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**WHAT THE BODY STORIES OF GIRLS TELL US ABOUT
AUTONOMY AND CONNECTION DURING ADOLESCENCE**

BY

Colleen McMillan

Bachelor of Environmental Studies, University of Waterloo 1980

Master of Social Work, Wilfrid Laurier University, 1983

Diploma in Social Policy, Wilfrid Laurier University, 1983

DISSERTATION

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Dissertation Abstract

This qualitative study aimed to understand what the body stories of girls who exhibit signs of disordered eating reveal about the concepts of autonomy and connection during early adolescence. The study was guided by the research question “Are the symptoms of disordered eating one of the ways the female body “talks” about the experience of disconnection during adolescence. Informed by Relational Cultural Theory, data was collected from two focus groups of 16 adolescent girls aged 11 to 14 years. Each group met six times over a four month period. Because many aspects of lived experience cannot be expressed verbally, the mediums of painting, sculpture and photo voice were also used in the collection of data. Potential participants were identified based upon the criteria of disordered eating by an interdisciplinary team at a primary care center. Findings suggested that the younger girls were grieving the loss of childhood and were fearful of entering adolescence. In comparison, the older girls expressed anger about being forced into responsibilities and were both struggling with and adapting to cultural messages around the body and how to belong in a culture that valorizes independence. Implications extend to systems that largely fail to read these body stories accurately, such as education and medicine. These stories also tell us how little we understand about the journey between childhood and adolescence for girls whose bodies speak the messages of disconnection.

Acknowledgements

The privilege of working with adolescent girls over many years in my role as a social work clinician, community advocate, educator and friend and listening to their stories over many years served as the impetus for my return to school to pursue this research. On a broader level, I want to acknowledge several women who became significant in my pursuing this academic journey. First and foremost my Chair, Dr. Carol Stalker, who consistently guided me in a wise and kind manner from our first meeting in 2004 to discuss the possibility of pursuing a doctoral degree to completion of the dissertation requirements in 2010. To my committee members - Dr. Mary Tantillo, Dr. Terry Mitchell and Dr. Susan Cadell who each opened a different door of knowledge for me to enter and grow through the writing of this paper. Special acknowledgment to Dr. Jennifer Sanftner whose presence was most appreciated for my defence. I have been privileged to have been supported by such a wonderful group of women during the writing of this paper. And equally important, my daughters Natasha and Amanda, who show me on a daily basis the power of feeling connected and loved.

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CHAPTER ONE – INTRODUCTION

This proposal describes a research project that aimed to understand what the body stories of girls who exhibit signs of disordered eating reveal about the concepts of autonomy and connectedness during early adolescence. Body narratives or what Brown (2007) refers to as “body talk” are defined as stories that become submerged during the developmental transition of adolescence when dominant scripts of autonomy and independence gain prominence. Steiner-Adair (1986) states that such girls have an acute or “heightened” insight into the “dangerous imbalance of the culture’s values” but the stories of “these adolescent truth tellers” fall silent, instead being told with their bodies (p. 110). Similarly, Levin (1995) argues that women with eating disorders “act out their feelings in the realm of their own bodies, and so they are restricted to the use of a bodily language” (p. 112). hooks (1990) poignantly suggests it is a language girls need to speak, through their bodies, if they are to succeed in the culture, yet it is this language that will continue their oppression.

Foundational work by Chodorow (1974), Miller (1976), and Gillian (1982) into the psychology of girls suggests that up to early adolescence girls develop their sense of self in the context of relationships. This desire for connection and mutually responsive and interdependent relationships is an integral part of female identity. Puberty, however, marks a transitional intersection where these values are challenged. Debold, Wilson and Malave (1993) charge that male androcentric theories of human development have obscured the need for connection and intimacy during adolescence in their emphasis on the quest for individual achievement and autonomy. Traditional developmental theories posit psychological separation and individuation as a critical benchmark for healthy adolescent development (Winnicott, 1965; Brush, 1970; Sours;

1975; Mahler, 1975; Minuchin, 1978; Humphrey & Stern, 1988). The collision of these seemingly opposed concepts (connection/interdependency and separation/individuation) positions the adolescent girl in what Pipher (1994) calls the paradox of adolescence. Maine (2001) frames this time as one of “relentless pressure” where the adolescent girl responds by losing contact with her own feelings leading to a “dangerous deficit of self-awareness and self-efficacy that can lead to eating disorders” (p. 1302). Friedman (1997) likens this juncture to that of learning a new language as girls attempt to fit into a male-dominated culture that values independence over interdependence and self sufficiency over connectedness.

It has been argued that the manifesting of voice through body stories serves as an attempt to resolve this constructed dilemma, in that the body “speaks and communicates” these unspoken stories of disconnection (Orbach, 1986; White & Epston, 1990; Padulo & Rees, 2006; Brown, 2007). These “hurting stories” (Treasure, 2007) are thought to be communicated through symptoms that are read as trauma and “disorders” and are neatly categorized and anesthetized through a plethora of traditional modalities including pharmacological placation. Steiner-Adair (1986) calls adolescents who tell such stories “truth tellers” and suggests that they are literally dying to tell a story of an impoverished culture that does not “nourish itself by valuing interrelatedness” (p. 110). Treatments often filter these “messy” stories (White, 2001) so that what often is heard by the professional is clinical talk focused on pathology.

In the past, research methods that aimed to collect these stories through questionnaire and semi structured interviews focused on issues of food and eating, eliciting responses that do not move beyond the symptomatology (Tozzi, Sullivan, Fear, McKenzie & Bulik, 2003). The resulting stories rest at the level of symptoms rather than seeking underlying reasons that may support such behavior or make them more understandable. Girls are therefore left no choice by these research methods other than to “tell their story with their bodies” (Steiner-Adair, p. 110). Likewise, Oliver (1999) says that in order to understand the “interior layers” of such stories, researchers must look

below surface knowledge and “listen to these girls’ voices as they speak from the heart” (p. 221).

I suggest that these research methods that focus on symptoms are flawed in terms of how such ‘stories’ are collected. Current data collection methods individualize stories into fragments that cannot be fully understood or appreciated when separated from the overall context. In comparison, stories constructed communally (as in a group, reflecting feminist perspectives) are rich with contradictions, can function as a *holding place* for multiple voices and are “messy” in that predetermined classifications are defied. Oliver (1999) agrees, stating that “research is first and foremost a community project” (p. 229). A modality for collecting body narratives or ‘body talk’ informed by cultural relational theory reflects feminist understandings of female psychology that values connectedness, collectiveness and mutuality in contrast to the traditional structured interview that highlights autonomy and individuality.

At no other time in history have adolescent bodies articulated their stories so critically. Schur, Sanders and Steiner (2000) identified that 73% of children aged eight to eleven years considered dieting to be normal behavior. Likewise, Mellin, Scully and Irwin (1986) reported that 81% of ten year old girls and 46% of nine year olds restricted their eating for fear of gaining weight. A more recent study concluded that it is possible to detect dieters who will develop an eating disorder within a two-year timeframe (Fairburn, Cooper, Doll & Davies, 2005). This leaves a very small window in order to hear what the body is saying before these critical stories disappear.

Standpoint

Interest in females and problematic relationships with food has occupied a place in my professional life for over 20 years. During that time my understanding of eating

“disorders” has developed from my experience in different clinical and community positions. I have been able to examine the issue from being employed within organizations reflecting opposing theoretical paradigms ranging from the medical where eating disorders are approached using the disease model to one informed by critical theory where eating and food issues are viewed as symptoms of a culture that obliterates female needs, and finally to the current organization that reflects the postmodern paradigm where problem-saturated stories of restriction are understood within the dominant cultural context of the female beauty ideal.

This diversity of practice settings has provided me with a unique vantage point or panopticon- like view of eating “disorders” from which I have concluded that a disconnect exists between theory, research and practice. The term panopticon originally referred to a structure that allowed for an unrestricted view of behavior before being appropriated by Foucault in his analysis of power and discipline. From this perspective I have observed that the territoriality of paradigms often restricts good modalities from crossing into other theoretical perspectives. For example, the reluctance of the positivist paradigm embraced by medicine to consider postmodern narrative therapies has resulted in continued assessment and treatment focusing on problem-saturated stories of pathology. Traditional research methods positioned within the medical paradigm that focus on the individual have not been effective (Garner & Garfinkle, 1979; Garner et al., 1983; Lee, 1997) in understanding the subjective experiences of adolescents who struggle with food (Ellis et al. 1997).

The subject of binaries also holds my fascination, perhaps because it is so overtly displayed within the area of eating “disorders.” Anorexia is acknowledged as the privileged eating “disorder” within Western clinical literature (Lupton, 1995; Wilkerson,

1998) as compared to bulimia (Burns, 2004). Review of literature written on eating “disorders” finds a disproportionate number of articles privileging anorexia over bulimia (Tozzi, Sullivan, Fear, McKenzie & Bulik, 2003; Lock & Grange, 2005). This preference reflects the paradigm and the clinical context in which it has historically been examined. Restriction of food was first classified as a disease by a physician named Morton in 1869 and since then has almost exclusively been claimed by the medical domain despite challenges by critical theorists emphasizing the importance of culture. Recent research efforts focusing on a genetic co-morbidity can be interpreted as a renewed resurrection of medicine’s territorial declaration on anorexia. Conversely, research on bulimia and a large and heterogeneous category known as “eating disorders not otherwise specified” (ENDOS) lags significantly behind (Lestor, 1997) as do efforts towards primary prevention in the community.

From a methodological lens, the idea of binaries is noticeable by what Marecek (2002) calls “categoricalism.” She defines this as the practice of dividing people into categories in a search for personality traits that further define pathology. Support for Marecek’s comment is evident within the field of eating disorders that now contains no fewer than five types of eating disorders as categorized by the *DSM-IV* and five eating related classifications that include night eating syndrome, nocturnal sleep related syndrome, orthorexia, pica and anorexia athletica. The notion of categoricalism makes invisible the cultural influences that are shared between these “disorders,” erasing the continuum of response based on food.

The artificial division between eating disorder diagnoses, clinical and community interventions and theory and practice reflects the fragmentation of understanding with respect to eating “disorders” and may in part explain the dismal efficacy in outcomes.

Incongruencies and contradictions reflected in the various theories of etiology reveal much about the understanding of this phenomenon that is lost in the positivist need to categorize. What I hope to accomplish to some degree is an embracing of these “messy” stories that defy categorization but ‘leak’ across diagnoses, theories, paradigms and contexts.

In summary, despite my historical proximity to the topic, I often reflect on the subjugated knowledge to which I am privy during my work with adolescents who struggle with food issues. It is fascinating to witness an adolescent modifying her body through weight control while at the same time discussing her body as if it were a friend she no longer wants. I believe that this represents a form of disconnection referred to by Tantillo (2006). Uncovering this silent knowledge will hopefully enlighten both clinicians and academics as to why the phenomenon of eating “disorders” continues to be etiologically perplexing. The merger of my roles as a female, mother, clinician academic and researcher can hopefully be used as a guide in negotiating the labyrinth of food, voice, femaleness, body and belonging.

Epistemological Position

My epistemological position is based on knowledge that is female in construction. I contend that the sex of the knower is epistemologically significant in that it generates different experiences of ‘the world’ and in turn produces different forms of knowledge. This knowledge is based on what Code (1991) describes as “a connection with objects of experience rather than an objective distance from them; a marked affective tone; and a readiness to listen perceptively and responsibly to a variety of ‘voices’ in the environment, both animate and inanimate, manifested in a tolerance of diversity” (p. 13). From this epistemological base flows human

development theories that challenge what Code (1991) refers to as “autonomy obsessed theories that reflect andocentric thinking, overemphasizing self-realization and self-reliance” (p. 274). Debold, Wilson and Malave (1993) agree, adding that male dominated theories of human development have obscured the need for connection and intimacy in their focus on the quest for individual achievement through autonomy.

Congruent with this epistemological position are decisions regarding how data will be collected and knowledge will be constructed. Creswell (2007) identifies philosophical assumptions for qualitative research that will be used to guide my collection of data and its interpretation. One of these assumptions is that individuals possess experiential knowledges of their lived bodies in the social world that remain unearthed (Creswell, 1998). The importance of collecting these stories is that they represent submerged knowledges, because as Gilbert states, “these stories show us whose voices are heard, and whose are silenced; whose histories are valued and whose are devalued”(as cited in Oliver, 1999, p. 223). This assumption among others is discussed later in the dissertation.

Choosing a research design that is congruent with this epistemological position is critical to both strengthening this study but also to honoring the co-constructed subjectivities producing such knowledge. Constructivist grounded theory was chosen for its specific strengths including the emphasis on the subjective interrelationship between the researcher and the participant and the co-construction of meaning (Mills, Bonner & Francis, 2006). Additionally, the researcher assumes a reflexive stance fully acknowledging the introduction of their own values into the research process, which becomes an inevitable part of the outcome (Guba & Lincoln, 1989; Wuest & Merritt-Gray, 2001). The methodology of constructivist grounded theory will be explored in

more detail in Chapter six.

Theoretical Frameworks for the Study

Several theoretical perspectives have contributed to the development of this study. They include: 1) Relational Cultural Theory as it relates to female psychology (Miller; 1976; Chodorow, 1978; Gilligan, 1982; Gilligan & Brown, 1992; Pipher, 1994; Tantillo, 2006) 2) critical theory (Orbach, 1986; Brown, 2003, 2007; Padulo & Rees, 2006) and 3) the philosophy of Michel Foucault (1980, 1995) regarding the body as the locus for social control through various means of surveillance. Based on the premise that dominant human development theories fail to acknowledge that females psychologically separate within the context of relationships versus outside of them, I also refer to Henderson's (1994) version of attachment theory, specifically his concept of care eliciting behavior because it portrays a way of understanding eating disorders that is congruent with the aforementioned theoretical perspectives.

The rationale for the number and range of theories is intentional to reflect the complexity of the issue of eating problems and to demonstrate how these theories share commonalities. It also reflects "the complexity of connection" described by Jordon, Walker and Hartling (2004) as the core of human development. They argue that connection is "complex, powerful" and challenges some of the "basic tenets and values of 21st-century Western culture" (p. 1).

In the following sections, each theory will be described and positioned within the research topic.

Female Psychology and Relational Cultural Theory

Traditional theories of human development were constructed around a core belief in the idea that a healthy adult was characterized by "separation, individuation,

and autonomy” (Slater, Guthrie & Boyd, 2001, p. 443; Jordon & Hartling, 2002). These “self-separate” models functioned as benchmarks for what was perceived as healthy development until challenged by feminist theorist Miller (1976), and later followed by others (Gilligan, 1982; Stiver & Surrey, 1991; Jordon, 1997; Jordon, Kaplan, Miller, Miller & Stiver, 1997). The central construct of their argument is that these benchmarks do not acknowledge the gender differences in human development. Rather, Chodorow (1978) charges that unlike boys for whom identity development is the outcome of separation gained through autonomy, girls construct their identity through attachment to others or in Steiner-Adair’s (1986) terms “self-differentiation within the context of relationships” (p. 97). Adolescence represents a critical intersection when these two developmental theories collide, and girls become pressured to choose between dichotomous sets of values. Girls are confronted by an androcentric system that “overvalues competition and highly individualistic goals, a system that pits the individual against society and other individuals, with the pursuit of competence and connection at odds” (Jordon, Walker & Hartling, 2004, p. 11). This ‘intersection’ is further complicated by societal expectations that define femininity, a term that critical theorists lament for its myopic view of what constitutes as “normal” (McKinley, 1999; Brownmiller, 2004; Burns, 2004). History is abundant with examples of how the construction of femininity is intertwined with expectations of a dangerously low body mass index (BMI) (Gooldin, 2003; Burns, 2004).

Until the age of adolescence, girls thrive in their female gender culture reveling in self esteem and body presence that eclipse male peers (Friedman, 2002). The desire for connection and mutually engaging relationships contribute toward the development of female identity. Language is expressive, spoken with authority and negative feelings

are less likely to be couched in politeness. Gilligan and Brown (1992) have identified early adolescence as the turning point when messages of gendered language begin to bombard girls and a dilemma is experienced in terms of how to adapt to the larger and dominant culture. The same paradox is echoed later by Pipher (1994), a female psychologist who wrote about her clinical experiences working with adolescent girls over the course of 14 years. Based upon these experiences she forwarded the proposition that girls develop a pseudo self at this time in an effort to fit into the dominant culture.

According to Pipher (1994), the outcome for many girls is a decision to be socially accepted and consequently to suppress the 'real' or 'authentic' self and to adopt a 'pseudo' self that is "culturally scripted" (p. 38). This divorcing of authentic affect becomes submerged and emotion that is perceived as unacceptable is internally bracketed (Pipher, 1994). Brown makes the link from the experience of a disembodied self to problematic relationships with food. She states that it is "both characteristic and acceptable within Western society for women to displace feelings, needs and dissatisfactions onto their relationship with their eating and their bodies" (Brown, 1993, p. 56).

Steiner-Adair (1986) adds that because the voice of the adolescent female is submerged and "silenced", the body assumes this function in order to make a "political, social, or spiritual statement" through starvation (p. 109). However, as Maisel, Epston and Borden (2005) point out, traditional research methods fail to look beneath the emancipated body for these submerged stories, rather they focus on "empirically validated methods such as the quantification of weight" (Barongan, 2005, p.1). Not only does such an approach ensure that the phenomenon remains within an individual

context, such research methods apply the same androcentric values that undermine the relational values inherent to female development.

In short, girls are hit with a number of dilemmas at a velocity that makes them difficult to articulate, much less understand. Pipher (1994) is even more blunt when she states that girls get “smacked on the head” during early adolescence by dominant cultural messages that are both forceful and foreign (p. 23). These earlier writings by Pipher and more recent work by Tantillo (2004; 2006) converge at this point to offer an explanation of what happens next in the developmental sequence. Pipher (1994) writes that “girls split into two selves in order to be accepted socially” (p. 19) bracketing affect that is socially unacceptable while constructing a pseudo self to reflect the behavior socially prescribed to them. From a relational cultural perspective, Tantillo refers to eating disorders and the precursor of disordered eating as “diseases of disconnection” (2006, p. 86) with sources rooted in interpersonal, biopsychological and cultural processes. Earlier research informed by cultural relational theory on whether a lack of mutuality in significant relationships led to the development of psychological problems, including eating disorders, resulted in findings that highlight the impact of disconnection (Sanfter, Tantillo & Seidlitz, 2004). This study, among others, will be discussed later within the literature review.

In reviewing the literature on the relationship between culture and eating disorders, or more generally how different cultures contextualize the variables of body weight and food, several interesting themes emerge. One concerns the differential in reported cases between adolescents who belong to a minority group as compared to Caucasian adolescents. Stiegel-Moore et al. (2000) found that adolescents within minority groups in the United States had a significantly lower incidence of eating

disorders than their Caucasian peers. Styles (1980) reached the same conclusion and suggested that part of the reason is because the African American community supports a more realistic perception of what a normal body looks like. She says that “women’s bodies are substantial – they have breasts and hips and curves and softness” (p. 110). This sharply contrasts with the impossibly thin Eurocentric body image that is culturalized as not just being desirable but being normal. Styles also noted that African American women have managed to maintain their cultural roots and sense of community through their relationship with food resulting in higher resiliency and feelings of empowerment. A Black psychologist, Styles states that the preparation of food represents an intergenerational continuity of culture, and results in what she calls a “primary definer of a black’s woman’s sense of herself” or identity (p. 110). Similarly, Massara (1989) found that in Puerto Rican culture weight is a sign of health and prosperity and thinness is associated with illness. She further found that overeating was not considered to be an illness but was linked to the variables of tranquility and health.

These studies suggest that protective factors, including a feeling of belonging or connection to a reference group, may result when a positive relationship exists between culture and food.

Foucault and Surveillance of the Body

Foucault’s writing on power and the body speaks to the embodiment of dominant norms of feminine beauty ideals. Self disciplinary measures such as dieting, food restriction and excessive exercising in an effort to attain the illusive ideal of physical attractiveness represent submission to “the patriarchal construction of the female body...” (Bartky, 1988, p. 77). These measures, when taken to the extreme, result in the anorexic or starved body. Bordo (1988) sees an association between power

and self-control with the achievement of a potentially fatal slenderness. For Bordo (1988), this association is an illustration of the way in which Foucault's theme of disciplinary power is linked to the social control of women.

Referred to as disciplinary technologies (Foucault, 1980) these practices are deceptively effective forms of social control because they take hold of individuals at the level of their bodies and habits to create individuals who are attached to and become the unwitting agents of their own subjection. Simply put, disciplinary power coerces females to voluntarily subject themselves to self-surveillance through dieting and restriction.

Borrowing from Foucault's concept of the panopticon as a metaphor for how social control can be administered, the body panopticon refers to women's constant monitoring of their own bodies and those of other females. Bolaria and Bolaria (1994) links this encompassing surveillance as a predisposing factor in the development of anorexia. With an estimated annual profit of 50 billion dollars (Fraser, 1998), the success of the weight loss industry verifies the normalization of dieting as a social norm. Particularly vulnerable to this social norm are adolescent girls. McVey (2007) reported adolescent girls as young as 11 and 12 years of age not only entertained weight loss behaviors but discussed these behaviors as normal.

Another interpretation is put forward by McKinley (2002) who writes about a concept she refers to as the objectified body consciousness. She has developed an objectified body consciousness (OBC) scale to measure this concept. Incorporating the gendered components of body surveillance, internalization of cultural body standards and appearance control beliefs, the OBC is reported to be a valid indicator of a woman's body experience. Results from survey data of college undergraduates indicate that

women who scored higher on the OBC scale were more likely to experience “lower psychological well-being, body shame and problematic eating practices” (p. 57). While McKinley’s research is important in documenting women’s objectification of their bodies and ensuing psychological outcomes, it maintains the focus within an individual context, versus the broader socio-political realm of Foucault’s social control.

Supporting the importance of social context, Ussher and Nicolson (1992) posit that gender is inescapable from the institution of health. They argue that the normal female experience is one of subordination that is build into health and health care policies because such policies are constructed on “dominate knowledge claims” (p. 7) borrowing from Foucault’s (1973) concept of knowledge construction. How this translates into practice is that medical science is based upon a patriarchal belief system where women are constantly portrayed as the ‘other’ with language inferring a failing of meeting unrealistic benchmarks that are devoid of cultural influences.

Attachment Theory and Henderson’s Concept of Care-Eliciting Behaviors

From an attachment theory perspective, eating disorders are understood as outcomes of disrupted early childhood attachments, specifically insecure attachment to caregivers. A sequential link between the onset, development and maintenance of eating disorders to early insecure attachment experiences is well noted within the literature (Mazor, 1994; Friedberg & Lyddon, 1996; Hochdorf, 1999; Latzer, 2005). Research has demonstrated that the attachment classification of insecure is a “vulnerability factor” for the development of eating disorder symptoms (Tasca et al, 2006, p. 256).

The relationship between secure attachment and the concept of connection involves a foundational tenet of attachment theory. Bowlby argued that rather than

perceive dependency as pathological, it should be recognized that healthy human development requires connection to an attachment figure throughout life. Bowlby (1973, 1979) described the behaviors of sucking, crying, smiling, clinging and following as normative behaviors resulting in the proximity of the caregiver. At later developmental stages, other behaviors serve a proximity-seeking function including crying, whining and asking for comfort. The availability and responsiveness of the attachment figure in addressing these behaviors is seen by attachment theorists as crucial in helping the child to develop a sense of security and to establish the attachment figure as a secure base.

Renaming Bowlby's proximity-seeking behaviors as "care eliciting" behaviors, Henderson (1974) extended this concept to include maladaptive forms that reflect an effort to elicit caregiver closeness. Henderson's extension of Bowlby's normative proximity seeking behaviors included the refusal to eat as a powerful signal "meant to evoke anxiety and concern in parents" (p. 177). This represented the first application of attachment theory to eating disorders. More importantly, Bowlby's concept of proximity-seeking behavior and Henderson's idea of maladaptive care-eliciting behavior have the same function—to bring significant others closer. I am suggesting in this research that the maladaptive behaviors involving food described by Henderson (1974) are an adolescent's attempt to address the feeling/experience of disconnection between child and parent. This in turn reframes the symptomatology of disordered eating/eating disorders as rational behavior; it is also similar to what Orbach (1986) White & Epston (1990) Padulo & Rees (2006) and Brown (2007) call a 'resolution' to past stories of disconnection.

An Overview of Subsequent Chapters

Chapter two reviews and critiques practice and research literature on eating disorders and disordered eating within the developmental stage of adolescence. Chapter three outlines the chosen methodology beginning with the research question and provides a rationale on how my data collection methods of sequential focus groups, interactive interviewing and systematic member checking evolve from my theoretical framework of Relational Cultural Theory. The concepts underlying disordered eating are broken down into working definitions and questions that guided the focus groups forming a reflexive discussion guide congruent with my standpoint. Chapter four describes the findings from the focus groups for the 11 and 12 year old girls based upon the guiding concepts of the study; Autonomy, Dieting and Body Stories, Connection and Care Eliciting, Disconnection and Separateness, and lastly, Mutuality. Chapter five presents the findings for the 13 and 14 year old girls following the same template. Meanings for the participants as expressed in words in Chapter four and Chapter five are enriched by artwork and photo voice; these are considered to have equal significance with the spoken word. This provision reflects my critique of current data collection approaches regarding females, specifically those with disordered eating. Chapter six provides an overview of the grounded theory approach used for my analysis. My reasons for devoting a chapter to constructivist grounded theory are several. One is to acquaint the reader with Charmaz's variation of Glaser and Strauss's classic grounded theory, which is a relatively new approach having been practiced for less than two decades. Controversy has followed the constructivist grounded theory approach with the most vocal opponent being Barney Glaser who as recently as 2002 dismissed Charmaz's approach as "simplistic and unrealistic because of lengthy, in-depth interviews where mutuality can grow based

on forcing type interview guides” (p. 2). To this accusation I argue that the approach is accessible rather than simplistic and *intentionally seeks mutuality* as the underlying dynamic necessary to reach lived experiences that have been submerged. Charmaz’s approach also challenges the assumptions of creating general abstract theories and leads us instead to situated knowledges “acknowledging that subjectivities enter the analysis as well as the data collection” (Morse, Noerager, Corbin, Bowers, Charmez & Clarke, 2009, p. 140). It supports ambiguity and the elusiveness of phenomena that have been socially silenced including gendered issues such as eating disorders. Chapter seven discusses the key and related processes that emerged from the data after a constructivist grounded theory approach was applied, augmented by an explanatory model. Chapter eight follows the same format by discussing the key and related processes that emerged over four months of data collection with the 13 and 14 year old girls. The comparison of processes between the two groups of girls according to the concepts that the focus groups were based upon are discussed and explored in Chapter nine. Processes emerging from this shared space suggest that a continuum of change exists between the two groups with the older girls living out the fears expressed by the younger girls. Lastly, Chapter ten reflects on the findings from both groups and suggests how the co-constructed knowledges can impact social locations such as schools and health practices, suggesting a shift in perceptual templates regarding adolescents and their relationship with problematic eating. Focusing only on food obscures submerged stories around seeking and holding onto feelings of connection in an environment where being separate and independent are labeled as healthy.

CHAPTER TWO – LITERATURE REVIEW

In this chapter, I review the relevant research and practice literature related to eating disorders/disordered eating within the context of female adolescent development. The literature review focuses on the varying ways of understanding the tasks of the adolescent development and how these may be related to disordered eating. It is organized by the theoretical perspective or discourse on which the literature is based, namely, Separation-Individuation Theory and the Medical Discourse, Attachment Theory and Relational Cultural Theory. I conclude with a section on the use of the terms “story” and “narrative” and the importance of differentiating between them, a section critiquing the way some methods of collecting data have been implemented, and finish with a review of the literature regarding “interactive interviewing.”

Disordered Eating from the Perspectives of Separation-Individuation Theory, Family Systems Theory and the Medical Discourse

Bruch (1973, 1982) positioned the developmental stage of adolescence within theories that saw autonomy as the desired outcome of adolescence. Her research during the 1970’s established her as a pioneer in the understanding and treatment of eating disorders. Bruch believed that young women were “afraid of becoming teenagers” (p. 62) and she held the family responsible for the lack of preparedness “to meet the problems of adolescence” (p. 66). In particular, Bruch held mothers responsible for not preparing their daughters for the primary task of separating (psychologically) and forming an autonomous identity. Bruch’s proposition gained academic momentum and treatment modalities reflected the belief that dependency was an etiological factor in the development of eating disorders.

Hence, hospitalization became the treatment norm to encourage “separation of the patient from her family” and to facilitate the process of individuation (Blinder, Freeman & Stunkard, 1970, p. 1093). Severance of familial relationships was justified due to the perception that the adolescent girl was a projection of “pathological symbiotic relationships” of other family members (Verheij, 1986, pp. 35-38). Clinical modalities aimed to “break the family system” were believed necessary to enable the adolescent to individuate and were widely endorsed and practiced (Guttman, 1991; Selvini-Palazzoli, 1974; Minuchin, 1978; Sugarman & Quinlin, 1981). Despite increased use of this preferred treatment modality that perceived the lack of autonomy as an etiological contributor, with separation from the family through hospitalization as the solution, cases where the adolescent failed to improve increased during this time period (Gremillion, 2003).

Inclusion of the family in treatment began to gain not just clinical momentum but acceptance. For example, a study by Russel, Szmukler and Dare (1987) found family therapy to be more effective than individual therapy. Similarly, a longitudinal study of patients five years post-treatment reported better outcomes for younger adolescents who had participated in family therapy (Steiner & Lock, 1998). While a shift in practices was occurring among some clinicians that reflected the belief that adolescents fared better in treatment when the family was included (Lask et al., 1997; Leon et al., 1993; Steiner & Lock, 1998), it was only after the American Psychiatric Association conceded its usefulness that family involvement become professionally sanctioned.

Emerging clinical modalities currently embrace the family unit as a valuable resource when working with adolescents (Dale & Eisler, 2000; Scholz & Asen, 2001; Le Grange, 2004). A relational cultural perspective (to be discussed in more detail later)

would suggest that healing disconnections within and between family members, by supporting members to find different ways of connecting or staying in emotional proximity other than through food, is a fundamental factor in explaining the effectiveness of family over individual interventions (Tantillo & Sanfter, 2003).

While the family was perceived as the locum of pathology obstructing the task of individuation, it was the mother who was historically seen as impeding the daughter's separation from the family unit. Commonly cited within the literature is the failure to negotiate separation due to pathological traits exhibited by the mother (Sours, 1974; Selvini-Palazzoli, 1974; Mahler, Pine & Bergman, 1975; Bruch, 1978; Minuchin, Roseman & Baker, 1978; Byng-Hall, 1995). Of the two parents, the mother is typically singled out as being either "overcontrolling" or "undernurturing" and blamed for "failing to foster autonomy" in their daughters development (Sugarman & Quilin, 1981, p. 51). Feminist authors including Anderson (1995) and Gremillion (2003) construct this as mother blaming.

While the above examples indicate where the literature has framed the individual female or the parent-child relationship as problematic, Frankenberg (1984) pushes the separate- self attribute of competition even further, suggesting it to be a complicating factor in the therapeutic relationship. He suggests that a female therapist may experience feelings of "competition and envy" toward her client, especially a therapist who is "overly concerned with her own weight" because the "patient has unlimited time to spend on her own appearance" (p.28). Frankenberg then extends the notion of competition beyond the therapeutic relationship by broadening it to include sisters and mothers, who according to this author, engage in "rivalrous relationships" centered on power struggles around body shape and weight. Viewing female

relationships through this androcentric lens established a framework of analysis that is anchored by power, autonomy and competitiveness.

I am suggesting that such examples represent the misunderstanding of female psychology by viewing separation through the epistemological lens of male development. In other words, viewing the same examples within a human development theory that values connection would suggest that mother and daughter are seeking ways to being close, with neither one “failing,” and that the benchmark of autonomy is not only inappropriate, but theoretically incongruent. By challenging the historical tenet that the mother-daughter relationship is the epicenter of pathology the theoretical lens shifts from one that values competition to one that seeks connection. This leads to the work of Debold, Wilson and Malave (1993) who not just challenge the notion that autonomy is the opposite of connectedness within the mother-daughter relationship, but rename the relationship as one that holds healing powers. Similarly, Anderson (1995) refutes past systemic and psychoanalytical approaches that connote the mother-daughter relationship as “enmeshed” by “fusion and dependency” (p.9). She cautions that focusing just on the symptomatology obscures the deeper meaning held by an eating disorder, one in which mothers and daughters are ‘hungering’ for a deeper connection. Waters (1988) adds to this by placing the mother-daughter relationship in the wider and critical context of culture when she states that “girls are taught that close identification with mother is dangerous of what is culturally ascribed to and inflicted on women” (p. 40).

Another area within the literature where the concepts of autonomy, independence and separateness are dominant is the classification used by the *Diagnostic and Statistical Manual of Mental Disorders*. Positioning eating

disorders/disordered eating within the scientific parameters of the *DSM-IV* results in two areas of disconnection. Diagnostically classifying anorexia and bulimia as separate entities *removes or makes separate* the *relatedness* between the two “disorders.” To examine them separately results in individualizing women’s experiences and ignores the argument that eating too little or eating too much are on a continuum of response to a culturally pervasive slenderness imperative (Girard, 2000; Lupton, 2003; Burns, 2004). Hesse-Biber (1997) and Rodin, Silberstein and Streigal-Moore (1999) go as far as normalizing this continuum shared by “disordered” eating and eating “disordered” as a socially condoned strategy that is part of the female experience. What the authors mean by this is that in order for women to be culturally accepted into what they refer to as the “cult of thinness” disordered eating and obsession with food has become a widely accepted way to deal with weight and body image issues. Hesse-Biber (1997) agrees calling such behavior “normative” within the context of cultural expectations constructed for females (p. 82).

The last point reflects a second way in which the *DSM-IV* creates disconnection. Ignoring the influence of culture as a contributor toward problematic relationships with food results in an artificial separation that further reinforces the idea of individualistic etiology. Several researchers have demonstrated that a disconnection from one’s primary ethnoculture correlates with the prevalence of an eating disorder (Hooper & Garner, 1986; Holden & Robinson, 1988; Furnham & Alibhai, 1993). Feelings of disconnection from cultural or reference groups that foster identity have been shown to be problematic as well regarding food (Katzman, 1997).

While I have so far discussed the concepts of autonomy/connection/
/disconnection as they apply to treatment and classification from a medical discourse

perspective, a further area of relevance is language. Traditional language (such as needing to break dependency) establishes a power dynamic that pits the adolescent against the therapist. This results in the adolescent being 'autonomized' and then labeled as "notoriously difficult" to engage and blamed when therapy fails (Kaplan, 2002, p. 238; Kaplan & Garfinkle, 1999). Creating hostile space through language seriously impedes a therapeutic connection between therapist and adolescent. For an adolescent who may feel already disconnected from her body and others, language couched within such an approach intensifies the feeling of being alone and infers an individualistic, and culturally neutral causation of the phenomena. A comment by Frankenberg (1984) highlights the misunderstanding that dominant thinking brings to the therapeutic relationship. He assumes competition to be a natural outcome between a female therapist and an adolescent by suggesting that a female therapist experiences feelings of competition and "envy" toward her emancipated client "for her unencumbered and unlimited time to spend on her appearance" (Frankenburg, 1984, p.28). This thinking reflects what Jordon, Walker and Hartling (2004) call "dominant myths of instrumental competence, which largely coincide with the myths of masculinity" which include competition (p. 13).

In summary, Bruch's (1975) negative judgment continues to be infused into how young women with eating disorders are currently described in the literature (Sejcova, 2008). Several research studies have found that health care professionals, including primary care physicians, continue to hold negative and stigmatizing attitudes toward females with eating disorders, in particular bulimia (Hay, de Angelis, Miller & Mona, 2005; Currin, Walker & Schmidt, 2009).

Research on Disordered Eating Based on Attachment Theory

Within psychoanalytic literature lies attachment theory that examines the intricacies of connection and separation within the interpersonal domain. Bowlby (1973) shared Darwin's ontological belief that attachment was evolutionary-based, meaning that human beings were innately programmed to seek and form lasting attachments with others. Such attachments are formed during infancy and establish a template that endures into adolescence and adulthood. Bowlby proposed that normative behaviors on the part of the child and caregiver resulted in the proximity of the caregiver while, at the same time, establishing a regulatory function between autonomy and connectedness.

Unlike other psychoanalytic theories of human development, while attachment theory acknowledges the need for psychological separation, it also emphasizes the importance of connection. Bowlby suggested that one cannot separate psychologically without experiencing secure attachment, or as Armstrong and Roth (1989) later stated "independence is but one side of separation" (p. 142). This reciprocal conceptualization avoids the traditional binary thinking that polarizes separation from connection, or independence from dependence.

It was a colleague of Bowlby's that first linked an underlying tenet of attachment theory to disordered eating/eating disorders. In contrast to Bowlby's (1969, 1973) identification of normative behaviors with the function of triggering caregiver response, Henderson (1974) focused on 'maladaptive' behaviors that resulted in the same outcome – to bring significant others closer. His interpretation was that "care eliciting" behaviors could be extended to include maladaptive behaviors, occurring when "an individual perceives himself to be receiving insufficient caring behavior from another" (p. 175). He identified the refusal to eat as a powerful signal "meant to evoke anxiety

and concern in parents” resulting in proximity seeking behavior (p. 177). Although Henderson’s linkage of care eliciting behavior and eating disorders did not generate much interest at the time, it was later revived by Chassler (1994, 1997) and Orzolek-Kronner (2002) who further extended the concept through several controlled studies.

