. Nevertheless, the gender difference did not prevent me from crying when they cried, or laughing when they laughed. Though I could not truly understand what it feels like to be a woman, I could feel the pain and torment of their deepest suffering, and the joy and exultation of their accomplishments and successes. In our conversations they tried, as best they could, to open their hearts to me as they shared the memories of their human condition; and I tried, as best I could, to open my heart to them as I listened. Their voices were sure and clear and resonated deep within me. I can hear them still: their words have become a permanent part of who I am today.

REFERENCES

- Abscal, L., Bruning, J., Winzelberg, A., Dev, P., Taylor, C. (2004). An internet delivered intervention program to enhance body image in high school students. *Annals of Behavioral Medicine*, 24: 117-130
- Albee, G. (1996). Revolutions and counterrevolutions in prevention. *American Psychologist*, 51, 1130-1133
- Altabe, M., & Thompson, J. (1996). Body image: A cognitive self-schema construct? *Cognitive Therapy and Research*, 20, 171-193
- American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th ed., Text Revision: DSM-V-TR). Washington, DC: APA
- Andersen, A. (2005). *Practical comprehensive treatment of anorexia nervosa and bulimia*. Baltimore: John Hopkins University
- Anderson-Fye, E. & Becker, A. (2004). Socio-cultural aspects of eating disorders. *Handbook of Eating Disorders and Obesity*. (pp.569-589). New York: John Wiley
- Attie, I. & Brooks-Gunn, J. (1989). Development of eating problems in adolescent girls: A longitudinal study. *Developmental psychology*, 25, 70-79
- Austin, S. (1999). Fat, loathing, and public health: The complicity of science in a culture of disordered eating. *Culture, Medicine, and Psychiatry*, 23, 245-268
- Bailey, L. (2011). Book review of *Deconstructing and reconstructing lives: Autobiography in educational settings* by Lucy Forsyth and Gaby Weiner (University of Western Ontario: Althouse Press in *Vitae Scholasticae*, 2012: 55-59
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: W.H. Freeman.
- Bardone-Cone, A., Wonderlich, S., Riso, L., Crosby, R., Mitchell, J., Uppala, S. (2007). Perfectionism and eating disorders: Current status and future directions. *Clinical Psychology Review*, 27: 384-405
- Barthes, R. (1997). Introduction to the structural analysis of narratives. In *Image- music-text*, trans. S. Heath, 79-124. New York: Fontana
- Bearman, S.K., Stice, E., Chase, A. (2003). Evaluation of an intervention targeting both depressive and bulimic pathology: A randomized prevention trial. *Behavior Therapy*, 34, 277-293
- Becker, A. (1995). *Body, self, and society: The view from fiji*. Philadelphia: University of Pennsylvania Press
- Belensky, M., Clinchy, B.M., Goldberger, N.R., & Tarjule, J.M. (1986). *Women's ways of knowing: The development of self, voice, and mind*. New York: Basic Books
- Bergen, A. (2003). Candidate genes for anorexia nervosa: Serotonin 1D and delta opioid receptors display significant association to anorexia nervosa. *Molecular Psychiatry*, 8, 397-406.

- Bermudez, O. (2012). A meta-analysis of intervention programs for eating disorders: Twenty-five years of empirical studies. *International Journal for Eating Disorders*, 41: 318-325
- Biglan, A., Ary, D., Smolkowski, K., Duncan, T., & Black, C. (2000). A randomized control trial of a community intervention to prevent adolescent tobacco use. *Tobacco Control*, 9, 24-32
- Biglan, A., Mrazek, P.J., Carnine, D., & Flay, B.R. (2003). The integration of research and practice in prevention of youth problem behaviors. *American Psychologist*, 58, 433-440
- Bloomberg, L., Volpe, M. (2012). *Completing your qualitative dissertation: A roadmap from beginning to end*. Thousand Oaks, CA: Sage
- Blumer, H. (1969). *Symbolic interactionism: Perspective and method*. Englewood Cliffs, NJ: Prentice Hall
- Bordo, S. (2004). *Unbearable weight: Feminism, western culture, and the body*. Berkeley, CA: University of California Press
- Bowman, G. (2006). *A shape of my own*. London: Penguin Books
- Brown, J. (2001). Media literacy and critical television viewing in education. In D.G. Singer & J.L. Singer (Eds.), *Handbook of children and the media* (pp.681-697). Thousand Oaks, CA: Sage
- Bruch, H. (1978). *The golden cage: The enigma of anorexia nervosa*. New York: Random House
- Brumberg, J. (1998). *Fasting girls: The history of anorexia nervosa*. Boston, MA: Harvard University Press
- Bruner, Jerome S. (1990). *Acts of meaning*. Cambridge: Harvard University Press
- Burgos, M. (1989). Life stories, narrativity, and the search for the self. *Life Stories* [Recits de vie], 5, 27-38
- Bulik, C. (2004). Genetic and biological risk factors. *Handbook of Eating Disorders and Obesity* (pp. 3-16). Hoboken, NJ: Wiley
- Byely, L., Archibald, A., Graber, J., Brooks-Gunn, J. (2011). A prospective study of narrative and social influences on women's body image and dieting. *International Journal of Eating Disorders*, 38, 165-184.
- Butler, J. (1999). *Gender trouble: Feminism and the subversion of identity*. New York: Routledge
- Caplan, G. (1964). *Principles of preventive psychiatry*. New York: Basic Books
- Cash, T. (2006). The treatment of body image disturbances. In J.K. Thomson (Ed.), *Body image, eating disorders, and obesity: An integrative guide for assessment and treatment* (pp. 83-107). Washington, D.C: American Psychological Association
- Caspi, A., Hariri, A., Homes, A., Uher, R., Moffitt, T. (2010) Genetic sensitivity to the environment: The case of serotonin transporter gene and its implications for studying complex diseases and traits. *American Journal of Psychiatry*, 167, 509-527
- Celio, A., Wilfley, D., Crow, S., Mitchell, j., Walsh, B., (2004). A comparison of the binge eating scale, questionnaire for eating and weight patterns revised, and eating disorder examination questionnaire with instructions with the eating disorders examination in the assessment of binge eating disorder and its symptoms. *International Journal of Eating Disorders*, 36, 434-444

- Chase, S. (2010). Narrative inquiry: Multiple lenses, approaches, voices. *Qualitative educational research: Readings in reflexive methodology and transformative practice*, ed. Wendy Luttrell, 208-236. New York: Routledge
- Childress, A., Brewerton, T., Hodges, E., Jarrell, M. (1993). The Kids' Eating Disorders Survey (KEDS): A study of middle school students. *Journal of the American Academy of Child and Adolescent Psychiatry*, 32, 843-850
- Clandinin, D. & Connelly, F. (2000). *Narrative inquiry: A methodology for studying lived experience*. Thousand Oaks, CA: Sage
- Cogan, J. & Ernsberger, P. (1999). Dying to be thin in the name of health: shifting the paradigm. *Journal of Social Issues*, 55, 187-400
- Costin, C. (1997). *Your dieting daughter: Is she dying for attention?* New York: Bruner/Mazel
- Creswell, J.W. (2003). *Research design. Qualitative, quantitative, and mixed methods Approaches*. Thousand Oaks, CA: Sage Publications
- Crotty, M. (2003). *The foundations of social research: Meaning and perspective in the Research process*. London: Sage Publications
- Czarniawska, Barbara. (1998). *A narrative approach to organization studies*. Thousand Oaks, CA: Sage
- de Beauvoir, S. (1953). *The second sex*. London: Jonathan Caper
- Deter, H. & Herzog, W. (1994) Anorexia nervosa in a long-term perspective: Results of the Heidelberg-Mannheim study. *Psychosomatic Medicine*. 56. 20-27
- Dornbush, S., Carlsmith, J., Duncan, P., Gross, R., Martin, J., Ritter, P., & Siegel-Goerlik, B. (1984). Sexual maturation, social class, and the desire to be thin among adolescent females. *Journal of Developmental and Behavioral Pediatrics*, 5, 308-314.
- Denzin, N.K. & Lincoln, Y.S. (2000) Introduction: The discipline and practice of qualitative research. In *Handbook of qualitative research*, N.K. Lincoln & Y.S. Lincoln (Eds.) (2nd ed., pp. 1-28) Thousand Oaks, CA: Sage
- Eisenberg, M., Neumark-Sztainer, D. (2010). Friends dieting and disordered eating behaviors among adolescents: Findings from Project EAT. *Adolescent Health*. 47: 67-73
- Emerson, R., Fretz, R., Shaw, L. (2001). *Handbook of ethnography*. London: Sage
- Epling, W., & Pierce, W. (1996). *Activity anorexia: theory, research, and treatment*. Mahwah, NJ: Lawrence Erlbaum Associates
- Erlandson, D., Harris, E., Skipper, B., & Allen, S. (1993) Doing naturalistic inquiry: A guide to methods. Newbury Park, CA: Sage Publishing
- Fairburn, C., & Beglin, S. (1994). Assessment of eating disorders: Interview or self-report measure. *International Journal of Eating Disorders*. 16, 363-370
- Feldman, M., Skoldberg, K., Brown, R. N., & Horner, D. (2004). Making sense of Stories: A rhetorical approach to narrative analysis. In *Journal of Public Administration and Theory*. (14), 2, 147-170.
- Fernandez-Aranda, F., Pinheiro, A., Tozzi, F., Thornton, L., Fichter, M., Halmi, K., (2007). Symptom profile and temporal relation of major depressive disorder in females with eating disorders. *Australian-New Zealand Journal of Psychiatry*. 41: 24-31

- Fichter, M., Elton, M., Engel, K., Meyer, A., Mally, H., Poustka, F. (2011). Structured interview for anorexia and bulimia nervosa (SIAB): Development of a new instrument for the assessment of eating disorders. *International Journal of Eating Disorders*. 10: 571-592
- Franko, D. (2004). Secondary prevention of eating disorders in college women at risk. *Eating Disorders: The Journal of Treatment and Prevention*. 6, 29-40
- Freire, P. (2006). *Pedagogy of the oppressed*. New York: The Continuum International Publishing Group, Inc.
- Friedman, S. (2000). *When girls feel fat: Helping girls through adolescence*. Toronto: Harper-Collins
- Fodor, V. (1997). *Desperately seeking self*. Carlsbad, CA: Gurze Books
- Foley, D. (1990). *Learning capitalist culture: Deep in the heart of Texas*. Philadelphia: University of Pennsylvania Press
- Garan, E. (2004). *In defense of our children*. Portsmouth, NH: Heinemann
- Garfinkle, P. & Garner, D. (1982) *Anorexia nervosa: A multidimensional perspective*. New York: Bruner/Mazel
- Garner, D., Olmstead, M., & Polivy, J. (1983). Developments and validation of a multidimensional eating disorder inventory for anorexia nervosa and bulimia. *International Journal of Eating Disorders*, 2, 15-34
- Gee, J.P. (1986). Units in the production of narrative discourse. *Discourse Processed*. 9: 391-422
- Geertz, C. (1973). *The interpretations of culture*. New York: Basic Books
- Gentile, K. (2007). *Creating bodies: Eating disorders as self-destructive survival*. Hillsdale, NJ: The Analytic Press
- Ginsburg, L. & Taylor, M. (2002). *What are you hungry for?* New York: St. Martin's Press
- Gottlieb, L. (2000). *Stick figure: A diary of my former self*. New York: Berkley Publishing Group
- Hagan, M., Whitworth, R., Moss, D. (1999). Semi-starvation-associated eating behaviors among college binge eaters: A preliminary description and assessment scale. *Behavioral Medicine*, 25, 125-133
- Heatherton, T.F. & Polivy, J. (1992). Chronic dieting and eating disorders: A spiral model. *The etiology of bulimia nervosa: The individual and familial context* (pp. 133-155). Washington DC: Hemisphere
- Heaton, A. & Strauss, C. (2005). *Talking to eating disorders*. New York: New American Library
- Herzog, D. (2009). Bulimia: The secretive syndrome. *Psychosomatics*, 23, 481-483
- Herzog, D., Greenwood, D., Dorer, D., Flores, A., Ekeblad, E., Richards, A., Blais, M., Keller, M. (2000). Mortality in eating disorders: A descriptive study. *International journal of Eating Disorders*, 28, 20-26
- Heller, K. (1996). Coming of age of prevention science: Comments on the 1994 National Institute of Mental Health-Institute of Medicine prevention reports. *American Psychologist*, 51, 1123-1127
- hooks, b. (1989). *Talking back: Thinking feminist, thinking black*. London: Sheba Feminist Publishers
- Hornbacher, M. (2006). *Wasted: A memoir of anorexia and bulimia*. New York: Harper

- Hudson, J., Pope, H., Kessler, R. (2007). The prevalence and correlates of eating disorders in the national comorbidity survey replication. *Biological Psychiatry*. 61: 348-358
- Hummel, R.P. (1990). Uncovering validity criteria for stories managers hear and tell. *American Review of Public Administration* 20(4): 303-315
- Inckle, K. (2007). *Writing on the body: thinking through gendered embodiment and marked flesh*. New Castle, UK: Cambridge Scholars Publishing
- Irving, I., DuPen, J., Berel, S. (1998). A media literacy program for high school females. *Eating Disorders: the Journal of Treatment and Prevention* . 6, 119-131
- Irving, I. & Berel, S. (2001). Comparison of media literacy programs to strengthen college women's resistance to media images. *Psychology of Woman Quarterly*, 25, 103-111
- Jacobi, C., Fittig, E., Bryson, S., Wilfley, D., Kraemer, H., Taylor, C. (2011). Who is really at risk? Identifying risk factors for subthreshold and full syndrome eating disorders in a high-risk sample. *Psychol Med*, 41, 1939-1949
- Jacobi, C. Hayward, C., de Zwaan, M., Kraemer, H., Agras, S. (2004). Coming to terms with risk factors for eating disorder: Application of risk terminology and suggestions for a general taxonomy. *Psychology Bulletin*. 130: 19-65
- Josselson, R. (1996). On writing other people's lives: Self-analytic reflections of a narrative researcher. In *Ethics and process in the narrative study of lives*, ed. R. Josselson, 60-71. Thousand Oaks, CA: Sage
- Katz, S. (Producer). & Kilbourne, S. (Director). (1979). *Killing us softly: Advertising's image of women* (Documentary). United States: Cambridge Documentaries
- Kaye, W. (1997). Neurobiology and genetics: Anorexia nervosa, obsessional behavior, and serotonin. *Psychopharmacology Bulletin*, 33, 335-344
- Kaye, W., Bulik, C., Plotnicov, K., Thornton, L., Fichter, M. (2008). The genetics of anorexia nervosa collaborative study: Methods and sample description. *International Journal of Eating Disorders*. 41: 289-300
- Kaye, W., & Strober, M. (1999). The neurobiology of eating disorders. *Neurobiology of Mental Illness* (pp. 891-906). New York: Oxford University Press
- Keel, P., Baxter, M., Heatherton, T., Joiner, T. (2007). A 20-year longitudinal study of bodyweight, dieting, and eating disorder symptoms. *Journal of Abnormal Psychology*. 116, 422-432
- Keel, P. & Forney, J. (2013). Psychosocial risk factors for eating disorders. *International Journal of Eating Disorders*. 46: 433-439
- Keel, P. & Klump, K. (2003). Are eating disorders culture-bound syndromes? Implications for conceptualizing their etiology. *Psychology Bulletin*. 129: 747-769
- Keys, A., (1950) *The biology of human starvation*. Minneapolis, MN: University of Minnesota Press
- Kiesinger, E. (1998). From interview to story: Writing Abbie's life. *Qualitative Inquiry*,4(1), 71-95
- Killen, J., Taylor, C., Hayward, C., Haydel, K., Wilson, D., Hammer, L. (1996). Weight concerns influence the development of eating disorders: A four year productive study. *Journal of Clinical Psychology*. 64, 936-940