Chassler (1993) found that adolescents who struggled with anorexia “experienced their early attachment figures as significantly more unresponsive, unavailable and untrustworthy” (p. 408) relative to the controls. She concluded that intrinsic to the symptomatology was the goal of eliciting caring and comforting responses from parents, echoing Henderson’s earlier observation. This finding also suggests the notion of functionality, and while not new to social work theory (Haley, 1963; Jackson, 1965), the linking of eating disorder symptomatology and proximity seeking behavior was more clearly supported in a later study by Chassler (1997) and one by Orzolek-Kronner (2002). In her study of 44 adolescents with eating disorders, Orzolek-Kronner (2002) found that the behaviors of “food restriction, binge eating, purging and laxative use commonly resulted in, or stimulated, physical closeness” between the adolescent and her mother (p. 422). When compared with the group of 36 girls without an eating disorder, Orzolek-Kronner reported two findings that are noteworthy in the context of this discussion. She found that the group with the eating disorders perceived their mothers as significantly less a source of support than did the non-clinical comparison group. At the same time, she found that the clinical group reported higher numbers of proximity seeking behavior towards their mothers than their non-clinical peers. This suggests that at least for some adolescents, the eating disorder, whether conscious behavior or not for the adolescent, resulted in increased affective and physical closeness with a significant person. Alternatively, Sugarman and Quinlan (1981) suggested that the symptomatology

functioned as a defense against separation experiences from a parent and the resulting sense of depression, loss and aloneness. An earlier paper by Sours (1974) reported that girls with eating disorders possessed higher sensitivity at an earlier age to separations from their mothers in comparison to non-eating disordered participants.

Several studies suggest the primacy of Henderson's (1974) care eliciting concept. Both Chassler (1994) and Orzolek-Kronner (2002) found that adolescent girls expressed concern that their mothers may become more distant if their symptoms subsided. Similarly, Sugarman & Quinlin (1981) reported that the "anorectic patient stresses proximity in interpersonal contact" (p. 51). This suggests that eating disorder symptomatology can be a maladaptive method to ensure care eliciting behavior that results in closer relations with an important other. An extension of this reasoning is that the symptoms represent attempts by a girl to seek or create parental proximity, mirroring a normative behavior that has become extreme in order to achieve connection through care.

Literature and Research on Disordered Eating Based on Relational Cultural Theory

Relational Cultural Theory had its inception in the Stone Center model, which posits that connection is at the core of human growth and development. Originally conceptualized within a self-in-relation context, as compared to human development psychologies of a separate self, the theory has evolved to become known as the Relational Cultural Theory to acknowledge how culture and the inherent power structures impact upon the lives of marginalized people, including girls and women. Miller and Stiver (1997) argue that by placing culture at the center of the model, Relational Cultural Theory "strives to make visible the multilayered connections that belie the myth of separation" (p. 4). Jordon and Walker (2004) say that in a culture that "valorizes" separation and

autonomy, groups who experience less cultural privilege are often shamed into accepting dominant “truths”, resulting in distance from authentic “truths” and beliefs. These “disconnections” permeate throughout societal levels, including the interpersonal (Fairburn, Welch, Doll, Davies & O’Conner, 1997) biopsychosocial (Kaye & Strober, 1999) and cultural (Tantillo, 2004). In fact, eating disorders are referred to as “diseases of disconnection” by Tantillo (2006, p. 86) particularly for girls as they reach a critical developmental intersection around early adolescence.

The concept of disconnection was initially described by Miller (1988) as an outcome that occurs when interactions within meaningful relationships leave participants feeling unclear about their own thoughts and feelings. This diminished feeling impedes the ability and desire to seek out connections with others. Miller described disconnections as occurring on a continuum, from minor empathic failings, such as responses that are invalidating, to more severe and chronic ones resulting from severe abuse or neglect. Miller posits that more severe disconnections leave little to no opportunities for reconnection or resolution, with the individual’s psychological development being impacted. In such cases, an individual is positioned within a paradoxical situation where she must negotiate whether to respond in an inauthentic manner that is acceptable to others, or to remain authentic to her own feelings and risk feeling disconnected.

Maine (2001) contributes to Relational Cultural Theory by adding that “androcentric sex-role stereotypes” push girls toward autonomy, competition, self-sufficiency and individual identity rather than encouraging values that are more authentic to female psychology (p. 1302). These include relational competence, mutuality, the importance of connection and community. Dooley and Fedele (1997) write that the

adoption of androcentric values is inauthentic and that girls falsely take on what they call “the boy culture” or the power model (cited in Jordon, Walker, Hartling, 2004, p. 240). Such an adoption detaches and disconnects girls from their natural emotional, psychological and physical needs “increasing the risk of body image, self esteem, and eating problems in a culture that idealizes very thin, artificially sculpted women’s bodies” (Maine, 2001, p. 1302).

What follows is a review of research studies that have been informed by Relational Cultural Theory and demonstrate the link between constructs underlying Relational Cultural Theory and problematic eating within females.

In a control group study, Sanftner, Tantillo and Seidlitz (2004) studied 74 women, 35 of who were diagnosed by *DSM-IV* criteria as having an eating disorder. Two self-report questionnaires were administered, one of which was the Mutual Psychological Development Questionnaire (MPDQ), which is a 22-item measure that assesses the underlying concepts defining mutuality. The concept of mutuality is a fundamental component of relational theory and is derived from the concept of mutual empathy described by Miller (1986) as “the ability to simultaneously experience the feelings and thoughts of another person and to know one’s own different feelings and thoughts” (Miller cited in Tantillo, 2004). Lower perceived mutuality was reported by the 35 women diagnosed with an eating disorder in comparison to the non-disordered eating group. The authors also concluded from this study, “the lack of connection may be more important in the expression of eating disorders than the presence of connection” (p. 95). They explained that for females with eating disorders an important “determinant of their symptoms may be the number or amount of interactions that are characterized by disconnections” rather than those characterized by connections (Saftner, Tantillo &

Seidlitz, 2004, p. 95), suggesting that the experience of disconnection from important others may be particularly potent in the development of disordered eating.

Using a single case study design, Barth (2003) reported a similar finding relating to the difficulty older adolescent college female students experienced in negotiating the process of separation and connection upon entering college. Barth frames this time as one of “significant conflict” where the adolescent’s need to remain attached to parents becomes challenged by cultural expectations of separation and autonomy. In her case study of a first year female student, Barth concluded that her client’s manifestation of eating disorder symptoms represented a mechanism to cope with a separation that she was “unequipped to process” or “an attempt to adapt to an intolerable situation” (p. 147). Barth positions her case study within the distal context of culture by acknowledging that “our culture is so focused on independence” that parents may underestimate the need for connection from their children during this critical transitional time. In fact, Barth refers to the college experience as “tailor made” for the development of eating disorders (p. 139). Placing Barth’s study within the context of Relational Cultural Theory helps to highlight the several layers of disconnections that may occur, including the adolescent’s denial of her feelings for connection in an effort to accommodate the expectations of others. Barth describes the resulting feelings as being “managed and even obliterated by starvation, overeating, purging and/or obsessive exercise” (p. 139).

A research study by Steiner-Adair (1986) posed the question of whether eating disorders manifest in a culture that overemphasizes the importance of autonomy in women. Her sample size of 32 girls ages 14 to 18 underwent a semi-structured clinical interview augmented by two self-report questionnaires that measured disturbed eating patterns in a non-clinical population. Questions posed in the clinical interview focused

on the girls' perceptions of cultural values and avoided topics associated with food, dieting, or eating disorders. Steiner-Adair's data determined that girls who could identify cultural values that were unsupportive of core female adolescent developmental needs, specifically the importance of interrelatedness, were "not prone to eating disorders" (p. 107). Analysis of the responses from this sample also indicated that when dieting and thinness were associated with the value of autonomy "girls become increasingly at risk for the development of eating disorders" (p. 106). Steiner-Adair (1986) argued that her research findings supported a relationship between awareness of unsupportive cultural values and the later emergence of eating disorders during adolescence. She stated "it is at this point when females experience themselves to be at a crossroads in their lives when they must shift from a relational approach to life to an autonomous one, a shift that can represent an intolerable loss when independence is associated with isolation" (p. 107). This finding speaks to the importance of my research toward understanding the time and space in girls' lives when they may begin to internalize, rather than challenge, the dominant values of autonomy and independence.

A variation of the Relational Cultural Theory was the framework for a study that attempted to understand how adolescent girls make sense of cultural discourse, (described as symbols, metaphors, images, scripts, rules, norms, and narratives), while experiencing disordered eating. In this study, Hoskins and Mathieson (2004) sought to capture the "site where issues of identity, gender, and culture are made visible" (p. 56). By understanding how girls negotiate "this intersection" of competing and conflicting cultural "signs and signifiers," the researchers aimed to obtain a better understanding of how the phenomena of eating disorders and disorder eating are involved. Data was collected using open ended interviews with ten girls aged 13 to 18 years enrolled in an

eating disorders hospital program. Analysis of the interviews concluded that the girls confirmed that they were being confronted with “too many mixed messages” to the point where difficulty was experienced in exercising their own sense of agency. Two of the more salient themes to come out of this research study was that the interviewed girls “spoke at length about feeling lost” and “feeling suspended in time while determining how to proceed with their lives” (p. 65). Although Hoskins and Mathieson (2004) did not put forth this interpretation, I suggest that their findings support the idea that eating disorders contain a maladaptive function, echoing the much earlier work by Henderson (1974). Additionally, comments by these adolescents further suggest a feeling of disconnection between their current developmental stage and the messages they were expected to process from the larger cultural context. The researchers only hint at this second theme by including a statement from participants expressing “a desire on their part to extend adolescence” (p. 65). Their findings are also congruent with a paper by Anderson (2007) who argues that the phenomenon of eating disorders is the result of “overvalued beliefs” that he defines as “widely held sociocultural values or beliefs that are given ruling passion in a minority of the population” (p. 10).

Similarly, Oliver (1999) undertook a co-constructed critical narrative from multiple stories collected from four adolescents with the purpose of the study being to explore how girls constructed the meanings of their bodies as influenced by fashion images that dictated the “desirable” body. Informed by feminist theory, Oliver chose the body as the locus of study for how cultural discourses either empower or (dis)empower girls in the process of becoming healthy women. Transcripts of group audiotapes combined with journal writing, free writing and written stories over a 15 week period identified three “intertwined” themes that lose potency when separated. The themes

included how their bodies were a central part of learning about normality as defined by culture, relationship with others and what society values in women around the construct of femininity. Oliver's conclusion was that fashion continues to perpetuate the image of a "perfect" woman that does not exist "but that this image was internalized within these four adolescent girls" (p. 243).

Two findings from Oliver's study hold particular relevance to my research. One is that the girls agreed that the perfect body shape was one of a culturally constructed image and "that the image of a perfect woman does not have fat, or at least fat that others can see" (p. 238). The other finding is that a girl who is assertive and voices her opinion can be perceived as "loud and rude and not be considered feminine" (p.240). These outcomes converge to suggest that girls may feel pressured by dominant norms to sever authentic parts of their selves and bodies in order to fit narrowly constructed ideals.

Pearson et al. (1998) describe the development and validation of a self administered inventory that assessed orientation toward connection, or what they referred to as the Connected Self (CS) and autonomy, or the Separate Self (SS). The authors based their definitions of a separate self and connected self on the earlier work of Gillian (1982) and Jordon et al. (1991) of gender differences within human psychology and in specific adolescent development (Brown & Gilligan, 1993). The goal of the research study was to see if the scales were internally consistent, if gender differences would appear to endorse the constructs and whether the scales were valid across age differences.

The Separate Self (SS) scale included statements in which "independence, separation, hierarchal organization of interchange and justice" were central (p. 31). The Connected Scale (CS) included statements in which "independency, connection with

others, egalitarian interchange and concern for individuals in their own contexts” were central (p. 31). Using a sample size of 927 females and 218 men, the authors’ hypothesis was supported in that males had higher mean scores on the Separate Self scale in comparison to females who had a higher mean score on the Connected Self scale. The authors also found that individuals who scored high on one orientation tended to score lower on the other. Of particular relevance to my research is the author’s finding that the high reliability of the scales indicates that the two orientations of a separate self and a connected self “exist as phenomena that can be measured in a survey format as well as in the qualitative interviews and clinical interactions through which they were originally identified and differentiated” (Pearson et al., 1998. p. 41).

A similar research study examined whether adult women and men differed in their orientations toward connectedness and separateness. Connectedness was defined by the authors in terms of empathy and a desire for intimacy reflecting earlier writings by Miller (1976), Choderow (1978) and Gilligan (1982). Likewise, separateness was defined in terms of independence and emotional self-other differentiation reflecting the work of Winnicot (1965) Minuchin (1974) and Mahler et al (1975). Self –reporting questionnaires were administered to a sample size of 60 Israeli men and women. The study found clear differences between the females and males for all of the variables examined which are consistent with the theories proposing that males are more separate and females more connected. The authors cautioned, however, that the constructs of separateness and connectedness are complex and multifaceted and they called for further research in understanding other variables not included in their research. (Lang-Takac & Osterweil, 1992).

In reviewing the literature it is apparent that the concepts of connectedness and

separateness are not equally represented and valued within theories of human development. Separateness is positioned within human development theories that hold autonomy and individuation as healthy benchmarks. Such theories conceptualize the development of separateness as a universal process, one that does not differ for males and females. A disproportionate number of research studies and treatment practices have followed this lead resulting in a research context saturated with dominant cultural messages of power, individualism and self-sufficiency (Gremillion, 2003, Anderson, 2007). This is in contrast to connectedness, a corner stone concept that explains the psychology of women as being distinct from men. Through this epistemological lens eating disorders or body narratives are interpreted as “sites” where nonnegotiable cultural messages not only challenge but infer pathology to the individual. Positing that healthy female development results in a “relational self”, reframes the developmental stage of adolescence and implies that adolescent girls benefit from support to remain connected to oneself, family and community. From this vantage point the symptomatology or “body talk” of eating disorders represents a language about an experience of disconnection that separate-self psychologies are unable to hear, let alone understand.

Literature Differentiating Between Stories and Narratives

It is important to distinguish between the terms “story” and “narrative” for the purposes of this study as the literature at times uses them interchangeably. Pinnegar and Daynes (2006) state that narrative can be both the phenomenon of study as well as a method. Frank (2000) agrees that although the word *story* and *narrative* are used interchangeably, “people do not tell narratives, they tell stories” (p. 354). He further differentiates between the two by saying the “subtle semantics of narrative suggest a

structure underpinning the story” laying the groundwork for an analysis or what he calls “narrativity” (p. 354). Chase (2005) offers a broader view by stating that “narrative might be a term assigned to any text or discourse, or used within the context of a mode of inquiry in qualitative research” (as cited in Creswell, 2007, p. 54).

Polkinghorne (1995) makes a further distinction between “analysis of narratives” and “narrative analysis.” The former is a way of thinking to create descriptions of themes that hold true across individual stories while the latter term is defined as the collection of events and then arranging them into a story using a plot line (p. 6). Creswell (2007) states that the procedures for implementing narrative research involve focusing the research on one or two individuals, “gathering the data through the collection of their stories, reporting individual experiences and chronologically ordering the meaning of those experiences” (p. 54). This statement would infer that Creswell agrees with Frank that stories are embodied entities or experiential events that people talk about, and that narrative research represents a modality employed to understand the meaning of the stories.

How researchers use these terms in their reports adds an additional layer of interpretation. For example, Oliver (1999) refers to the goal of her research as collecting “body narratives” to explore how fashion reinforces dominant discourse. Under her heading of theoretical perspective she labels her study as a “co-constructed critical narrative created from multiple stories shared between four adolescent girls and me” (p. 223). Oliver’s description would suggest that a story is an individual entity as compared to a narrative that represents an assemblage of stories. An extension of the difference is contributed by Connelly and Clandinin (1990) who label the phenomenon as a “story” and the inquiry as a “narrative.” The authors add that “people by nature lead storied lives and

tell stories of those lives, whereas narrative researchers describe such lives, collect and tell stories of them, and write narratives of experience” (p.2). Lastly, Rice (2007) provides yet another example of how the term narrative is used. She used a feminist post structuralist methodology to collect “body narratives told by women” regarding their experiences of living in “unfit” bodies.

It would appear that there are multiple meanings of the two terms which are often used interchangeably apart from ontological definitions and that some researchers operationalize them differently for the purposes of their studies. Having reviewed the definitional spectrum of these two terms, I plan to use the term “body talk” or “body stories” to refer to the lived experiences as told by girls as they negotiate adolescence. In an effort to be clear in terms of language usage, I will refrain from using the term narrative to describe these stories, and confine the use of the word narrative to a methodology of analysis.

Critique of Current Methodology

Incongruity between stated methodology and application is highlighted in several studies that unintentionally resulted in re-oppression and reinforced the disconnect between individual and culture. A study conducted by Tozzi, Sullivan, Fear McKenzie and Bulik (2003) illustrate this unfortunate methodological situation. The researchers attempted to channel the subjective experiences of adolescent girls regarding the causes of “their anorexia” and “their recovery” into predetermined “common categories.” Those experiences that did not fit into the preconceived categories were relegated to the space of “other” (p. 146). This methodology in fact reinforces dominant ideology under the agenda of externalizing subjective knowledge of adolescents with eating disorders. It also fractures data into individually oriented categories that may be

incompatible with the culturally based phenomenon. A specific example clearly illustrates this latter point. Of the fifteen response categories the one entitled “other” had a higher percentage of responses than did the first three categories and was equal to the fourth category. This would suggest that responses in the other category possessed rich subjective information that was indiscriminately amalgamated. This type of data analysis is what Greenhalgh (1997) refers to as that which “just skims the surface” instead of “really touching the core of what is going on” (p.3). When methods fragment a complex phenomenon such as eating disorders into standardized or expected responses, subjective meaning is lost that is critical for understanding. This also represents a methodological disconnect in that the research design further subjugates the voice of the participant, shifting little from positivist origins.

A similar and equally distressing outcome can be seen in a study by Dignon, Bearsmore, Spain and Kuan (2006) that used what was labeled as “stimulus” questions to “help stimulate the patient into considering the reasons for *her* disorder” (p. 955). It was furthermore noted by the authors that the “patients were honest” in disclosing legitimate responses. Several ontological flaws are highlighted in the above study. Despite being labeled as employing narrative methodology, the judging of participant knowledge concerning legitimacy disregards critical theories of a female episteme. Secondly, this ‘narrative’ stops short of an essential tenet inherent to critical theory – that of positioning the individual story within the distal factor of context.

Lastly, research methodology may incorporate recovery benchmarks that are contrary to female development psychology that embraces the self-in-relation concept of individuation. Lock and Le Grange (2005) explored the use of family therapy for eating disorders incorporating the “development tasks of adolescence related to separation and

autonomy” (p. 566). However, the incorporation of androcentric benchmarks fail to appreciate gender differences marking adolescence, and in this way, may unintentionally re-oppress by implying failure. This reinforces the dominant individualistic perspective of eating disorders by suggesting that pathology is innate to the adolescent and is unconnected to the wider cultural context.

In an effort to avoid such theoretical and pragmatic pitfalls, I will use a qualitative methodology that is compatible with feminist ideology. A fuller description will follow later in Chapter 3. Because I propose to employ interactive interviews or “shared” interviewing in a group context to collect the data in this study, the next section reviews literature about what this form of data collection entails and what the literature suggests is an appropriate rationale for using this method of data collection. This form of data collection is also known as collaborative interviewing and shared story telling.

Interactive or Reflexive Interviewing

In this section, I will provide current definitions found within the literature, the historical context of interactive interviewing, and explain why it is congruent to my theoretical framework of Relational Cultural Theory.

Within the literature, interactive interviewing is also referred to as “shared interviewing” and “storytelling”(Frank, 2000), “collaborative interviewing”(Laslett & Rapoport, 1975), “reflexive interviewing” (Gubrium & Holstein, 1997) and “co-constructed critical narratives” (Oliver, 1999). I have chosen the term “interactive interviewing” because it most closely resembles the principles guiding Relational Cultural Theory that frames this research.

Interactive interviewing is described by Ellis, Kiesinger, and Tillmann-Healy (1997) as a collaborative process where remnants of stories are dislodged from individual

experiences, often buried under shame and judgment, to be shared and made sense of in a group setting. The researcher is an active contributor to the emerging discussion using self-disclosure to both facilitate discussion as well as contribute to the “intersubjective process to provide a contextual basis for a deeper level of understanding and interpretation (p. 122). A similar definition is offered by Laslett and Rapoport (1975) who state that interactive interviewing is a “collaborative interviewing and interactive research involving multiple interview situations where researchers and respondents engage in a joint sense-making endeavor” (p. 969). The goal of interactive interviewing is to foster a culture of equality and safety in order to reach an intimate understanding of another’s experience with “emotionally charged and sensitive topics” including eating disorders (Ellis, Kiesinger & Tillmann-Healy, 1997). Mishler (1986) describes interactive interviewing as employing an “intimate and trusting context” that makes it possible for participants to reveal a deeper level of emotion and experience with the intersubjective experience providing a “contextual basis” for understanding and interpretation. Researchers who employ interactive interviewing acknowledge the relational aspects of the interview and note the interactional construction of meaning with participants becoming narrators (Holstein & Gubrium, 1995).

Interactive interviewing is considered a feminist response to the traditional method of interviewing, and calls for researchers to “acknowledge their personal, political and professional interests” (Ellis & Berger, 2003, p. 158). A defining feature of the interactive interview is the dismissal of the emotional separation characteristic of the traditional interview in favor of a developing or active relationship occurring in a context “permeated by issues of power, emotionality, and interpersonal process” (Holstein & Gubrium, 1995, p. 159). The hierarchal position that the traditional interview supports is

closed by researcher participation that promotes a reciprocal dialogue rather than a static question and answer format (Hertz, 1995). This context encourages a participant to become 'active' by assuming the role of a narrator to share and construct stories about their subjective lived experiences (Holstein & Gubrium, 1995; Mishler, 1986). It is the collaborative construction of a story and its proponents perceive the process to be as important as the outcome (Miller, 1996; Mishler, 1986).

Much has been written on interactive interviewing within the field of nursing. This discipline has historically been privy to stories of how the experience of illness can result in a feeling of being marginalized, associated with the loss of voice, feeling alone and without agency (Robillard, 1997; Frank, 2002; Harter, Japp, & Beck, 2005). As well, the nature of the illness experience can strip away the layer of social protocol that normally acts as a barrier between patient and professional, exposing lived experiences that are 'raw' or have remained untold stories (Morgan-Witte, 2005). Such stories have not been socially filtered to become sanitized but offer an intimate and unrefined glimpse into another's private world of suffering. It is within this context that the writings of Frank (1998a, 1998b, 2000) provide a rich appreciation of the benefits of what he refers to as "storytelling" defined as the shared relational act composed of a storyteller and a listener who engage in a recursive dynamic of sharing, listening and asking. Through this relational act, Frank (2000) says that storytellers "call for other stories in which experiences are shared, commonalities discovered, and relationships built" (p. 355). Concurring with Frank is Rothman (1986) who argues that the act of interactive interviewing allows the researcher to become immersed in the participant's emotional world, to explore "sensitive topics that are intimate, may be discrediting and normally shrouded in secrecy" (Renzetti & Lee, 1993, p. 160). Parallel to Frank's discussion of

how illness submerges stories of suffering is Brown's (2007) thesis concerning body talk as stories that become submerged during the developmental transition of adolescence when dominant scripts of autonomy and independence gain prominence. These stories can become submerged and internalized as individual acts rather than the result of collective cultural processes.

The ability of interactive interviewing to access subjective experiences, explore sensitive topics and facilitate the co-construction of meaning makes it a congruent choice for my data collection method. The reasons for this choice are further elaborated in the next chapter. Limitations with regard to interactive interviewing are discussed later in Chapter Ten.

CHAPTER THREE – METHODOLOGY

The organization of this chapter has followed the approach suggested by Creswell (2007) regarding methodology when conducting qualitative research. Although there is diversity of opinion as to what components are seen as necessary to this section (Weiss & Fine, 2002; Morse & Richards, 2002, 2007), I have incorporated those issues that appear to be consistent with a qualitative design starting with the research question.

The Research Question

The overarching research question of this study is the following;

Are the symptoms of disordered eating one of the ways the female body “talks” about the experience of disconnection during adolescence?

Specific Questions:

- Are adolescent girls who are at risk for disordered eating aware of contradictory cultural messages about the values of autonomy and independence versus connection and interdependence?
- How do these adolescent girls reconcile the challenge of meeting their need for connection versus responding to the cultural push toward separateness?
- Do these girls make a connection between experiences of disconnection and behaviors intended to modify their bodies?
- What form do these behaviors take?
- What do they think and feel about these behaviors?
- Are there other strategies that are employed?
- Can these strategies be detected early?

Rationale for Qualitative Research Methodology

Qualitative research seeks a deep understanding of a phenomenon and is guided by the philosophical assumption that knowledge lies within the meanings that people make of the phenomenon. Related to this is the assumption that gender significantly affects experience and consequently 'feminine' knowledge exists that is different from 'male' knowledge and can be understood by studying the experiences of females (Code, 1991, p. 13). In qualitative research, data collection is done in a way that acknowledges researcher bias and subjectivity with the construction of 'truths' being an outcome of a collaborative process. Greenhalgh and Taylor (1997) describe this process as non-standard and unconfined, and very much dependent upon the subjective experience of both researcher and researched.

Of the numerous definitions of qualitative research that exist within the literature (Strauss & Corbin, 1990; Denzin & Lincoln, 1994; Patton, 2002; Charmaz, 2000) the one that most closely describes this research study is one offered by Creswell (1998; 2007). He states that a hallmark of qualitative research is the focus on issues such as culture, gender and marginalization; these three concepts are central to my research study. Creswell further describes qualitative research as "an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a complex, holistic picture, analyzes words, and reports detailed views of informants" (Creswell, 1998, p. 15). Creswell also lists several characteristics of qualitative research that describe the methodology I am proposing. These characteristics are;

- (i) a natural setting as a source of data

- (ii) the researcher is the key instrument of data collection
- (iii) data is collected as words or pictures
- (iv) outcome is process rather than a product
- (v) the inductive analysis of data
- (vi) focus on participants' perspectives and meaning

The above characteristics of qualitative research would not be achieved in a quantitative study because positivist methods of data collection are epistemologically incongruent with the goal of my research, namely to better understand the experiences of female adolescents that may be associated with disordered eating. Instruments with predetermined questions structurally fail to collect knowledge that is evolving as participants talk about the meanings they associate to their experiences. The emergence of subjugated knowledge is such that predetermined questions result in a *methodological disconnect* parallel to the clinical and cultural disconnect adolescent girls are reported to experience.

Lastly, I am mindful of writing by Mishler (1986) who states that it is essential to understand how different interviewing styles and strategies can impact participants' "efforts to construct meaning from their experiences, develop a fuller and more adequate understanding of their own interests, and act more effectively to achieve their purposes" (p. 135). To this end I have sought to appreciate how the retrieval of upsetting or confusing experiences that may be expressed for the first time by young adolescent girls can be done in the most respectful and validating manner. A primary reason for employing a focus group rather than individual interviews is to create a space where collective voices can authenticate perhaps similar experiences. While clearly recognizing

that this is not a therapy group but a research one, I also acknowledge that, aside from the benefits of generating knowledge, group participants have described the 'therapeutic' benefits derived from being part of a qualitative health related study (Hutchinson, Wilson, Wilson; 1994). Likewise, Brody (1987) draws attention to the importance of stories and storytelling for qualitative health research. He argues that sharing unspoken stories for research purposes holds a secondary gain, as it allows the participant to make sense of their experiences and heal in the process. Lastly, Morse (1998) describes the experience of participating in qualitative health research quite succinctly; she states, "participation in a qualitative research project is undoubtedly a therapeutic process" (p. 215). Female scholars Ellis, Kiesinger and Tillmann-Healy (1997) take this supposition further by positioning the process of storytelling within research pertaining to eating disorders. The authors state that the elicitation of stories through interactive interviewing questions the "hard and fast boundaries traditionally erected between therapy and research" (p. 145). The relevancy of interactive interviewing as holding potential healing properties will be more fully discussed later on page 61.

A final comment regarding the deliberateness of the paradigm and methodology selected for this research study. My clinical familiarity with problematic relationships with food and working with adolescents for over two decades have combined to be the major determinants in choosing a qualitative methodology, interactive interviewing style, and constructivist grounded theory analysis informed by predominantly Relational Cultural Theory. I believe that the combination of these components provide the best fit framework to collect the body stories of adolescent girls and how they negotiate contradictory messages of autonomy versus connection.

Design of the Research

Congruency with the epistemological basis of this research project would suggest a qualitative approach such as a grounded theory research design. First developed by Glaser and Strauss (1967) grounded theory is regarded as qualitative despite having an origin in positivism, as the authors argued that the “reality” of a phenomenon could be discovered through research (Dignon, Beardsmore, Spain & Kuan, 2006). However, this classical or “objectivist” grounded theory method has been challenged primarily by Charmaz (1990, 2005) who suggests that the role of the researcher cannot be overlooked in the construction of knowledge. Reformulated as constructivist grounded theory, the primary difference between Charmaz’s (2005) approach and Glaser and Strauss’s (1967) approach is that a constructivist perspective views data analysis as a “construction that locates the data in time, place, culture and context but also reflects the researcher’s thinking” (Charmaz, 2005, p. 677). Constructivists pose questions that are more nuanced and include a reflexive stance by the researcher. More simply, this approach recognizes that the data assumes meaning given to it by the researcher as well as the participants. Constructivists also view the method as a means, “rather than an end in itself” as objectivist grounded theorists would (p. 677). Additionally, Charmaz argues that it is the interaction between the researcher and the participant that constructs the data, whereas Glaser believes that significant data will be apparent to the interviewer. Lastly, Charmaz is critical of the technical language employed by Glaser & Strauss (1990, 1998) in that it creates a unnecessary power differential between participant and researcher, continuing the myth of the researcher as the expert.

In summary, my attraction to Charmaz’s reformulation of grounded theory is based on the way it complements feminist research principles. These being that;

- multiple realities exist
- data reflects mutual constructions between the researcher and participants
- the researcher is affected by the participants' world views

How adolescent girls construct meanings pertaining to the physical manifestations of disordered eating fits within the purpose of Charmaz's constructivist grounded theory analysis, namely that of understanding the subjective experience. Her extensive research on chronic illness and how individuals constructed meaning around their symptoms supports the appropriateness of using constructivist grounded theory analysis in this research project (Charmaz, 1973, 1990, 1991a, 1995a, 2000, 2005). Research by Rice (2007) employed a version of constructivist grounded theory when she explored a feminist theory of fat based on body narratives of Canadian women across their lifespan. It is interesting to note that Rice found that the stories she collected were too value-based to fit into the traditional grounded theory methods as defined by Glaser & Strauss's (1967) that she initially planned to use. With this realization, Rice shifted her methodology to "a hybrid" that leaned heavily on Charmaz's (2005) reformulation resulting in a research design involving "the privileging of participants' experiential knowledges, agency, and creativity and the emphasis on contradiction, complexity and theoretical plurality" (p. 160).

A final note of explanation regarding my attraction to Charmaz's (2005) version of grounded theory is a process she terms multiple sequential interviews. As compared to "one shot interviewing," Charmaz argues that the use of multiple sequential interviews "form[s] a stronger basis for creating a nuanced understanding of social process" (p. 682). This alteration of the traditional mode of interviewing supports a fuller understanding of a phenomenon by allowing for "depth, detail and resonance" that is

assumed to eclipse an isolated, time contained interview. This approach parallels the valuing of connection that is central to the theoretical perspective that frames this study.

Reliability and Validity Considerations

How the factors of validity and reliability are addressed is a critical feature when designing a research study (Patton, 2002). While some authors (Lincoln & Guba, 1985; Seale, 1999; Healy & Perry, 2000) argue that the term reliability is a positivistic term and does not fit within the paradigm of qualitative research, preferring to use the use 'dependability,' other authors (Strauss & Corbin, 1990; Golasfshani, 2003) include the term. I have chosen to use the term based upon my earlier argument that artificial binaries constructed between paradigms often prevent either good ideas or constructs from being shared. My decision is supported by the writing of Morse, Barrett, Mayan, Olsen and Spiers (2002) who agree that "reliability and validity remain appropriate concepts for attaining rigor in qualitative research" (p.1). Instead of debating definitional terms between the paradigms, I will instead describe *how* I will incorporate the terms validity and reliability into my research study based upon the guidelines provided by Johnson (1997) and Guba and Lincoln (1981).

In qualitative research, reliability and validity take the form of rigor or trustworthiness (Guba & Lincoln, 1980) with the latter two terms used interchangeably. Padgett (1998) defines rigor as the degree "to which findings are authentic and its interpretations credible" (p. 88). Johnson (1997) offers strategies to promote trustworthiness in qualitative research. Those strategies relevant to my research are listed in Table 1 followed by my means of achieving them.

Table 1: Strategies to Develop Trustworthiness

Strategy (Johnson, 1997)	Description	How I Achieved
extended fieldwork	data collected over an extended period of time	Two focus groups over a four month period with meetings every three weeks. I transferred Charmaz's (2005) approach of multiple sequential interviews to the focus group allowing for a continuous flow of stories.
low inference descriptors	the use of description phrased very closely to the participants' accounts and field notes such as direct quotation	careful attention paid to thematic coding during analysis; quotes from participants are an important part of the research report
triangulation –3 types	cross checking information through the use of multiple procedures of sources	

data triangulation	the use of multiple data sources to understand a phenomenon	audio taped transcripts of group meetings combined with different mediums of artwork and photo voice
theory triangulation	the use of multiple theories to interpret and explain the data	theories of relational cultural theory, attachment theory and postmodern theory as informed by Foucault
researcher triangulation	the use of multiple perspectives in collecting or interpreting	consultation with my Advisor regarding the interpretation of some of the data on a regular basis
member check	feedback and discussion of the researcher's interpretation with the participants for verification	prior to starting each focus group session I shared my interpretations of the previous sessions for comment by the participants
reflexivity	continuous self-awareness and critical self reflection	review and reflection following each focus

	by the researcher	group the use of field notes and consultation with my Advisor I did my own transcription
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Sampling Procedures

Context for Recruitment of the Sample

In April 2005, the Ontario government approved 150 Family Health Teams across the province of Ontario to increase the provision of primary health care. One of the first provincial FHT was the Centre for Family Medicine in Kitchener, Ontario. Staff at the Centre for Family Medicine are committed to delivering services within an interdisciplinary framework in addition to using a patient- centered approach to medicine. This approach represents a diversion from the conventional service delivery style in that the patient-centered approach is cognizant of the power differential that traditionally has been positioned with the physician. In the past, this has functioned as a barrier to understanding and relating to the patient. In addition the model strives to understand the “whole person” by taking into context proximal and distal factors that make up the lived experience of the individual. Social work is regarded as an equal partner in the addressing of client health needs, from assessment to recommendations for intervention to delivery of service. The profession is valued for the wider lens in which issues are viewed and interpreted within the socio- cultural context.

The patient-centered model supports a shifting of values to foster a balance between the “subjective and objective, a bringing together of the mind and body”

(Stewart, Brown & Freeman et al., 2003, p. 6). This innovative approach is highly conducive to the study of eating disorders for several reasons. The etiological disconnect existing between the mind and body that has been reinforced by the historical Cartesian approach to medicine has been well documented (Gilligan & Brown, 1992; Tantillo, 2005; 2006; Lupton, 1995; Burns, 2004; Hesse-Biber, 1996; Levens, 1995). A patient centered model abandons the traditional linear thinking of causation in favor of a cybernetic perspective that acknowledges the influence of culture. Secondly, a relational approach to patients facilitates understanding the “whole person” that encompasses not just the physical well being but listening to the beliefs, values, attitudes and conflicts that hold special importance during certain times in the lifecycle, including that of adolescence. Lastly, the timing of such a model is most advantageous when viewed in the context of the first nationally representative study of eating disorders in the United States being published (there is no equivalent for Canada) that found between 0.6 to 4.5 percent of females will experience an eating disorder during their lifetime (Hudson, Hiripi, Pope, Kessler, 2007). Despite this prevalence over the lifecycle, the researchers also reported that physicians infrequently assess patients for binge eating (Crow et al, 2004) and often fail to recognize bulimia nervosa and binge eating disorder (Johnston et al., 2007). One interpretation of these statistics is the importance of early detection of cues that suggest eating concerns or body image issues.

The Centre for Family Medicine is comprised of 11 family physicians, 19 medical residents, two nurse practitioners, 13 registered nurses, one dietitian, five social workers and other allied health professionals who serve a population of approximately 20,000 individuals within the Region of Waterloo. The Region has a population of 478,000. Of that caseload, 274 are rostered female adolescents between the ages of 11 to 14 years of

age. The sampling frame for this study were female adolescents registered with the Centre for Family Medicine between the ages of 11 and 14 who did not have an eating disorder, as defined by the *DSM-IV*, but either displayed symptoms of disordered eating and/or self identified themselves as having a problematic relationship with food. A total of 42 girls were reported to fit into the criteria of having disordered eating (Appendix A) representing 15.3 % of the girls aged 11 to 14 rostered at the Centre. Further criteria for participation in the focus group are listed below:

- (i) rostered as a patient with the Centre for Family Medicine
- (ii) between the ages of 11 and 14 years
- (iii) weight is within the normal range according to the Body Mass Index
- (iv) does not have a diagnosis for an eating disorder as defined by the *DSM-IV*
- (v) does display feeling(s) or behavior(s) of disordered eating (see Appendix A)
- (vi) referred by a Centre of Family Medicine health professional or self referred
- (vii) has written consent by the parent
- (viii) has consented to the focus group being audio taped
- (ix) English speaking

This type of purposive sampling yielded a fairly representative portrayal of the issue being studied. Based on 1998 Canadian population statistics, Health Canada determined that almost one in every two girls was on a diet or wanted to lose weight. This statistic theoretically narrowed my sampling frame to approximately 137 adolescent girls from which to recruit involvement for two focus groups comprised of six to eight members in each group.

Participant demographics was modeled after a template used by Rice (2007) in her research study of 81 women concerning their body narratives across the lifespan,

specifically in regard to being “fat”. The components from Rice’s study that are relevant include size identity, cultural background, country of birth, and age. I altered the category of “size identity” to body image in keeping with language more congruent to an adolescent population. I also added a question as to the dieting habits by adults the adolescent may live with. This addition is based on two separate studies. The first is a prospective study that for two years followed a cohort of 2,992 British girls between the ages of 16 to 23 years who were dieting (Fairburn, Cooper, Doll & Davies, 2005). The goal of the study was to identify characteristics of the girls who were most at risk of subsequently developing an eating disorder using a brief questionnaire oriented toward risk factors. The researchers found that out of the sampling frame, one hundred and four of the girls who were dieting developed an eating disorder of clinical severity during the two years of follow-up. The second study involved a younger population group of boys and girls ranging in age from eight to thirteen years (Schur, Sanders & Steiner, 2000). Of the total sample size of 62 children, 77 % stated they heard about dieting from a family member in addition to hearing family members mentioning the need to lose weight. A further finding was that dieting was considered to be normal behavior within this younger group. The relevancy of this latter study is that it provides a glimpse into the belief system of the age group that immediately precedes the developmental phase where rates of eating disorders have the highest prevalence (Hudson, Hiripi, Pope, & Kessler, 2007). A copy of the demographic profile can be found in Appendix F.

Recruitment Procedures

The first step in the recruitment process was to organize an information workshop with the various health care professionals at the Centre for Family Medicine. This one hour presentation included family physicians, nurses, therapists, a nurse

practitioner and dietitian. The workshop had the following goals: to acquaint them with the proposed research study, to share the different ways disordered eating can be understood, to provide education about risk factors for disordered eating, and to invite them to assist in the recruitment of participants. A general overview of this research project was given followed by identification of the challenges of undertaking primary research (Mason et al., 2007). Lastly, the criteria by which an adolescent might be thought suitable for the study (Appendix A) as well as the consent form (Appendix D) was communicated to ensure clarity and accuracy of information that was later relayed to parents.

Health care professionals were asked to identify adolescent girls based on behavioral cues that are known to signal early body distress within the context of problematic eating. These cues are what Friedman (1997) refers to as the physical precursors that infer body distress that if left unaddressed can manifest into an eating disorder. These behaviors include dieting, restricting, purging, excessive exercising or following a set of rigid food rules. While all of the mentioned behaviors signify body distress, dieting has been shown in several studies to be the most salient predictive behavior indicative of an eating disorder in adolescent girls (Patton, Selzer, Coffey, Carlin & Wolfe, 1999; Schur, Sanders & Steiner, 2000; Fairburn, Cooper, Doll & Davies, 2005; Hudson, Hiripi, Pope, & Kessler, 2007).

Augmenting the physical cues are the less visible, affective or attitudinal cues that may be couched in language not overtly related to the physical precursors. These include statements about feeling “fat” or “not liking the way I look” or objectifying a specific body part such as “I don’t like my thighs” or “my legs are too big.”

The verbal presentation to health care staff at the Centre for Family Medicine was

combined with a written outline of the criteria for participation so that reference could be made at any time during the research (Appendix A). I also made myself available during the time of the recruitment for consultation and/or questions. It was hoped that this would promote accuracy of information both to the potential participant as well as to foster a sense of collaborative participation within the recruitment stage. A version of the research information was concurrently prepared and posted on the Centre's research website (Appendix B) in addition to a flyer available in the waiting room of the Centre (Appendix C).

When an adolescent agreed to participate, the attending health care professional provided her with an information sheet including the phone number of a confidential voice box created for the purposes of this time limited research (Appendix B). If interested, the adolescent was asked to leave contact numbers on the voice box from which I returned her call to field questions in addition to confirming potential participation. The voice box was created at the Centre for Family Medicine in Kitchener with access restricted to only this researcher. This voice box also functioned as a means of confidential communication during the focus group process. At the completion of the data collection phase the voice box was disbanded with the participants being made aware of this.

Professional and Self-Referral Routes

It is important to explain why both professional and self-identified methods were conjointly used for the purposes of the sampling frame.

Due to the unique nature of family health teams in the province of Ontario, and specifically the Centre for Family Medicine, a range of health workers have the opportunity to establish a long term relationship with an adolescent from multiple

positions at different points in time during the developmental stage of adolescence. These positions provide the advantage of longitudinally observing changes in mood, eating, relationship and attitudes toward the self and body. Upon this baseline, the physical symptoms described earlier that may signify body distress and are precursors to the onset of eating disorders (Friedman, 1997) can also be detected earlier. By committing to the patient-centered model I believed that the staff at the Centre for Family Medicine could provide a supportive context in which to proactively identify adolescents who displayed initial signs of body distress. Also, acknowledging a patient's subjective experience as unspoken knowledge greatly reduces the power differential traditionally existing between the professional and patient. Involvement of the interdisciplinary staff in participant recruitment also reflected a central construct of feminist theory which is the multiplicity of relationships in observing many different facets of an issue within the context of multiple and overlapping relationships (Bricker-Jenkins & Hooyman, 1986; Van Dan Bergh & Cooper, 1986).

This type of recruitment also attested to the changing relational aspect of the physician – patient interaction, a movement referred to as “narrative and health communication” (Harter, Japp & Beck, 2005, p. 1) that is gaining visibility and attests to the shift to understanding illness, or the “lived experience” as opposed to disease (Stewart, Brown & Freeman et al., 2003). The authors argue that “labeling some form of communication as a narrative matters less than how that form of communication viewed as *narrating* provides us with knowledge of the realities people presuppose in defining themselves” (p. 10). Summers (1994) categorized this knowledge as “ontological narratives” because “they define who we are” (p. 618). Health caregivers who are privileged to hear such stories are considered to have “narrative knowledge” of their

patients (Charon, 2001a). A series of studies have explored the importance of narrative knowledge in the caregiver-patient relationship (Charon, Greene & Adelman, 1994; Charon, 1993; 2001a). Charon (2001) advocated for the inclusion of narrative medicine into the clinical sphere, not as a new specialty, but as a “new frame” or lens of practice that can lead to a deeper, more holistic, understanding of the whole person. Similarly, Foss (2002) adds that complex and multifactorial illnesses, including eating disorders, possess an “existential dimension” and have the potential to be better understood if attention is “paid to patients’ suffering, to their emotions, beliefs and relationships” (as cited in Stewart, Brown & Freeman et al., 2003, p. 24).

Cognizant of feminist contributions to the expanding literature that purport that women know their bodies best (Wilkerson, 1998; Russell, 1995; Kearney-Cooke & Isaacs, 2004; Brown, 2007), I included any adolescent who self defined her relationship with food as problematic. My rationale was based on feminist theory that argues that past epistemological inquiry from which much methodology has been derived , is too narrowly defined to capture the essence of female knowledge. Code (1991) writes about the need to reclaim the ‘feminine’ in research methods; she argues that female ways of knowing have been neglected, and the label of knowledge has been traditionally withheld from knowledge constructed by female ways of knowing. I also wanted to avoid what feminist theorists label as ‘false dichotomies and artificial separations’ (Girard, 2000; Lupton, 2003; Burns, 2004) between anorexia and bulimia, instead accepting them as related on the same continuum.

In summary, the two avenues of invitation to participate in this research were professional suggested and self defined. A flyer outlining the research study was made available to each female adolescent who visited her family physician, nurse

practitioner, registered nurse, dietitian during the months of June, July and August 2008 at the Centre for Family Medicine (Appendix C). As well, a description of the research was posted on the Web page of the Centre inviting adolescents to consider participating (Appendix B).

Focus Group and Interactive Interviewing

The phenomenon of eating “disorders” continues to be etiologically perplexing (Garfinkle, 2001; Abraham & Llewellyn-Jones, 2004; Keel & Klump, 2003) because the majority of research methodologies that have been used to study it rest upon premises of extracting information versus understanding experience. Embedded within traditional methodologies of data collection lie the epistemological assumptions associated with the concepts of autonomy and disconnection. These interviewing methods reinforce an individual focus on the phenomenon by having participants talking about “their” restriction, purging, bingeing and eating habits, artificially containing the phenomenon within a narrow physiological and individual as opposed to the larger social–cultural context. By doing so, such techniques ensure that the phenomenon remains a gendered issue. In comparison, feminist researchers advocate for expanding the conceptual lens to replace such questions with those about cultural values and images (Steiner-Adair, 1986; Katzman & Lee, 1997; Padulo & Rees, 2006). I wanted to stretch this expansion further by including questions and opportunities for participants to discuss the concepts of connection and disconnection as well as their experiences of their bodies and messages about female bodies. My goal was to create focus groups based upon interactive interviewing that could function as a methodological *holding place*, similar to Fonagy’s psychoanalytic version of a holding place, to collect the ‘messy’ stories shared by the participants and allow them to be co-constructed over a number of months.

This modification of a focus group called into question the role of myself as the researcher, and what position I would assume over the course of collecting the body talk of the participants. Congruent with female epistemology, it was essential for me to acknowledge my personal and professional agency as a researcher and clinician. While never having had the experience of an eating disorder, I do share the same culture that subjugates the female experience and associates worth with weight and body image. In my attempt to address the hierarchical differences between the participants and myself, I assumed the position of a collaborative interviewer (Gubrium & Holstein, 2003). The prototype of this approach was the interactive interview that takes place in a collaborative, small group setting (Ellis, Kiesinger & Tillmann-Healy, 1997). Ellis interviewed two women together, both of whom had bulimia, over the course of five months for a total of five interviews of a two-hour duration. During the interviewing process, Ellis participated in the small group both as a researcher as well as participant, regularly using self-disclosure to both facilitate discussion as well as contribute to the “intersubjective process to provide a contextual basis for a deeper level of understanding and interpretation” (p. 122).

I believe that this type of data collection was a best-fit model for my research for several reasons. Interactive interviewing purposively creates a continuous space that is free of artificial punctuations such as pre-determined questions or categories that lose the essence of an experience because of parameters that are too narrow, as previously described. Additionally, Hutchinson, Wilson and Wilson (1994) write that creating such a space can be especially meaningful to those populations who may feel “voiceless” or who hold stories that others do not want to hear. This clearly applied to the population I was studying. Furthermore, I suggest that when such stories are forced to ‘fit’ into

autonomous, individually focused methods of collection, such as individual interviews or questionnaires, they become disconnected from other stories and from the larger context, representing a form of deceptive social control as described by Foucault. In this way, I support Gilbert's (1995) argument that such methods represent a second layer of subjugation, further disempowering the storyteller while benefiting the story collector, who is often in the role of researcher.

The second reason has to do with what I mentioned earlier regarding the possible therapeutic benefits associated with this type of interviewing. Langellier (1989) says that sharing of a lived experience "is part of a social process of coping" (p. 264). Ellis, Kiesinger and Tillman-Healy (1997) refine this thought by stating "when research makes a difference in people's lives there is always a therapeutic dimension" (p. 145). These female authors extend this dimension to problematic relationships with food by stating that women, "want to understand emotional and bodily practices such as eating disorders," through the *process* of storytelling, which holds the potential to, "change personal and cultural constructions of these experiences" (p. 145). Lifting individual stories to a group level represents a more powerful form of collective agency against oppressive constructions of women and food.

Finally, the nature of dialogue with adolescents tends to be multi-directional and is characterized by what Ambrose and Yauri (1999) refer to as "disfluences". These interruptions of speech are specific to the stage of early adolescence and include part or single syllable repetition, interjection, abandoned utterances and "prolongations, blocks and broken words" (as cited in Regina Furquim de Andrade & de Oliveira Martin, 2007, p. 172). In other words, the speech of adolescents has its own unique rhythm that can be lost in traditional forms of data collection.

This type of interviewing was also complementary to the research design of a constructivist grounded theory as reformulated by Charmaz (2005) from traditional grounded theory. Charmaz (2005) says that the interviewer “must remain active in the interview and alert for interesting leads” while “shaping questions to obtain rich material and simultaneously avoiding preconceived concepts” (p. 681).

Multiple Data Collection Modes – Rationale and Description

Once enough participants were referred to form two focus groups of six to eight adolescents each, I met with the group and their parents to once again review the study, its purpose, possible concerns and time commitment. The age of the participants required signature by a parent for their daughter to participate in the focus group. Consent forms (Appendix D) were reviewed, explained and collected at this time. Several of the parents preferred a phone interview. In these cases a consent form was signed at the time of the first focus group.

Once the initial issue of consent had been addressed, a time and meeting place was negotiated with the group along with discussing reimbursement. Travel vouchers in the form of bus tickets were supplied to all of the participants as well as a small monetary amount for participating in the amount of five dollars per meeting. As well, drinks and snacks were provided during each focus group that accommodated food preferences and restrictions. Water and juice were available throughout the group in a self-serve manner. During our break I would place both cut up fruit as well as muffins or brownies on a nearby counter for the girls to select what they wished. The group met every three weeks for approximately 3.5 hours over the course of four months at the same location.

Based on a study by Hutchinson, Wilson and Wilson (1994) that demonstrated the

benefits of participating in research interviews, I used self disclosure in a selective and contained manner to foster inclusivity and mutuality. Such statements included personal opinions on a popular reality show that showcases competition between young women to achieve an unrealistic body image. I also offered comments of agreement after a participant described an experience or expressed a feeling that was consistent with my belief system. It was not possible to predict all such statements as the dialogue expressed by the girls determined what comment was relevant or appropriate.

Hutchinson, Wilson and Wilson support this lack of interviewer predictability noting that spontaneity of comment reflects the natural “act of interviewing, with the rhythms of speaking, listening and responding” that “promotes a connection between interviewer and interviewee” (p. 162). At the same time, I was mindful not to forward a leading question or value based comment that may have influenced the direction of the discussion.

The described process was also congruent with the feminist research principles of empowerment and attention to process in addition to fostering a safe place to express difference. Misher (1986) proposes that when interviewing is empowering, individuals are more likely to “speak in their own voice” (p. 119). He also suggests that when the balance of power is shifted, interviewing practices can empower participants to construct narrative accounts instead of just answering a series of predetermined questions and responding categories. Lastly, to foster a flattened hierarchy of power, Munhall (1988) suggests assessing the participants’ consent throughout the interviewing process rather than solely relying on traditional consent forms. She makes the distinction between informed consent and process consent with the latter one defined as “continually informing and asking permission to go on in an ethical manner” (p. 157). I transferred

Munhall's point to the Relational Cultural Theory principles guiding my research by being mindful of trying to avoid replicating the concept of disconnection within and between participants, or between the participants and myself. I therefore offered to the group the idea of having a check-in at the beginning of each meeting during the four-month process, during which time I asked the participants to speak about how they were feeling about the process. During this time the girls also checked in with each other as to what had occurred in their lives between the focus groups or just to get re-connected with each other after the three- week break.

Open ended questions that incorporated the concepts outlined in Table 2 (pg. 68) were used to start dialogue at the beginning of the meetings. A meaning of the concept based upon the literature (Pearson et al; 1998; Lang-Takac & Osterweil, 1992) was offered to group members as a starting point for discussion, realizing that the meanings could change or shift during the collaborative interviewing process. For example, after the check in and member check, I would introduce a concept, such as Connection, and ask the girls to define and describe the concept using their own words. I would position the concept in questions like, "When you hear the word connection, what does it mean to you? How would you describe it? What kind of things do you think about?" A hand held digital recorder was passed around the group, following no particular order, until the girls determined there was no more to say about the concept of connection. Posing open ended questions based upon their responses shaped our conversations, leading the discussion to places that were assumed meaningful for the girls. In this way, the girls established the pace of our conversations. Cognizant of these spaces, I would wait until a space became available to introduce a new question for discussion. This sensing of pacing and placing appeared to establish a comfortable rhythm

for the girls based upon the flow of the dialogue for the majority of the groups.

The facilitation of the focus groups followed the same format for the younger and older girls. I would begin the discussion by asking the girls to provide a definition of a concept outlined in Table 2 (p. 68) followed by what meaning(s) they associated with that concept. Following this format a total of 10 concepts were covered in 5 focus groups. No new concepts were introduced in the sixth group where the girls met each other. The concepts discussed were Autonomy, Dieting and Body Narratives, Disconnection and Separation, Connection and Care Elicitation, Restriction and Disordered Eating and Mutuality.

Augmenting the verbal collection of data was the solicitation of drawings done in a variety of mediums such as paint, charcoal and pencil as well as clay-work from the participants. The use of photo-voice was also employed for several concurrent reasons aside from the standpoint that voice is not always verbal. Pink (2001) borrows from Foucault the concept of the gaze and suggests photos are a medium in which to study the gendered gaze from the lens of the camera. The content of the pictures might therefore record understandings or experiences of this particular time in their adolescent lives. Pink (2001) refers to this as a 'cultural inventory' meaning that such pictures have aspects of fixed symbolic meanings of one's lived environment.

Introducing the method of photo-voice to the girls was during the first group where disposable cameras I had purchased were handed out. I explained how to use the camera, ethics concerning the consent of picture taking and how using the camera fit into the data collection. I brought bags of stickers to each focus group so that the girls could 'personalize' their camera. As the cameras were disposable, versus digital, the girls were not able to 'show' their pictures during the data collection timeframe. In lieu of this,

I asked those girls who did take pictures between the three week intervals to describe their picture and how they associated it with the concept discussed earlier. This was done during the artwork section of each group. Although digital cameras would have allowed for the pictures to be viewed throughout the data collection process, I did not want to assume that all of the girls either owned a camera or had access to one.

The drawings, sculpture and photography represented a form of data triangulation and were considered to be a valuable source of information and a “rich method of communication where language does not interfere” reflecting a goal of qualitative research (Hinz, 2006, p. 9). To have attempted to collect this chorus of voices using a single data collection modality would have risked further silencing the most vulnerable of these girls. Unlike the spoken word, Grosz (1993) writes that the body is an “unacknowledged or an inadequately acknowledged condition of knowledges” and is the locus of lived experiences (p 188).

Incorporating artwork into my data collection methods acknowledged the multiple sources of voice, but more importantly, recognized what Code (1991) referred to as different “forms of knowledge” specific to females. Artwork and photo voice also represents metonymic spaces, defined by Olausson and Bondas (2009) as the “unsayable,” meaning “that which we cannot say for cultural or social reasons.” Talking about issues that are constructed as “feminine” have historically been relegated to the periphery as being unimportant. Alternatively, talking about issues that are considered “unfeminine,” such as anger or competition, attract judgment. Research by Levens (1995) on understanding the construction of eating disorders through artwork was particularly relevant to incorporate for several reasons. Levens (1995) reflects the feminist ideology that anorexia and bulimia are not separate entities but represent a continuum of response to cultural norms projected onto females. Secondly, her epistemological stance

mirrors the complexity of this phenomenon by drawing upon the fields of psychoanalysis, anthropology, religion, mythology and literature. Lastly, Levens argues that language has often been abusive in the lives of young women, who may feel that they have “no voice” (p. 25) and that “split off parts of the self” are largely inaccessible to words alone (p. 30). She argues that art therapy therefore offers an “alternative language” that circumvent words that “get in the way of communication” (p. xi). While Levens employs a variety of interpretative methods regarding analysis, she predominately incorporates the metaphoric meanings emerging from the drawings to more fully understand their internal struggles. Similar to Levens, I used the drawings from the participants to augment our verbal discussions. While not a trained art therapist, I do have clinical and research experience in using drawings to more fully understand the experience of the adolescent with an eating disorder.

Upon gaining written consent by both the participants and their parents, I audio taped the group meetings using a hand held digital recorder. Verbal transcripts were transcribed only by myself and coded both by hand and with NVIVO8 software. I summarized the core themes that arose during each group meeting and shared them with the participants the next time we met. The girls were asked if my understanding(s) were consistent with their described experiences and were encouraged to revise or elaborate on my summary. This member checking process was systematically done throughout the data collection process serving as a continuous member check contributing to the rigor and trustworthiness of the findings. Outcome of the overall analysis of the data was also shared with the girls for the same reason during the joint meeting between the two groups. To remain inclusive to the process in its entirety, as well as to be transparent, I also asked permission from group participants to share the aggregated

outcomes with members of the interdisciplinary team who participated in the recruitment. However, pseudonyms replaced actual names and nothing that would identify the individual participants was shared with the interdisciplinary team. Pseudonyms were chosen by doing a Google search of girls' names in a year other than the birth years of the participants. I felt that this technique would reduce personal bias.

Working Definitions of Concepts

For purposes of clarity and transparency, I will define the concepts that I used and their meanings according to the literature. I initially planned to use these definitions to understand the meanings the girls associated to the theoretical definitions or attach to their lived experiences. However, I was cognizant that these meanings could have changed based how the participants constructed meaning during the process of the research.

Table 2: Definition of Concepts and Questions to Guide the Focus Group Discussions and Data Analysis

Concept	Working definition	How I found out about the concept
Autonomy	independence, self reliance self sufficiency (Steiner-Adair, 1986; Friedman, 1997) valorized within dominant culture	Do the participants talk about being expected to be independent, less needy or "in control" How do they understand messages about independence?

Body stories	body stories or what Brown (2007) refers to as “body talk” is defined as stories that become submerged during the developmental transition of adolescence when dominant scripts of autonomy and independence gain prominence.	<p>Do the participants talk about feelings or experiences that are not shared with anyone?</p> <p>What do they do with these feelings and experiences?</p> <p>Do they consider these feelings and experiences important?</p>
Care eliciting behaviors	Henderson (1974) proposed that Bowlby’s proximity-seeking behaviors could be extended to include maladaptive behaviors that function to elicit caregiver closer	<p>Do the participants talk about behaviors that they are aware of that serve to increase parental attention or care?</p> <p>When did these behaviors start?</p> <p>Do they believe that parents feel closer to them at this time or do they feel closer to their parents?</p>

Connection	interdependence, a feeling of emotional intimacy, interrelatedness	Do the participants receive messages from anyone about how to feel close to significant others?
Dieting	restriction of caloric intake toward the goal of attaining a certain body image	Do the participants talk about dieting? Why is dieting important? How has dieting changed who they are?
Disordered eating	a range of forms of unhealthy eating that are on the same continuum as eating disorders	How do the girls describe their relationship with food?
Disconnection	a term in relational cultural literature that refers to the inauthentic experience of dominant or andocentric values and beliefs by females dictated by culture	Do the girls feel not heard or not understood by significant others? What do they do with these feelings? How do the girls describe their relationship with their bodies?

Mutuality	a concept central to relational cultural theory – the ability to simultaneously experience the feelings of another person and to know one’s own different feelings and thoughts (Miller, 1986) in order to foster mutual growth - it does not mean equality (Jordon, Walker, Hartling, 2007, p.3)	<p>Do the participants talk about knowing how each other feels?</p> <p>Are they able to express feelings that are different from others?</p> <p>Do they demonstrate empathy for one another or for others in their lives?</p>
Separateness	psychological separateness was seen by human development theories as a developmental benchmark for healthy adolescent development – Stone Center theorists challenged this benchmark as being inauthentic to how females develop	<p>Do the participants talk about experiencing a need to separate themselves psychologically from others or to build boundaries between themselves and others?</p> <p>Do they talk about trying to stop themselves from being unduly influenced by parents or others?</p>
Restriction	a continuum of reduction of	Do the participants describe

	caloric intake	a continuum or a range of behaviors in terms of attempts to reduce caloric intake?
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Method of Data Analysis

Congruency with constructivist grounded theory analysis as described by Charmaz (2005) and Creswell (1998; 2007) meant concurrently analyzing the data as I collected it as compared to a separate analysis stage. Although there exists some variance regarding first steps, (Charmaz, 2005; Glaser & Strauss, 1967; Creswell, 2007) there is agreement that coding represents the first analytic step. However, the differences between the two schools begin to diverge at this point.

To employ grounded theory as a methodology means to acknowledge “the prism of one’s disciplinary assumptions and theoretical perspectives” (van den Hoonaard, 1997). Referred to in the literature as employing “sensitizing concepts” that inform empirical inquiry, this aspect of data analysis is dealt with differently by the objectivist versus the constructivist perspective. Grounded theorists use sensitizing concepts to begin coding data but it is done so implicitly. Constructivist grounded theory requires the researcher to be reflexive about the constructions and to be explicit about the assumptions that guide or inform their inquiry. Charmaz (2005) argues that by making the sensitizing concepts explicit, the researcher can determine to what extent these concepts obscure or “crystallize” their interpretations of the data. From a broader analytic context, being explicit further defines what is happening in the data. Transferring this concept over to my research means that I acknowledged my theoretical interests

regarding the intersections of social-cultural influences, the individual and the dominant discourse that pathologizes women.

I analyzed the emerging data as guided by Charmaz's (2005) approach using initial or open coding and selective or focused coding both of which will be discussed in more detail in Chapter six. The traditional stage of axial coding is not employed by Charmaz's (2005) constructivist approach. In axial coding the researcher 'refratures' the data once again using a coding paradigm or logic diagram (Creswell, 2007). This step is undertaken by the researcher alone without collaborating or co-constructing with the participant(s). Charmaz's rationale for excluding Glaser and Strauss (1967) stage of axial coding is that it places unnecessary technical language through which a power differential is erected between participant and researcher, echoing earlier positivist underpinnings of the researcher as expert. I have included it to highlight that I am aware of the exclusion in the constructivist approach and agree with the underlying rationale, and as such did not use it.

Timeframe of Study

The timeframe of this study is provided to illustrate transparency of process and the attention given to the systematic inclusion of member checking throughout the entire data collection process as compared to the traditional approach that occurs at the end of the study.

The timeframe extended over six months from June to December 2008. Recruitment was ongoing over the summer months with the first of the six focus groups starting in September, 2008. As mentioned the groups met every three weeks usually on a Saturday, with the 11 and 12 year old girls meeting in the morning followed by the 13 and 14 year old girls in the afternoon. The groups followed the same format beginning with a check-in, member check of my interpretation of the preceding discussion,

introduction of the concept, discussion and then a snack break. Following the snack break we would resume discussion for a short time and then move over to the artwork table. Both groups of girls expressed a wish to meet the other, and so to accommodate this request a modification was done to the original ethics application. This joint meeting assumed a somewhat different format in that the girls asked to participate in the planning. As a result, we played several games they organized that are discussed later in Chapter Nine. At the end of the 6 months the voice box created for this study was dismantled with the girls' awareness. A more detailed chronological outline can be found in Appendix G.

CHAPTER FOUR – FINDINGS FROM THE FOCUS GROUPS FOR 11 AND 12 YEAR OLD GIRLS

This chapter will begin by sharing an aggregated demographic profile of the 11 and 12 year old girls who participated in one of the two focus groups followed by brief individual profiles. The findings of the five focus groups are then presented according to the concept discussed, as in; Autonomy, Dieting and Body Stories, Connection and Care Eliciting, Disconnection and Separateness and lastly, Mutuality.

Aggregated Demographic Profile of Group A

A total of 42 girls were identified by the physicians and nurse practitioner (using the criteria of disordered eating found in Appendix A) and referred to the research study. A phone call to the identified girls resulted in eight preliminary interviews to personally review the research study with each girl and her parent in more detail, answer questions and provide a copy of the informed consent to be read over prior to the beginning of the focus group. Each interview was conducted at a location of their choice and lasted approximately 15 to 30 minutes. Of these eight girls, four were 11 years old and four were 12 years of age and seven were in either grade six or seven. One girl was in grade eight. A demographic questionnaire was distributed after the second focus group that focused on dieting and body narratives during break time. One of the 11 year old girls dropped out after the first focus group so demographic information was limited to what was discussed during the first group and break.

Table 3: Aggregated Attributes of Participants 11 and 12 Year Old Girls

Attribute	11 year old	12 year old
Ethnic Background	Canadian (Elizabeth) Canadian (Grace) Canadian (Mary) Canadian (Ashley)	Italian Canadian (Jane) South Asian Canadian (Maria) English (Sarah) Canadian (Emily)

Family Constellation	<p>mother, father, sister</p> <p>mother, brother, grandmother</p> <p>mother, father, brother</p> <p>aunt and uncle</p>	<p>mother, father, twin brother</p> <p>mother, father, sister</p> <p>maternal grandparents</p> <p>mother, father, grandmother</p>
Dieting within Household	<p>no</p> <p>no</p> <p>everyone</p> <p>aunt</p>	<p>parents</p> <p>no</p> <p>grandmother</p> <p>mother and best friend</p>
Bullied	<p>yes</p> <p>yes – had to change schools</p> <p>yes</p> <p>did not answer</p>	<p>yes</p> <p>no</p> <p>no response</p> <p>yes - had to change schools</p>
Competitive Sports	<p>dancing</p> <p>none</p> <p>hockey</p> <p>did not answer</p>	<p>bowling and volleyball</p> <p>no</p> <p>bowling</p> <p>hockey (2 leagues) volleyball</p>
Self Described Body Image	<p>“average with big feet”</p> <p>“to be honest – I’m a total nerd at school -I just want to be cooler – like a goth or a punk, not just a wanna be!”</p> <p>“I want to change my body – my stomach”</p> <p>did not answer</p>	<p>“skinny, small, figuary especially cute”</p> <p>“skinny, nerdy”</p> <p>“good”</p> <p>“normal, very very tall”</p>

Demographic Attributes of the Girls

Ethnic Background

The girls were generally confused by this term and asked for clarification of the word “ethnic.” An alternative way of posing the question might have been to ask their country of birth and that of their parents. Of the seven girls who remained in the research group, five were born in Canada as were their parents. One of participant’s family emigrated from India when she was a small child and the other family was Italian, with the parents being born in Italy.

Family Constellation

Greater diversity existed with regard to who constituted the participant’s family. There was a split between girls whose families represented the traditional constellation of a biological mother, father and siblings with those whose family members included non parents. One girl lived with her biological mother, brother and grandmother, another with her parents and maternal grandmother. Two of the girls were living in custodial relationships with an aunt and uncle and maternal grandparents respectively. The custodial relationship with the aunt and uncle was the result of the biological mother being incarcerated and the father having abandoned his parenting duties. The girl living with her grandparents had done so since the age of three and had very infrequent contact with her mother who lives in a large metropolitan city. She had no contact with her father.

Dieting within Household

Of the eight girls in the group, five had family members who lived with them and were reported to be either on a diet or dieted on a regular basis as in “my mom is always on a diet.” In one family, both parents were dieting. Two of the girls were quite emphatic in their responses that no one in their family was dieting or had dieted.

Bullying

This was not a question asked on the demographic questionnaire but surfaced during one of the focus groups and consumed a considerable amount of time. Of the seven girls present during this discussion, five reported being bullied with two experiencing bullying to the degree where a change in school was necessary. One of the girls present during this discussion remained silent.

Competitive Sports

This was another question that was not asked on the demographic questionnaire but resulted from discussion the girls initiated. Of the seven girls who participated in the focus group, five were enrolled in competitive league sports such as hockey, bowling and dance. One 12 year-old girl played on two hockey teams, one of which was a select league, in addition to a volleyball team. It was not unusual for her to have a practice both before and after the focus group. The girl who danced had rehearsal two nights of the week and one during the weekend not counting the actual dance competitions. The girls would frequently discuss their feelings of participating in competitive sports during check in and snack breaks.

Self Described Body Image

Of the seven girls who responded to this question, two described themselves as “skinny”, two suggested that they would like to change, and the remaining three used words like “average, normal and good.” Only one of the seven girls used a descriptive word that could be considered positive, as in “especially cute” while the other descriptive words ranged from being neutral “very, very tall” to negative “nerdy, big feet, a wanna be” The last term is especially interesting as it infers an awareness that a sense of authenticity is absent, that a pseudo self is being projected, and the space between the two is disliked.

Individual Case Profiles of the Girls

To fully appreciate the context and culture of the girls who participated in the research study, a brief profile of each girl in the focus group will be now be given.

Case Profile – Maria

Maria is a 12 year old South Asian Canadian who lives with her mother and father and an older sister who is in first year university. She attended 4 out of 5 groups and missed one because the doors had already been locked. Maria represented a difference in the group for several reasons. Out of 8 girls, she is one of 3 who reported not having any members in her family who diet. Similarly, out of 7 girls who reported being bullied, she is one of 2 who were not (the other girl gave no response). Lastly, only Maria and another girl are not involved in any organized sports. She described her body image as “skinny and nerdy.”

Both Maria and her mother actively participated in the interview prior to the research process. Her mother spoke highly of her daughter’s accomplishments in the roles of a sister and daughter and of the importance of family. They sat close to each other with frequent eye contact.

Maria smiled easily and exuberated a feeling of confidence and warmth. She would enter the room and sit usually in the same chair without making overt efforts to sit beside any one girl in particular. She dressed neatly and appeared to take pride in the clothing she chose for herself.

While Maria participated in all of the focus groups she attended, she participated quantitatively more in the connection, dieting and mutuality groups and less in the autonomy group. She made 42 separate comments in total with the least amount, namely six comments, within the Autonomy group.

Case Profile – Jane

Jane is a 12 year old girl of Italian Canadian background who lives with her mother and father and a brother. She attended three out of five groups. Prior notice of her absences was never given although an explanation was given after the fact. Both of her parents dieted on a regular basis. Jane reported being bullied for what she believed to be her lack of brand named clothes that changed when her mother won a lottery. She participated in both a girls' volleyball team and a bowling league. Jane described her body image as "skinny, small, figuary and especially cute."

Jane alternated between 'dressing up' and 'dressing down' for the focus groups. The first group she wore makeup, jewelry and accentuating clothing that was absent at the second group. While Jane appeared to enter the focus group with no predetermined seating plan, she positioned herself beside Sarah for the three focus group meetings. She usually arrived just slightly past the starting time and was one of the last girls to leave.

Jane contributed 20 references within the three groups she attended, which were Autonomy, Disconnection and Dieting, Body Narratives and Voice. She did not know what the word dependence meant but assumed it was to be avoided because of how her teachers incorporated the word into their language, as in stressing the importance of working "independently." The majority of her comments related to her experiences of not being understood in the context of her friendships.

Case Profile – Emily

Emily is a 12 year old Canadian girl who lives with her mother and father and maternal grandmother in a suburban neighborhood. She attended three out of five groups missing the other two because of playing out of town hockey tournaments. At Emily's request, the girls agreed to reschedule a focus group meeting so that Emily was able to attend. Both her mother and her mother's best friend diet. Out of the seven girls who reported being bullied, Emily is one of two girls whose experiences were so severe that it necessitated her being removed from the school.

Competitive sports structured Emily's week to the degree where she lamented to the other girls that she had little spare time to just do nothing. Her schedule included playing with a child being fostered by her grandmother. Emily appeared fatigued and listless coming into the groups, often yawning, placing her head on top of the desk. Emily described her body image as "normal and very, very tall."

Emily was a tall girl whom I observed as being fatigued and serious in mood; she often spoke in a wistful way reminiscing about the past with few references regarding the future. She was always casually attired and appeared to take no great efforts in the assemblance of her clothing. She arrived on time for two groups and was slightly late for the third group. A parent was usually waiting for her in the adjacent room ready to transfer Emily to another activity.

Emily came to the Autonomy, Disconnection and Mutuality groups and made significant content contributions to these discussions. Of the five girls in attendance for the Mutuality group, half or 51.70 % of the comments were made by Emily.

Case Profile -Ashley

Ashley is an 11 year old Canadian girl who lives with her maternal aunt and uncle who have temporary custody. I spoke to both Ashley and her aunt on the phone, with both expressing an interest in her participating. At the first focus group meeting Ashley's aunt introduced herself to me with Ashley standing beside her. She informed me that Ashley was living with her and her husband because Ashley's mother was in a substance treatment program. At this point in the conversation I suggested that Ashley join the other girls in an adjacent room. The aunt proceeded to provide an explanation of her involvement over the years with her niece; Ashley had lived on and off with her mother who struggled with addiction. Ashley's father had been absent in her life for many years.

Ashley entered the group cautiously after surveying the rest of the girls and struggled to maintain direct eye contact. She did not remove her jacket throughout the morning. She appeared guarded in both her comments and physical presence.

During the three hours of the first focus group on the topic of Autonomy Ashley offered three statements with two devoted to explaining her artwork. The one statement she made was a response to a question about independence to which she replied “I’m thinking about it.”

Ashley did not show up for the second focus group and I placed a phone call to her home the following week. I received differing accounts from her aunt and uncle as to the reasons she had decided not to return, including her discomfort of retelling her story concerning her mother. This comment was interesting because understanding the importance of establishing safety within a group, and in particular with this group, I deliberately did not pose any questions to the girls relating to their family of origin during the first meeting. I later sent Ashley a letter thanking her for coming to the first focus group and inviting her to return should she wish to in the future as well suggesting that she keep the camera and encouraging her to enjoy it.

Case Profile – Grace

Grace is a 11 year old Canadian girl who lives with her mother, brother and maternal grandmother in a downtown housing complex. She attended all five groups often coming early and appearing reluctant to leave. She reported that no one in her household dieted although during one of the discussions she disclosed that she was once “fat” and then lost weight. Out of the seven girls who reported being bullied, Grace is one of two girls whose experiences were so severe that it necessitated her being removed from the school. She was in no organized sports. She described her body image in the following way, “to be honest – I’m a total nerd at school -I just want to be cooler – like a goth or a punk, not just a wanna be!”

She described her look as “punk goth” which translated to army fatigues, pink socks, running shoes with skeletons painted on them, fingerless gloves and a black T shirt. Grace’s vivacious presentation set her apart immediately. Her early arrival assured her a seat beside me most of the time. Departing at the end of group involved a lengthy

process of chatting, hugging and offers of assistance.

Grace participated in all five groups, making the most contributions in the groups discussing Disconnection and Mutuality. In the latter group her comments made up 24.04 % of the entire transcript.

Case Profile – Elizabeth

Elizabeth is an 11 year old Canadian girl who lives with her mother and father and sister in a co-operative housing complex. She attended all five of the focus groups. Elizabeth was home schooled during her primary years and transitioned to public school a few years ago. She stated that no one in her family dieted and that her family consumed mostly organic foods following a fairly regimented meal plan. Elizabeth reported being bullied for reasons she thought had to do with not fitting into the same norms as her peers, such as watching popular television shows or being aware of teen entertainment stars. Competitive dance played an important role in her life outside of school and she often had rehearsals either before or after the focus group. She described her body image as “average with big feet”.

Elizabeth was quite tall and dressed neatly but in a non descriptive way. She entered the group poised and reserved. Her physicality was contained meaning that her body movements were minimal and there was an acute awareness of boundaries marking her personal space. For example, in the first focus group Elizabeth offered four statements or 4.3% of the total transcript.