- Klump, K., Bulik, C., Kaye, W., Treasure, J., Tyson, E. (2009). Academy for eating disorders position paper: Eating disorders are serious mental illnesses. *International Journal of Eating Disorders*; 42: 97-103
- Kraemer, H., Kazdin, A., Offord, D., Kressler, R., Jensen, P., Kupfer, D. (1997). Coming to terms with the terms of risk. *General Psychiatry*. 54, 337-343
- Labov, W. & Waletzki, J. (1967). Narrative analysis. In *Essays on the verbal and visual arts*. Ed. J. Helm, 12-44, Seattle: University of Washington Press
- Lather, P. & Smithies, C. (1997). *Troubling the angels: Women living with hiv/aids*. Boulder, CO: Westview Press
- Leavy, P. (2012). The Global Marketing of Body Image Disturbance: Mass Media as a Mediating Structure between Global Capital and Women's Bodies. *West Valley Magazine*. 2,71-95
- Lee, V., Marks, H., Byrd, T. (1994). Sexism in single-sex and coeducational secondary school classrooms. *Sociology of Education*, 67 (2), 92-120
- Lelwica, M. (2010). *The religion of thinness*. Carlsbad, CA: Gurze Books
- Levine, M. & Smolak, L. (2006). *The prevention of eating problems and eating disorders*. Mahwah, NJ : Erlbaum Associates, Inc.
- Lilenfeld, L., Wonderlich, S., Riso, L., Crosby, R., Mitchell, J. (2006). Eating disorders and personality: A methodological and empirical review. *Clinical Psychology Review*. 26: 299-320
- Lincoln, Y. & Guba, G.E. (1985). *Naturalistic inquiry*. Newbury Park, CA: Sage
- Linde, C. (1993). *Working the past*. Oxford, UK: Oxford University Press
- Liu, A. (1979). *Solitaire*. New York: Harper Colophon Books
- Liu, A. (2007). *Gaining: The truth about life after eating disorders*. New York: Wellness Central
- Lock, J., LeGrange, D., Agras, W., Dare, C. (2001). *Treatment manual for anorexia nervosa*. New York: Guilford Press
- Lock, J., LeGrange, D., Agras, W., Moye, A., Bryson, S. (2010). Randomized clinical trial comparing family-based treatment with adolescent-focused individual therapy for adolescents with anorexia nervosa. *General Psychiatry*, 67, 1025-1032
- Luttrell, W. (1989). Working-class women's ways of knowing: effects of gender, race, and class. *Sociology of Education*. 62 (1): 33-46
- Luttrell, W. (1997). *School-smart and mother-wise: Working-class women's identity and schooling*. New York: Routledge
- Macrina, D. (1999). Historical and conceptual perspectives on health promotion. *Handbook of health promotion and disease prevention* (pp. 11-20). New York: Kluwer Academic/ Plenum
- Mann, T., Nolen-Hoeksema, S., Huan, K., Burgaard, D., Wright, A., & Hanson, K. (1997) Are two interventions worse than non? Joint primary and second interventions of eating disorders in college females. *Health Psychology*. 16, 1-11
- Martin, M. & Kennedy, P. (1994). Social comparison and the beauty of advertising models: The role of motives for comparison. *Advances in Consumer Researcher*, 21, 365-371
- McAdams, D.P. (1997). *The stories we live by: Personal myths and the making of the self*. New York: Guilford
- Menzie, M. (2003). *Diary of an anorexic girl*. Nashville, TN: Thomas Nelson

- Mishler, E.G. (1986). *Research interviewing: Context and narrative*. Cambridge, MA: Harvard University Press
- Murray, S., Touyz, S., Beumont, P., (1996). Awareness and perceived influence of body ideals in the media: A comparison of eating disorder patients and the general community. *Eating Disorders: The Journal of Treatment and Prevention*, 4, 33-46
- Nash, R. (2004). *Liberating scholarly writing: The power of personal narrative*. New York: Teachers College Press
- Neumark-Sztainer, D. (1995). Eating disturbances among adolescent girls: Evaluation of a primary-based prevention program. *Journal of Nutrition Education*. 30, 68-74
- Nussbaum, M. (1997). *Cultivating humanity: A classical defense of reform in liberal education*. Cambridge, MA: Harvard University Press
- Orbach, S. (1994). Slimness: The new god? *Healthy Weight Journal*, 8 (4): 75
- Orbach, S. & Eichenbaum, L.(1995). From object to subject. *British Journal of Psychotherapy*. 12: 89-97
- Orr, J.E. (1996). *Talking about machines: An ethnography of a modern job*. Ithaca, NY: Cornell University Press
- Osgood, K. (2004). *How to disappear completely: On modern anorexia*. New York: The Overlook Press
- Patton, M.Q. (2002). *Qualitative research and evaluation methods* (3rd ed). Thousand Oaks, CA: Sage Publications, Ltd.
- Paxton, S.(1999). Peer relations, body image, and disordered eating in adolescent girls: Implications for prevention. *Preventing eating disorders: A handbook of interventions and special challenges* (pp.134-147). Philadelphia: Bruner/Mazel
- Paxton, S., Eisenberg, M., Neumark-Sztainer, D.(2006). Prospective predictors of body dissatisfaction in adolescent girls: A five-year longitudinal study. *Developmental Psychology*. 42: 888-899
- Pillow, W. (2004). *Unfit subjects*. New York: Routledge Farmer
- Pipher, M. (1994). *Reviving Ophelia: Saving the selves of adolescent girls*. New York: Putnam
- Pirke, K. & Ploog, D.(1987). Biology of human starvation. Beumont, P., Burrows, G., & Casper, R. (Eds.) *Handbook of Eating Disorders: Part 1 and Bulimia Nervosa* , New York: Elsevier
- Polivy, J., Zeitling, S., Herman, C., Beal, A. (1994). Food restriction and binge eating: A study of former prisoners of war. *Journal of Abnormal Psychology*, 103, 409-411
- Posovac, H., Posovac, S., Weigel, R. (2001). Reducing the impact of media images on women at risk for body image disturbance: Three targeted interventions. *Journal of Social and Clinical Psychology*. 20, 324-340
- Raviv, S.(2010). *Being ana*. Bloomington, IN: iUniverse
- Rayner, K. (2013). Adolescent girls' friendship network, body dissatisfaction, and disordered eating: Examining section and socialization processes. *Journal of Abnormal Psychology*. 122: 93-104
- Reissman, C. (2008). *Narrative methods for the human science*. Thousand Oaks, CA: Sage
- Roberts, C. (2010). *The dissertation journey*. Thousand Oaks, CA: Sage

- Rosenvinge, J. & Borresen, R. (1999). Preventing eating disorders-time to change programs or paradigms? Current update and further recommendations. *European Eating Disorders Review*, 7, 5-16
- Roth, G. (2010). *Women, food, and god*. New York: Scribner
- Rubin, D. (2007). *Multiple imputation for nonresponse in surveys*. New York: Wiley
- Ruhrman, S. Schultze-Lutter, F., Salokangas, R., Hainimaa, M., Linzen, D. Dingemans, P. (1998). Prediction of psychosis in adolescents and young adults at high risk: results from the prospective European prediction of psychosis study. *General Psychiatry*, 67, 241-251
- Sanderson, C., Darley, J., Messinger, C. (2002). "I'm not as thin as you think I am": The development and consequences of feeling discrepant from the thinness norm. *Personality and Social Psychology Bulletin*, 28, 172-183
- Schegloff, E. A. (1997). Narrative analysis thirty years later. *Journal of narrative and life history*, 7, 97-106
- Shisslak, C., Renger, R., Sharpe, T., Crago, M., McKnight, K. Gray, N., Bryson, S., Estes, L., Parnaby, O., Killen, J., & Taylor, C. (1999). Development and evaluation of the McKnight Risk Factor Survey for assessing potential risk and protective factors for disordered eating in preadolescent and adolescent girls. *International Journal of Eating Disorders*, 25, 195-214
- Shafran, R. (2013). Promises, progress, and pathos: Commentary on 'Treatment and Prevention' papers by Stice, Becker, Hay & Mitchell. *International Journal of Eating Disorders*. 46: 486-488
- Siegel, M., Brisman, J., Weinshel, M. (2009). *Surviving an eating disorder*. New York: HarperCollins
- Silverstein, B. & Perlick, D. (1995). *The cost of competence: Why inequality causes depression, eating disorders, and illness in women*. New York: Oxford University Press
- Stice, E. & Whitenton, K. (2002). Risk factors for body dissatisfaction in adolescent girls: A longitudinal investigation. *Developmental Psychology*. 38: 669-678
- Stokes, M., Davis, D., Koch, G. (2010). *Categorical data analysis for anorexia*. Cary, NC: SAS Institute
- Striegel-Moore, R., & Buli, C. (2007) Risk factors for eating disorders. *American Psychology*. 62: 181-198
- Strober, M., Freeman, R., Morrell, W. (1997). The long term course of severe anorexia nervosa in adolescents: Survival analysis of recovery, relapse, and outcome predictors of 10-15 years in a prospective study. *International Journal of Eating Disorders*, 22, 339-360
- Strober, M. & Johnson, C. (2012). The need for complex ideas in anorexia nervosa: Why Biology, environment, and psyche all matter, why therapists make mistakes, and why clinical benchmarks are needed. *International Journal for Eating Disorders*, 45, 155-178.
- Strober, M & Perris, T. (2011). The role of family environment: A neuroscience perspective. In Lock, J., LeGrange D. (Eds.) *Eating disorders in children and adolescents: A clinical handbook*. New York: Guilford Publications
- Tanofsky-Kraft, M. & Yanovski, S. (2004). Eating disorder or disordered eating? Non-normative eating patterns in obese individuals. *Obesity Research*, 12, 1361-1366