Case Profile – Mary

Mary is an 11 year old Canadian girl who lives with her mother, father and older brother. She attended four of the focus groups being ill for the third group on Disconnection. Mary stated that everyone in her family had and were currently dieting. She reported being bullied at school citing one incident where she was pushed off her bicycle and scraped her leg. Mary played goalie for a select team and was recognized by

Emily for this role. Mary regularly wore make up to the group, clothing that accentuated her physical development and described herself as a “girly girl.” Her written response to describing her body image was “I want to change my body – my stomach.”

Upon entering the room Mary was always warmly greeted by the other girls who enjoyed her presence and comical stories. Her mother picked up Mary after the meetings and she routinely thanked me upon departing, was pleasant and cued to when her mother was ready to leave the room.

Mary’s comments consumed the second highest amount of space within the transcriptions, most notably in the focus group on dieting where her response accounted for 39% of the text.

Case Profile – Sarah

Sarah is a 12 year old English Canadian girl who lives with maternal grandparents and her sister who is a year older in an apartment building. Her sister attended Group B for the 13 and 14 year old participants. Both girls were born in the Maritimes and were placed in the custody of their grandparents when Sarah was three years of age. She attended four out of five groups and missed one because she did not have a ride to the group. Within her household, her grandmother is reported to be on a diet. Sarah bowls in a competitive league along with her sister. During the discussion in which the girls disclosed that they all had been bullied, Sarah was the sole girl who refrained and said nothing. She wrote that she considered her body image to be “good.”

Out of four focus groups Sarah attended she made only four statements, three of which were the response “I don’t know.” Her comments tallied a total of 3.6 % of four group transcriptions, mostly due to her explanations of her artwork.

It was not unusual for her grandmother to drop her off early, in one case 35 minutes before the starting time. This proved to be an awkward time for Sarah who appeared ill at ease and unsure what to do. In anticipation of this pattern, I began to

come prepared with tasks I would have Sarah do such as cutting out name tags or organize the desks. Out of the four groups Sarah attended, her grandmother asked Sarah to request from me a drive home two of those times. This was hard for her to do, and the request was negotiated by me asking the question after it became evident that a ride was not coming.

Presentation of Findings According to Concept Addressed in Focus Groups

The findings from the five focus groups will be presented according to the concept discussed, followed by the artwork done during the group and photo voice done during the three weeks between groups. Each focus group was started by introducing a concept using the same template; “When you hear the word (ie. Autonomy) what does it mean to you? How would you describe it? What kind of things do you think about?”

Findings from the Discussion on Autonomy

The concept of autonomy was the first concept to be introduced to the girls. The girls began this first discussion by searching for a definition. Many of their definitions revolved around the word ‘independence’ as in the following comments, “It means like to work alone and to be by yourself,” and “You don’t have anyone to help you,” or “Having to push yourself to do things alone.” The girls moved their definition of “being alone” to a temporal context, as “when does the experience of independence occur?” They positioned the definition in the process of growing older. Their comments included, “When you get a little bit older your parents can’t help you with stuff anymore so you just have to get by on your own.” Another context in which the girls positioned the word independence was that of decision making and responsibility with group consensus being, “It has ups and downs.” They discussed an advantage to being independent as “having more things to decide about.”

Several of the girls spoke of the burden associated with responsibilities that came with decision making. They expressed feeling “not ready” to assume responsibility as in, “you can’t force independence and you can’t force responsibility.” These two processes were also positioned within a temporal context, as in, “It’s something that comes naturally over time when you’re ready.” The dimension of time was further expanded to that of ownership. The girls talked about how the external timing of others interfered with their internal sense of timing, as in, “For someone to say ‘well you just hit puberty so you’re supposed to be independent now, so go,’ it’s not really fair.” This feeling appeared to be shared by several of the girls with another one stating, “They say, “Oh, you should be responsible too,” and I feel like saying, “I’m not ready just yet and I’m going to wait until I get a little bit older.”

The girls moved the discussion of independence into a space of how they perceived boys and responsibility. Their discussion centered on the differences between the sexes when it came to responsibility. Several of the girls stated that boys escaped responsibility because, “boys always fool around and take everything as a joke,” as compared to girls who, “are very serious,” resulting in people not having the same expectations of boys as they do of girls. The girls talked about society having the same rules for boys and girls, but that boys were given permission to interpret the rules differently. One opinion was, “I think that all the rules are the same, it’s just that boys take them differently than girls do.” This opinion was extended to a group discussion as to possible reasons. One explanation was that, “people expect us to be more independent and responsible at our age because apparently we’re growing up, but they expect boys to be responsible at an older age.”

When the girls appeared to be finished with the discussion on independence, I

nudged the discussion over to the girls' understanding of the word dependence. I posed the following question to the group; "So you have talked about independence and it sounds like you linked it to responsibility. When you hear the word dependence, what does that mean? How does that feel to you? Do you see it as opposite or do you see it as something in-between?" Responses provided by the girls regarding dependence held greater diversity than their previous responses on the concept of independence. Several of the girls did not know what the word meant but assumed it was negative because of the context they had heard a teacher use it in. The example given was, "So sometimes you want to put up your hand and ask some questions, and the teacher will say, "ok, you have to work independently, like that." Other responses suggested that the experience of being dependent was uncomfortable; "It kind of upsets me, because you can't always depend on people to help you," to feeling blamed, "It shouldn't be your fault if you don't know how to do some things." Feeling uncomfortable when being dependent appeared to resonate with several of the girls who added their opinions. One girl said, "Like I don't depend on people because if I say, "oh yea let's do that?" Then they never call back, (pause 3 seconds) so, then why depend? Like you never know." Being dependent was also discussed by the girls' as it related to a lack of freedom and rights, "If you're depending you don't have as much freedom, and um (pause) you don't have as many rights because you don't have as many decisions to make for yourself, yea."

The next question I asked the girls was what it felt like to be at their current age of 11 and 12 years. Initially the discussion began with the girls sharing some of their experiences of being in middle school, along the lines of friendships changing. Their conversations however, quickly turned to expressing worries about growing older. One 12 year old girl stated, "When I turned 10 I was really sad because I know I'd

never be a single digit again, and when I turn 13 I'm also going to be sad because then I'm never going to be a kid again." This sentiment was echoed with other similar statements such as, "It's almost like you want to stay where you are right now because you're not ready to grow up yet...so...it's kind of scary." One girl simply said, "I want to take it (*growing up*) slow." I followed up with a probe at this time to see if there was anything in particular they wanted to slow down.

A new topic emerged at this point that carried the rest of the focus group discussion into the artwork- that of physical development. The girls appeared ready to share their stories, the majority of which held examples of when they felt embarrassed or ashamed about developing breasts. Several of the stories told centered on ways in which they responded to the staring and explicit sexual remarks made by boys. One girl shared, "The guys are just kind of staring and acting retarded, saying, "Oh you grew something over the summer, so I went into the washroom and just kind of stayed there for a little while and then I came out and I put my sweater on." Another girl summed up her experiences surrounding physical changes by saying, "It's pretty uncomfortable being a girl," which elicited several nodding heads in agreement.

I waited for the discussion to end before the girls and I transferred over to a table where I had laid out water colour paper, paint and brushes. I asked the girls to paint how they envisioned the themes of independence and dependence. After approximately 20 minutes I handed the digital recorder around for the girls to describe their drawings to the group.

Findings Resulting from the Artwork and Photo Voice

Several examples of the paintings will now be presented with a description provided by the individual girl. Following the artwork are the photo voice pictures.

Criteria on which the painting or photo voice were selected were; pictures that were congruent with the verbal description given of the concept, pictures that appeared to differ from the verbal description given of the concept, and lastly, pictures or photographs that displayed content that was not discussed by the group.



Figure 1: "This is Emily. I painted a bird because birds are independent and dependent on their moms, like when birds are born they are given food and taught how to fly and then three months later they are independent and fly away. But being independent isn't something that starts at exactly 90 days, like if the babies aren't ready by three months the mom isn't like, "oops it's exactly 90 days and I'm leaving now."



Figure 2: "Ok, this is Elizabeth, and I painted a tree because (clears throat) a tree is dependent on the soil around it and the tree is also dependent on the leaves and the leaves are dependent on the sunlight to get food and so if the tree doesn't have any leaves it basically dies."

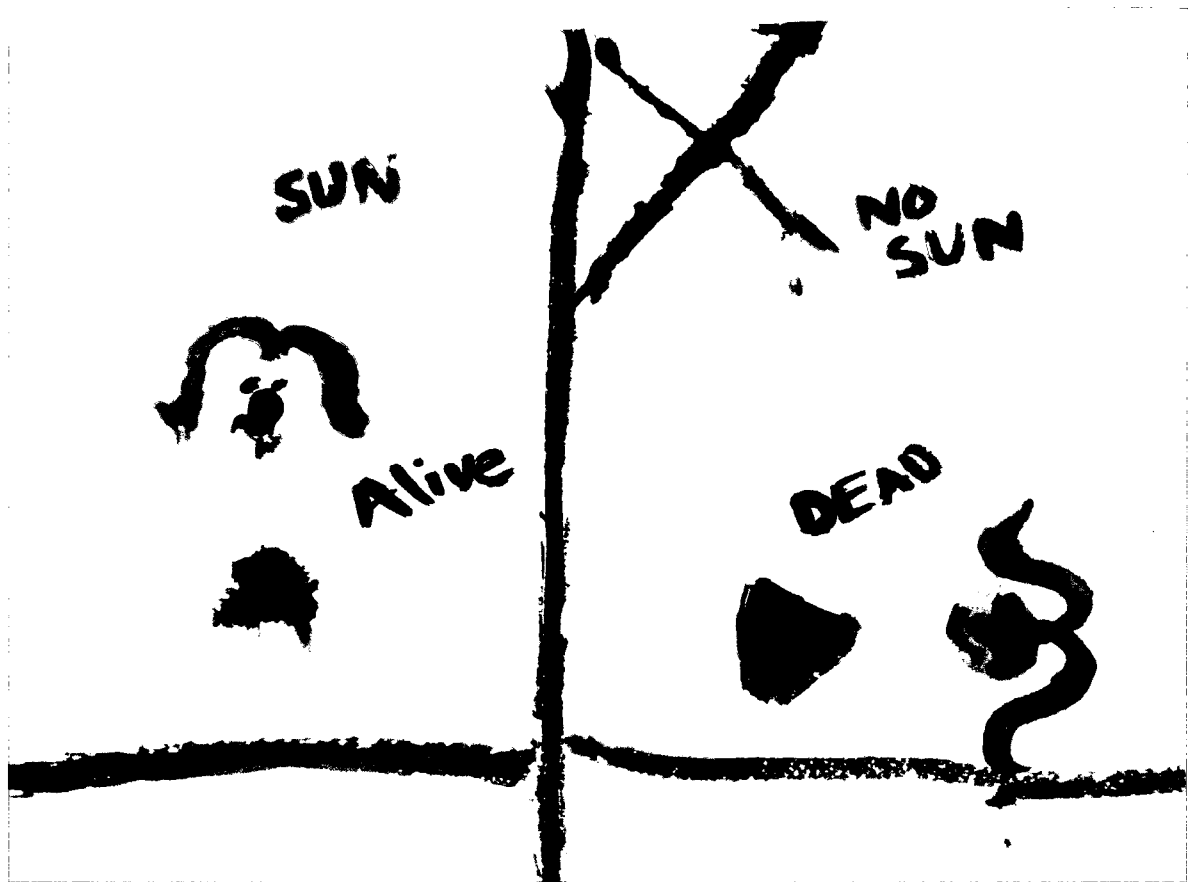


Figure 3: "This is Maria and on the left side of my picture is a sun and a person that's alive cause when you're alive and you depend on the sun cause the sun gives energy to the plants and you eat the plants for food to help your body so you're dependent on the sun. But on the right side of the picture there's no sun and the person is dead because if there's no sun plants can't grow and if you can't eat plants there's no energy for your body so you can't depend on anything to stay alive."

Only one of the girls painted a picture of independence.



Figure 4: "This is Sarah and my picture has to do with independence because I normally go to the park by myself to play."

The girls left the focus group meeting on Autonomy with their disposable cameras and were asked to take pictures on the themes of independence and dependence to be shared in the next focus group. I chose the next three pictures because of how they captured or made more explicit some of the material that the girls raised during our discussion on Autonomy.

Figure 5: Emily - "time is not going to wait for you"

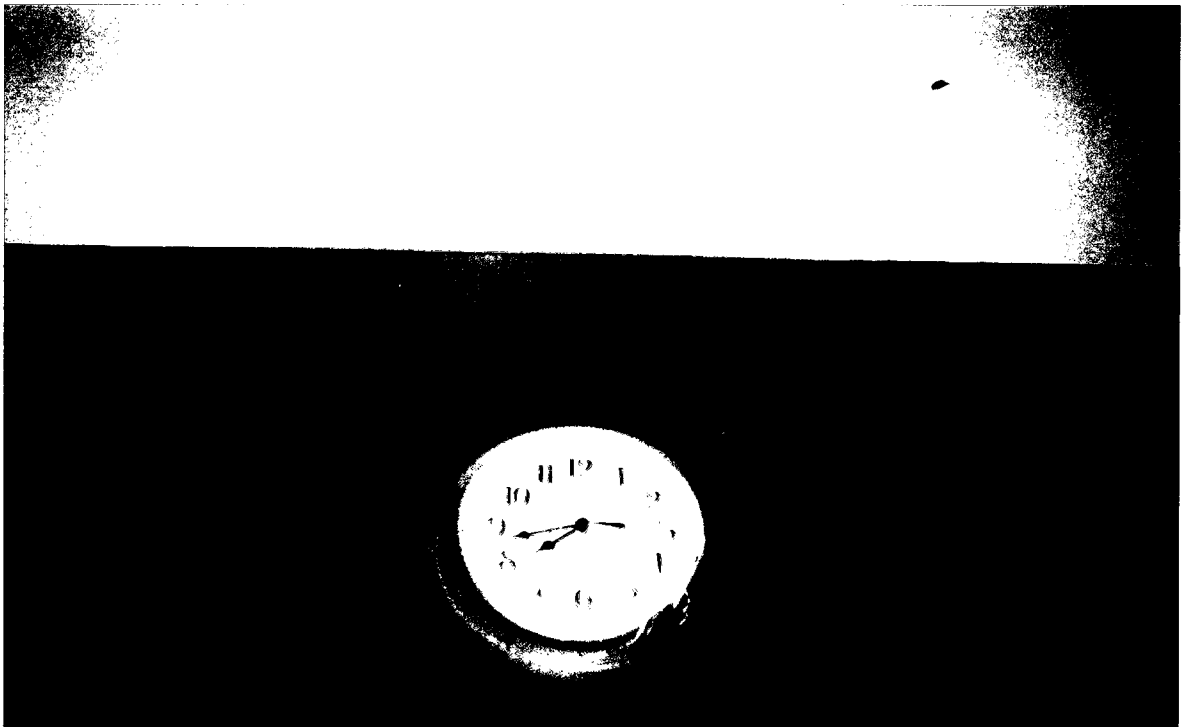


Figure 6: Jane - "I would like to take it slow"



Figure 7: Maria - "I like the age I'm at"

Findings from the Discussion on Dieting and Body Stories

Dieting and body stories were the topics of the second focus group with seven girls present. The girls began this second discussion by searching for a definition of dieting. In comparison to the concept of autonomy, the girls had many meanings associated with the word 'dieting.' Meanings were book marked from, "Dieting is for girls who think they are fat," to "Dieting is actually ok to do." Some of the girls relegated dieting to unhealthy behaviour as in, "You are more likely to eat a lot and then throw up," as compared to healthier behaviours as in, "Lots of people my age diet." All of the girls offered statements suggesting that they were aware of the health risks associated with dieting. These included, "Throwing up food brings out toxic stuff," to "Ruining your teeth," to "Not having energy." The girls did agree that dieting was an acceptable

behaviour for models because, “They get paid to do it, like eat a piece of celery every day.” One of the girls stated that an exception to dieting behaviour was if the girl possessed a good personality because then, “They don’t see you for your fatness, they see you for your personality.”

The girls easily transitioned the discussion on the meanings of the word “dieting” to some of the reasons for dieting. Again this was a lively discussion with many reasons being offered. Aside from the anticipated response of low self esteem, many of the other responses I was not anticipating. These included responses that spoke of the tension between leaving the pre-pubertal body and adjusting to the developing adolescent body. The following response was given by a girl who stated that although she exercises and weighs herself daily, she feels frustrated because, “it (*her weight*) doesn’t change, and it’s because my body says, ‘I know that you want to lose weight but I am trying to grow,’ errrr.” Many of the reasons for dieting had to do with fitting in with friends who were thinner. A common opinion was, “When you have friends who have the perfect body it makes you want to be more like them and have that kind of body.” The *act* of losing weight through dieting was also stated to be something that friends participated in. This was made explicit in the response, “Lots of girls in my class are like, ‘oh, you’re fat, but I’ll help you lose weight so that boys will like you better,’ because boys are about um who’s the thinnest.” Being the “thinnest” through dieting was extended by the girls into a discussion about competition that was multi layered. Some of the statements pertained to competition between girls in order to attract a boy. One example was, “It’s all about popularity, and boys, and um, who’s the thinnest. Boys think they, um, need a girl that thin and beautiful not one’s that big and bulky and fat.” The other level of competition had to do with boys using a thin girl to compete with other boys. The following response may suggest that this girl was aware of this dynamic. She stated, “Girls are pressured to be thin because all boys care about is the girl’s body to impress other guys and make the other guy jealous.”

A final group of responses as to why girls' diet had to do with protecting oneself from being teased. An example of these responses included, "If you're like overweight you will always be like teased um cause you're fat," and "People who gain weight stand out and don't fit in."

Dieting and the relationships to boys occupied a fair amount of discussion so I decided in the moment to ask a non scripted question to the group. I asked the girls, "Do you think, since we are talking about boys, do you think that boys worry about dieting as much as girls worry about dieting?" This question consumed a large amount of space with the girls revealing a plethora of words that denoted gender differences. First, there was agreement among this group of girls that, "boys worry about it but in a different way." This "different way" had to do with how boys negotiated the "right" weight because "They don't want to be too skinny, like a wimp, but they don't want to be fat and get made fun of." The second reason given why boys worry about dieting was attributed to having enough body weight to support working out. The explanation given was, "That guys always workout just to show off pipes, or their guns or their lightening." Based upon the girls' spontaneous laughter and nodding heads, there appeared to be general agreement with this statement.

This seemed to be a natural progression to the subject of eating. I began this section with the open ended question, "Generally speaking, how do you feel about food?" The girls took the question into several directions. Three of the girls berated themselves for eating too much, as in, "I eat like a pig, I'm not kidding, like I eat really so much, it's so nasty, yesterday I had eight perogies for supper and it was really gross." Another girl said, "Sometimes I sneak off and eat a like a whole, whole box of ice cream and then like I say to myself, 'OK, ok I ate food today, it's good.' This comment apparently resonated with another girl who told the group, "After eating a bowl of ice cream, *(I said)* "oh my God, what have I done?" Another girl talked about the care she took in picking out food to eat for fear it would affect her dancing performance. This girl talked about being "a better dancer if I had 10 less pounds to carry around." These cautionary stories took

the conversation into an area where the girls agreed that a “line” exists, one that separates good food from bad food. Four girls expressed difficulty in sometimes knowing where the line is drawn. They worded this dilemma by saying, “Food can go either way. It can be good but sometimes it’s bad.” One of the girls added, “There’s a point or line where you need to learn how to control it (*eating*). It doesn’t mean you can go overboard and eat it all the time.”

Another direction the girls took this question in pertained to not being truthful to friends they considered to be overweight. Here the responses from the girls differed. Two of the girls stated that, “real friends wouldn’t make fun of you,” regardless of body size. The opposite response was also given. Four of the girls stated that they protect friends who are overweight by not being truthful. One of the girls said, “If the girl’s really fat and you know that they’re fat inside your mind, but you still tell them they’re beautiful. You do that to make the girl feel good.” Another statement reinforcing this opinion was, “Girls lie to protect other people’s feelings, like, they say, ‘you’re beautiful but they actually think, “oh my gosh, she’s fat.” Wanting to push this line of discussion a bit further as to reasons for this behaviour, I asked the girls, “Do you have any ideas on why girls, if they’re thinking something, they don’t say it?” This probe opened up a new space that centered on girls being hurt by the words from others.

There was general agreement that girls are “soft spoken,” and will be untruthful when stating opinions because, “A lot of girls have been hurt by other people and they’ve taken it really hard.” No dissenting opinions were offered on this point. The girls did extend this discussion by adding that when both parties are engaged in such a conversation, there is a tacit understanding that the element of truth can be missing. One of the girls summed up this discussion by saying, “Girls really try to be nice because they don’t want to hurt other people’s feelings, so you can’t always trust them to make sure they are telling the truth.” The conversation then transitioned over to the topic of trust and the differences the girls perceived between the sexes.

Although the girls had just finished stating that it was important to protect the feelings of others, they added the dimension that because of this, girls could not always be trusted. There was consensus that, “You can’t always trust them (*girls*) to make sure they are telling the truth,” as compared to boys who, “You know you can trust.” According to the girls, however, trusting boys does not come without a trade off. They spoke of the consequence of hearing the truth, as illustrated by the following sentence, “I think that guys can be more unsensitive than girls, like they just walk up to them (*the girls*) and say “You’re fat.” Boys were also described as being freer in what they could say, as in, “Guys just say whatever comes to their mind.” The girls described that hearing such statements from boys was harder for them, as in, “When guys tease the girls they (*the girls*) take it more seriously because it’s coming from a guy and they know you can trust guys but you can’t trust girls.”

The last topic we covered in this second meeting was that of body talk and voice. I started this section by asking the girls, “If your body had a voice, what would it tell you about food?” This question elicited a range of responses. Of the six girls who responded, four linked their voice to the feeling of hunger. Three of the girls’ responses positioned dieting in their response as in, “My body does have a voice. It says, “Can you please go on a diet or can you please stop dieting!” The second response was similar, “The voice is like asking for a favour but like all the time, it’s like what I should do and shouldn’t do. The voice gives us plenty of options of dieting and what to eat, because I’m like, “I don’t know what to eat.” I followed up with a question specific to this one girl regarding what she meant by the word “favour.” She replied that the favour was to, “feed my stomach.” The other response linked dieting to allergies as in, “I have to diet because I’m allergic to a lot of things.” One of the girls linked the voice to the sensation of cravings, “When my body is craving something I just have to do it. Like if my body is craving fast food, it doesn’t matter what kind of fast food, I just have to eat it.”

Findings Resulting from the Artwork and Photo Voice

During this second focus group I offered the girls oil paint and canvas to draw a picture of what they thought their voice looked like. Of the seven girls present, six of the girls painted a picture of their stomachs. One girl chose not to paint. Several of the paintings are shown with the descriptions given by the artist. Several of the girls took pictures around the meanings of food and eating. Two pictures were chosen on this basis.



Figure 8: "This is Maria. Ok. I drew a picture of a stomach that is growling. There is a thinking bubble that is hard to read but its saying "feed me."



Figure 9: "This is Elizabeth. I drew a bunch of designs that relates to what it feels like when my stomach and my body is telling me something, like I've got shapes and designs and colour schemes. And I've also got a thing near the top of the page that looks like a foot, it's like a voice telling me "stop eating."



Figure 10: Grace - "eating the right amount is good but hard"

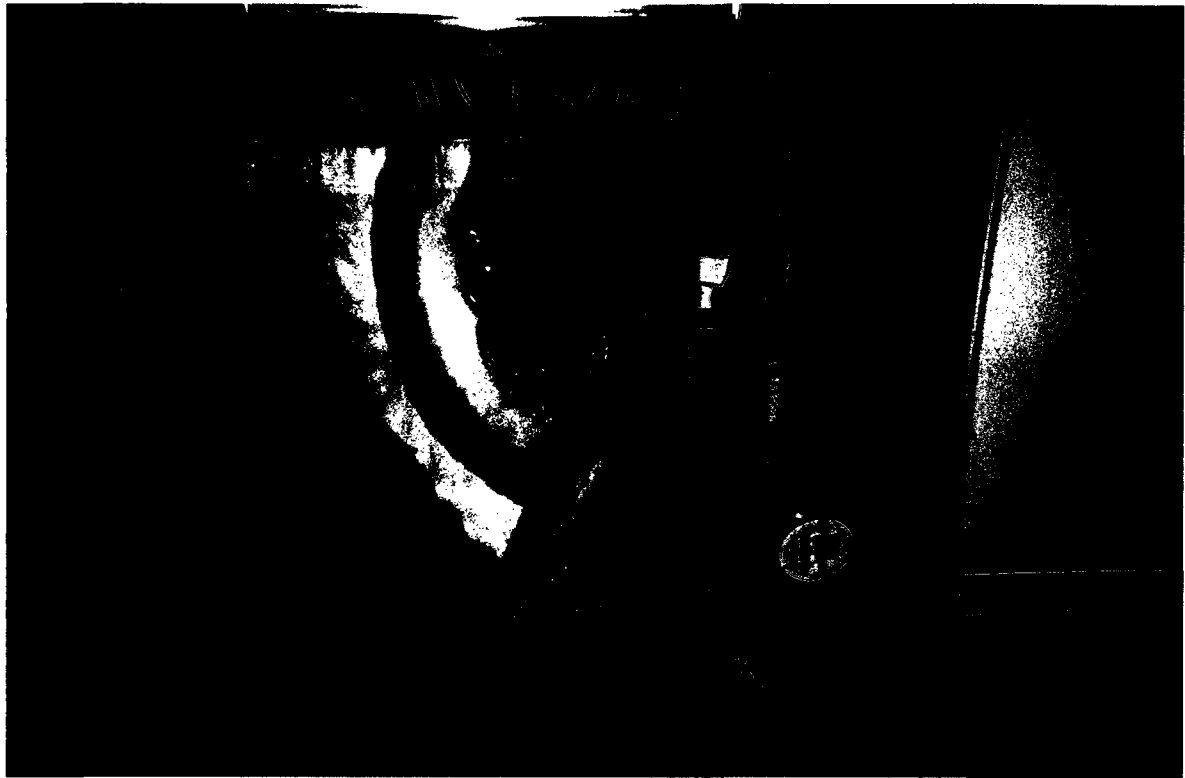


Figure 11: Mary - "food is good but sometimes it's bad"

Findings from the Discussion on Connection and Care Eliciting

Connection and care eliciting were the concepts for the third focus group with six girls present. The girls spoke easily of their perspectives based upon the range of contexts their descriptions of connection fell into. The first girl to speak defined what she considered, "What a real connection is," based upon "Listening and feeling what the other person feels, that's what I believe." Another description suggested that the feeling of connection evolved from shared experiences, as in "Because we're (*her friends*) are all going through the same things we can always talk to each other." This description was extended by one of the girls to include feeling understood in her response, as in, "This is Elizabeth and I feel connected to people who I can understand and they understand me."

I followed up with a probe to Elizabeth asking her who this might include. She replied, "My sister and my mom and my dad and people I've know like for a really long time."

Another response suggested that one of the girls came to the group looking for connection. "Um, it's kind of weird. When I first came here I had no friends. And then I met Mary. We hardly know each other but I feel like connected. And really, I would like to be connected to everybody." This response prompted a similar one, "I had the same thoughts as Grace. I think it would be good if we stay connected after this (*the group*) is done. I was looking forward to this group and the girls in the group are really nice, so, yea."

At this point a new direction was suggested, but not by me. One of the girls stated, "I have something to say but it's not related to the question." She then shared her feelings about feeling connected to certain boys in her class but recently feeling challenged by outside perceptions, as in, "It's kind of like, people just think like, if a girl and a guy are friends they're like, girlfriend and boyfriend, but really we're just friends..." Another girl picked up this thread of discussion and added a similar experience by saying, "I am connected to one of my guy friends for almost two years now. But every time I go and hang out with him everyone says that we're dating, but really we're just friends, and it really bothers me when people say, "Oh, did you hear? Blah, blah, blah. He's the bestest friend that a girl could ever have, yea." The girls then associated these experiences with the developmental stage of adolescence as suggested by the following comment, "I think as you get older, um all the guys and girls being friends just gets weird. I had a best guy friend like in grade one and two and up to grade five, and then you get into middle school and people start accusing you of going out together." Two of the other girls shared similar stories of having a boy as a friend until reaching middle school at which point the

friendship became strained. One of the girls summed up the discussion by saying “Um, it’s hard to be like friends, with a boy, and to have a connection because they are going to accuse you of going out, um, they’re actually misinformed.”

The girls then decided to take a break for snack after which time we resumed our discussion with a new question. I introduced the concept of care eliciting by posing the question, “When you want someone to come closer to you, what do you do in terms of behaviour?” Two of the girls suggested that to bring someone closer it was important to be oneself. It was worded, “If you try um like to act like like all cool to make people like you, um, it’s going to have the opposite effect so just be yourself, um, because if you have your natural personality they’ll like feel closer to you because you’re not trying to act like anyone else.” I wanted to know if care eliciting incorporated other behaviours so I extended the question, mindful of not wanting it to appear leading, yet validating the the previous responses. I ended up composing the question in the following way, “You both brought up really good ways of bringing people closer, in healthy ways. Do girls ever try to bring people closer in unhealthy ways?” The flurry of hands led me to believe that the meaning beneath the question was understood.

Mary started this new discussion with several examples of how girls bring others closer, including; “becoming bone skinny, changing your personality, changing your image and plastic surgery.” Another girl spoke of a friend who changed her appearance dramatically in order to gain more friends. She said, “The next year she (*her friend*) really changed, like where she bought her clothes from and like, wearing makeup, and then straightening her hair every day, I don’t know why she changed her appearance so much, maybe because she thought it’s a middle school.” Yet another girl provided an answer that reflected back to the previous discussion on dieting and body stories. She talked

about keeping a friend close by not being truthful when asked a question about body appearance. Her story involved the following scenario, "And so my friend Gillian said, "oh my God, when I grow up I hope I get like, like plastic surgery on my stomach, like "Grace, what do you think of my stomach? And I'm like, I don't want to say, "Ok, so it's like chubby," and so I lie and say, "There's nothing wrong with your stomach, um, you don't have to change it. Because I know if I told her the truth she would like, get mad at me." Yet another story was shared that suggested that changing one's weight resulted in gaining friends. Part of this story was, "I used to have a friend that was really scrawny but now she eats more, not piggy eat, but when she eats more than she wants she goes downstairs to exercise. So she does sit ups and jumping jacks and skipping ropes and rides her bike every day after she eats. And she used to have no friends. But when I went over after my hockey tournament there were 50 people at her house waiting to go to the movies with her." This process of change redirected the conversation into a discussion concerning middle school. Many of the stories focused on the pressures of middle school, as in, "Like in grade seven when you're going into middle school, you feel pressured, like there's pressure to change who you are because there's like different people and you feel this need to change because you're getting older and that (pause)." Another story narrowed change down to physical development, or the lack of it as in, "Like some of my friends in grade seven, they're really flat, like on the chest, and so they buy padded bras and stuff, and I think that's really retarded, like if you're not developed, who cares? Like nobody cares about your boobs, really." At this point there was significant laughing that suspended our discussion for awhile. Sensing that it might be difficult to pick up the former momentum, I asked one last question regarding feeling pressured to physically mature. I asked, "Do some girls feel pressured to, ah, look developed when they're not?"

Three responses were shared, all revolving around not just whether girls were pressured but the source of the pressure. The responses included, "Girls get pressured from other girls, who they see have boobs, because they think that if you have un like boobs it makes you look better and then they will be like everybody else." The other two responses echoed the similar thoughts.

Findings Resulting from the Artwork and Photo Voice

During this third focus group I offered the girls charcoal to work with. I asked them to sketch what the concept of connection looked like to them. Although the discussion on connection was generally contained to relationships with the focus group, several of the girls either drew or captured on camera the feeling of connection within the context of geographical spaces. I used these criteria for inclusion of the artwork.

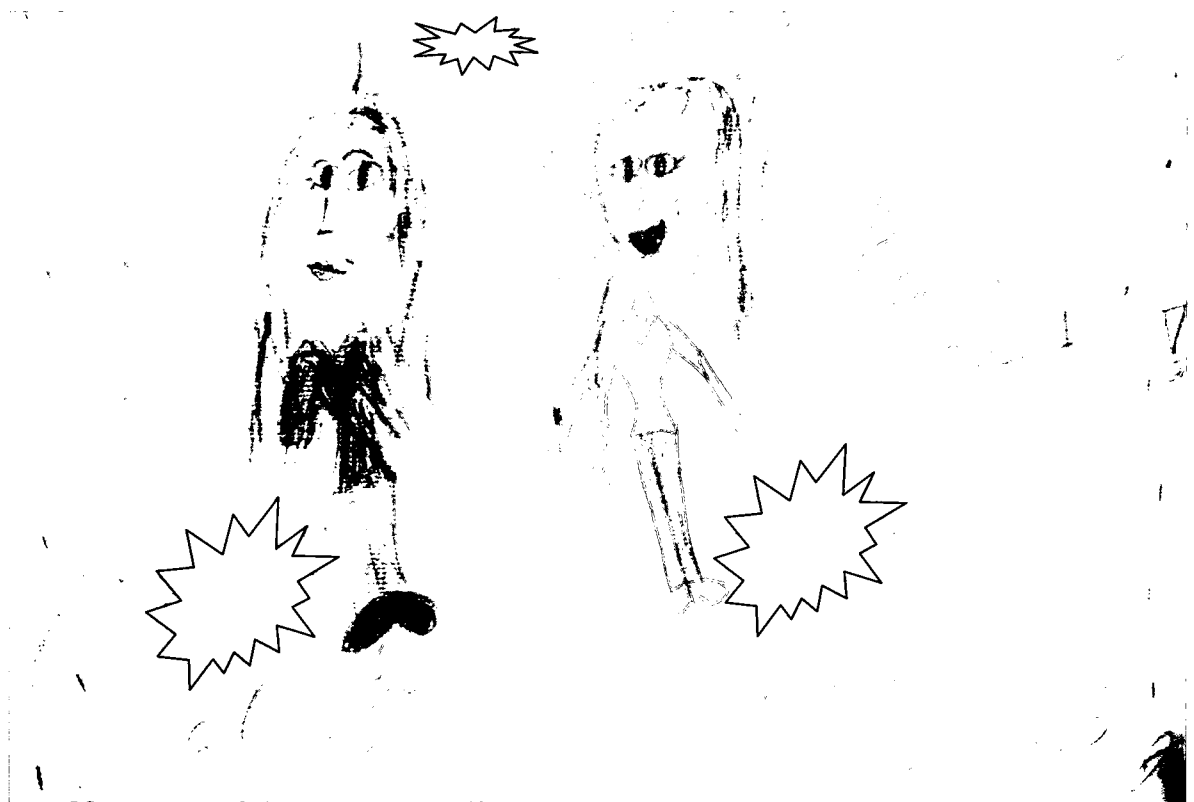


Figure 12: "This is Grace and I drew a picture of ah, Mary and I, that's kind of like a friendship connection."

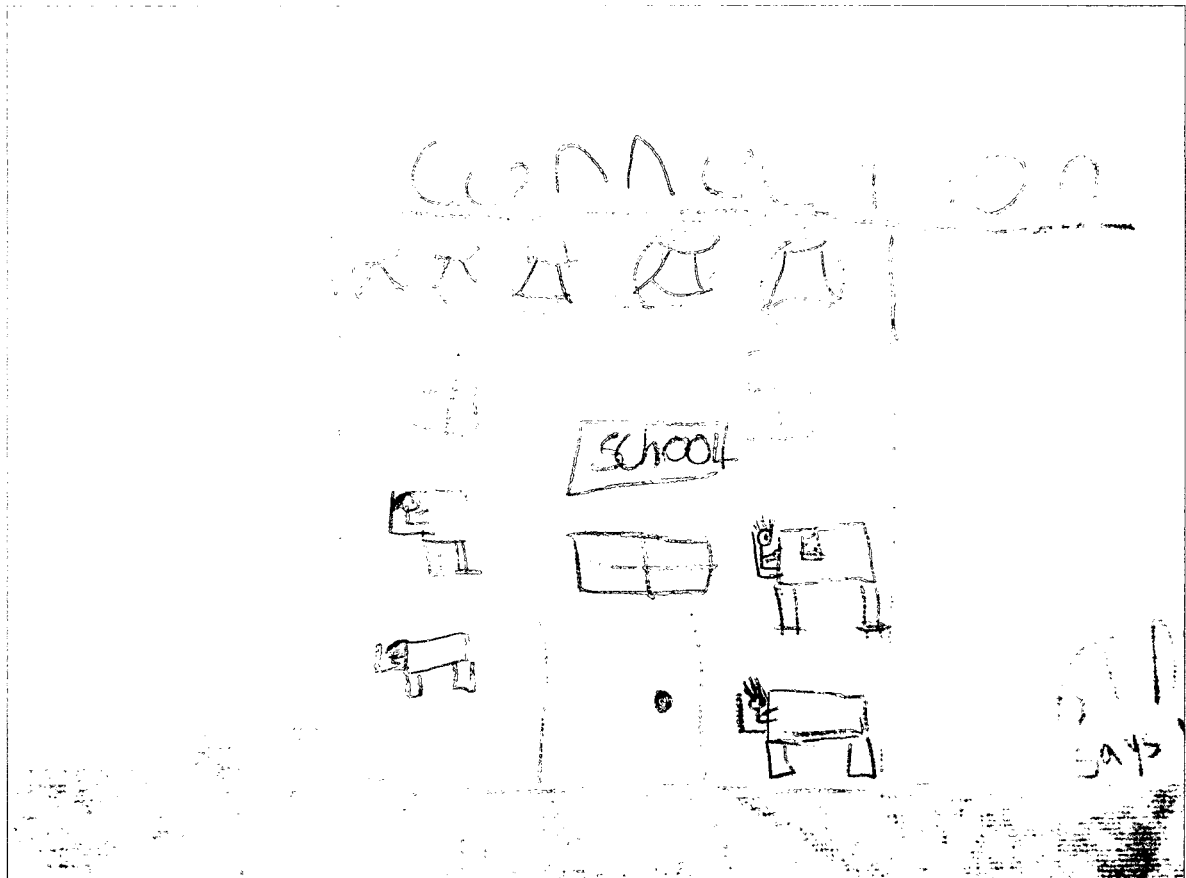


Figure 13: "This is Sarah and I did a school because I feel connected to all of my friends and to my teacher, because my friends are really nice and my teacher helps me when I need help."