- Tantleff-Dunn, S. & Thompson, J. (1998). Body image and appearance-related feedback: Recall judgment, and affective response. *Journal of Social and Clinical Psychology, 17*, 319-340.
- Tavris, C. (1992). *The measure of woman*. New York: Simon & Schuster
- Taylor, L. (2009). *Biting anorexia*. Oakland, CA: New Harbinger Publications
- Thomas, M. (2011). *Multicultural girlhood: Racism, sexuality and the conflicted spaces of american education*. Philadelphia, PA: Temple University Press
- Thomsen, S., Weber, M., Brown, L. (2002). The relationship between reading beauty and fashion magazines and the use of pathogenic dieting methods among adolescent females. *Adolescence, 37*, 1-18
- Thompson, B. (1994). *A hunger so wide and so deep: American women speak out on eating problems*. Minneapolis: University of Minnesota Press
- Thorne, B. (2004). *Gender play: Girls and boys in school*. New Brunswick, NJ: Rutgers University Press
- Tylka, T. (2011). Refinement of the tripartite influence model for men: Dual body image pathways to body change behaviors. *Body Image, 8*: 199-207
- Van Strien, T., Frijters, J., Bergers, G., Defares, P., (1986). The dutch eating behavior questionnaire (DEBQ) for assessment of restrained, emotional, and external eating behavior. *International Journal of Eating Disorders, 5*, 295-315
- Waller, G. (2012). The myths of motivation: Time for a fresh look at some received wisdom in the eating disorders? *International Journal of Eating Disorders, 45*, 1-16
- Walsh, B. (2011). The importance of eating behavior in eating disorders. *Physiological Behavior, 104*, 525-529
- Weick, Karl E. (1995). *Sensemaking in organizations*. Thousand Oaks, CA: Sage
- Weiss, R.S. (1994). *Learning from strangers: The art and method of qualitative interviews studies*. New York: Free Press
- Winzelberg, A., Eppstein, D., Eldredge, K., Wilfley, D., Dasmahapatra, R., Dev, P., Taylor, C. (2000). Effectiveness of an internet-based program for reducing risk factors in eating disorders. *Journal of Consulting and Clinical Psychology, 68*, 346-350
- Winzelberg, A., Taylor, C., Sharpe, T., eldredge, K., Dev, P., Taylor, C. (1998). Evaluation of a computer mediated eating disorders intervention program. *International Journal of Eating Disorders, 24*, 339-349
- Wolf, A. (2012). *An apple a day*. Berkley, CA: SoftSkull Press
- Wolf, N. (2002). *The beauty myth: How images of beauty are used against women*. New York: Harper Perrenial
- Yager, Z. & O'Dea, J. (2006). Prevention programs for body image and eating disorders on university campuses: A review of large controlled interventions. *Health Education, 35*: 211-228
- Young, Iris. (1996). Communication and other: Beyond deliberative democracy. In *Democracy and difference*, ed. Seyla Benhabib, 120-35. Princeton, NJ: Princeton University Press

APPENDICES

APPENDIX A

YAGER and O'DEA ANALYSIS OF COLLEGE INTERVENTION PROGRAMS

Didactic information-only programs

Authors: Springer (1999)

Sample: 24 undergraduate females

Description of Program: Enrolled in course; met for information and discussion groups for 2 hrs each week for 10 wks

Results: Significant improvements in body image and disordered eating scales

Authors: Mutterped and Sanderson (2002)

Sample: 107 freshman females

Description of Program: Participants were randomly assigned to read Misperceptions brochure or General Healthy Behavior Brochure

Results: No significant effects at post-test or 3-month follow up

Psycho-educational programs

Authors: Mann (1997)

Sample: 113 freshman females

Description of Program: Participants were randomly assigned to attend a universal intervention aimed at both primary and secondary prevention of eating disorders in a single 90 min. didactic, psycho-educational presentation in groups of 20 students. Presentation contained information about eating disorders, personal stories and experiences of two women, who were recovering from eating disorders

Results: No effects for body dissatisfaction or disordered eating behaviors at post test or one and three month follow-up; Intervention participants reported more symptoms of eating disorders at post test

Authors: Franko (1998)

Sample: 19 female college students

Description of Program: Females who all identified themselves as being at risk for anorexia were randomly assigned to eight 90 minute sessions of a psycho-educational prevention program which included didactic presentations and group discussion about the thin ideal, healthy and dysfunctional eating attitudes and behaviors

Results: Significant improvement in body image but no effects for disordered eating

Authors: & Bazzini (1999)

Sample: Study 1: 114 females

Study 2: 77 females

Description of Program: General psychology students were randomly assigned to a one shot intervention (n=73) or control group (n=41)

Study 1: didactic, psycho-educational information session addressing body image, eating disorders and healthful eating and exercise

Study 2: intervention identical to study one, but with the addition of an imagery exercise

Results: Study 1: intervention had small effects on dieting and body esteem compared to controls

Study 2: found the same small effects;

Effects not clinically significant

Authors: Stice & Ragan (2002)

Sample: 66 female college students

Description of Program: Women who enrolled in a class called Eating Disorders became the intervention group (n=17)

Didactic presentations and groups discussion about eating disorder pathology, etiology and epidemiology were given twice weekly for 90 minutes over 15 weeks

Matched control group (n=49); three control participants were matched to each intervention participant

Results: Intervention group had higher dieting and eating disorder symptoms at pre-test

Intervention group had significant decreases in thin ideal, eating disorder symptoms, body dissatisfaction, and dieting

Cognitive behavioral therapy programs

Authors: Butlers and Cash (1987)

Sample: 31 female undergraduates

Description of Program: Participants were randomly assigned to a cognitive behavioral therapy program (CBT) (n-15) or a wait list control group (n-16)
CBT intervention consisted of six 1 hour individual counseling sessions that applied relaxation and CBT techniques to improve body dissatisfaction

Results: CBT intervention improved body dissatisfaction and negative affect at post-test

Authors: Dworkin and Kerr(1987)

Sample: 79 college women experiencing body image problems

Description of Program: Education majors were randomly assigned to groups for three-30 minute individual counseling sessions or to the wait list;
Cognitive therapy, changing automatic negative thoughts to positive thoughts; CT plus behavioral exercises; fantasy reflective therapy; explored feelings and beliefs about body image and various life stages

Results: All three therapies were more effective than the control; CT was most effective in improving body image

Computer-based programs

Authors: Winzelberg (1998)

Sample: 57 undergraduate females, with a desire to improve body image

Description of Program: Participants were randomly assigned to the Student Bodies Program (n-27); an on-line psycho-educational eating disorder prevention program including audio and visual presentations about eating disorders, healthy weight regulation, nutrition, and peer email support groups moderated by a clinical psychologist
The other participants formed the wait list (n-30)
Three month follow-up was included

Results: Significant improvement in body image by intervention group
Effects decreased at follow up
No other significant effects on eating disorders

Authors: Celio (2000)

Sample: 67 college women with body image concerns

Description of Program: Participants were randomly assigned to a wait list control group (n-24) or to a modified Student Bodies program (n-26), plus three 2 hour sessions of Body Traps (n-20), a face-to-face psychoeducational approach with lecturers and group discussions; six month follow-up was included

Results: Student bodies group achieve significant reduction in body dissatisfaction and eating disorders attitudes and behaviors

Body Traps had no significant results

Authors: Winzelberg (2000)

Sample: 52 female undergraduates with a desire to improve body image

Description of Program: Participants were randomly assigned to the intervention group (n-27) where they participated in the Student Bodies Program or to the delayed intervention control condition (n-25)

Three month follow-up

Results: No significant results at post-intervention

Authors: Zabinski (2001)

Sample: 62 introductory psychology female students

Description of Program: Participants (females with high scores on disordered eating questionnaires) were randomly assigned to a wait-list control group (n-31) or Student Bodies Program(n-31) In addition, participants were contacted by phone on a weekly basis to remind them of assignments to be completed .

10-week follow-up was included

Results: Control and intervention groups decreased body dissatisfaction and improved disordered eating behaviors at post test, and remained at follow-up.

No significant differences between intervention and control

Media literacy interventions

Authors: Rabak-Wagner (1998)

Sample: 105 male and female undergraduates

Description of Program: Students enrolled in Healthful Living class became the intervention group (n-60). They received a psychoeducational media literacy program consisting of four 90 minute weekly classes which included the video “Slim Hopes” and discussion of stereotypes of thin ideal promoted by the media; Another class was used for comparison

Results: Intervention group had a significant improvement in their overall perceptions of body image

No significant changes in behaviors

In men there were no changes in behaviors or attitudes

Authors: Irving and Berel (2001)

Sample: 110 female college students

Description of Program: Participants randomly assigned to a 45 minute session of externally oriented (n-27) Slim Hopes video, discussion, and media activism; or internally oriented (n-31) Slim Hopes video, psychoeducation and cognitive based therapy or videos only intervention (n-28) of Slim Hopes video presentation or non-intervention control (n-24) received About Face postcards

Results: The external, internal, and video-only groups all improved students critical appraisal skills of the media; the control group significantly improved their body dissatisfaction

The internally oriented group did not achieve a reduction in body dissatisfaction or thin ideal

Authors: Posovac (2001)

Sample: 125 female college students

Description of Program: Participants (introductory psychology students with high body dissatisfaction) were randomly assigned to watch a 7 minute video with the theme of: Artificial Beauty of models (n-25)
Genetic Reality of looking like a model (n-25)
Combination of both (n-25)
Parenting skills (n-25) control group

Results: Intervention participants reported significantly less weight concern when viewing media images at post-test
No differences in the impact of the different interventions

Authors: Watson and Vaughn (2006)

Sample: 54 female college students

Description of Program: Participants were randomly assigned to either a no intervention control group (n- 14)

or to a Killing Us Softly video only(n-12)

Short-term (n-12) viewed the video and participated in a 90 minute discussion

Long-term (n-16) viewed the video, held a discussion, and media literacy exercises in 4 weekly 90 minute sessions

Results: Significant decreases in internalization of the thin ideal in long and short term interventions

Significant decrease in body dissatisfaction in the long term interventions

Dissonance-based programs

Authors: Stice (2000)

Sample: 30 female undergraduates

Description of Program: The first ten participants with elevated body concerns to respond were allocated to the Dissonance program, the next twenty to the control

The intervention consisted of three 1 hour weekly small group sessions including group discussion and role play exercises

One month follow-up was included

Results: Significant decrease in thin ideal internalization, body dissatisfaction, dieting, and bulimic symptoms

Still significant at one month follow-up

Authors: Matusek (2004)

Sample: 84 undergraduate college women

Description of Program: Participants with elevated body concerns were randomly assigned to:

Dissonance Based intervention (n-26)

Psychoeducational Healthy Behavior workshop (n-24)

Wait list control group (n-34)

Results: Significant improvement in thin ideal internalization for dissonance base group and Healthy Behaviors group

Authors: Green (2005)

Sample: 155 undergraduate college women

Description of Program: Participants attended either a low or high level dissonance intervention for two hours over two consecutive weeks and completed similar activities revolving around the thin ideal or were assigned to the no treatment control group
Four week follow-up was included

Results: No base line measurements were taken

High level dissonance group had reduced body dissatisfaction scores than those in the low level dissonance intervention at the post test and the follow-up

Authors: Becker (2005)

Sample: 161 high and low risk female sorority members

Description of Program: Participants were randomly allocated to either a wait list control group or to

Cognitive dissonance intervention for two 2 hour sessions including discussion and a mirror exercise to counter the thin ideal

Media literacy intervention two 2 hours sessions involving discussions and videos about the media influence on young women

One month follow-up was included

Results: Both intervention groups significantly decrease restraint, eating disorder pathology, and body dissatisfaction;

No significant difference between intervention groups

APPENDIX B

Semi-Structured Interview Questions

PERSONAL NARRATIVES: WOMEN WITH ANOREXIA SHARE THEIR EDUCATIONAL EXPERIENCES

The following questions are a part of a research study that intends to explore the perceptions of women with anorexia regarding their education. However, while the study's focus is on the women's educational experiences, the questions have been designed to reveal as much as possible about the unique life of each participant through the telling of her story. Additional questions may be asked as probes in order to explore more fully the participant's perceptions of their life experiences.

Introduction to questions:

Thank you so much for taking the time to meet with me to share your personal life story. I know that you could be doing other things, so I am truly appreciative of the time you are spending to tell me about your life and some of the many experiences that you have had in school and elsewhere. I am looking forward to hearing about them and what those experiences meant to you. I have a series of open-ended questions that I'd like to ask and have divided the questions into categories that will help in telling me who you are, about your background, the school experiences you have had, and your perceptions concerning anorexia. If it is alright with you I would like to tape record this interview to make it as complete and accurate as possible and to take some notes as well. Please remember that you can skip any questions that you don't want to answer, and feel free to stop me at any time during the interview if you feel uncomfortable or just want to stop. First of all, I'd like to know a little bit about you.

1. How would you describe yourself?

2. What are some of your favorite movies, TV programs, books, magazines, hobbies, and activities?

3. Tell me about where you are living.

What do you like about where you are living now? What would you like to change? Please describe for me the ideal place to live.

4. What are some of your dreams and plans for the future?

Thanks. Now that I know a bit about you, I'd like to hear about any childhood experiences you would like to share with me.

5. Give me a sense of where you grew up. What was it like? What places do you remember most?

6. What are some of the experiences you had growing up that stand out in your mind?

7. Take me back to your schooling experiences. What school memory stands out to you? Tell me a little bit about that.

8. I've asked you to bring some school photographs, yearbooks, or other items that relate to some of your school experiences. Would you please show them to me and tell me about them?

9. What aspects of school did you find most enjoyable? Most challenging?

10. What courses or programs do you recall in school that addressed healthy issues? What stands out most about those classes? What do you remember about the material in those programs?

11. What about healthy eating and body image? What stands out most about those topics? What do you remember about the material in those programs?

12. What courses or programs do you recall outside of school that focused on healthy eating and body image?

What did you take away from those programs?

13. What do you perceive as the most beneficial experiences you had in school?

14. What do you perceive as the most difficult experiences you had in school?

15. Tell me about how school is currently affecting your life. In what ways are you presently involved in school activities?

16. What role do you feel schools should take in relation to body-image and eating habits?

17. You've given me a wealth of information regarding your school experiences.

Would you mind sharing with me in what ways anorexia might have been a part of your school experiences?

18. When were you first aware that you had anorexia?

19. Thank you so much for your time and for sharing your thoughts and feelings with me. Is there anything else that you would like to add before we end our conversation?