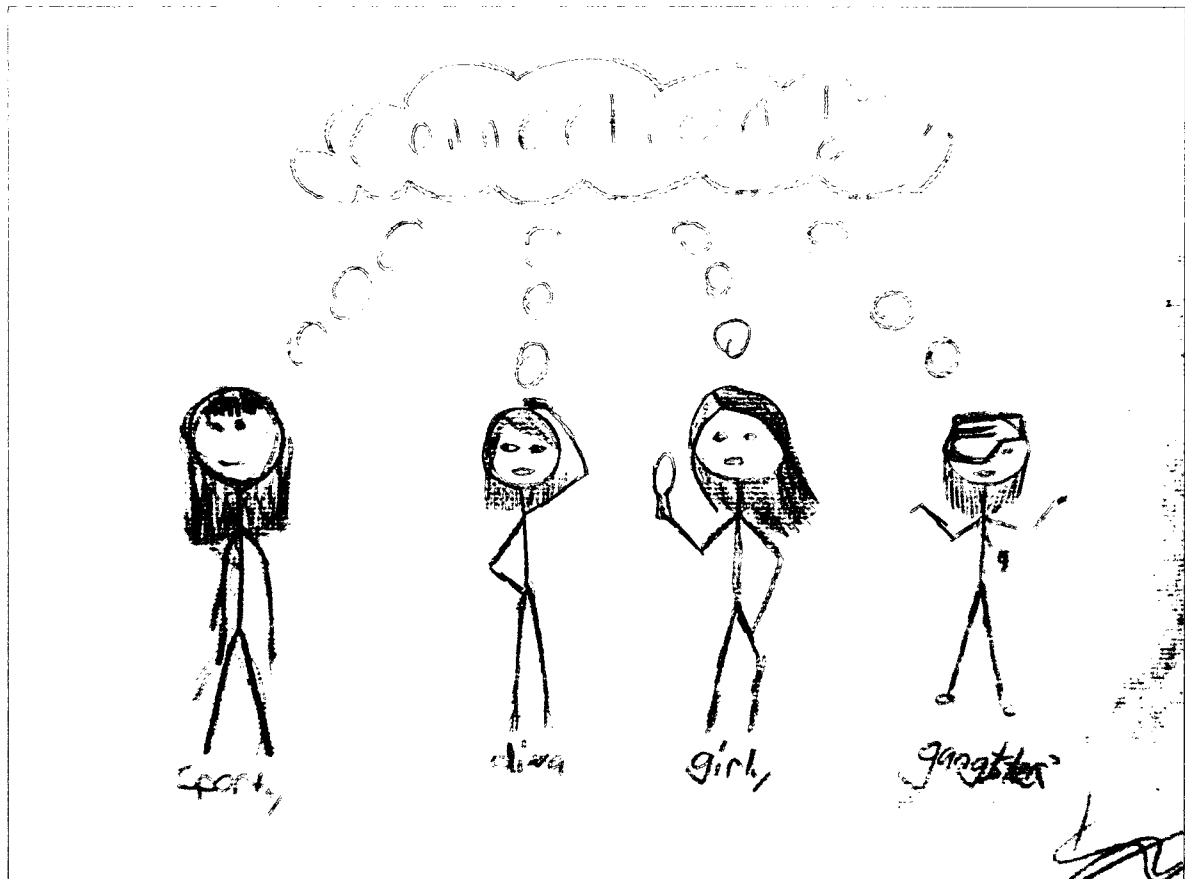


Figure 14: "This is Elizabeth and I've got four different girls and they're got four different personalities and um the first is sporty because she doesn't care about her appearance, and the next one is diva and she thinks she's all that and the next one is girlie and she spends a lot of time on her appearance and the next one is (pause) I don't know, ah stereotypical gangster, but they can all be connected."



Figure 15: Sarah - "a place I feel connected"



Figure 16: Sarah - "a place I like coming to"

Findings from the Discussion on Disconnection and Separateness

Disconnection and separateness were the concepts for the fourth focus group with six girls present. The girls used the previous discussion on connection as a platform to start this group. Having identified the process of being understood as a requirement for feeling connected, they used the opposite to start the conversation on disconnection. With one exception, five girls shared stories of not feeling understood by some one important to them. A common feeling expressed was that of frustration, as in, "Ah, it's really aggravating. It's like you want them to understand you but they never do so it's just like, "oh my God," you want to just take their head and shove the information just right through it." Grace linked the feeling of frustration to the word disconnection in the sharing of a story about when her friends do not understand her, as in, "Sometimes they

tell you to, “just get over it,” and then like I feel disconnected to them (pause) and then like heartbroken (pause) and I’m going to pass it on to Elizabeth.” The word ‘heartbroken’ appeared to be understood by another one of the girls who shared a similar experience. She said, “When they (*her friends*) don’t understand they say “oh my God Jane, shut up, you’re so stupid (long pause) so yea.”

To find out if a lack of understanding impacts upon a friendship I posed the question, “So when that happens, does the friendship change?” The first response to this question came in the form of a story about a long term friendship that changed over time. A piece of the story that was shared included, “I used to have a girl that I was friends with since kindergarten (pause) and stuff, and we got along like really until she started hanging out with people who she didn’t really like. And, um, slowly we started fighting and then it came to a point where I actually had to switch schools. No one knows that (silence).” There was an extended period of silence at this time. I made a decision in the moment to simply wait. Emily continued her story. “I would go outside for recess kind of afraid that she was going to make fun of me (pause), and I’d go home crying after recess saying, “They’re doing it again, hurting my feelings and I’d go home (pause) pretending I was sick, but, I was just really hurt.” Silence occurred again but this time one of the girls offered the statement, “Yea, I know, one day they’re your friend and then something happens and the next day they’re not...” The girls then took the discussion back to the earlier question, talking about the impact of a lack of understanding within a friendship. One of the girls described a recursive process as in, “You start fighting and fighting and then making up and pretending it never happened (pause) it sort of creates a barrier (pause) almost.” Five of the six girls relayed similar stories of what happened when a lack of understanding entered the friendship. They used words such as, “It pretty

much tore it apart,” and “It weakens it until you can’t trust each other anymore.” When this happens the girls referred to the relationship as, “Not real, it’s sort of fake after awhile.”

I wanted to return to the response that linked feeling emotionally wounded to physical symptoms so I posed the next question as, “Going back to what you said Emily, when you went home because you felt sick, but you said you weren’t, if your stomach ache had a voice at that time , what was it saying to you then?” Emily answered, “This is wrong, get away.” At that point, three of the girls had their hands in the air. The girls then told stories of when they experienced physical symptoms when concurrently feeling scared or sad. Two of these scenarios involved being bullied. Part of one story was, “When those two feelings (*feeling scared and physical symptoms*) are like together, I feel nauseous and the headache and the heart in the throat and stuff, and all that happened to me because the teacher sent me home but I was faking it, but it did feel real too because I wasn’t sick but I was sick.” Another period of silence followed which we sat through. At this point one of the girls took the discussion to the topic of clothes and how dressing a “certain way” could result in feeling more connected or disconnected.

This new topic sparked a flurry of talking that five of the girls became quite animated about. They spoke of having the, “right clothes” and “dressing the same as everybody else,” as a prerequisite for fitting in. While the importance of dressing a certain way was discussed within the context of female friendships, as in, “A lot of girls judge themselves and each other on their clothes,” the awareness of male surveillance was also noted. This was worded as, “If the boys dress you, like they don’t dress you, like if you don’t dress pretty then they don’t bother with you or talk to you really.” Two additional storylines emerged from the larger discussion on clothing. One had to do with the

juxtaposition of caring and not caring about clothing. One of the girls said, “I don’t really care about clothes or what I wear, like, if I see a sale I will go for it but I don’t really care, like I have 3 closets full of clothes at home.” The other ‘clothing’ story had to do with missing wearing clothing that had been labeled as being too child like. Her voice said, “I can’t wear like actual tights that go around your toes anymore, like I can’t wear the ones that hug your toes because my mom I think they’re childish, like they’re for little girls, but I thought those were really cool, she said “it’s not like you’re a (pause) a kid (pause) anymore.”

After breaking for snack we resumed our discussion with a focus on separation. I introduced the concept again by asking the girls what they thought of when they heard the word. Emily started the discussion by saying she thought it meant wanting some space from another person and provided an example. She spoke of wanting some distance from a girl who was being fostered by a relative but she was unsure about how to achieve this. Emily described herself as, “being really nice to her because I didn’t want to hurt her feelings, but I just kind of needed space, I just couldn’t take it anymore.” Several of the girls appeared to know the feeling Emily described and elevated it to a more general level. It was described as, “I know boys probably don’t get like this, but girls get fed up with each other, they get really catty, like at the end of the day, and it’s like, “ok, I’ve had enough of you.” More discussion ensued and the girls agreed that conflict was one way girls could get some distance, “even though it’s a bad way.” The discussion ventured into a new space then about how the girls felt about conflict. Five girls agreed that they did not like conflict and that they engaged in various ways to end it. A strategy was shared that seemed to capture this consensual feeling based upon the nodding heads. The strategy was described as “when I’m in a fight cause I know when you’re in a

fight you kind of want it to end as soon as possible, even if it hasn't reached a revolution, like a resolution, sorry not a revolution." Another girl echoed the same sentiment, "even though I didn't feel like we were ok, I still said yes, because I just wanted it (*the conflict*) over."

Findings Resulting from the Artwork and Photo Voice

During this fourth focus group I suggested to the girls that we use clay to sculpt with as a different medium. I asked them to shape what the concept of disconnection looked like to them. The following artwork was chosen based on how it revealed the different dimensions of the concept of disconnection; interpersonal, intrapersonal, geographical and temporal.

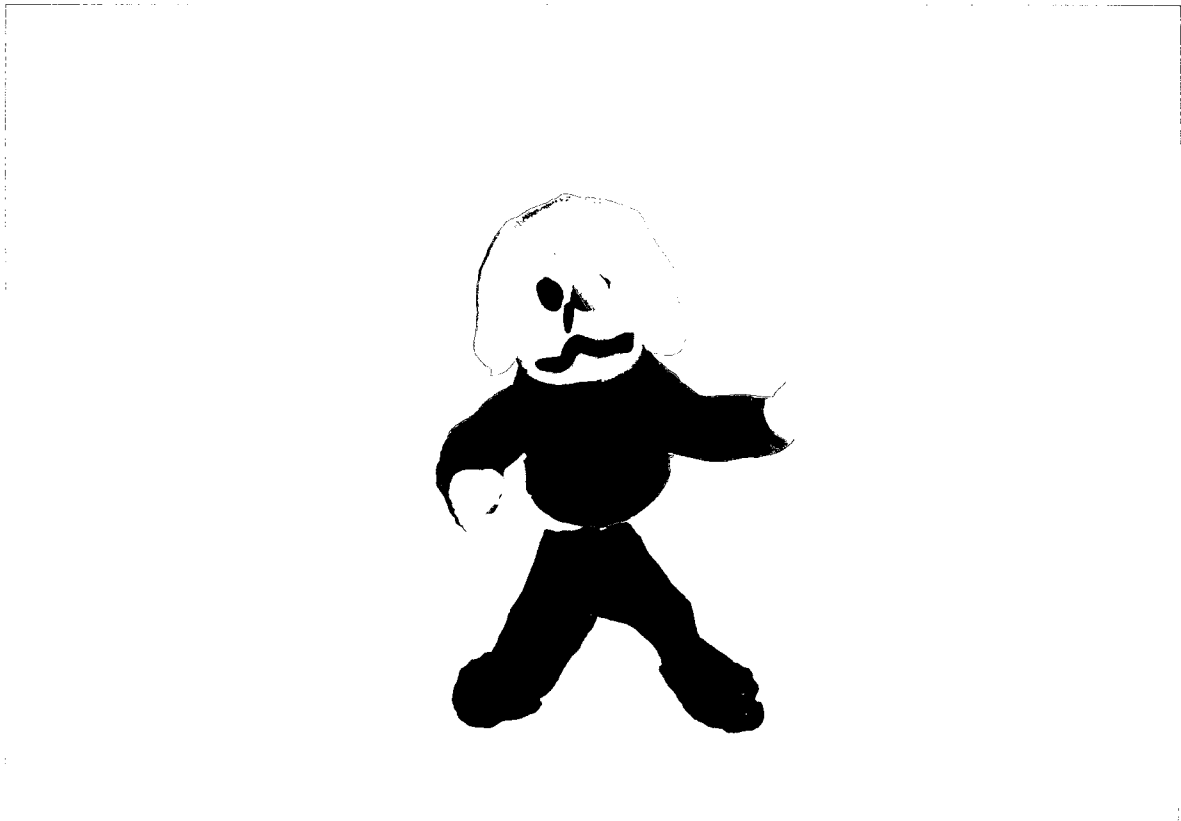


Figure 17: "This is Grace speaking, and I sculpted like a bully and um she's putting one hand up like "talk to the hand" kind of position and it's like, if you're just a little piece of garbage on her shoe or something, so I put a blue blob on her green shoe to represent

the person being bullied and feeling disconnected, and so I'm talking to the person and that's what I thought of when I thought of disconnection."

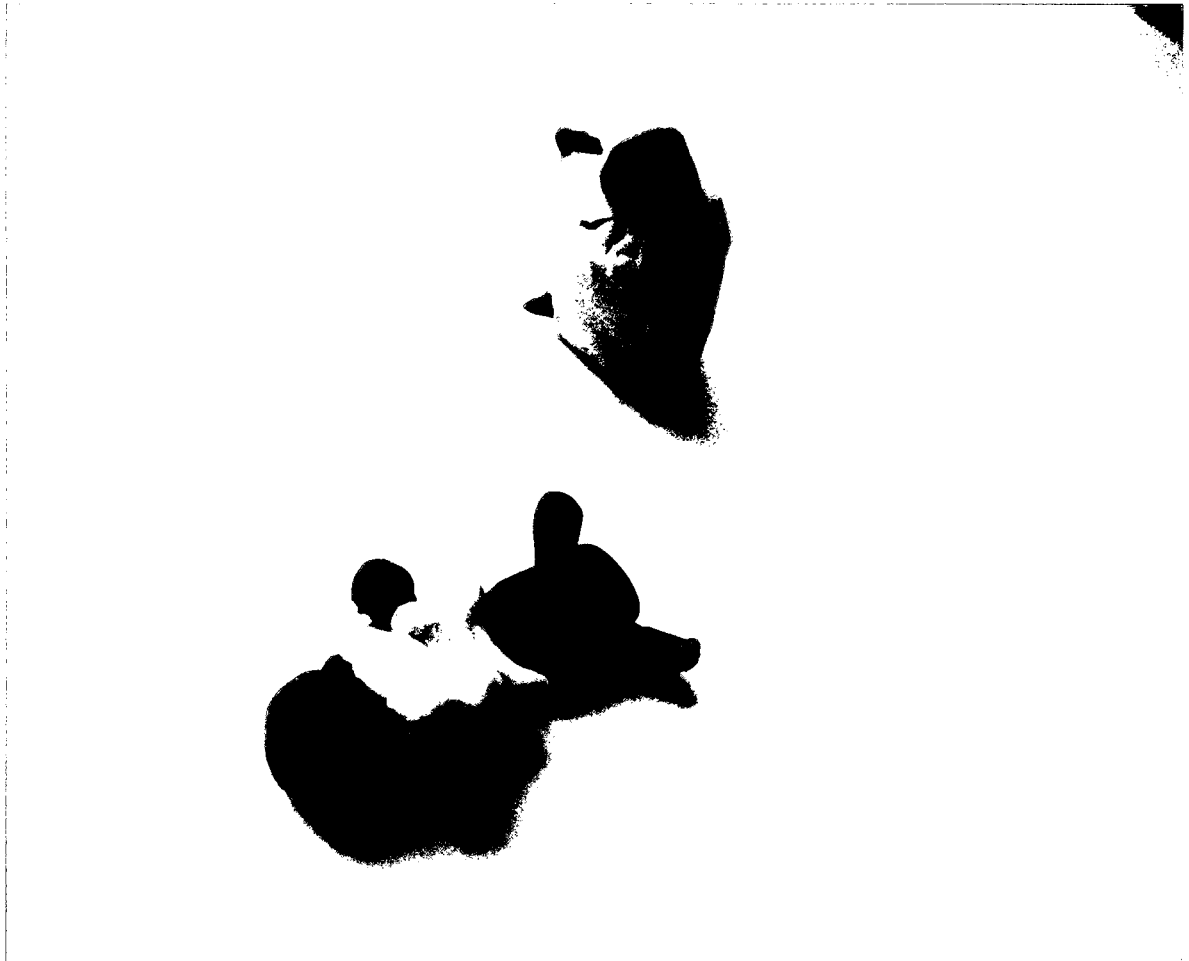


Figure 18: "This is Emily. So my piece of sculpture makes me feel like there's someone who isn't what she wants to be, one the one side like the person who's all white and green and the person sitting down in the blue is like the mirror, and what you want to be, it's not really like disconnection but in a way it is because you're disconnected from the way you want to look."



Figure 19: Grace - "where I feel disconnected"



Figure 20: Maria - "a deer who is made to look older"

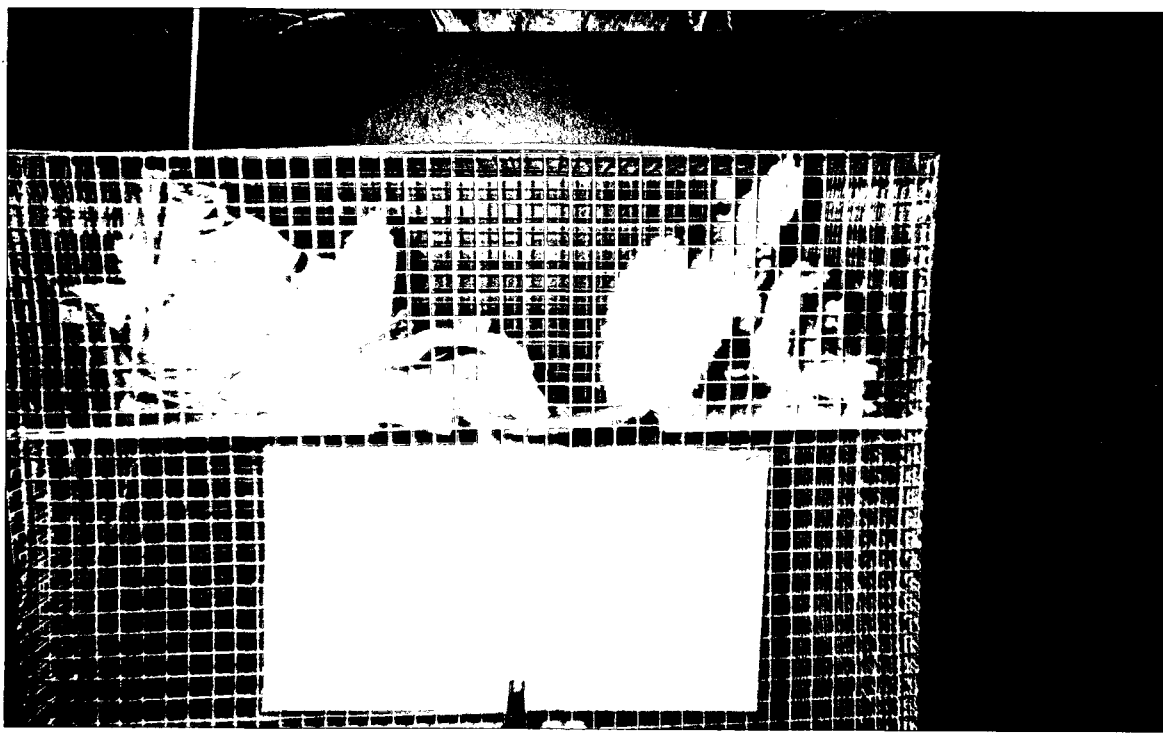


Figure 21: Emily - "sometimes I feel like my pet rat"

Findings from the Discussion on Mutuality

Mutuality was the concept for the fifth and last focus group with six girls present. The girls expressed not knowing what the word meant and asked if I could break it down for them. I used the definition provided by Miller (1986) in order to remain faithful to how the concept is constructed (Table 2). The question was posed then in the following way, "Can you experience the feelings of somebody while at the same time know that you may have different feelings? Like on the same topic or issue? If you can what is it like? If you can't, what do you think prevents this?" In this way the introduction to the concept was slightly altered compared to the previous groups.

After some reflection, Maria started the discussion with her definition. She said, "Um, I think that you can understand someone and then they understand you back, like I know when someone understands me when they share a story back (pause) and it's what I'm feeling." This first response was then extended to feeling connected. The second response was, "when people understand you, and what you're feeling, like listening to your thoughts and emotions, and stuff like that, then you connect with them because they're understanding you." The word "listening" appeared to spark a common experience as several of the responses focused on different types of listening. "There's listening when people actually are understanding your feelings and then there's listening when they just shake their head and think "oh yea, she's just talking." Another girl further differentiated the different types of listening. "There's a kind of listening when they are actually listening to the words, and then there's half listening, when you are half thinking about something else." This seemed like a good juncture to try to access the impact of this half listening, so I used the probe, "When someone half listens to you, what is it like?"

A story was shared by one of the girls about her experience with a family member. “We’ll be on the phone, and um she’ll have the TV on or something, and she’ll be like, “umhm, umhm,” and I’ll be like, “are you listening?” and she’ll be like, “umhm” and I’ll be like, “shut off the TV,” and she’ll be like, “no.” I used the follow up question, “So what was that like for you?” She replied, “I kind of felt that I wasn’t important (pause) compared to the tv (pause) and I was disappointed in her, because, I called her for an important reason but now it doesn’t feel that important because she’s not listening.” Alternatively, one of the girls offered her opinion on why not listening at times is understood. “I can understand that she (*her friend*) doesn’t want to hear all of my life problems and stuff, but like I still feel better because I’m like telling someone how I feel. I also want to say that when people do listen to me, I feel really loved and wanted.”

While the girls were able to respond and elaborate on the notion of listening as part of mutuality, I was hoping for the girls to reflect upon the ability to disagree. So I reframed the question again, this time to, “Do you ever have a different opinion from people who are around and important to you? Like a friend, a parent, teacher, grandmother. Do you ever voice this different opinion to them?”

Maria started the discussion again. “This is Maria, um yes I do (pause) but sometimes I don’t wanna (pause) like say it, because I don’t want to make them , um, feel bad (pause), like I want to say it but I don’t want to say it, but sometimes, I end up saying it because it’s just for the better.” A variation of this answer was given in another context. “Well, it’s kind of different. If I say “that’s not a good idea,” or “why don’t we do it differently” and people don’t agree, it might hurt *my* feelings.” Discussing this second response a little deeper revealed that a different opinion was, or was not, expressed depending upon the number of friends one has.

Aside from having friends, another context in which the girls stated it was difficult to express a differing opinion was that of witnessing classroom situations that were upsetting to them. One of such situations is watching another child being bullied. A story was shared that illustrated this feeling. "There's these really mean guys in my class and they were bugging him (*the classmate*) and bugging him for food and stuff, because apparently their moms, didn't, (pause) well, they were starving at first break and they were bugging him and he says "no, it's my lunch" and they kept taking his food and eating it, and finally then he burst (pause) and it's really kind of sad." Another situation described by one of the 11 year old girls involved a boy who was experiencing difficulty coping. Her story included, "He sits across from me, um, he said, "I'm going to die alone, I'm going to die alone because nobody likes me," and then he said, "no one understands me, nobody wants to be my friend," (pause) so it's kind of hard (pause) for me too."

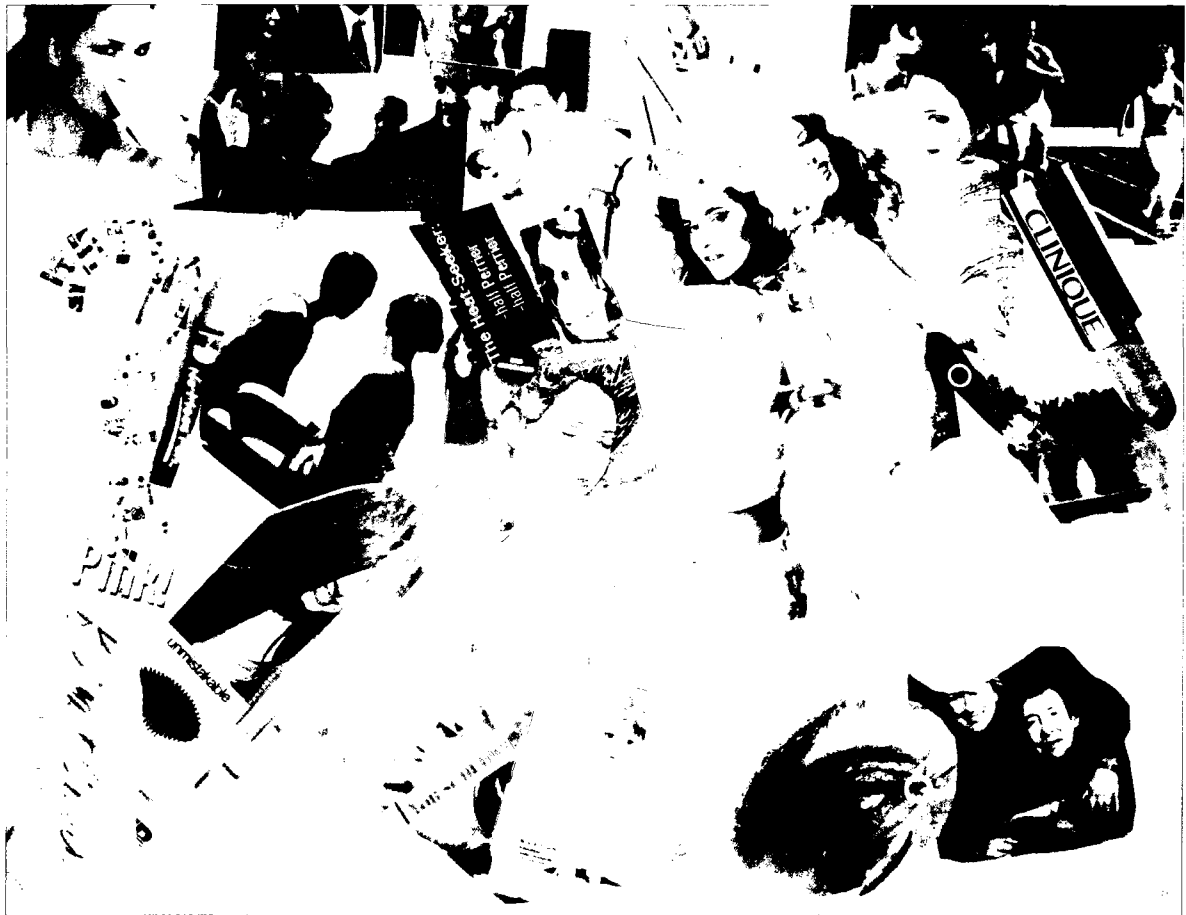
The sharing of these stories visually impacted the girls as there was an extended space of silence. Eventually Emily broke the silence. "When I was listening to these stories (pause) I felt like alone, they were (pause) like (pause) they have no friends and it's not their fault, and it's kind of like, it kind of relates to how I felt when someone's not listening to me, I kind of feel that they're with me but they're not really there." After acknowledging Emily's comments I asked her permission to pose her comments in a larger question to the entire group. I asked, "Do you ever have the experience of being around people but feeling alone?" Several hands waved. The first was Grace who said, "Yea, I feel like not understood and all alone, even though I can be in a crowd of, cool people, and so um yea, you can be around millions of people but still feel all alone if they're not understanding you and your feelings." Several other girls shared versions of feeling alone in similar contexts. An illustration of this different context was, "So, um,

even though you can be around tons of people that love you and like family, you can still feel *totally* isolated.” I asked the girls if they had any ideas on why that was the case. A response was “because some of the situations that I’m in like people don’t experience, and like if I want to talk to people about things, they can’t (pause) um, connect with me, it’s harder for them to understand.”

For this group we met over lunch to accommodate one of the girl’s schedules we met over lunch which meant ordering pizza. As we nearing the arrival time of our food, I tried to pose one more question regarding a possible incongruency between affect and behaviour. I asked the girls, “Do you ever act in a way that is different than what you are feeling?” Two stories of considerable length were shared. The first one related to pretending to feel sad at a funeral of a relative when in fact the feeling was one of excitement about the adventures of staying in a hotel room the night before. The response was, “I wasn’t completely, horribly in grief and couldn’t live my life, because she died, um, what was the question?” Alternatively, the second story concerned trying to hide grief and pretending to be happy for fear of rejection. Part of the story will demonstrate this dilemma. The participant said, “I really connected to him (pause) and to see him die and pass away is going to be sad, so, if he dies, and um, and so I don’t share those types of feelings at school because I don’t know how the kids are going to react thing, “oh my god, it’s just cancer, they just get it way, blah, blah, blah, and so I just pretend that I’m happy, and that’s everyone’s ok (pause) but it really isn’t (trying to hold back tears).”

At this point one of the girls extended a hug and another one went to retrieve a box of kleenex. Our pizza had arrived.

For this fifth focus group I offered the girls the choice to either work by themselves or as a group doing a magazine collage. There was a unanimous choice to work together. I brought a variety of magazines and glue sticks and left it up to the girls to decide how they wanted to allocate space on the bristle board or decide on the content around the theme of “What does understanding look like to you?” For the photo voice I chose pictures that captured the essence of the discussion.



"I did a couple of before and after pictures, because they understand, um, that they're obese and that's not good for them, and so they lost the weight, to be better."

"I did one picture of a girl, in the very middle, it kind of looks like a mosaic, she looks like a little depressed, because she's having a hard time understanding."

"over here there's this "ban insecurity" and "ban indifference" and "ban bad mood" so it's like you're trying to understand people and you have to let go your insecurity and bad mood and ignorance towards them in order to understand."

"ah I put a picture of um a mom, who's like an adult and her mom and they're communicating, like they're both happy."

"I just put in a picture of a girl and her friend"

"the Maybelline company sells this pink, shiny, glittery, nail polish and stuff, they understand that girls our age, even girls younger than us, like pink and shiny"

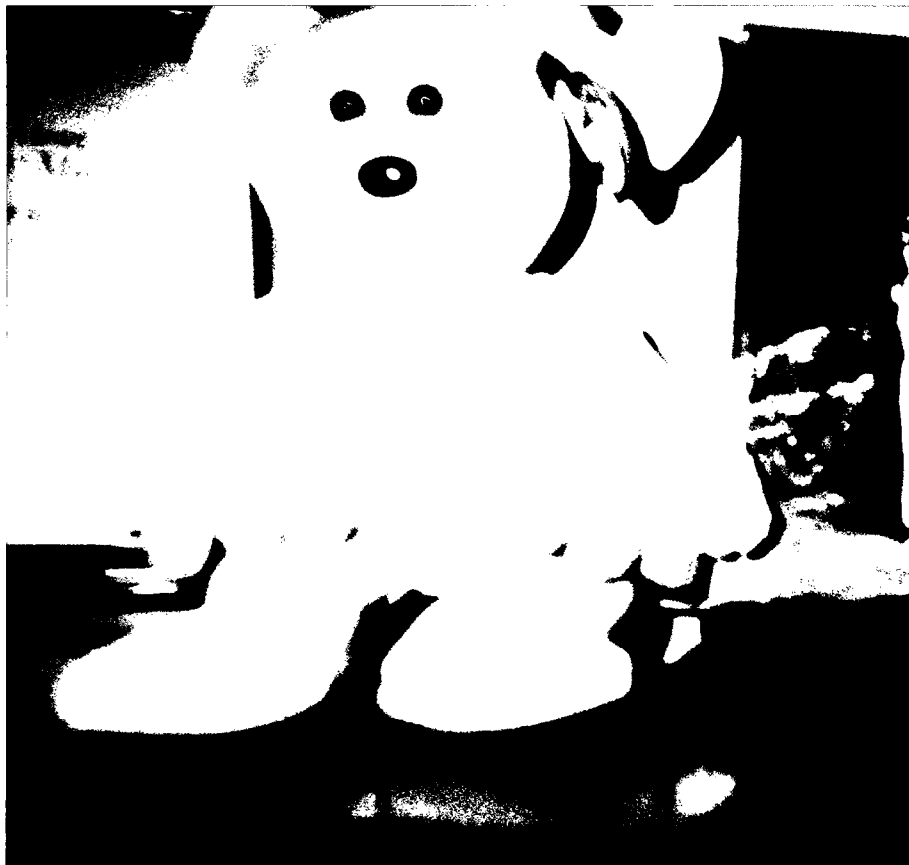


Figure 23: Maria - "my mom makes me feel understood"



Figure 24: Maria - "my dad makes me feel understood"



Figure 25: Mary - "listening to my favorite band makes me feel someone feels the same"

CHAPTER FIVE - FINDINGS FROM THE FOCUS GROUPS FOR 13 AND 14 YEAR OLD GIRLS

This chapter will begin by sharing an aggregated demographic profile of the 13 and 14 year old girls who participated in one of the two focus groups followed by brief individual profiles. The findings of the five focus groups are then presented according to the concept discussed, as in; Autonomy, Dieting and Body Stories, Connection and Care Eliciting, Disconnection and Separateness, and lastly, Mutuality.

Aggregated Demographic Profile of Group B

A total of 42 girls aged 11 to 14 years were identified by the physicians and nurse practitioner using the criteria of disordered eating found in Appendix A and referred to the research study. Of this total, 19 girls were aged 13 and 14 years. A phone call was made to each identified girl where I explained the research study to them and inquired whether they might be interested in participating. Of the 19 girls called, 12 were interested in a preliminary meeting to review the research study with a parent or guardian in more detail, ask questions and read a copy of the informed consent prior to the beginning of the focus group. This resulted in nine personal meetings done either at their home or at the Centre for Family Medicine and three telephone conversations. From these conversations, one girl declined due to feeling uncomfortable with the research content and three other girls were unable to commit to the timeframe due to other scheduled activities. This resulted in eight girls committing to the four months of focus groups.

The avenue of self referral requested through a poster placed in the Centre for Family Medicine lobby did not result in any participants. Of these eight girls, three were 13 years old and five were 14 years of age; all were in either grade eight or nine. One girl had a birthday in the space between the interview and the start of the group which resulted in a disproportionate number of girls being 14 years of age. A demographic

questionnaire was distributed after the second focus group during the break, similar to the process for the younger group. Table 4 summarizes the demographic data gathered.

Table 4: Aggregated Attributes of Participants 13 and 14 Year Old Girls

Attribute	13 year old	14 year old
Ethnic Background	Canadian (Molly) Jamaican (Leslie) born in Brazilian (Diana) born in	Native Canadian (Vanessa) German (Amanda) German (Leah) Italian Canadian (Jenna) Chinese Canadian (Nicole)
Family Constellation	mother, father, sister aunt, uncle, cousin mother, father, brother	mother, brother maternal grandparents, sister maternal grandparents mother, stepfather, stepsister mother, step father, sister, brother
Dieting within Household	Fasting ritual Aunt No one	Mother Grandmother Grandmother Parent with Eating Disorder Parent with Eating Disorder
Bullied	"I wasn't hated" Yes No	Yes No Comment Given Yes Yes – Charges Pending No Comment Given
Competitive Sports	Dance None	None None

	None	None None Soccer
Self Described Body Image	"athletic" "I feel really good when people say did you lose weight" No comment	"not chunky but not quite slender" "ok right now" "good with me" "not too fat or too skinny " "maybe a little too heavy"

Demographic Attributes of the Girls

Ethnic Background

The girls in this group compared to the younger group represented a greater diversity regarding their birth country. Of the eight girls, four were born in a country other than Canada, namely, Jamaica, Brazil, Germany and Southeast Asia. One of the girls immigrated to Canada as a young child; two immigrated as older children and one girl just a year ago.

Family Constellation

Again, compared to the younger group, greater diversity existed with regard to who constituted the participant's family with a wider arrangement of family constellations. Of the eight girls, three had traditional familial arrangements with the remaining five being composed of a single parent household, step-parent family, two sets of grandparents as guardians and a maternal aunt, uncle and cousin. Within the guardian arrangements, one girl had contact with her biological parents while the other two girls had no contact with either parent.

Dieting within Household

Of the eight girls in the group, five had female family members who lived with them and were reported to be either on a diet or dieted on a regular basis. In one family, both parents regularly used colonic cleansing routines. Two girls reported an eating disorder within the family. Out of the eight girls, one reported no dieting behavior in the household.

Bullying

There was no question about bullying on the demographic questionnaire but the topic surfaced during the discussion on mutuality. Of the eight girls present during this discussion, four provided direct responses about being bullied, one to the degree that charges were pending, one provided an indirect response, - "I wasn't really hated," and two girls remained silent. Out of the eight girls, one stated that she had not been bullied.

Competitive Sports

This was another question that was not asked on the demographic questionnaire but resulted from discussion the girls initiated. Of the eight girls who participated in the focus group, two were enrolled in competitive league sports such as soccer and dance. The other six girls were not involved in any structured physical activities. Several of the girls had memberships at a fitness club or gym with frequency of attendance ranging from once a week to daily.

Self Described Body Image

Seven of the eight girls who were present responded to this question. One girl left the question "how would you describe your body image?" blank. Of the seven girls who responded, four provided answers to infer transition within their current weight status. As an example, the response "not chunky but *not quite slender*" suggests that this girl is working toward a goal of weighing less. Similarly, the response "ok, right now" hints that while the current weight is satisfactory, there may be a time in the future that it will not

be, or a time in the past when she felt it was not satisfactory. Only two of the eight girls used a direct word that was positive, as in “good” and “athletic.”

Individual Case Profiles

To fully appreciate the context and culture of the girls who participated in the research study, a brief profile of each girl in the focus group will be now be presented.