APPENDIX C

PERSONAL NARRATIVES: WOMEN WITH ANOREXIA SHARE THEIR EDUCATIONAL EXPERIENCES

Final Reflections

You have been kind enough to share with me your recollection of some of the many experiences you have had in school. I would also like to provide you with the opportunity to share additional information by writing about a particular moment in school that stands out prominently in your mind after you have had more time to reflect upon your time in school. You may focus on only one particular incident, and be sure to include as much detail as possible, just as you did in our conversation today. I have included a stamped, addressed envelope with this form for your convenience, and would ask that you return your written story within the next two weeks. You may also share with me by email if you prefer (tim.neller@okstate.edu). Again, thank you so much for your willingness to participate in this study.

APPENDIX D

Personal Narratives:
Women with Anorexia
Share Their Educational Experiences

Phone Script for Participant Recruitment

A. If the phone is answered:

Hello, my name is Tim Neller. Is this, XXXX?

Hi, XXXX. Last time we spoke I had mentioned to you that I am studying the role of school in the lives of women with anorexia and had asked you if you would be interested in participating in a research study that I am planning to pursue. You mentioned your interest in participating in the study and to call you when I was preparing to begin.

I am calling to provide an overview of the purpose and procedures of my study and inquire whether you are still interested in participating.

Read “ The study I am conducting will be comprised of the personal narratives of women who have had eating disorders regarding their school experiences. The purpose of the study will be to explore how women with eating disorders share and perceive their school experiences in regard to the role school played in their lives. Each participant will meet with me for an interview approximately one hour in length to provide them with the opportunity to share stories with me about their school memories. They will also have the chance to write one additional story after the interview and send it to me in the mail or via email. Finally, there will also be a follow-up phone call to verify the accuracy of the transcribed interview and to add any additional information the participant wishes to share.”

After the overview, provide answers to any questions that she may have. Set a time and day to meet for the first interview, and indicate that I will send a reminder e-mail the day before our meeting.

Thank them.

B. If the potential participant does not answer the phone...message:

Hi, this is Tim Neller, and I am calling to see if you are still interested in participating in my research study that we previously discussed concerning the role of school in your life. If you are still interested, please give me a call at 918-728-5990, and I will explain the study in more detail. We can also set up a time and place where we can

meet for the initial one-hour interview. Or, if more convenient, you may email me at tim.neller@okstate.edu.

I look forward to hearing from you; thank you so much in advance for your time.

When they call back, read the script in Section A.

APPENDIX E

PERSONAL NARRATIVES: Women with Anorexia Share Their Educational Experiences

Follow-up Member Check Phone Correspondence

Hello XXXX,

This is Tim Neller. Is this a good time to talk?

(If no...apologize for calling at an inconvenient time and make arrangements to call at a more appropriate time. Thank them. When you call them back, the conversation will generally conform to the following concepts):

(If yes...)

OK. I just want to thank you again for taking the time to share your perspectives and experiences regarding school. Thanks especially for sending me your story about...(Briefly discuss the story).

What did you think about your transcribed interview? (Further discuss the transcript and the story)

Is there anything in the interview or written story that you want to change? (After discussing the transcript and story, ask them if there are any additional ideas that they would like to share.)

Finally thank them again for their contribution, and offer to send them a copy of the study when it is complete.

APPENDIX F

Informed Consent Document Oklahoma State University

PROJECT TITLE: Personal Narratives: Women with Anorexia Share Their Educational Experiences

INVESTIGATORS: Timothy Neller, M..A., Oklahoma State University; Lucy Bailey, Ph.D., Oklahoma State University

PURPOSE: The purpose of this study is to look at the schooling experiences of adult women who have experienced anorexia. By listening to their stories, this study will attempt to better understand how women with anorexia perceive school and the experiences they have had while attending schools. Through the interviews, each woman will have the opportunity to share her thoughts and feelings regarding her schooling experiences and explore how school may or may not have contributed to her body image.

WHAT TO EXPECT: You will be asked to participate in a 60-75 minute interview in which you will be asked questions about your school experiences. If you like, you may bring any photos, albums, yearbooks or any other item related to your school experiences that you would like to talk about. With your permission, the interview will be tape recorded for accuracy, and then transcribed. Also, at the end of the interview you will be given a stamped, addressed envelope and a form that will ask you to reflect upon one additional event that is prominent in your mind concerning your school memories, and to write a detailed story of that memory. Since you will have some extra time to think about what happened, your written story will help greatly to add to the information that you think is important. If you prefer, you may email me your written story rather than sending it in the stamped envelope (tim.neller@okstate.edu). As soon as I have transcribed your interview, I will email you a copy so that you can check to see if it is accurate and complete. I will contact you by phone shortly after that to talk about the transcript and the written story. Our follow-up conversation on the phone will give you the chance to make any changes you feel are necessary and to add any information that you feel is important.

RISKS OF PARTICIPATION: Sometimes recalling past memories can be very emotional. Because of that, at no time during this study will you be required to answer any question you think is too personal or that makes you feel uncomfortable. In addition, there will be no consequences if you decide to withdraw from this study at any time.

BENEFITS OF PARTICIPATION:

The direct benefit to you is having the opportunity to share your thoughts, knowledge and experiences with others, giving you a voice that is often unheard in literature concerning

anorexia and education. If you so desire, you will be sent a copy of the results of the study once it is complete.

YOUR RIGHTS AND CONFIDENTIALITY: Throughout this study, you will be assigned a false name as you relate your story, and there will be no information in the documentation of the study that will identify you or that will connect you to the study in any way. All data will be kept private, securely stored and available only to the principal investigators.

CONTACTS:

You may contact any of the researchers at the following addresses and phone numbers should you desire to discuss your participation in the study and/or request information about the results of the study: Tim Neller, School of Social Foundations, Oklahoma State University, 918-728-5990. If you have questions about your rights as a research volunteer, you may contact Dr. Lucy E. Bailey, Social Foundations and Qualitative Inquiry, Associate Director, Gender and Women’s Studies, Oklahoma State University, 215 Willard, 405-744-9194.

If you have questions about your rights as a research volunteer, you may contact the Oklahoma State University Institutional Review Board (IRB) Chair, Dr. Shelia Kennison at 219 Cordell North, Stillwater, OK 74778, 405-744-3377 or irb@okstate.edu .

PARTICIPANT RIGHTS:

I understand that my participation is voluntary, that there is no penalty for refusal to participate, and that I am free to withdraw my consent and participation in this project at anytime, without penalty.

CONSENT DOCUMENTATION:

I have been fully informed about the procedures listed here. I am aware of what I will be asked to do and of the benefits of my participation. I also understand the following statements:

I affirm that I am 18 years of age or older.

I have fully read and understand this consent form. I sign it freely and voluntarily. A copy of this form will be given to me. I hereby give permission for my participation in this study.

Signature of Participant

Date

I certify that I have personally explained this document before requesting that the participant sign it.