Case Profile – Diana

Diana is a 13 year old who was born in South America and who recently moved to Canada. She lives with mother, father and older brother in a neighborhood bordering the city. She attended three out of five groups missing two because of church commitments, which played an important part in her life. No members in her family dieted and she stated that she had not experienced being bullied. She did not respond to the body image question because it appeared that she did not understand the term and did not want to ask in front of the other girls. Diana’s father would usually escort his daughter into the room and be waiting for her when the group finished. She would come on time and always leave wishing the girls a good week.

Case Profile – Leslie

Leslie is a 13 year old girl who was born in the Caribbean. She was removed from her mother’s care at the age of two by authorities who placed her in the care of her aunt and uncle, whom she believed were her parents until a few years ago.

Leslie attended all five focus groups, participating and disclosing more of her life experiences each time. One part of a story pertained to her having seen a total of seven counselors. Although she spoke less frequently than most of the girls, when she did speak the group created room that was both respectful and empathetic. Of the five groups Leslie attended, she made 13 comments in the Disconnection group, twice as many than as in the other four groups. She initially sat beside me but as the months went on positioned herself beside the same girl with the two developing a friendship.

Leslie came to each group promptly on time and was active in listening and observing. She routinely brought items with her that occupied her hands during the discussions. At times her voice bordered on inaudible. While taciturn on most topics, the topic of dieting elicited her voice and Leslie spoke with an unusual tone of conviction. Apart from being the first one to admit to dieting, she advanced the discussion by linking dieting to bullying and anger. Leslie embraced the avenues of artwork and photo voice which offered an intimate window into her world.

Case Profile – Molly

Molly is a 13 year old Canadian girl who lives with mother, father and younger sister. She attends a private school. Out of the whole group, she is one of two girls that participates in organized sports and described her body image as “athletic.” She attended four groups and missed one due to vacation. She wrote on the demographic questionnaire that no one in her household diets, instead family members participate in a cleansing fast.

Out of the eight girls in the group, Molly’s definition of dieting was the only one to include orthorexia, a lesser known eating disorder that is distinguishable by the compulsion to eat only food that is categorized as healthy, and often includes eating only raw foods. On one occasion she brought her own food to snack time. This exception appeared accepted by the girls as no one posed questions.

Case Profile – Vanessa

Vanessa is a 14 year old Native Canadian girl who turned 15 during the focus groups. She lives with her mother and younger brother in another city. The nature of her mother’s work meant that Vanessa was responsible for her brother during week day evenings including the supper hour. During the four months of the focus groups, Vanessa mentioned spending the weekend at either her father’s or her boyfriend’s. Vanessa made it to four of the five meetings which meant taking several buses and, in one case, a taxi. She often arrived looking tired; one time she arrived drenched from the rain without protective clothing or an umbrella. Two cameras were purchased for Vanessa, one was

reported lost and the other being eaten by her dog. Vanessa spoke at length about her mother's dieting. She spoke of no formal meal schedule and stated that sometimes meals would consist of cookies. She was the only girl who disclosed using non prescription drugs in order to lose weight.

Case Profile – Amanda

Amanda is a 13 year old Canadian girl who lives with maternal grandparents and her younger sister. Her sister attended the group for the 11 and 12 year old girls. She was born in Eastern Canada but was placed in guardianship as a young child. She attended four out of five groups. Once she came to the group with a suspected broken bone to inform me that she would be absent that day. Within her household, her grandmother is reported to be on a diet. She does not participate in any organized physical activity. During the discussion in which the girls spoke of being bullied, Amanda remained silent. She wrote that she considered her body image to be "ok right now."

Out of four groups or a total of 14 hours, she made a total of three comments or less than 1% for all groups combined. The comments did not contain text but were declarations of her non contributions as in "no" or "nothing" when asked by the group if she wanted to add anything to the discussion. While the painting and camera proved to be an avenue for voice for most of the girls in both groups, Amanda's verbal struggles transferred over to her artwork as well. When the group drew the concept of connection, Amanda's paper appeared blank. The group was always respectful of her silence and at times moved toward a supportive stance in encouraging her to participate.

During one of the last focus groups, Amanda asked me for a ride home. While in the car, words began to rush out like water no longer contained by a dam. A part of a story took shape as Amanda disclosed feeling confused about relationships where agendas were not always made known. The ride home became quiet as tears halted the conversation.

Case Profile – Leah

Leah is a 14 year old German Canadian girl who lives with her grandparents since her parents divorced a couple of years ago. She attended all five groups and out of the 16 girls, participating the most with 111 comments. She reported that her mother and grandmother were perpetual dieters. Despite reported pressure to “join them” she stated she declined on an ongoing basis.

Bullying was an experience that was common to her. She was in no organized sports. She described her body image in the following way “good with me.” Leah could be described as vivacious and outgoing, with an energy that was engaging. Her comments frequently challenged gender roles and she possessed a critical understanding of the impact of power. Leah’s voice for social justice was visible in her photographs and artwork.

Case Profile – Nicole

Nicole is a 14 year old Chinese Canadian girl who lives with mother, step father, sister and brother. She has lived in Canada since she was a small child and recently has re-established a relationship with her father and his new family. She attended three out of five groups. There had been eating issues within the family context. She denied ever being bullied and participated in competitive sports. She described her body image as “slender.” Her artwork consistently represented an extension of her verbal comments and she was articulate in the description. She was one of the few girls who combined the concepts of dependence and independence as mutually inclusive and sequential.

On the morning of the fourth group I received a phone call from Nicole who was in tears. As recorded in a memo note Nicole stated that she was feeling “very stressed” and “overwhelmed” and that she was leaving the group. Her statements were out of context with those shared in the previous groups and based upon this incongruence; I asked if she would like the contact information of counseling supports available to her, which she accepted.

Nicole did not return the camera nor did I hear from her again. The girls in the group did inquire about her absence at the fourth group to which I shared a response provided to me by Nicole.

Case Profile – Jenna

Jenna is a 14 year old girl of Italian Canadian background who lives with her mother, stepfather and younger step sister. She attended all five focus groups and made 63 comments, the second highest number of comments from both groups. She made twice the amount of comments of any of the girls who attended the focus group on Mutuality where the discussion focused on being understood by significant people. She disclosed in the group that her mother continues to be challenged by binge eating as an adult. Jenna described her body image as being “not too fat or too skinny.” She is active recreationally but does not participate in organized sports. She has experienced bullying starting from grade 6 and has recently experienced a more serious incident with a group of girls where charges are pending. Jenna offered comments around dieting that seemed more insightful in a way that differentiated her from the group.

Jenna removed herself from the group during the discussion on connection for a period of 20 minutes. She did not provide a reason. Her participation during the group on disconnection contributed 25 % of all comments, the second highest for all eight girls. Jenna’s photographs were beautifully haunting and she used the camera frequently between the groups. One of Jenna’s photographs will be displayed later in this chapter.

Presentation of Findings According to Concept Addressed in Focus Groups

As with Chapter Four, the findings from the five focus groups will be presented according to the concept discussed followed by the artwork done during the group and the photo voice done during the three weeks between groups. I began each group by introducing a concept using the same template; “When you hear the word (ie. Autonomy) what does it mean to you? How would you describe it? What kind of things do you think about?”

Findings from the Discussion on Autonomy

The concept of autonomy was the first concept to be introduced to the girls. The eight girls began this discussion by searching for definitions. Several of their definitions revolved around the words “trust” and “independence.” They talked about being trusted as an advantage resulting from independence, as in, “It means people in general trust you more.” A divergent opinion, however, was that “looking independent” was a disadvantage when attracting boys who “like girls who are more dependent.” One of the girls stated that, “you really don’t want to be too independent a lot of the times when you’re around a guy.” The girls also discussed the challenge of finding the ‘right’ amount of independence, as in “it’s good to have it (*independence*) but not too much because you still want to rely on other people.” Another variation of this opinion was, “it’s not good for you to have too much independence because then you get used to just relying on yourself.”

Independence was also defined as making decisions that are different from others, sometimes resulting in a feeling of “I don’t want to be the only one doing something.” Independence was spoken of in the context of responsibility. Many of the girls felt that they were given more responsibility than their male peers, “yea, they (*parents*) expect more from us (pause) we are always expected to be more independent first.” This prompted several similar responses such as, “yea, I completely agree, girls are supposed to like be mature and responsible right away, but if a guy goofs off it doesn’t really matter.” The girls lifted the discussion at this point to a societal level. The majority of girls expressed the opinion of not knowing “what society is based on” when it came to determining responsibility, because, “we’re all human, we’re all the same age.”

Another meaning associated with independence pertained to relationships. Several of the girls stated that they were more dependent on friends, “I like to be dependent on my friends cause they’re dependent on me” and less dependent on parents, “I’d rather be independent on them.” Interested as to the reasons for this, I asked the question “Why is that? Any thoughts on that?” Eventually a reason was offered

after an extended period of silence. “I’m not really comfortable around them (*her parents*) so I’m more independent, (pause) because I don’t want them constantly following me....” It became apparent after another period of silence that the girls were finished with this topic.

I moved the discussion along with a new question based upon an earlier thread concerning gender differences. I asked the girls, “Some of you mentioned earlier the differences between boys and girls around independence, with girls being given more responsibility. Why do you think that happens?” Again, the girls took the question to a societal level with their responses. One of the girls said, “I think a lot of it comes from the fact of how we are raised, girls are expected to take more on earlier.” Several girls however, offered empathetic responses toward boys based upon societal expectations. One example was, “I think it’s really hard for guys to, um, express themselves, because a lot of people will perceive them as homosexual.” Another response was, “if a guy would rather do drama than gym a lot of people will take that like wrongly.” Opposing opinions were also provided. One of the girls felt that “there is no difference” and that “boys are exactly like girls, they’re like sheep, they follow each other.”

Listening to these responses made me think about the apparent depth of the need to fit in order to feel accepted. I decided in that moment to ask the question “Is the need to be accepted so strong?” An extended pause followed and I wondered if I should have even posed the question. A single response was offered, “like, there’s always the need to be accepted.” Confirmation followed in the form of nodding heads.

As we had finished discussing the questions, a small amount of time was left. I decided to link back to our earlier discussions on the meanings of independence and dependence to see if I could collect any more of their thoughts. I asked the girls, “Between the two concepts we discussed earlier, dependence and independence, is there one that is more privileged in our culture or are they equal?” Two of their responses returned to the issue of trust. “I think it’s more privileged to be independent because it means you’re more trusted, that people can rely on you and that basically you’re growing

up, you're more mature." Another girl stated that being trusted resulted in privileges, "like driving a car," but that it also had disadvantages. When asked for an example, she replied, "well it means that you have to act older, like Leah said, more mature." To determine if there was a meaning beneath this statement that wasn't being stated, I asked this girl, "Are you talking about what it feels like to grow up?" She laughed, and said "absolutely." Her comment led the group into the space of what it feels like to get older.

The girls associated several meanings to growing older along with examples. One meaning was, "when you get older things get harder" with examples being "you have to get a job" and "get a family" and "maybe go to university." One girl expressed "it means having less fun." It was generally agreed that "getting older puts a lot of stress on your shoulders."

At this point we went over to the art table where I had laid out watercolor paints and paper. I asked the girls to paint how they envisioned the themes of independence and dependence. After approximately 20 minutes I handed the digital recorder around for the girls to describe their drawings to the group.

Findings Resulting from the Artwork and Photo Voice

Several examples of the paintings will now be presented with a description provided by the individual girl. Following the artwork is a photo voice picture that captures a concept of independence that we had not explicitly discussed in the group.



Figure 26: "Ok, I'm Nicole and my picture was sort of like a stream and then a smaller one breaking off of it meaning that we're all part of one thing but everyone can go their own way and make it by themselves. So you can be independent by yourself but know that you start off with a group of people behind you to help you through."

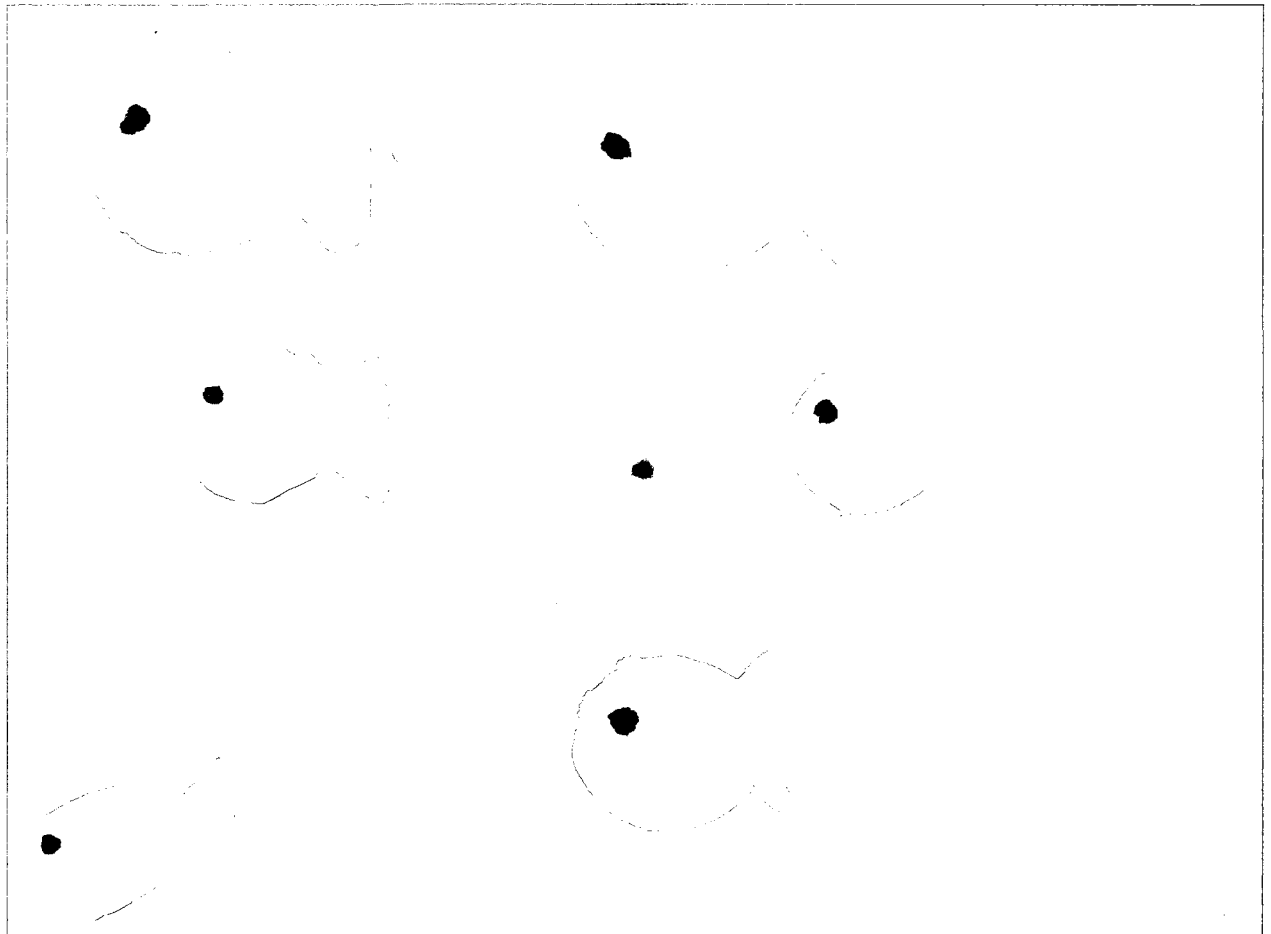


Figure 27: "I'm Molly and my picture is a fish and one fish is swimming the opposite way of the other ones and I think that the message behind it is you don't have to go with the flow, just like be your own person. Like what you're doing might be the right thing and everybody might be doing the wrong thing."

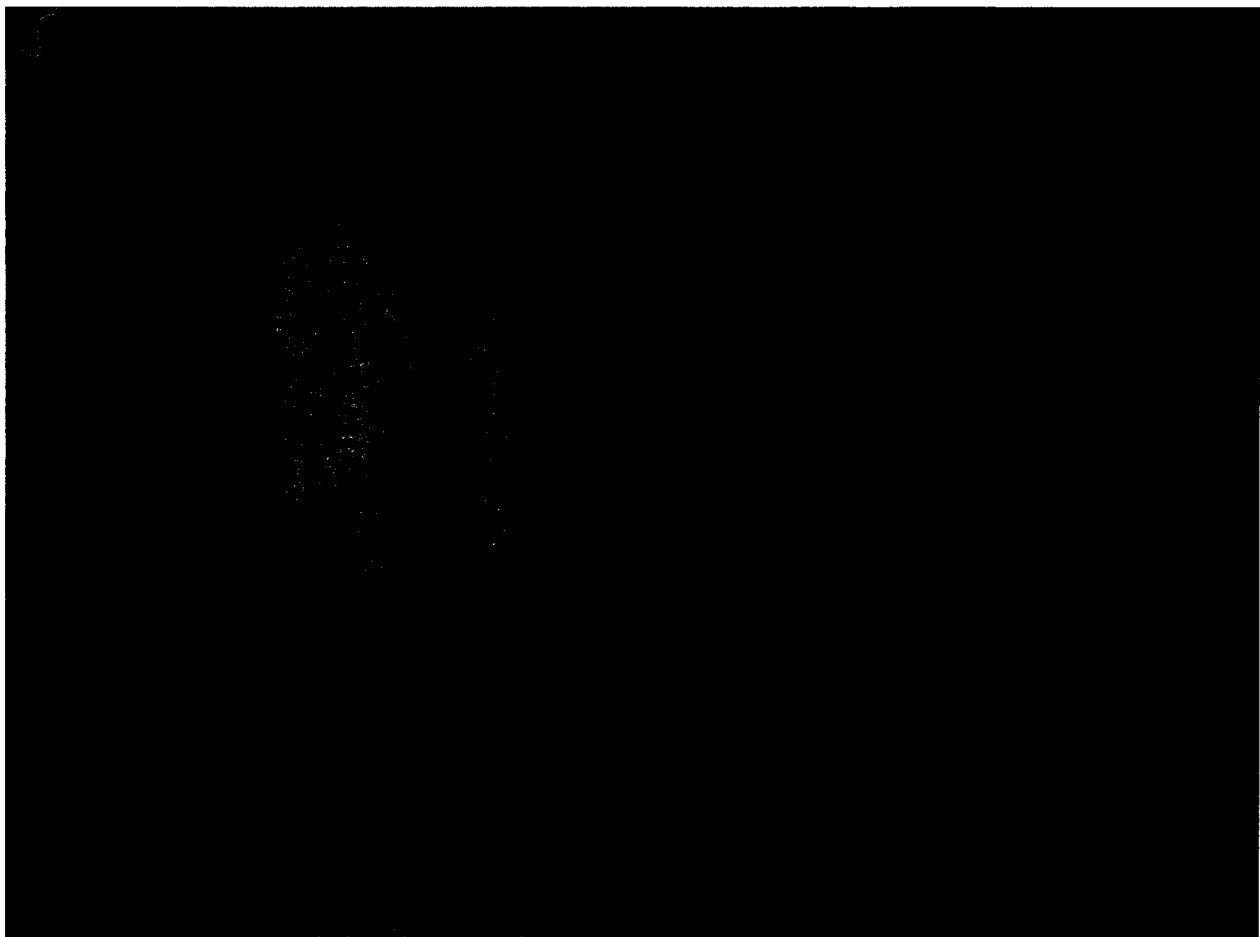


Figure 28: "This is Vanessa, and I drew a rainbow of colors, yea."

When you drew your rainbow, where you thinking about dependence or independence?

"Well, it's both, because you start at one end and then you go to the other, um, they're connected."



Figure 29: "This is Jenna, and my photo means freedom, something you get when people trust you more."

Findings from the Discussion on Dieting and Body Stories

Dieting and body stories were the topics of the second focus group with seven girls present. I started the discussion by asking the girls, "When you hear or see the word dieting, what does it mean to you?" The responses given reflected both range and depth. The range included, "I think of restricting yourself" and "like starvation" to "it's supposed to help you" and "it can help you be better." This range was summed up by one of the girls as "you're not eating enough or you're eating too much." Responses that suggested depth included "you have to be practically anorexic to fit in" or suggested that dieting is a process that is endless. "When you start dieting you want to look better, and by the time

you're in the middle of the process you still want to look better, I don't really think there's an ending until when you feel you're complete with yourself."

I was curious what this girl meant by the words "complete with yourself" so I asked if she could share a little more. She agreed and took the discussion over to the topics of belonging and feeling accepted by peers. I noticed a change in the momentum of the group as we entered this new topic and left the meanings of dieting behind. Several of the girls spoke of the need to fit in with peers when they entered grade seven. "I think your perspective of food changes when you reach like junior high because the cliques form around you and you want to be a certain way and I guess food falls into that category, like you want to be skinny like your friends." Losing weight as a way of fitting in garnered similar responses, "I know a lot of girls who diet because some of their friends are pretty and skinnier than they are." I asked if losing weight made some girls feel "more complete." Several of the girls stated it did, "because you don't want to be the only one not dieting." Two of the girls disagreed. One girl stated that it "was disgusting" how girls starve themselves and base their image on being thin. The other girl remained silent.

Being accepted by peers was extended by the girls to the topic of dating boys. Several of the girls provided opinions that "girls want to lose weight to attract guys." In some cases the girls spoke of being given advice by friends, such as, "you should diet a little bit more and maybe you can attract him." Girls who had boyfriends appeared to be seen as superior compared to other girls, as illustrated by this statement, "girls who have boyfriends are skinny and popular." Two girls shared personal stories that associated

dieting with feelings of anger. One of the stories began, “well, because I was getting picked on at school and I couldn’t let my anger out so I started dieting.” As this was not an association I had anticipated I asked if she would mind sharing a little bit more. She talked about her experience of being bullied at school but “not telling anyone because it’s not cool.” After leaving enough room to know that the other story was not going to be shared, I moved the discussion on.

During the discussion on belonging one of the girls had made a statement about not eating as a strategy to fit in during middle school. I decided to try to resurrect this thread of discussion by asking the question, “I’m just wondering from what Jenna said earlier, and I’m not sure this is right, but were you saying that not eating is a way to fit in?” It was hard to know which of the girls to forward the recorder to based upon the flurry of hands. The first story involved an experience that started in middle school which “is big, because if you are sitting with your friends at lunch and like none of them are eating, or they’re eating a little bit, you’re not going to eat a lot, there’s just no way.” A story that reinforced this experience was, “if someone doesn’t eat something and if someone else is still eating, then, you feel that and then you stop eating.” This is not to suggest that these two girls were feeling full. In fact, the following response suggests that they were still hungry:

Like one time me and my friend were just like sitting down eating and I was finished my lunch and she was still eating and then all of a sudden she just stopped eating, and I asked her if she was hungry and she said, yea, but, that’s ok.

Yet another dimension of eating and fitting in concerned the amount of the food one consumed, as highlighted by this story, “I felt uncomfortable eating in front of them (*her friends*) cause like I ate a sandwich, it was weird because I was eating more that they were, so I didn’t eat anything for awhile.”

This storyline then took a different shape by one of the girls who had been quiet throughout most of this group. Up to this time the girls had been talking about *not eating* to fit into a group. This girl’s story involved *eating* to attain the same outcome. She talked about “eating too much, like at a restaurant, and someone else is paying for it, you feel really bad if you don’t finish it, like you’re wasting their money.” I broadened her response into a general question for the group by asking, “How many of you have eaten when you are full, because you didn’t want to offend the person who is either taking you out, or who made it?” Every girl raised their hand. Similar stories were shared about eating food either to avoid conflict or to appease significant others, as in “you have to eat this, you can’t be rude and not eat it.” This last statement was part of a larger story shared by Leah. She talked about feeling pressured to eat food that she found unappealing, but because a relative had prepared it, she was expected to eat it. When I asked Leah what that experience was like for her, she replied, “I felt angry, I hated it, when I got forced to eat it, and it was unpleasant, so, yea (pause).”

This last point segued into a question around the use of voice. I asked them, “What happens to your voice as you are growing up?” I had debated on whether to elaborate on the meaning of this term but their spontaneous answers suggested that this was not necessary. The responses touched upon frequency, “the older you get the less

you use it unless you absolutely have to,” to that of control, “when you’re younger you’re not used to controlling your mouth but when you’re older you have to control it more” to existence, “you basically lose the voice.” Having a strong voice was seen as subject to being judged or “getting into trouble.” Alternatively, two of the girls felt that their voices were getting stronger as they grew up. The one girl wasn’t sure of the reason, “um I’m not sure exactly (pause) probably because of my boyfriend, he accepts me for who I am.” The other girl credited the research group for using her voice more. She said, “before I would never talk til I came here (pause) I was a little shy but now I can talk. I only talk around people that I can understand, and they will understand who I really am, that’s about it.” At this point the girls clapped marking the end of our discussion.

Findings Resulting from the Artwork and Photo Voice

During this second focus group I offered the girls oil paint and canvas to draw a picture of what they thought their voice looked like. Of the seven girls present, two struggled with the artwork. The photo voice picture was chosen because it illustrates a concept that was not discussed in the group.

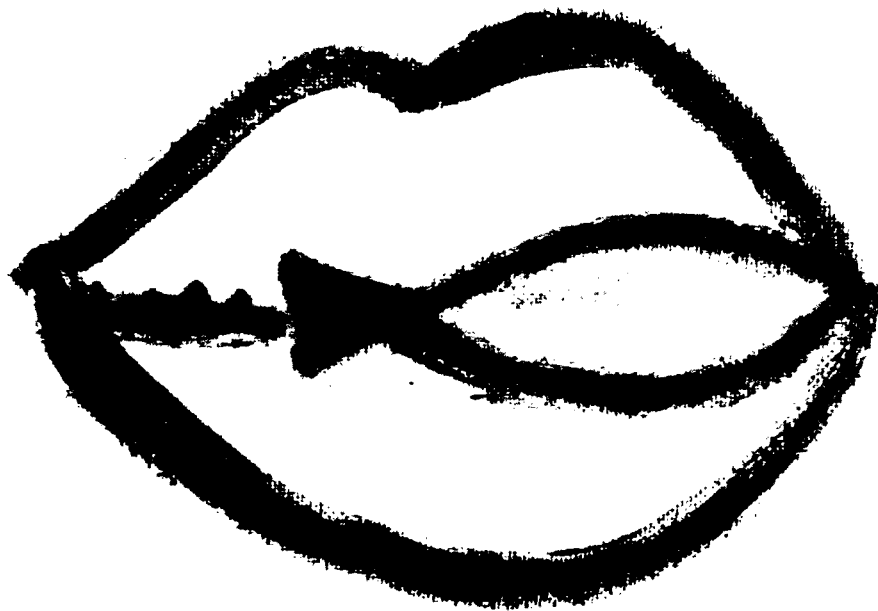


Figure 30: "I'm Molly and I drew lips, with a zipper in between, that's half open and half closed. Depending on who I'm with the zipper's either opening or closing, like if I'm freer or not."



Figure 31: "I'm Vanessa and I don't know what I drew, I seriously don't, I don't know what I did, I wish I did, I don't know how I would draw, or paint or describe my voice, that's probably my problem, that's why I don't know what I made, it's just a question mark."

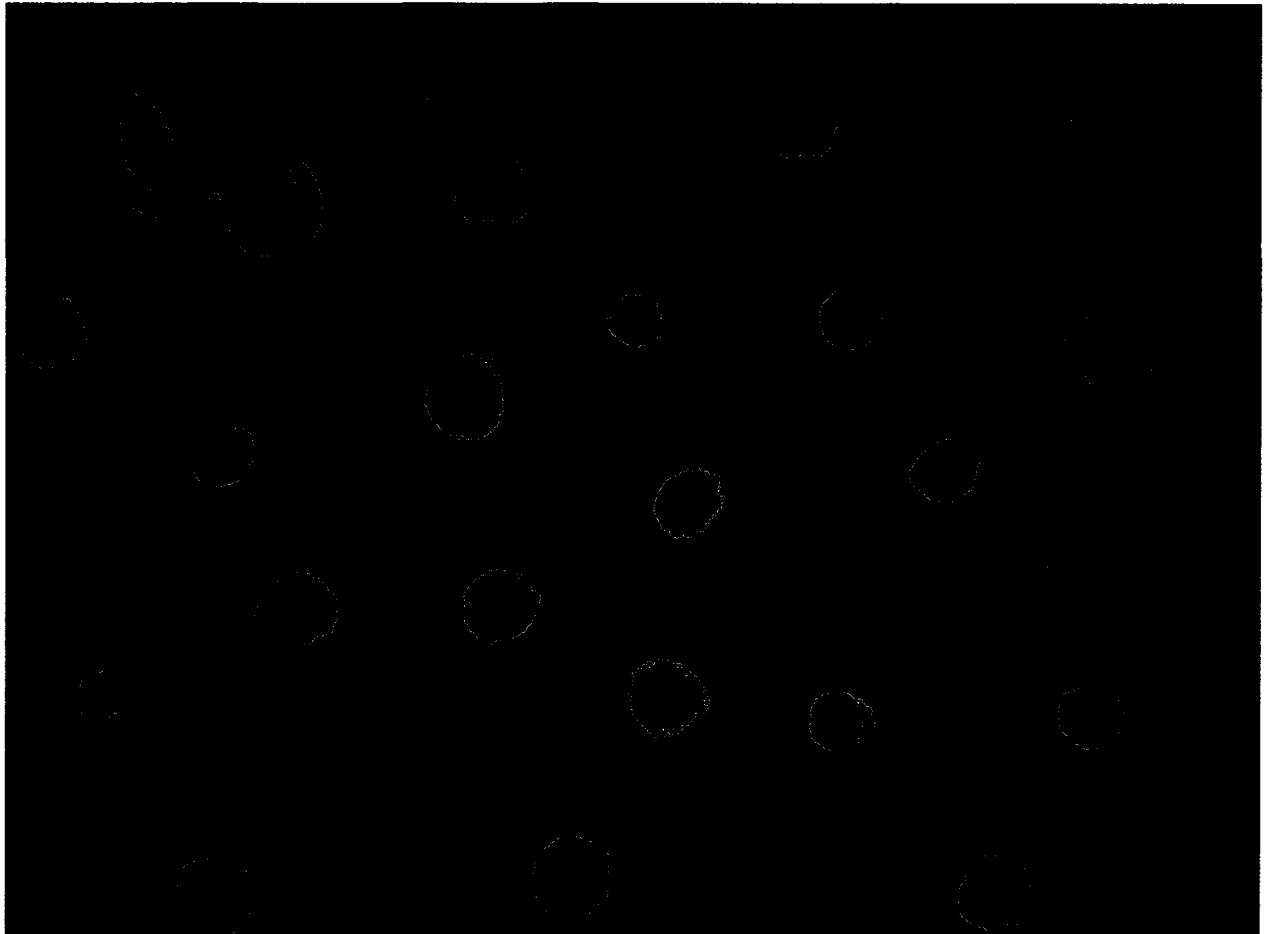


Figure 32: "Ok, this is Leah and my picture is um a megaphone, black dots and a heart and 4 words, love, defend, speak up and live. If you're going to do something and you want to use your voice you're going to want to make it loud so that people understand you, I have the heart because I stick up and use my voice for people I love, defend the right to use your voice and speak up, because if you don't shout no one's going to hear you."

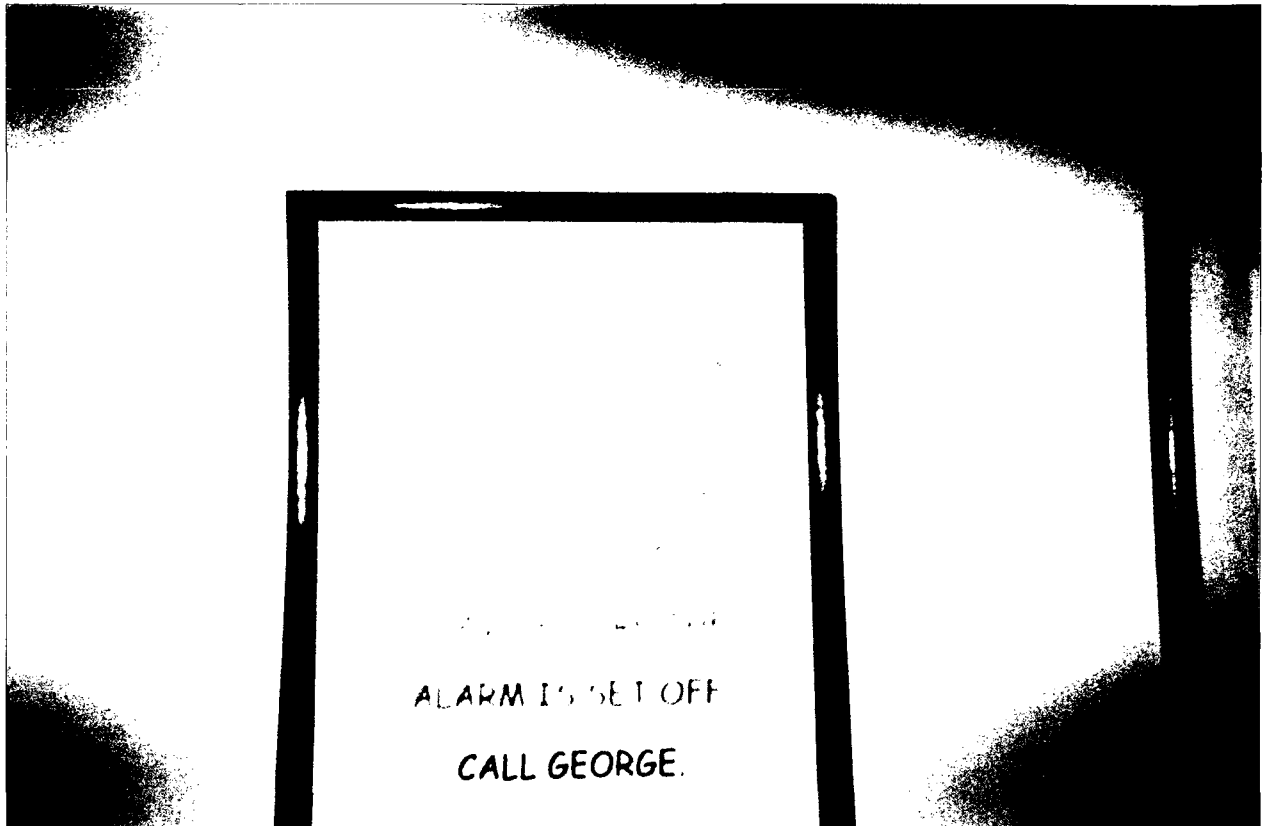


Figure 33: "This is Amanda and when I think of my voice I think of rules."

Findings from the Discussion on Connection and Care Eliciting

Connection and care eliciting were the concepts for the third focus group with seven girls present. This proved to be a discussion marked by extended periods of silence, up to 15 seconds, and punctuated by long sighs. As previously, I introduced the concept by asking the girls what meanings they associated with connection. Three of the seven girls offered responses, ranging from "I'm not too sure how to explain it" to "if you're attracted to someone" to "being able to talk about stuff." One of the three girls answered in the negative as in, "I don't really feel you have to be connected to your parents because they can be totally different from you." The last comment proved to be

transitional as the girls began to talk about their feelings of living with divorced parents. Of the seven girls present, six had families that would be considered nontraditional.

One girl opened up discussion about this experience by stating, “if you live with your parents, you’re a lot more connected even if you don’t really get along with them, you have a better connection than kids who have divorced parents and stuff.” This statement appeared to register with the girls, as it released a flurry of comments. Most of their comments touched upon the relationship between living arrangements and feeling connected. “For me, I don’t live with my dad, and I don’t really feel connected to him because he doesn’t know what’s going on in my life.” At the other end of experiences was this comment, “I live with my mom but I have a bigger connection with my dad because he’s been through similar situations.” Other comments rested in the middle, as in “when I talk to him (*my Dad*) about things he’ll sit down and talk to me, when I try to tell my mom things she just complains.” A few of the girls talked about having a stronger connection with friends. One example illustrating this was, “I lived with my aunt for six years and for the rest of the time I have been living with my friend *John* and his family (pause) so I feel more connected to him.” Still another comment was, “I just don’t like my parents, (pause) my dad is ok but he’s got like alcohol and drug problems so it’s hard to see him and my mom just doesn’t know anything.”

After a period of almost 10 seconds I tried to pick up the momentum by asking about the elements essential to feeling connected with people other than parents. I worded the question, “So many of you talked about feeling connected to friends, what

does that feeling look like?" This comment was met with silence. Eventually one of the girls said, "some things people show when they care about you is that they get mad at you if you do something stupid." Another girl added, "they are always checking in on you." Six seconds passed. Then a comment came that redirected the conversation back to parents. "Talking about feeling connected, I would really like to have a better connection with my mom (pause) because I go over to her house every week but it's kind of like I don't exist (pause of 5 seconds)." While deciding how to address this, another girl responded, "yea, I know how that is."

At this time I made a decision to direct the conversation to the concept of care eliciting using the bridging question of, "What sort of things would bring these people closer to you?" While some of the responses I anticipated, such as "maybe just calling me once in awhile" or "to say I love you" the following was not. One of the girls stated, "a lot of girls lie to bring people to them so they can get closer to them, so lying is a big one to get connection." Although at this time I was not sure what this girl meant, most of the girls apparently did based upon how the discussion resurrected itself. Lying was discussed by the girls as being untrue to oneself, "I would act like I was so tough, wear so much make up and do stupid things and not act like myself." Lying was also talked about as a way to keep a parent close, "she (*the parent*) wants me to say what she wants to hear, and she doesn't really care what I think, not in all cases, because she wants me to be her perfect, little daughter." Another response linked lying to feeling better as in "lying makes us feel better about ourselves, we feel that we're not going to hurt ourselves by lying to ourselves." Other comments similar to these were offered by several girls. During this

time I waited for a space to enter and pose the question about whether changing behaviours, such as dieting, brought significant others closer.