Signature of Researcher

Date

APPENDIX G

IRB APPLICATION

HANDWRITTEN FORMS WILL NOT BE ACCEPTED
APPLICATION MUST BE SINGLE SIDED – DO NOT STAPLE

APPLICATION FOR REVIEW OF HUMAN SUBJECTS RESEARCH SUBMITTED TO THE OKLAHOMA STATE UNIVERSITY INSTITUTIONAL REVIEW BOARD Pursuant to 45 CFR 46	_____ IRB Number FOR OFFICE USE ONLY																																										
Title of Project: Personal Narratives: Women with Anorexia Share Their School Experiences																																											
Is the Project externally funded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete the following: <input type="checkbox"/> Private <input type="checkbox"/> State <input type="checkbox"/> Federal Agency: Grant No: OSU Routing No:																																											
Type of Review Requested: <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Expedited <input type="checkbox"/> Full Board																																											
Principal Investigator(s): <i>I acknowledge that this represents an accurate and complete description of my research. If there are additional PIs, provide information on the additional PIs continuation page form located on the URC website.</i>																																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Timothy P. Neller</td> <td style="width: 40%;"></td> <td style="width: 30%;">December 17, 2013</td> </tr> <tr> <td>Name of Primary PI (typed)</td> <td>Signature of PI</td> <td>Date</td> </tr> <tr> <td>Social Foundations</td> <td>Education</td> <td></td> </tr> <tr> <td>Department</td> <td>College</td> <td></td> </tr> <tr> <td>P.O. Box 12 Valliant, OK 74764</td> <td>918-728-5990</td> <td>tim.neller@okstate.edu</td> </tr> <tr> <td>PI's Address</td> <td>Phone</td> <td>E-Mail</td> </tr> <tr> <td colspan="3"> Required IRB Training Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Training must be completed before application can be reviewed) </td> </tr> </table>	Timothy P. Neller		December 17, 2013	Name of Primary PI (typed)	Signature of PI	Date	Social Foundations	Education		Department	College		P.O. Box 12 Valliant, OK 74764	918-728-5990	tim.neller@okstate.edu	PI's Address	Phone	E-Mail	Required IRB Training Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Training must be completed before application can be reviewed)			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Dr. Lucy Bailey</td> <td style="width: 40%;"></td> <td style="width: 30%;">Date</td> </tr> <tr> <td>Name of Co-PI (typed)</td> <td>Signature of Co-PI</td> <td>Date</td> </tr> <tr> <td>Social Foundations</td> <td>Education</td> <td></td> </tr> <tr> <td>Department</td> <td>College</td> <td></td> </tr> <tr> <td>215 Willard Hall</td> <td>405-744-9194</td> <td>lucy.bailey@okstate.edu</td> </tr> <tr> <td>Co-PI's Address</td> <td>Phone</td> <td>E-Mail</td> </tr> <tr> <td colspan="3"> Required IRB Training Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Training must be completed before application can be reviewed) </td> </tr> </table>	Dr. Lucy Bailey		Date	Name of Co-PI (typed)	Signature of Co-PI	Date	Social Foundations	Education		Department	College		215 Willard Hall	405-744-9194	lucy.bailey@okstate.edu	Co-PI's Address	Phone	E-Mail	Required IRB Training Complete: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Training must be completed before application can be reviewed)		
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Advisor (complete if PI is a student): <i>I agree to provide the proper surveillance of this project to ensure that the rights and welfare of the human subjects are properly protected.</i>																																											

Advisor's Name (typed)	Signature of Adviser	Date
Department	College	
Advisor's Address	Phone	E-Mail
Required IRB Training Complete: Yes <input type="checkbox"/> No <input type="checkbox"/> (Training must be completed before application can be reviewed)		

NOTE: If sufficient space is not provided below for a complete answer in sufficient detail for the reviewer to fully understand what is being proposed, please use additional pages as necessary.

1. Describe the purpose and the research problem in the proposed study. *Your response in this section will enable the reviewer(s) to determine whether the project meets the criteria of research with human participants and also the extent to which the research may produce new generalizable knowledge that may benefit the participants and/or society.* The purpose of the proposed qualitative study is to explore the schooling experiences of adult women who have also experienced anorexia. Investigating women's perspectives of schooling experiences will extend the knowledge of how women remember and narrate their experiences in school and the scholarship on education as a socializing institution for gender roles. By listening to their individual personal narratives, this study will attempt to explore how women with anorexia perceive school and their reactions to the experiences they have had while attending schools. In the process of the inquiry, women will have the opportunity to share their thoughts and feelings regarding their school experiences and explore how school may or may not have contributed to their body image.

2. (a) Describe the subjects of this study:

- 1) [Describe the sampling population:](#) The sampling population will be made up of women over the age of 18 who have experienced anorexia.
- 2) Describe the subject selection methodology (i.e. random, snowball, etc.): The sampling used in this study will be both purposive and snowball. Initially the participants will be chosen by purposive sampling to form a sample of convenience. Females with whom the principal investigator has had had previous contact and has established rapport will be asked to participate in the study. These women are known to the researcher and have already indicated their interest in participating. Additional women will be acquired by snowball sampling. Participants will be given the opportunity to refer other possible candidates for the study to the investigator if they desire to do so. The inclusion criteria for this study is that the women have had anorexia and that they are willing to share their personal stories regarding their school experiences.
- 3) Describe the [procedures to be used to recruit subjects](#). Include copies of scripts, flyers, advertisements, posters, and letters to be used. **If recruitment procedures will require access to OSU System email addresses you will need to include [Appendix A](#) of this application:**⁷ This study will use purposive sampling to recruit a sample of women with anorexia. Seven to ten women with whom previous rapport has been established will be contacted by phone to be recruited as possible participants for the study. See attached phone script and follow-up email reminder. (Attachment A, B)
- 4) How many subjects are expected to participate? 7-10
- 5) What is the expected duration of participation for each segment of the sampling population? If there is more than one session, please specify the duration of each session: The participants in this study will meet with the investigator for a 60-75 minute interview in which they will be asked to talk about their school experiences, being prompted by open-ended questions to tell their stories. The methodology of this study is narrative inquiry which focuses on eliciting stories using open-ended questions and prompts. At the end of the interview, the participant will be provided with a stamped, addressed envelope and a form

entitled “I Remember the Day at School When...” (Attachment D). The participant will also be provided with contact information to a recovery program that provides free counseling services to women who have experienced eating disorders should they feel the need for further disclosure. Finally, there will be a follow-up phone call of approximately 30 minutes in length to discuss the interview and the written story (Attachment E).

6) Describe the calendar time frame for gathering the data using human subjects: The participants will be recruited and interviewed during the Spring Semester of 2014 (from IRB approval through May, 2014). The analysis will be conducted during the Spring and Summer of 2014 with the findings and completion of the project projected for the Summer of 2014.

7) Describe any follow-up procedures planned: There will be a follow-up phone call of approximately 30 minutes in length to discuss the interview and written story (Attachment E.)

(b) Are any of the [subjects under 18 years of age](#)? Yes No

If Yes, you must comply with special regulations for using children as subjects. Please refer to the IRB Guide.

3. Provide a detailed description of any [methods, procedures, interventions, or manipulations of human subjects](#) or their environment and/or a detailed description of any existing datasets to be accessed for information. Please indicate the physical location where the research will take place (if applicable). Include copies of any questionnaires, tests, or other written instruments, instructions, scripts, etc., to be used.

Because of the sensitive and personal nature of eating disorder issues, the researcher will propose a location for the interviews that is easily accessible, non-threatening, and secure for the participants. For this reason the interviews will be conducted in either a study room in one of the campus libraries chosen by the participant, or in a glassed-partitioned room that is a part of a health and fitness facility. The intent of the researcher is to make available to the participant a room that is public yet insures confidentiality.

All participants will be provided with a comprehensive explanation of the purpose of the study during the recruitment process, followed by further explanation and clarification when necessary. Prior to participation in this study, all participants will be provided with an informed consent form to ensure the consideration of all rights and interests of the participant. Participants will be reminded that they can decline to answer any questions they wish, and discontinue participation at any time without penalty.

The purpose of the interview will be to provide a voice for the participant by narrating their personal perspectives of their school experiences. Their response will be prompted by open-ended questions (Attachment C) that are designed to elicit personal stories filled with rich detail. The interviews will last 60-75 minutes and will be tape recorded with the participant’s permission and subsequently transcribed. At the conclusion of the interview the participants will be provided with a “I Remember the Day at School When...” Form (Attachment D) and a stamped, addressed return envelope which they will be asked to complete and to send to the investigator within a two-week period following the interview. The purpose of the “ I Remember the Day at School When..” Form will be to provide the study with additional data concerning the individual participants’ experiences. The participant will be given the option to send the completed story via email. The participant will also be provided with contact information to a recovery program that provides free counseling services to women who have experienced eating disorders should they feel the need for further disclosure.

As mentioned in Section 2, upon completion of the transcription and receiving the written story, the participant will be contacted by phone (Attachment E) to provide the participant with the opportunity to review the transcription for accuracy as well as the chance to add additional information. The follow-up call may take approximately 30 minutes.