An opportunity presented itself and I asked the girls a revision of the earlier question concerning care eliciting. I asked them, “Are there any behaviors that can bring important people closer to you?” The first response focused on a girl feeling pressured to diet by other females in the family, “basically they think that because they’re on a diet I should be on one too.” While I had posed the question thinking that responses might include dieting behaviors by the girls, it resulted in the girls discussing dieting behaviors by their parents. Their examples took several forms. From dieting as a vacation perquisite, “my grandma’s constantly on a diet, like she just finished going on one because she just left for vacation,” to observing restriction by a parent, “she eats an apple, a yogurt and a water every single day, yup, that’s it.” The latter example was normalized as in, “she won’t eat for three or four days, and that’s fine, it doesn’t affect her.” Another girl spoke of the dieting cycle by a parent she observed, “she thinks she can go on a diet by not eating but she’s really hungry, and then the next day she eats a lot, and then she gains weight and complains, and then she starts the whole cycle over again.” When it was apparent that the discussion would remain in the realm of discussing parents, I posed the following question, “How do the dieting behaviors of parents impact you?” Two of the girls stated that dieting was normal, “there is such a thing as a good diet, just don’t completely starve yourself, but yea, it’s called a good diet.” Another girl stated “I hate it. They’re always pressuring me to join them.” No other opinions were offered and so we moved onto the artwork.

Findings Resulting from the Artwork and Photo Voice

For this third focus group, I offered the girls charcoal and drawing paper to sketch what they envisioned connection to look like. The photo voice picture was chosen to include here as it visually reinforced a comment given in the group concerning the dieting habits of a parent.

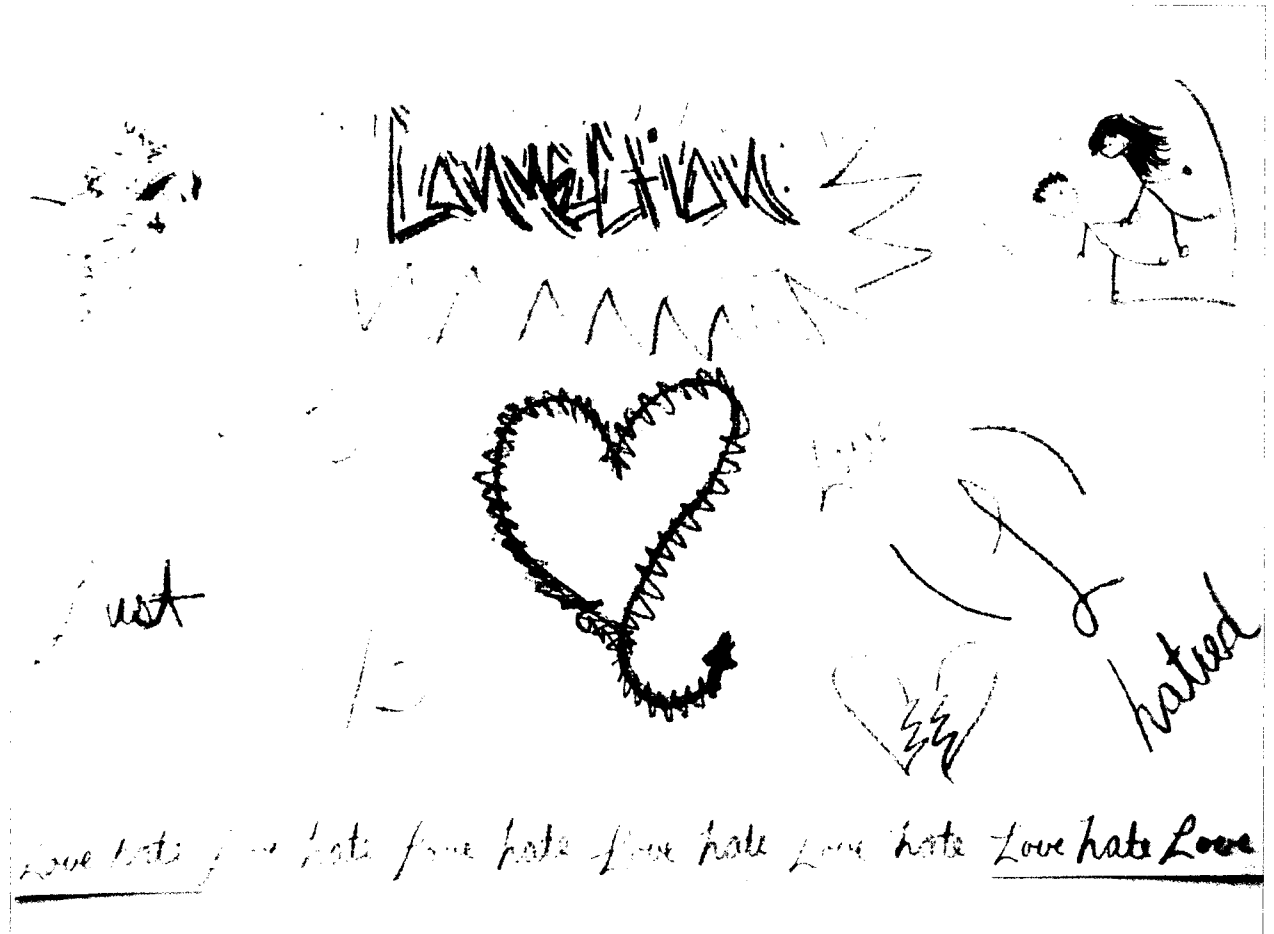


Figure 34: "Um, this is Vanessa, my drawing is about love and need (pause) I think that for me the biggest connections in my life have to do with need because (pause) generally if you need someone I don't think they are going to use you."

"and what's this?"

"Lust"

"Lust? Where does that fit in?"

“Ok, well you can have lust with someone but not have a connection (pause) like use them for sexual relations (pause) or you can have lust for someone to be with them but not have a connection.”

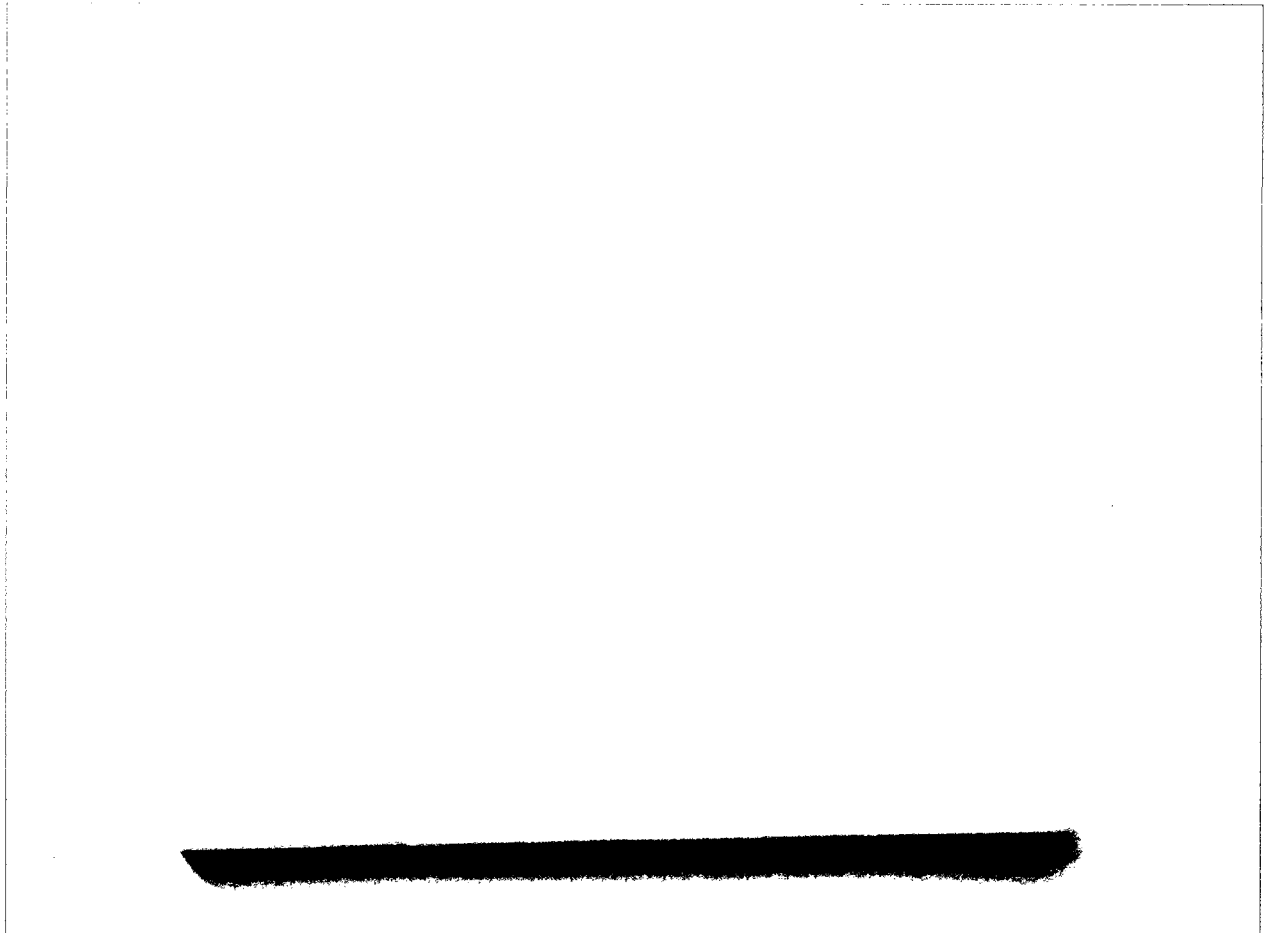


Figure 35: Amanda - “there’s nothing there”

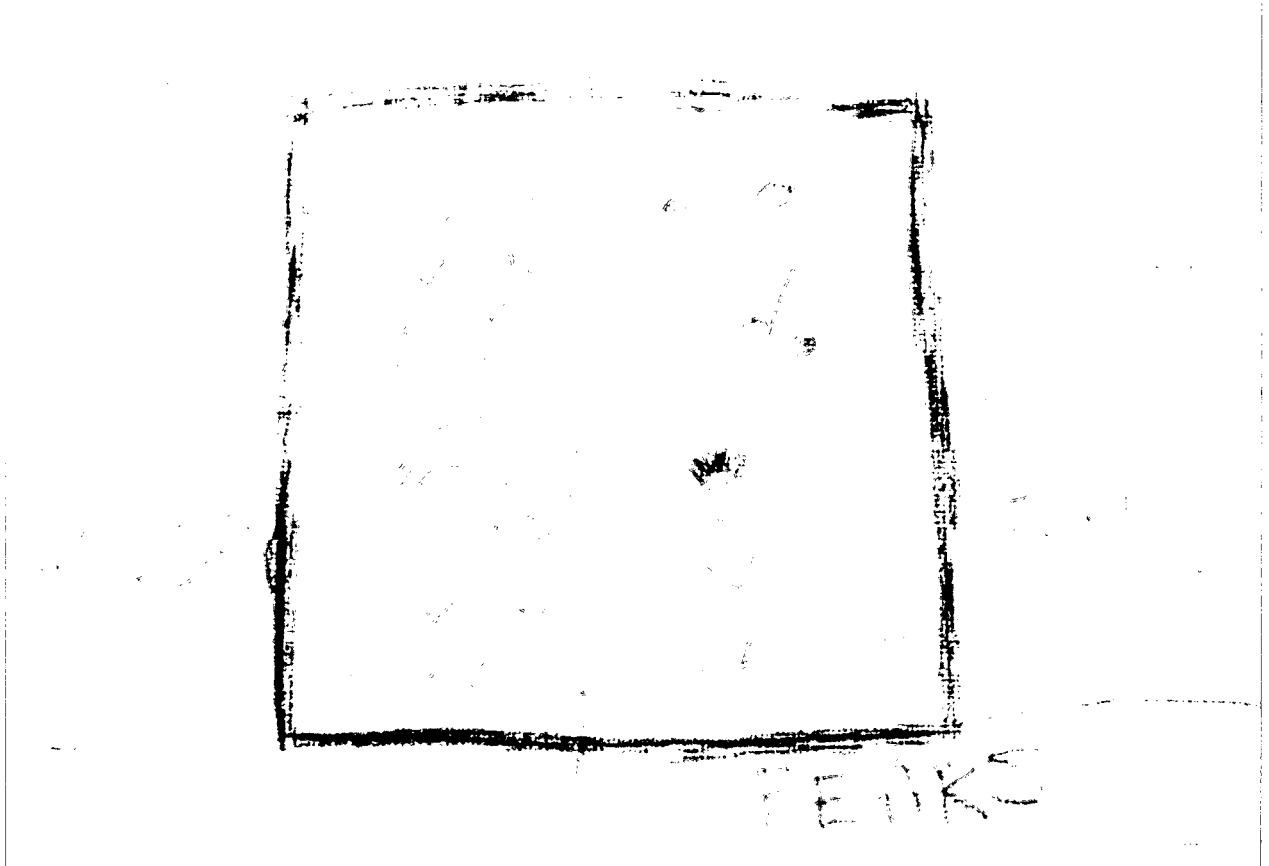


Figure 36: "This is Jenna, ok, the middle part is stuff that I can connection with, so sports and guys, music and friends, and then all the other stuff around are like disconnections, and they sometimes, like (pause) take over (pause) like they're the majority (pause) sometimes."



Figure 37: "This is Vanessa and this is my fridge at home."

Findings from the Discussion on Disconnection and Separateness

Disconnection and separateness were the concepts for the fourth focus group with six girls present. I started the discussion by asking the girls how they would describe the word disconnection and any meanings they associated with the word. Unlike the previous three groups, a number of the girls started with examples. Their examples were positioned within longer stories about parents that included phrases such as, "I really love them and stuff but I can't stand them," and "they really don't get me," as well as, "I feel really distant from them." One girl added "they don't really care." Another example attempted to quantify her experience, "there are times when I feel distant, but it's not all

the time, not like constant, not like 100 percent of the time.” Their stories consumed about 20 minutes followed by another lengthy silence.

When the silence suggested no more stories would be offered I posed a second question. “Everyone has feelings, some are easy and some are hard. Are there certain feelings that you find harder to express?” The question went unanswered. After another period of silence I tried to reframe the question into a statement to see if this might garner any response. “It’s kind of interesting that it’s hard to talk about feelings.” A few heads nodded suggesting agreement. I recycled the earlier question one last time. “Would you say there’s a feeling that harder to express more than others?” Eventually one response came that opened the discussion into a unexpected direction about the feeling of anger.

The opening statement by one of the girl’s was, “I think maybe that anger is hard to express maybe because if it’s like your friend you don’t want to, like, become, like (pause) enemies, you want to stay friends, but, like you’re mad at them (pause) so.” Several girls raised their hands. One of the girls linked this feeling to her parents. “They don’t let you get angry, because they say girls mature faster than guys and girls don’t want to show that they’re immature, or that their anger is stronger than they look. Guys can show their anger a lot more because they know they’re not mature yet.” This last point was taken up by another girl who said, “Girls have to hold it (*the anger*) in, like that.” Deciding that this topic was where the girls wanted to go, I composed several questions to flesh out the discussion as much as I could. I asked the girls, “Why is anger

hard for girls to express?” One of the responses was linked to the feeling of disappointment, as in, “because you don’t want to disappoint anyone (pause) you want to try to have as many friends as you can.” Another response was linked to the consequences of allowing anger to occur. “I find that if you let it all out it just gets you into trouble.” I asked the following question thinking that it might extend the discussion over to the body. I asked, “So, girls hold their anger in. OK. What happens to these girls? How does that impact you when you have to hold your anger in?”

Responses to this question revealed a further dimension of anger. Stories were shared that contained both emotional and physical releases. At one end were emotional releases such as, “you just explode” to more physical ones that included, “you begin to eat a lot” and “you start cheating” and even “I get extremely violent.” One of the more explicit responses given was “you take it out on yourself, and feel the need to punish yourself, and one way of doing that is by making yourself not eat.” Wanting to make the link more explicit between anger and disordered eating, I asked this girl if she could elaborate a little more on her previous comment. She replied, “this didn’t happen to me, (pause) it was my friend. This girl I knew thought she was fat and so she started binge eating and then she couldn’t stop. She started to get even (pause) more angry so then her parents started getting mad at her for binge eating ... and it just goes on.” One of the girls then picked up the discussion with her story. “I’m Leslie, and with my anger I become so violent that my parents have a punching bag in the basement so I can do whatever I want to, to release my anger on that.” Wanting to position the anger in a temporal context, I asked this girl, “When did that start?” Leslie replied, “about in the middle of last year.”

Before I could follow up with another time related question, one of the girls raised her hand. She started with,

um, about that binge eating thing, my friend, when her mom made her move away she got really mad and started smoking, and not eating and cutting herself, and it was all because of anger. Like if my mom was worried she would start paying more attention to me.

Although this response felt more personal than friend related, based upon this girl's profile, I wanted to respect her presentation of the comment. Therefore, I returned to a question used in the Connection and Care Eliciting group to ask once again, "Do you think some girls might do certain things to bring important people closer to them?" While many heads nodded in agreement, only one response was offered. "I think that girls do stuff to bring people closer, but it never works." Another group member asked a follow up question which opened a door to disclosing this girl's ongoing struggles with a friend who cuts and had attempted suicide several times. The words that ended her story were, "I already have problems of my own (pause) I can't deal with hers too." Tears followed shortly after.

I decided to do the artwork earlier than usual to provide this girl some space while becoming very aware of how heavy this group had become.

Findings Resulting from the Artwork and Photo Voice

For this fourth focus group I suggested to the girls that we use clay to sculpt with as a different medium. I asked them to shape what the concept of disconnection looked like to them. Below are pictures of two of the clay sculptures followed by two of the photo voice pictures taken following this focus group. A description was provided for only one of the photo voice pictures. I did not ask for a description for the second picture as I felt it was self explanatory and I wanted to respect the reasons this girl did not provide one.



Figure 38: "this is Leah and mine is a cracked bowl, like it's cracking down the middle and one crack on the side because it's showing disconnection. Once it was whole, and together, but once it's cracked it's spreading all over and without it being whole you can never be together again. If you disconnect with something important."

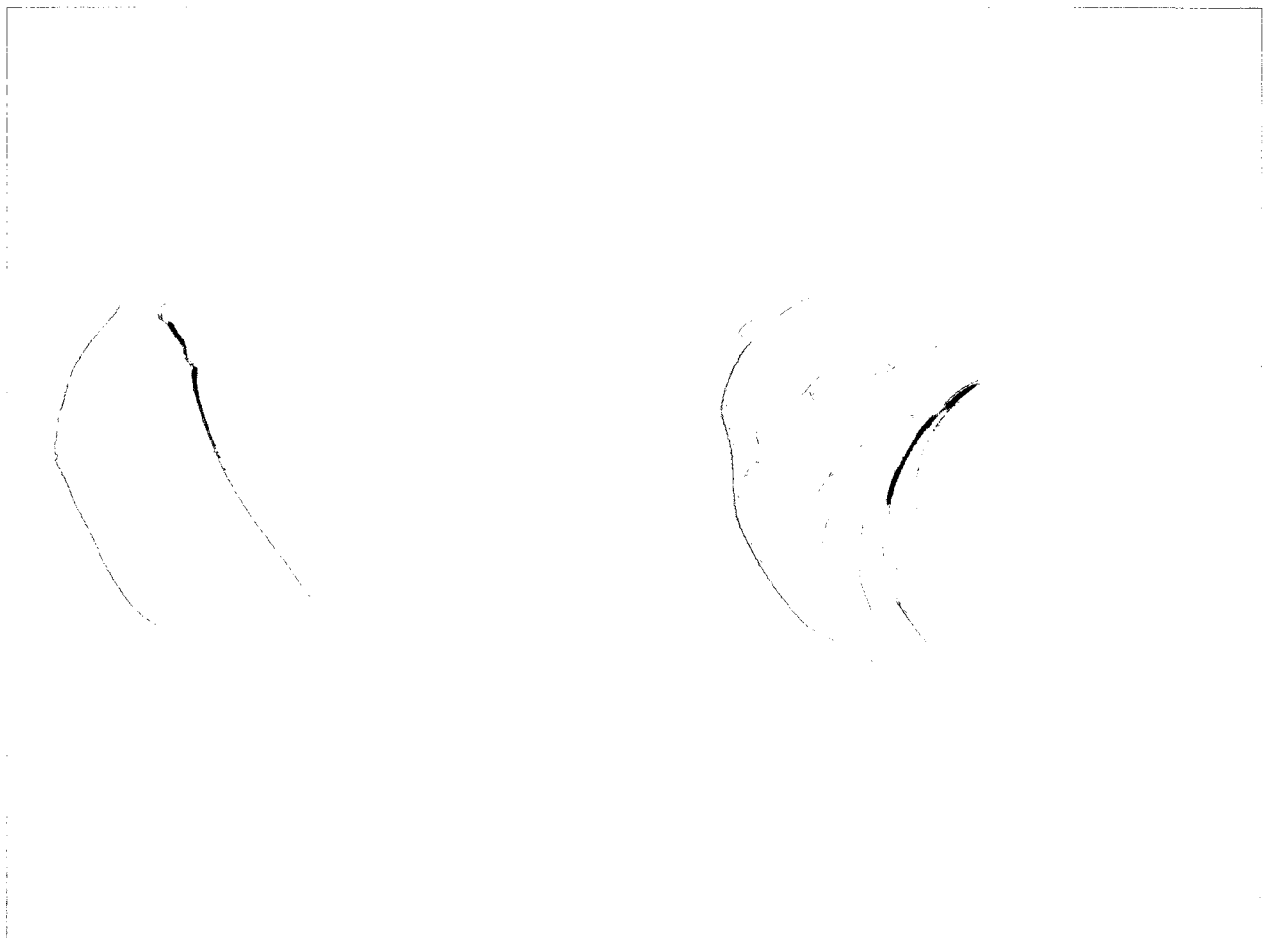


Figure 39: "I'm Molly and mine is there's 2 different plates, and one has a burger and fries on it and the other has a carrot. And it's like two different ways of eating. And there's really no connection between them so it's like disconnection."

After the artwork we briefly resumed our discussion for about another 30 minutes as the mood was subdued and two of the girls were yawning. I asked the girls if they ever felt they needed time or space away from other people. The majority of the girls said that in the case of friends this need was negotiated quite easily, as in “she (*the friend*) knows when I need space and I know when she needs space, so we’re just perfect.” Extending this question to parents resulted in another scenario. As a substitution for verbal responses, two of the girls rolled their eyes. One of the girls stated, “she (*her mother*) tries to get really involved and then I just tell her to back out, it’s my choice, and then she sent me to a counselor.” Another girl echoed a similar sentiment. “Um, my dad’s like, “you can talk to me about anything” but I can’t, it’s so awkward.” The inability to speak to parents for the majority of the girls present extended to topics such as sexuality. The one girl stated that “actually, um, my boyfriend gave me the talk (pause) and I was like 12 years old, most of the time I was laughing and trying to get away from him, but then my parents told him to tell me because they didn’t want to tell me that stuff.” This statement resulted in laughter, occurring for the first time in this group, and so I decided to end on this note.



Figure 40: Leslie - "sometimes it's hard to know what I want"



Figure 41: No description was provided

Findings from the Discussion on Mutuality

Mutuality was the concept for the fifth and last focus group with five girls present. As with the younger girls, this group of girls expressed not knowing what the word mutuality meant. To ensure consistency between the groups, I used the same definition I had used with the younger girls based upon the definition provided by Miller (1986). See Table 2. The question was posed then in the following way, "Can you experience the feelings of somebody while at the same time know that you may have different feelings? Like on the same topic or issue? If you can what is it like? If you can't what do you think prevents this?"

The responses started off with meanings attached to other people who did not understand their (*the girls*) feelings. These responses included, “they try to get away from you” and “they’re anxious and stuff, they’re moving.” A second response echoed the noticing of body language. “They just look like they need to leave; they’re moving their feet or walking around a bit.” A third group of responses related back to parents. “As compared to my best friend, my mom doesn’t understand me at all, like she says something and then she wonders why I get mad at her (pause).” Wanting to flesh out the barriers that prevent understanding from happening, I followed up with the question, “what is happening in the relationships with people who you don’t feel understood by?”

A new area of discussion was opened up with this question. The first opinion offered concerned time. “They need to spend more time with you, and stuff, and get to know you better (pause) so it can make a relationship better or completely destroy it.” The second girl to talk did so around the issue of not telling the truth or lying. She shared, “if I say what I truly think she (*her mother*) gets really mad at me and it winds up with us getting into a bigger fight, and it ends up with me spending the night at a friend’s house.” Alternatively, one of the girls talked about her experience with lying to someone important to her and the damage it caused at one point. “She (*her guardian*) just wants me to tell her the truth, and nothing but, but sometimes I couldn’t (pause) and so I hurt her.” Feeling that this was an opportunity to better understand how potential feelings of disconnection were negotiated within the relationship, I asked her, “What did you and your aunt do to make the relationship better?” She said, “well, we now talk it over, we leave messages on the computer, or just write notes to make us feel better.” I followed

up with the question, “How did this change things for you and your aunt?” Her answer was, “um, we got closer (pause) and I don’t lie as much now, so...” To this comment came a response from another girl, “I hurt a lot of the time, because I’m not truthful.”

Wanting to explore the association between the issues of lying and hurting more generally, I asked the group, “If like Jenna said, when you lie you experience being hurt, then what are some of the reasons for doing it?” The girls took this question to several different areas. One reason given was to “escape your own reality” and distance from what is going on in one’s life, as in, “you lie to yourself about how your life really is.” Another response was how lying facilitated belonging to a group, “sometimes you lie because you want to fit into what everyone else is saying.” Perhaps the most explicit reason offered had to do with protecting oneself. It was stated,

if you stand up and speak the truth you’re going to just get knocked back, down you’re going to get hurt, and then if you stand up again and tell the truth you’re going to get knocked down even harder, so yea.

The discussion also led to some of the disadvantages the girls experienced with lying. These responses included, “you need to lie so good, so it’s believable” and “sometimes you can convince yourself that the lie is the truth.” Believing that the girls would take the discussion to a place that was meaningful for them, I waited and remained silent. Once again they ended up discussing their experiences of being in middle school and the need to fit in, that sometimes involved lying. The ending comment was “In middle school you need to fit in, to feel like you belong, so lying can help you.”

Findings Resulting from the Artwork and Photo Voice

For this fifth focus group I offered the girls the choice to either work by themselves or as a group doing a magazine collage. As with the younger group there was a unanimous choice to work together. I brought a variety of magazines and glue sticks and left it up to the girls to decide how they wanted to allocate space on the bristle board or decide on the content toward the theme of “What does understanding look like to you?” The photo voice picture was selected as it reinforced the theme of music as a medium in which to feel understood by the girls.



Figure 42: The Girls' Collage "What is Understanding"

"I have a bunch of people, like they are actually happy (pause) together, like that, because when you're understood you feel really good about yourself"

"my picture is a three people sitting on the grass talking, like they want to understand each other."

"I chose pictures with different nationalities, and like these two men, because they look connected"

"I chose the pictures of the watches, like, it's time to understand"

"I chose the pictures of the mom and her kid and a guy with his kids, and there's a big difference between a mother understanding her children and a father understanding his children, because mothers always have a stronger connection, I think"

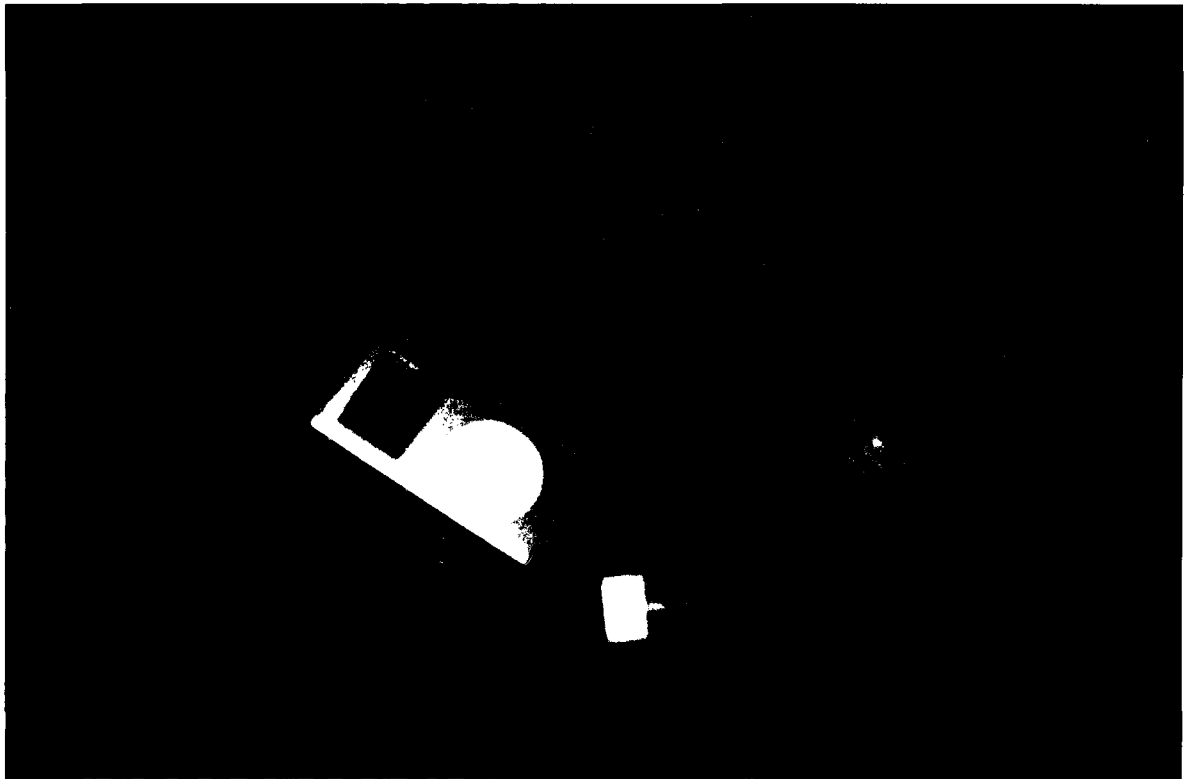


Figure 43: Diana – "music helps me when I can't talk to someone about my feelings"

CHAPTER SIX – USING CONSTRUCTIVIST GROUNDED THEORY FOR ANALYSIS

A description of the approach that was used to analyze the findings will first be described followed by an example. How constructivist grounded theory analysis was applied to the data will receive a more thorough discussion in Chapter Seven for the 11 and 12 year old girls and Chapter Eight for the 13 and 14 year old girls. Congruent with the approach of constructivist grounded theory, a model will be presented illustrating the findings from the two groups.

What is Constructivist Grounded Theory?

Charmaz (2006) charges that many advocates of grounded theory analysis talk about theory but few define it (p. 123). Perhaps this accusation stems from the tremendous transformation and continuing evolution grounded theory analysis has undergone since it was originated in 1967 in the writing of Barney Glaser and Anselm Strauss, who proposed that theory could be discovered through a systematic analysis of qualitative data. Philosophical differences regarding methodological technique led to the dissolving of their relationship, with Strauss joining Juliet Corbin in 1990. Advocating that theory development must emerge from the participants' experiences, versus being forced through a set of rigid analytic procedures, Strauss and Corbin's more collaborative approach ushered in several new interpretative versions of definitions of theory. Of these variations, Charmaz's (2006) interpretative definitions of theory gives priority to the understanding of a phenomenon that assumes "emergent, multiple realities, indeterminacy, fact and values as inextricably linked, truth as provisional; and social life as processual" (p. 126 – 127). An interpretive definition of theory requires an 'imaginative understanding' of the phenomenon being studied, or as Code (1991) writes, an

understanding of “the realization of many other lifelines and experiences, partially separate and partially interrelated and interdependent. Creativity and integrity are interactive and mutually constitutive” (p. 87).

Accepting Charmaz’s proposition that theory is composed of multiple realities requires that further consideration be given to the Strauss and Corbin (1998) definition of theory that states “theory means a set of well developed concepts related through statements of relationship, which together constitute an integrated framework that can be used to explain or predict phenomena” (p. 15). Charmaz suggests one more exception to Strauss and Corbin’s definition of theory; she argues that the terms “explain and predict” reflects their earlier positivist underpinnings and that this part of the definition should be dropped. However, the acknowledgement that theory must describe relationships between concepts remains central to constructivist theory. Adding to this discussion Collins (2004b) argues that the starting point for theorizing should be situations versus individuals; he also asserts that issues at the local level (micro) collectively involve larger (macro) social structures. In essence, a constructivist grounded theory is one that captures the multiple meanings of a phenomenon emerging from the themes of lived experiences in a process that values the interactive process between researcher and participant and which describes relationships between core concepts.

This research aimed to make visible what the stories embodied by girls aged from 11 to 14 years who exhibited signs of disordered eating revealed about the concepts of autonomy and connectedness during early adolescence. In regard to theory construction, an initial task was to describe the concepts that emerged from each group with the secondary task being to explore the interrelationships between the concepts that emerged from each group within the parameters of the research question. This involved a

comparative process of returning to the data to ensure meanings associated with the concepts stayed grounded within the lived experiences of the girls. This last part was greatly aided through the use of sequential focus groups with the same girls over four months conducted in a context where creativity served as the medium to share stories. The multiple pathways of data collection allowed access to both verbal and non verbal pieces of stories. The method served to enable triangulation, but also made more explicit the relationships between different categories that described each concept.

Moving the girls' stories up the conceptual ladder was assisted primarily by one of the theories that framed the research design – Relational Cultural Theory. The range of this theory allows exploration of both meso and macro issues and the interplay between them. My standpoint informed by Relational Cultural Theory that problematic relationships with food are constructed at a societal level, allowed the theorizing to move from the individual to the sociocultural level. This also resonates with how Collins (2004b) defines interpretive theorizing, where she advises that one looks for the social in the individual to expand the reach or scope of the developing theory. Collins' argument transfers well to my research postulating that the stories shared by individual girls speak of sociocultural scripts that value autonomy and independence and devalue connection and mutuality.

Application of Constructivist Grounded Theory to Analysis

Initial Line by Line Coding

While initial coding as defined by Glaser & Strauss (1967) and Charmaz (2006) represents the first step in the analytic process, how one proceeds highlights the difference between the two approaches. Glaser (1978, 1992) suggests embarking on this

step by being void of preconceived concept(s) to avoid tainting what the data may hold. While Charmaz (2006) agrees that keeping an open mind is essential to what may emerge, she argues that it is not necessary, let alone possible, to proceed with the initial coding without prior sensitivity to the larger concepts embedded in the data. Dey (1999) concurs with Charmaz by stating “there is a difference between an open mind and an empty head” (p. 251).

In agreement with Charmaz (2006) and Dey (2004), I began initial coding with a priori sensitivity to the concepts of disordered eating based upon my clinical experience and familiarity with Relational Cultural Theory. However, I attempted to be aware of this lens by simultaneously collecting data and analyzing during the collection process, and watching for when discussion fell away from my guiding questions. I transcribed the focus group audio tapes between meetings held every 3 weeks for two reasons. One was to become aware of emerging processes that were unanticipated and to remain ‘fresh’ to them, and secondly, to conduct an ongoing member check as a form of rigor and trustworthiness.

This initial stage of coding aimed to capture the participant’s explicit and implicit meanings and is generally written in active terms. This initial step is likened to a ‘fracturing’ of the data in that the text is broken down, examined, compared and categorized. Strauss and Corbin (1990) describes the goal of open coding as identifying, naming, categorizing and describing phenomena found in the text using a line by line approach. Charmaz (2005) suggests using action codes that are more likely to display process than topic codes. This latter suggestion is congruent with my research topic based on how body stories symbolize the process of digesting larger social-cultural messages

into symptomatology.

As mentioned, strategies suggested by Charmaz (2006) to guide the line by line coding were considered and augmented by my own interpretation but remained faithful to the following activities;

- Fracturing the sentence into parts
- Looking for actions or processes within the sentence
- Being observant for unspoken statements and/or invisible meanings
- “Explicating implicit actions and meanings” (p. 50)
- Identifying location of gaps and wider meaning of spaces

While I agree with Charmaz (2006) regarding the importance of identifying gaps in the data, I believe that where these gap(s) exist offers a source of information that differs from her suggestion of seeking additional data. This is a critical point when placed in the context of the research question and theoretical framework(s) that guided the study. Hoskins and Mathieson (2004) identified that silent and unspeakable struggles can be uncovered by looking for points of ambivalence in adolescent stories about their bodies and themselves. Moments of silence also suggest incongruencies or “strategies of disconnection within a group” between experiencing a feeling and stating that feeling aloud (Tantillo, 2008). Such strategies take different forms and include what Tantillo (2008) describe as “taking back what they say, losing an idea, changing the subject, focusing on others’ responses, deferring or not answering at all, and making statements of not knowing.” Finally, in addition to searching for nuances within and between the text, line by line coding allowed for an overall assessment of coherence within the response. From attachment theory, the coherence of a story is one indicator of

attachment style for adults, based upon the findings of Kaplan and Main (1985) and Hesse (1990). While an equivalent assessment tool to the Adult Attachment Interview (AAI) has not been developed for adolescents, behaviours predictive of attachment style have been explored (Cretzmeyer, 1999; MacKey, 1999; Latzer, 2002)

Line by line coding was done with the transcripts from the six focus groups of;

1. Autonomy
2. Dieting, Body Image & Disordered Eating
3. Disconnection & Separateness
4. Connection & Care Eliciting
5. Mutuality
6. Meeting of the Groups

The sixth group was the meeting of the 11 and 12 year old girls and the 13 and 14 year old girls and is discussed in Chapter Nine. The line by line coding provided an illustration of frequency and significance of processes within the focus groups as illustrated in Table 5. This degree of closeness to the data also allowed for a feeling of how processes were repeated between the concepts, versus being bracketed to a specific topic. It also allowed me to remain attuned to how the socio-cultural messages around autonomy infiltrated into the lives of these girls' in unanticipated or expected ways.