4. Please list by position any additional personnel (undergraduate assistants, graduate research assistants, members of the community) who will be involved in the recruitment or consent process or data collection and/or analysis. Names are not necessary. Include a description of the training in the protection of human subjects in research that these individuals

<p>will be required to complete. None</p>
<p>5. Will the subjects encounter the possibility of stress or psychological, social, physical, or legal risks that are greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests? <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If Yes, please justify your position: Relating personal narratives regarding eating disorders and educational experiences can be very sensitive and emotionally laden topics. For this reason the participants will be reminded at the beginning of the interview and in the Informed Consent Form that they may discontinue the study at any time without penalty. While serving as a possible catharsis for the participants, their narratives will also add to the scant information currently available concerning women with anorexia and their educational experiences.</p>
<p>6. Will medical clearance be necessary for subjects to participate because of tissue or blood sampling, administration of substances such as food or drugs, or physical exercise conditioning? <input type="checkbox"/>Yes <input checked="" type="checkbox"/>No</p> <p>If Yes, please explain how the clearance will be obtained:</p>
<p>7. Will the subjects be deceived or misled in any way? <input type="checkbox"/>Yes <input checked="" type="checkbox"/>No</p> <p>If Yes, please explain:</p>
<p>8. Will information be requested that subjects might consider personal or sensitive? <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If Yes, please explain: Personal narratives regarding anorexia and education may at times be sensitive issues. For This reason all participants will have full autonomy regarding what they choose to share.</p>
<p>9. Will the subjects be presented with materials that might be considered offensive, threatening, or degrading? <input type="checkbox"/>Yes <input checked="" type="checkbox"/>No</p> <p>If Yes, please explain, including measures planned for intervention if problems occur.</p>
<p>10. Will any inducements be offered to the subjects for their participation? <input type="checkbox"/>Yes <input checked="" type="checkbox"/>No</p> <p>If Yes, please explain:</p> <p>NOTE: If extra course credit is offered, describe the alternative means those students who do not wish to participate in the research project may employ to obtain the course credit.</p>
<p>11. Describe the process to be used to obtain the consent/assent/parental permission of all subjects(as appropriate).Who will seek the consent/assent/permission? Describe the steps taken to minimize coercion or undue influence, and the method(s) to be used to document consent/assent/permission.</p> <p>Please submit copies of all consent documents with your application</p> <p>See Attachment F</p>
<p>12. Are you requesting a waiver of documentation of consent (no signature on consent/assent forms)? If you are conducting a survey, online or in paper form, check yes if respondents will remain anonymous.</p> <p><input type="checkbox"/>Yes <input checked="" type="checkbox"/>No</p> <p>If yes, provide a justification for waiving documentation based on one of the two criteria allowing the waiver.</p>
<p>13. Do you wish to waive some of the elements of consent/assent/ parental permission or the entire</p>

<p>consent/assent/parent permission process?</p> <p><input type="checkbox"/>Yes <input checked="" type="checkbox"/>No</p> <p>If yes, provide a justification for the waiver that addresses all criteria that must be met for the waiver to be approved.</p>
<p>14. Will the data be a part of a record that can be identified or linked to particular subjects? <input type="checkbox"/>Yes <input checked="" type="checkbox"/>No If Yes, please explain:</p>
<p>15. Describe the steps you will take to protect the confidentiality of the subjects and how you will advise subjects of these protections during the consent process. Include information on data storage and access. If data will not be reported in the aggregate, please explain how the data will be reported. All participants will be informed during the consent process that pseudonyms will be used for all taped interviews, transcripts, journals, and forms, and that all data will provide no identifying information. Participants will also be advised that all of the data, including taped recordings, transcribed interviews, and consent forms will be kept in separate locked files in the primary investigator's office located at 812 Valliant Bypass Road, Valliant, OK. In addition, any other data related to the study that is stored in the computer will be protected by a password. Access will be available only to the primary investigator and the advisor responsible for research oversight. Interview transcripts, consent forms, and taped interviews will be destroyed within 5 years after the completion of the study, no later than August, 2019.</p>
<p>16. Will a subject's participation in a specific experiment or study be made a part of any record available to his or her supervisor, teacher, or employer? <input type="checkbox"/>Yes <input checked="" type="checkbox"/>No If Yes, please explain:</p>
<p>17. Describe the benefits that might accrue to either the subjects or society. <i>Note that 45 CFR 46, Section 46.111(a)(2) requires that the risks to subjects be reasonable in relation to the anticipated benefits. The investigator should specifically state the importance of the knowledge that reasonably may be expected to result from the research.</i> There is currently a paucity of data concerning the school experiences of women who have experienced eating disorders. The intent of this study is to explore the educational experiences of women who have had anorexia through their own voices. It is my hope that their words will serve as a light to an increased knowledge and understanding of how women see their experiences with anorexia in relation to schooling. Finally, it is hoped that their words will not only serve as a sounding board for those who choose to listen, but will also provide new insight to the professionals who are responsible for the design, organization, and implementation of both current and future educational and medical programs.</p>

Application Submission:

Checklist for application submission:

- Completion of required IRB training (<http://compliance.vpr.okstate.edu/IRB/gs-CITI.aspx>)
- Grant Proposal, if research is externally funded
- Outline or script of information to be provided prior to subjects' agreement to participate
- Copies of flyers, announcements or other forms of recruitment
- Informed consent/child assent/parental permission forms
- Instrument(s) [questionnaire, survey, tests]
- Résumés or CVs for all PIs (faculty or student) and advisors (4 page maximum for each)*

*CVs should highlight the education and research expertise of the researcher. Researchers may submit CVs prepared for federal grant proposals (e.g., NIH, NSF, USDA, etc.).

Appendices Included:

- [Appendix A](#) - Request for OSU System Email Addresses for Human Subject Research Recruitment Purposes

Oklahoma State University Institutional Review Board

Date: Thursday, February 20, 2014
IRB Application No: ED1415
Proposal Title: Personal Narratives: Women with Anorexia Share Their School Experiences

Reviewed and
Processed as: Exempt

Status Recommended by Reviewer(s): Approved Protocol Expires: 2/19/2017

Principal
Investigator(s):

Timothy Paul Neller	Lucy Bailey
P.O. Box 12	215 Willard Hall
Valliant, OK 74764	Stillwater, OK 74078

The IRB application referenced above has been approved. It is the judgment of the reviewers that the rights and welfare of individuals who may be asked to participate in this study will be respected, and that the research will be conducted in a manner consistent with the IRB requirements as outlined in section 45 CFR 46.

The final versions of any printed recruitment, consent and assent documents bearing the IRB approval stamp are attached to this letter. These are the versions that must be used during the study.

As Principal Investigator, it is your responsibility to do the following:

1. Conduct this study exactly as it has been approved. Any modifications to the research protocol must be submitted with the appropriate signatures for IRB approval. Protocol modifications requiring approval may include changes to the title, PI advisor, funding status or sponsor, subject population composition or size, recruitment, inclusion/exclusion criteria, research site, research procedures and consent/assent process or forms.
2. Submit a request for continuation if the study extends beyond the approval period. This continuation must receive IRB review and approval before the research can continue.
3. Report any adverse events to the IRB Chair promptly. Adverse events are those which are unanticipated and impact the subjects during the course of the research, and
4. Notify the IRB office in writing when your research project is complete.

Please note that approved protocols are subject to monitoring by the IRB and that the IRB office has the authority to inspect research records associated with this protocol at any time. If you have questions about the IRB procedures or need any assistance from the Board, please contact Dawnett Watkins 219 Cordell North (phone: 405-744-5700, dawnett.watkins@okstate.edu).

Sincerely,



Sheila Kennison, Chair
Institutional Review Board

VITA

Timothy Paul Neller

Candidate for the Degree of

Doctor of Philosophy

Thesis: PERSONAL NARRATIVES: WOMEN WITH ANOREXIA SHARE THEIR
EDUCATIONAL EXPERIENCES

Major Field: Social Foundations in Education

Biographical:

Education:

Completed the requirements for the Doctor of Philosophy in Social Foundations of Education at Oklahoma State University, Stillwater, Oklahoma in December, 2014.

Completed the requirements for the Master of Arts in Speech at St. Louis University, St. Louis, Missouri in 1971.

Completed the requirements for the Bachelor of Arts in Theater Arts at Webster College, Webster Groves, Missouri in 1969.

Experience:

2011 Oklahoma State University, Stillwater, Oklahoma
Adjunct Assistant Professor

1971-2011 Community College Classroom Instructor
High School Classroom Instructor & Coach
Assistant Principal
Principal
Director of Child Nutrition

Professional Memberships:

Association for Supervision and Curriculum Development, National Council of Teachers of English, School Nutrition Association, National Education Association, International Society of Educational Biographies