Table 5: Example of Initial Coding with 11 and 12 Year Old Girls

INITIAL CODING	
Do you ever feel like you're not sure whether you want to stay this age or whether you want to grow up?	
Interview Statement	Initial Coding
—	
well, I think I have to live in the moment (pause - 2 seconds)	<i>living in the moment</i>
I can't think about what is ahead because every time	<i>avoiding thinking about the future</i>

I do it always comes faster than what I would have hoped.	<i>feeling rushed</i>
So it's kind of like once its you have to be happy	<i>wanting to be happy</i>
where you are right now because you're never get it back	<i>missing or losing opportunities</i>
because when you're one age you're never be that age ever again	<i>urgency of moment</i>
(pause - 2 seconds) because you grow up and then when	<i>lacking control</i>
like I remember when I was 5 years old "oh I'm like I wish	<i>reminiscing about the past</i>
I was 10 so I can do all this big kid stuff" and now	
I'm like "oh I wish I was 5 again" aghhhhh cause	<i>regretting earlier decisions</i>
like I didn't really enjoy kindergarten as much as I should have	<i>judging herself</i>
because "I want to be in grade 4" blah, blah, blah and now	<i>wishing to be younger</i>
I'm wishing I was back in kindergarten	

In Vivo Coding

Transcripts from the six focus groups were analyzed using *in vivo* coding. Looking for terminology specific to the girls' language allowed for a more intimate glimpse into the social culture or "social worlds" lived by these participants. Charmaz (2006) adds that unpacking such terms also provides an opportunity to link meanings to emerging analytic categories. Being mindful and listening for words the girls used to describe their social environment both fostered a better understanding for me as an outsider and sensitized me to their genderized discourse. An example is how the girls described the geography of their disordered eating worlds. They talked about 'a line' or 'a point' that seemed to function much like a geographical border, separating two war countries known as eating too little and eating too much. Words such as "taking control," "the point," "it can go either way" and "hard to know the right amount" inferred that eating was akin to a battlefield where a wrong decision could lead to inevitable disaster. The internal tension experienced by some of the girls to remain close to 'the line', while at the same time not to violate it by crossing over, appeared to be emotionally draining. Another 12 year old girl said "it's too much trouble going back and forth, um, like from overweight to anorexia." Being pre-occupied with regulating between proximity and distance to this line also required the girls to factor in the perception of boys as to how they defined the ideal female weight. Sentences such as "boys think they need a girl that's thin and beautiful, not ones that are big, bulky and fat" and "all boys care about is the girls' body

and how they look to impress other guys” suggests that this line may be externally determined by others, including boys.

Of interest regarding *in vivo* terms were the words the younger girls chose to describe the boys’ pubertal development in the form of muscles. They were described as “pipes, guns, thunder and lightning” because they go “bang, bang.” These words suggest an element of danger as well as power. These words were cushioned with admiration that was associated with the physical development gained through weight. A description was given of how some girls would “hang off” a particular boy’s “pipes” because he was “so strong.”

This contrasted sharply to how some of the girls described their own pubertal development concerning breasts. Strong, forceful words described boys pubertal development as compared to the words, or lack of them, to describe female development. In one story the words used to describe breast development was “little specks” while another reference was made behaviorally, as in looking down, with silence. Shame accompanied the experience of physical development as described by the following experience, “it’s kind of awkward because it’s like there’s one guy in my class last year and he said it (*reference to the development of breasts*) and everyone’s just kind of staring and it’s like “Ok, look the other way I’m going, so I went to the washroom and just kind of stayed there for a little and then I came back out and I put my sweater on.”

Secondly, taking *in vivo* coding up to a organizational level provided a framework for studying processes and actions inherent in the concepts discussed in the focus groups. Charmaz (2006) suggests that examining *in vivo* codes at this level will offer clues about the congruence between the researcher’s interpretation and the participant’s verbal statements. While this is true, I am suggesting it goes this beyond this. Unpacking an *in vivo* process also makes visible the degree of coherency between the *in vivo* term and the rest of the response. This becomes especially salient when exploring concepts such as disconnection and voice for the meanings that (in) coherency and (in) congruency can

infer. The following response suggests both. This response was given by a 12 year old girl when asked how she coped during the time she was bullied.

I was like bullied in grade 3 (pause - 2 seconds) because I didn't have all the clothes that everybody else had and I didn't dress the same as everybody else, like because I didn't care what I wore, I was in grade 3 and didn't really care about fashion or style, and I just wore whatever, and everybody just said "oh, look what she's wearing" it was really annoying and then when I hit grade 4 my parents my mom won like the jackpot, she won 2,000 bucks like where she works and we went out shopping and we got like a lot of clothes (pause - 4 seconds) I had a job last year but I quit but I was saving up a lot of money and buying myself a lot, so now nobody bugs me anymore and I've had too many boyfriends to count (pauses for 4 seconds and then laughs).

Unpacking this response into components one observes multiple junctures that contributes to degrees of incoherency and incongruency. In particular, the words "I've had too many boyfriends to count" following by the laughing may suggest relational injuries or anxieties around relationships with boys.

Selective or Focused Coding

The previous line by line coding allowed for the next step involving more conceptual grouping of themes which elevated the previous coding to a higher abstract level. These conceptual themes or codes either assumed more dominance or alternatively proved to be not as significant as originally thought once an iterative process was done. Of the more significant codes, Charmaz (2005) says that they "cut across multiple interviews and thus represent recurrent themes" (p. 686). This in fact happened early into the analysis. For example, one of the themes that emerged from a first analysis of the data from the discussion of autonomy was that of being alone. Using this code to sift through the data again revealed that 'being alone' was used in the context of 'growing up.' The iterative process revealed a relationship between the two codes, redefined then as a focused code of 'growing up means being alone'. Creswell (2007) describes a similar process adding that it is at this stage that the reciprocal relations between the coding of text and the creation of analytic categories becomes apparent. I attempted to remain

faithful to the meanings constructed by the girls regarding a concept by bringing the focused codes back to the group in the way of member checking. Methodical checking, clarifying and discussing the codes with the girls moved this process along in a collaborative way that ensured their voices were visible in the authorship of the research (Mills, Bonner & Francis, 2006).

Following Charmaz (2006)'s lead, codes were kept active and close to the text. This proximity to the data allows for detection of emerging codes that are not part of the original framework of questions. Remaining mindful of the research question during the analytic stage, that is, a search for the submerged lived experiences of adolescent girls, sensitized me to the less explicit themes that surfaced. Using the same paragraph previously coded using line by line coding; Table 6 now illustrates how focused coding was developed.

Table 6: Example of Focused Coding

FOCUSED CODING	
Do you ever feel like you're not sure whether you want to stay this age or whether you want to grow up?	
Interview Statement	Focused Coding
—	
well, I think I have to live in the moment (pause - 2 seconds) I can't think about what is ahead because everytime I do it always comes faster than what I would have hoped. So it's kind of like once its you have to be happy where you are right now because you're never get it back because when you're one age you're never be that age ever again (pause - 2 seconds) because you grow up and then when like I remember when I was 5 years old "oh I'm like I wish I was 10 so I can do all this big kid stuff" and now I'm like "oh I wish I was 5 again" aghhhhh cause	<i>Time passing too quickly</i> <i>Needing to be serious</i> <i>Grieving the past</i>

like I didn't really enjoy kindergarten as much as I should have because "I want to be in grade 4" blah, blah, blah and now I'm wishing I was back in kindergarten

Urgency of time

Lastly, Table 7 makes transparent how discussion of a concept was moved through the coding spectrum.

Table 7: Example of Coding Spectrum

Concept of Autonomy	Line by Line Coding Based upon Transcript	<i>In vivo</i> Coding	Focused Coding
Guided by the following questions: "When you hear the word autonomy, what does it mean to you?" How would you describe it? What kind of things do you think about?"	living in the moment avoiding thinking about the future feeling rushed wanting to be happy losing opportunities urgency of the moment not feeling in control of one's destiny reminiscing about the past wishing to be younger	"just getting by on your own" "means like to work alone and to be by yourself" "you get a little bit older your parents can't help you" "people want girls to be more responsible at a younger age because apparently we're growing up" "I want to be at the age I am" "I want to take it slow" "sad because I'm never going to be a kid again"	Growing up means being alone Getting older means depending less on others Grieving over the past Growing up means more responsibility Feeling conflicted over more expectations

Theoretical Coding

Aside from the above coding levels, there are several other stages or aspects of analysis common to both objectivist and constructivist grounded theory. These include memo writing, code notes, theoretical notes, operational notes, and diagrams. Again differing from Strauss and Corbin, Charmaz (2005) employs only code notes. Another variation between the two types of grounded theory is the term used to refer to collecting additional information through the later use of interviewing in order to reach saturation. Charmaz (2005) labels this stage as theoretical sampling whereas Strauss and Corbin (1998) label it discriminant sampling. Despite the variation in name, the goal remains the same namely to represent a self-correcting step indicating further data is warranted to fill out theoretical categories, look for variation within those categories or to seek precision between categories.

Should the situation have arisen that theoretical sampling was warranted, I had planned to return to my original sampling frame of 137 (minus eight who participated in the focus group) to recruit additional participants. In another variation of theoretical sampling, Rice (2007) used strategic sampling with selected individuals who possessed “insider knowledges” of themes specific to her research and this represents another avenue to pursue if necessary.

The iterative use of theoretical diagramming made visible emerging relationships and linkages between the categories and core concepts throughout the entire data collection and analysis period. This “weaving the fractured story back together” made explicit the similarities and differences between the two groups of girls (Glaser, 1992, p. 72). Table 8 illustrates the extent to which diagramming was undertaken with the data.

Table 8: Extent of Diagramming within Analysis

Group A 11 and 12 Year Old Girls	Group B 13 and 14 Year Old Girls	Group A and B
17 theoretical maps exploring relationships and processes between emerging codes was done	5 theoretical maps exploring relationships and processes between emerging themes was done	6 theoretical maps exploring relationships and processes was done

I wish to note one last point in regard to coding and the themes that emerged. During the analysis, a parallel was noticed between earlier work done by Charmaz (1983) on chronic illness and the stories of the girls in this study when talking about puberty. This parallel concerned the code labeled “identifying moment.” In her research on chronic illness, Charmaz identifies the term as a moment that occurs during a social interaction during which an identity is conferred on a person. In the focus groups the girls talked not so much about an “identifying moment” but rather an “identifying time” that concurred with puberty. Similarly, a social identity was assigned to the girls once the visual marker of puberty arrived, not unlike the identity imposed upon the chronically ill person. The social identity conferred to the girls was described in such terms as responsibility, seriousness, being alone, confusion around friendships especially those involving boys, the clash between pubertal changes and the meanings attached to them and feeling sad.

Concurrent Coding Using NVIVO

In addition to hand coding I also used the qualitative software NVIVO. By concurrently combining the two approaches I was able to employ the advantages of each method. For example, the software was invaluable for containing and categorizing 322 single

spaced pages of raw data that included pictorial versions of the concepts. Split screening allowed for the bridging of concepts where relationships between the multiple attributes could be quickly viewed and possibly explored. As McLafferty and Farley (2006) point out, coding can be multiple, overlapping and can be easily changed as the researcher probes deeper into the material. The disadvantage I encountered was feeling distant from the data at times, feeling removed from the experiences of the girls particularly when they expressed, either through words or silence, moments of sadness and pain. At those times I returned to the print on hard copy to be more fully present in their expression.

Relationship and Rationale between Focus Groups, Artwork, Blogging, Photo voice

Congruent with my epistemological position that female knowledge(s) are diffuse, fluid and defy what Marecek (2002) refers to as categoricalism, I chose to use several different methods to collect the participants' stories. These methods also stepped away from the binary taxonomy applied to eating disorders to recognize that multiple methods are more sensitive to collecting fragments of stories that if collected by traditional methods would be lost. I wanted to extend Gilbert's (1999) argument that the collecting of these stories is important because they represent submerged knowledges, by demonstrating that such stories are not just submerged, they are fragments that are suspended in time, space and context. Equally prominent is my belief that such stories are not submerged as a whole, and even the most carefully executed and sensitive method will not be able to 'collect' such stories in their entirety. Dependency upon a singular collection method represents an invisible layer of oppression, especially in the case of voice, when words and speaking may have been a source of hurt and disappointment.

The multiple and different avenues to collect these shards of stories included focus groups guided by Relational Cultural Theory, different mediums of artwork incorporated into each focus group, an ongoing blog space, and lastly, the inclusion of photovoice. The use of multiple methods is supported by qualitative researchers (Miles & Huberman, 1994; Oliver, 1999; Mason, 2002) to avoid over estimating the “representational or reflective qualities” of interview transcripts, audio and visual recordings. Hunter, Lusardi, Zucker, Jacelon and Chandler (2002) challenge the qualitative researcher to view their data from multidimensional angles to glean the rich multiple meanings and perspectives, yet lament that few researchers actually do this. Similarly, I regarded transcripts as only partial reconstructions of a story, capturing only the spoken word and failing to access the lived experience that is difficult to verbalize. At the same time it is the commonality of the spoken word that connected these multiple methods ensuring that the meanings of these concepts remained grounded in the experiences of the girls.

While other studies have based their methodology on variations of Relational Cultural Theory principles to further understand the phenomenon of problematic relationships with food (Steiner-Adair, 1986; Pearson, 1998; Barth, 2003; Sanfter, Tantillo & Seidlitz, 2004; Hoskins & Mathieson, 2004) my aim was to augment data collection possibilities outside of the primary avenue of the focus group. To collect stories of the experiences around (dis)connection only through one avenue is to assume that such stories are consciously available, or are encased by distinct boundaries, and will surface if given an appropriate context. Certainly the context is critical to support what

Creswell (1998) refers to as unearthing experiential knowledges embedded within lived bodies. However, the context needs to be plural, if fragments of these stories are to be rescued from oblivion.

I was also mindful of earlier work by Hinz (2006) and Levens (1995) who advocate for pictorial representation of voice based on the rationale that language has been historically abusive in the lives of young women in general, but more so in the case of those challenged by eating disorders. To this end, discussion of each concept was transitioned to artwork during the focus group discussion. Different mediums such as watercolor, oil paint, charcoal and clay were used to encourage creativity and simply to support the girls in having fun. The use of artwork was powerful. Silent throughout the discussions, several of the girls found their voice through the art. For the other girls, artwork helped crystallize the meanings they associated with the concepts. Two particular examples will clarify this last sentence.

The first centers on a girl who described being bullied to the extent where the parent removed her from the school as a solution. Her experience included physical aggression and verbal taunting. During the group on disconnection, the girls were asked to mold a picture of disconnection through the use of clay. This girl molded a description of being bullied (see Figure 17 on pg. 114). When she had finished speaking the girls broke out in spontaneous clapping. There was a feeling of empowerment in this girl's tone as she explained her sculpture, as if this time she was the one in control. My interpretation is that this fragment of her earlier story may have been retrieved and through the use of artwork this girl "molded" an alternative outcome where she was

away from a painful situation and empowered. Based upon facial and body expressions, the response from the girls provided validation to this interpretation of the alternative outcome that this girl had shaped with the clay. This example illustrates how an unresolved story fragment was resurrected from the past and through reframing allowed this girl to *reclaim* a sense of esteem and agency.

The choosing of the approach known as interactive interviewing to guide the focus groups was deliberate to create a continuous space that was free of artificial punctuations such as pre-determined categories and questions. My knowledge of the fragility of young girls' voices from my clinical experience, however, paled to what was observed within this group setting. Voice metaphorically became the barometer for feelings of (dis)connection. Had only one verbal data collection strategy been used, such as the focus groups, pieces of stories would have been lost. Other fragments of stories would not have surfaced to become visible. The artwork and photo voice both provided a nonverbal venue to capture the silent or hidden voices of some of the girls.

Similarly, to extend this collection process beyond the focus groups, a password controlled blog was created for the girls to use in whatever way they wished. The blog was created based upon previous research I conducted regarding internet use by marginalized groups, of which individuals with eating disorders are considered to be. Davison *et al.* (2002) defines a population as being marginalized when socio-political forces stigmatize and devalue their social identity. Women have historically been relegated to the periphery, and those with eating disorders even more so (McKenna, 1998; Dias, 2003; McVey, 2007). Dias (2003) argues that the use of password controlled

sites allow for a space where voices are free from public surveillance that judge and induce feelings of shame toward women and girls who experience problematic relationships with food.

Initially the blog was a neutral space used to confirm dates and times for the focus groups but it was soon appropriated by most of the girls to chat between the groups about the concepts, and the use of photo voice. The following is an example:

yo!yo!yo!hey,i was just curious, um when you took a picture of something independent with the camra Colleen gave ya, did you feel like so happyer or lighter after I did, it's weird, but i like it!!!se ya l8er next saturday gurrllssssss!!! peace!! :)

September 14, 2008 Blog Entry

Alternatively, the blog was used for clarifying instructions between the focus groups as in the following question, “do we take pictures of what our voice looks like to us, where our voice feels stronger or weaker, or both? from elizabeth”

September 29, 2008 Blog Entry

The modality of photo voice provided another non verbal venue for the girls to process and interpret the concepts into a pictorial form but in a context familiar to them. Borrowing from an Australian study where the authors employed photo voice or ‘visual narrative’ as a way of supporting a more inclusive approach to working with student identity and voice in a middle school, this approach was theoretically congruent for several reasons. Similar to interactive interviewing, it recast the participant as a co-creator of knowledge, understanding that their interpretive lens captured meaning(s) that escaped my perspective. Lastly, the use of photo voice established what Scheurich (1997) calls ‘local validity.’ Lather (1991) and Scheurich (1997) define local validity as ‘the degree to which the research process reorients, focuses and engages participants in what

Friere calls “conscientisation, or “knowing reality in order to better transform it’ (Lather, 1986 in Scheurich, 1997, p. 83). Put more simply, local validity is the degree to which the research process empowers the participant by verifying their subjective experiences as credible.

CHAPTER SEVEN – ANALYSIS OF FINDINGS OF THE 11 AND 12 YEAR OLD GIRLS

The findings of the five focus groups in addition to the artwork and photo voice were analyzed using constructivist grounded theory as described in the previous chapter. A total of 22 processes emerged that were collapsed into broader ones as illustrated in Table 9.

Table 9: Example of Collapsing of Processes for 11 and 12 Year Old Girls

Feeling frustrated around weight gain Changing bodies and friends Feeling worried about developing or not developing Feelings of shame around changing body or not changing body	Body changes
Worrying about being alone Feeling pressure to be responsible quickly Aware that girls have more responsibility than boys Feeling sad Feeling trapped	The forcing of independence
Feeling sad Missing experiences of childhood Changing friendships Losing Friendships	Grieving

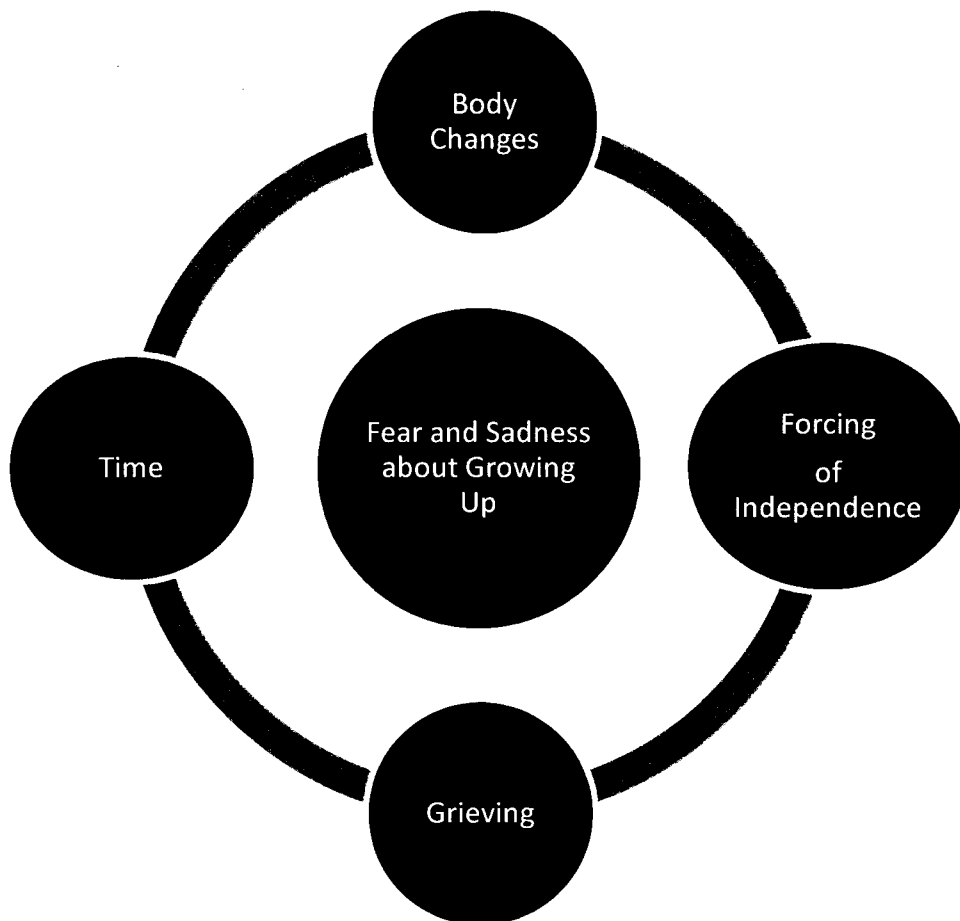
Missing past experiences Worrying about more responsibilities Experiencing time was passing too quickly	Time
Feeling alone when others do not understand Feeling sad Compartmentalizing feelings Talking false Not feeling entitled to an opinion Feeling scared	Not feeling understood Not talking about real feelings Not stating opinions that are different

Following the constructivist grounded theory method, I employed constant comparison between the evolving categories and the text to ensure the meanings remained grounded within the girls' experiences. Two core processes emerged that were most predominant within the girls' stories;

- (i) Feelings of fear and sadness about growing up
- (ii) Language of disconnection

What follows is a description of the first core process "Fear and sadness about growing up" and the related sub-processes. See Figure 44 on the following page. Discussion of the second core process, "Language of disconnection" and the related sub-processes will follow on page 199.

Figure 44: Core Process of Fear and Sadness about Growing Up and Sub Processes



Core Process of Fear and Sadness about Growing Up

Body Changes Linked to Puberty

Body changes were described in the context of puberty that was experienced by two markers – visual and affective. The visual marker took the form of physical development such as breast development, weight gain and increased height. While the girls stated that they intellectually knew this was normal and healthy, the implicit

messages couched in their stories would suggest otherwise, as seen in the following quote:

means that you're going through puberty and you're not losing weight it's because you're going through puberty and your body says "stop, stop, I'm not going to let you do this just let me grow" and and you don't know that, that your body says that, stop feeding me all this stuff I have to grow to get you this body, so....

This statement suggests an internal clashing of opposing messages that cannot find common ground. Recognizing the necessity of weight gain for healthy development is at odds with the cultural value that favors smallness of the female body, heightening the tension between leaving childhood and entering adolescence. Often responses were tersely spoken in a space that concurrently accepted and rejected this developmental change, as in, "bodies are changing and um when you're, when you think, some girls think they're fat because they're not growing but actually it takes time and sometimes *your* body is still growing and *you're* like "why can't I get rid of this."

The arrival of puberty can be an unwanted visitor into the lives of girls. The visual markers of femaleness suggest change that is visible for both genders but results in polarized responses. For the girls, feelings of shame and objectification represented the affective markers of puberty. The advent of development apparently led to a wish to become invisible, conceal external indicators of puberty and escape the surveillance of peers. As one girl succinctly summed up the thoughts of most of her peers in the room "it's pretty uncomfortable for a girl." The theme of wanting to conceal physical development was both observed by the girls and understood by them,

here's Toby um there's a little mini bathroom in the change room and so the door that leads to the bathroom she leaves it open, so she goes against the wall and crouches down and gets changed and everyone asks "why she does that?" and I'm like "she doesn't want anyone to see her.

Having changes noticed by boys resulted in feeling uncomfortable, “it’s awkward because then they see you and they’re like “she has a bra, she’s buying a bra and then the guys kind of stare.” Ironically, the girls offered the opposite response when they observed pubertal changes by boys. The girls were aware of the low comfort level experienced by boys around some hormonal changes, such as voice change. However, unlike the boys, while the girls did cause embarrassment to the boys, they were quick to reconcile hurt feelings, as shown in the following quote, “me and a bunch of my friends noticed that “oh my god he has a deeper voice and so we started talking to him like (dropping voice) “hey guys, what’s up?” (laughing) and then it bothered them and then we stopped doing it.”

It was important to this girl to add “no one got hurt by it.” Extending this accommodation to ensure the feelings of boys were not hurt also included responses to weight gain in boys. Several of the girls spoke of befriending boys specifically because they were overweight. One story was worded, “he was really big and if he walked you could feel the ground rumble but he was my friend but he wasn’t cool because none of the cool kids would hang with him because he was overweight and not um as thin as them.” When asked about the source of this compassion the response was, “I just think that a lot of girls have been like hurt by other people and um they’ve taken it really hard and so they know what it feels like.”

This polarization of response suggests a different set of rules for girls and boys, echoing earlier literature on how girls are socialized (Gilligan, 1982; Belenky, Clinchy, Goldberger & Tarule, 1986; Hancock, 1989). What this finding underlines is the degree of accommodation by girls to boys when weight is the variable, but the lack of accommodation when it comes to themselves and same sex peers. Extending this interpretation further, this data suggests that when a boy’s body is outside of the social norm, girls’ reach out, whereas when a girl’s body is different, boys’ tend to judge and critique. Underneath this behavior, is the ability of girls’ to identify with the hurt when the body does not conform to the societal ideal.

A paradoxical situation emerged for those girls who chronologically reached the usual age of puberty but did not have the visual pubertal markers such as breasts. What was similar was the sense of shame for *not* being developed, with the difference being that this surveillance came from girls as well. The following is an example used by one of the girls to illustrate this tenuous space:

there was this girl who was flat chested, and she just went into middle school, and in every grade, there's at least a few, at least 5 girls with a chest, and she looks down her shirt, and she's sees nothing, except two specks of something, I'm not sure what but, and she, some girls gets pressured, because they want to be like everybody else, and guys will notice.

This pressure to look like the societal ideal even when it means being inauthentic to one's body results in artificially creating visual markers in order to belong. The same girl continues her story:

the girl in my class that I just talked about, um she wears padded bras so then the guys will notice her, um she's flat chested, and um she talks about she's like bigger than everybody and though she has nothing, and she think's that she's bigger chested, and even though she's not because one day she forgot her bra at home (girls laughing).

The girls' stories disclosed that shame lurks on either bookend of puberty – whether one is physically developed or wishes to be. How a girl negotiates this fickle intersection seems to be fraught with pitfalls with no clear or sure direction.

Forcing of Independence at Puberty

A tenuous space was observed and heard when the girls explored the terms independence and dependence and the complexity in which each term is culturally couched in. Independence was described through culturally ascribed benefits including having more freedom and powers of decision making. However, the brevity of the

discussion suggested that what might be more meaningful to uncover were their 'other' stories such as the disadvantages, the forcing of and the burden of independence.

The key term associated with the disadvantages of independence was that of being alone. This outcome surfaced repeatedly and one that was arrived at by multiple scenarios. Finding oneself alone was the outcome when significant others became too busy and would reframe their business as an opportunity for the girl to 'being independent,' as indicated by this statement, "if people are busy or something and I'm lonely then I have to learn to do things independent (pause - 3 seconds)."

Similarly, the following statement comes from a girl who would offer response(s) with what seemed to be parental tones, detected beneath the 'right' answer. In the group she would often assume the role of a peer advisor to the girls as illustrated by the following advice,

that's why you have to learn to do it on your own and then if you do it on your own you're obviously going to learn much because, because you do it by yourself (pause 2 seconds) and no one's around to help you (pause 4 seconds).

There are several moments of hesitation in the above response as shown by the positioning and length of the pauses. The words, "no one's around to help you" suggests this is the experience that goes with the words "you have to learn to do it on your own." Another cultural myth debated within the group was that being independent leads to happiness. One of the girls offered, "like if you're independent you're not always going to be like happy, because if you're independent you're by yourself." What appears to unite these two statements is the experience of being alone as a consequence of being independent.

The girls devoted considerable time to exploring the forcing of independence into their lives at the time of puberty. The Autonomy focus group marked the beginning of these stories that weaved through out the study. Stories emerged that despite independence being a cultural marker of responsibility, they often felt unprepared and

reluctant to accept this task that was synonymous with puberty. Their words suggested that significant others saw independence as an absolute entity versus their lived experience that felt otherwise. As one of the 12 year old girls shared,

It's something that comes naturally over time when you're ready, so for someone to say 'well you're hitting, you just hit puberty or you're supposed to be so now, you're independent (pause) 'go' (pause) it's not really fair.

Those who held power in these girls' lives apparently failed to understand the girls' reluctance to embrace independence. This raises the question of how this reluctance was expressed, or what methods were employed to speak this message. At times there was an edge of exasperation noticed as if the act of independence was imposed against one's will as when one girl stated, "you can't *force* independence you can't *force* responsibility it's something that comes naturally over time when you're ready."

According to the participants, this forcing of independence escaped boys who were thought to be fully aware of this developmental transition but had developed ways to circumvent it, unlike their female peers. Perceiving independence as synonymous with responsibility, the girls spoke of the manner in which boys projected a persona incapable of responsibility through the use of humor. When asked if they thought boys should have equal responsibility, one 11 year old girl replied,

I think that boys should be, I mean girls are more independent than boys, they always just fool around and take everything like as a joke and not seriously and girls can take things very seriously, like a lot more than boys cause girls don't really fool around as much as boys do.

A similar thread ran through the girls' stories regarding the differences in responsibilities between themselves and their male counterparts. Consensus was that it was not the 'rules' framing responsibilities that proved problematic, it was the interpretation of these rules. This difference in interpretation was framed as, "I think that all the rules are the same. It's just that boys just take them differently than girls do."

In other words, through the use of humor boys project behaviors to suggest that they are incapable of responsibility and hence escape responsibility. This behavior is circular and self-perpetuating, suggesting a relationship between the guise of humor and that of evading responsibility. This dynamic did not escape the notice of these girls, whose responses ranged from anger to resignation, as suggested by the following quote:

I think that ah most people think like if its like 'oh well if its for boys' they're like 'oh boys aren't independent' and like the parents usually do the work that's like what like what the boys reputation they just don't do anything it's just like (pause - 1 second) like the parents do it for them but girls um I think people expect girls to do things more than boys because um like the moms like the house moms so she does all the laundry and like so when girls become a certain age they probably think that they should be doing the work but when boys become 11 and 12 they don't really say anything, cause boys are just like that.

The participants indicated that girls are socialized to expect and accept responsibilities associated with independence while boys are concurrently excused. This resignation to gender role prescription is dutifully absorbed by girls with one outcome being the loss of fun, lightness and what Miller (1986) referred to as zest. The girls in the group talked about being serious, feeling heavy, and laden with the burden of responsibility, while at times enviously watching how boys shed such expectations. The lack of playfulness experienced by the girls was described in this way, "girls don't do it as much as the guys do cause most guys always act like the other guys being funny and stuff so they don't get a lot of work and stuff."

The paradox is that girls are commended for being responsible, fostering a sense of self that is dependent upon helping others and being serious, while grieving the loss of what one girl labeled as "being silly." Another 12 year old girl who had a twin brother said "if my brother doesn't really do anything to help then I'll just do it for him and I don't think that's fair." One girl captured the meanings associated with responsibility with a photograph of a cage containing her rats (Figure 21). When asked about her picture, she replied that like her rats, she sometimes feels caged, boxed in and not happy.

The inability to vocally reject expectations of responsibility was evident in listening to the girls' stories. It seemed that strategies to delay this inevitable phase marked by puberty would need to be packaged in a form of acceptability in order to avoid disappointing significant others and betraying socially condoned expectations. The forced assimilation of these gendered politics by the girls rendered them helpless, yet beneath their described behaviors I sensed a welling of hostility.

Grieving

Another category that emerged from the conversations was that of loss. Subtle and nuanced, these losses were not detected initially but surfaced in later stories concerning the meanings of growing up. Out of 20 processes that emerged from the transcripts, over half or 51% contained references to the complexity of challenges the girls encountered as they negotiated the ages of 11 and 12 years.

Their experiences of grieving suggested a slow seeping into different recesses of their lives, not unlike a toxic spill. It was insidious at first, really only noticed after the realization that something previously enjoyed had disappeared.

For example, one 12 year old girl shared a conversation she had had with her mother who told her daughter that she was too old to wear a specific kind of leotards:

I can't wear like (pause 2 seconds) ...these (pause 3 seconds)...little tights like actual tights that goes around your toes anymore, like I can't wear the ones that goes around my toes because my mom I think they're really childish, like they're for little girls, because it's not like you're (pause 3 seconds) a kid (pause 4 seconds) anymore.

In this girl's response, one hears sadness about not being allowed to wear a piece of clothing that reminds her of being younger. One also hears her wish to hang onto a past experience while trying to embrace something that feels less reassuring or familiar, as heard in her words "it's not like you're a kid anymore."

Puberty marked the ending of friendships with both boys and girls, but for different reasons. Friendships with boys underwent a social unacceptance that impacted

even the most enduring of friendships for some girls. The dissolving of a friendship was described by the following words,

like I had a best friend he was a guy, we always used to talk to each other, and then in grade 1 it was like that too, and grade 2 it was a little, then grade 3 not really, then in grade 4 it was just weird, and in grade 5.

For a girl to remain friends with a boy meant challenging socially constructed norms that dictate that opposite sex friendships end at puberty. To reject this norm proved to be a difficult task, as the need to be accepted by same sex peers was stronger than the need to continue an opposite sex friendship. Her words were, “he’s a really great friend, and we’ve been friends for like 2 years now, but every time I go and hang out with him, everyone says that we’re dating.”

Despite feeling not wanted, this forced severing of a friendship was accepted with resignation by the girls, who labeled it as a consequence of puberty. Another girl simplified this conundrum by plainly stating, “it’s hard to be friends with a boy.”

As friendships with boys are ending, those with girl friends are shifting resulting in a space that feels anchorless. Girls watched as their former friends began a metamorphosis

then in middle school she kind of grew up, she started developing and stopped wearing those glasses, she’s also wearing contacts, she cut her hair and she’s also um wearing new clothes and stuff from Abercrombie and Holster and all those places.

While the physical transformation forced an adjustment on the friendship, it was the social shift that suggested the former relationship was ending. This realization was expressed with a tone of detachment, marked by a tone of sadness,

like when I came home from my hockey tournament, I saw her and it was like 50 people at her house waiting to go to the movies with her and stuff and so she’s getting pulled into a group now.

What is common between the above examples is the temporal space of puberty, where girls search for secure ground as they enter a Bermuda like triangle defined by turbulent change and shifting alliances.

Time

The concept of time was associated with melancholic stories about regrets and missed opportunities. With the exception of one girl, time seemed to be experienced by the girls as fleeting and beyond their ability to control. An emotion that was associated with the discussion about time was that of worry.

I wish I were younger and I didn't have to worry about growing up, because, like I play 3 rep sports, and like, I have to go to physiotherapy now because I have tendonitis in my knee and hip, and then I've got um, like a huge, a huge midterm test coming up, and like I've got Ontario tests and that coming and stuff like that, so I've got to study really hard, and it's kind of a lot of pressure, and it's really hard to do all my work at once.

The infusion of worry into the concept of time was sometimes done by parents, illustrated by the sharing of this story by a 12 year old,

I was kind of thinking the other day my mom got mad at me because I forgot to do my homework and I had a sports thing that evening, so she gave me a talk and she talked about how, it's time to grow up, and you need to start doing your homework and stuff, because, um, like, time doesn't wait for you and before you know it you're going to be in high school and going to college and stuff, and grades do matter then, and if you don't get your stuff together, then you're going to wind up in a bad situation when you're older.

The sequential linking of consequences resulting from 'wasting' time proved to be sobering for this girl. How time was commodified by this parent infers that time left unstructured is risky and dire outcomes or "bad situations" await anyone who squanders it. Time was also discussed as fleeting. There was a somber recognition that time had a velocity that was immune to change.

it's kind of like 7 years passed really fast and it's kind of scary because (pause- 3 seconds) I'm going to high school in 2 years like and I wasn't expecting it to come this quickly and it's almost like you want to stay where you are right now because you're not ready to grow up yet.

This response infers that delaying development is wished for in order to more fully experience the present. The imposing marker of high school sparks a feeling of urgency that more time is needed, and that there is 'unfinished business' to address. Intertwined with this fear is the feeling of regret that past experiences were not relished enough, suggesting a latent feeling of judgment.

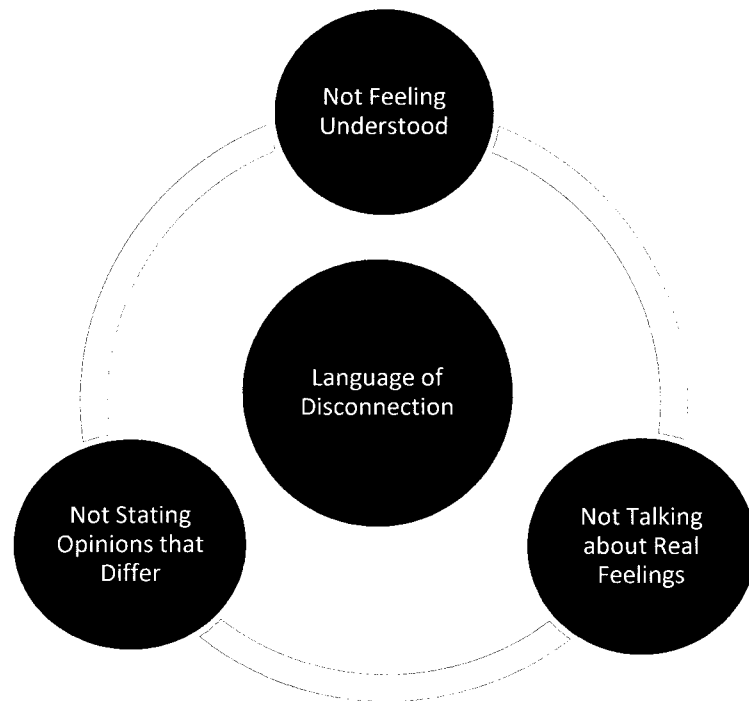
I remember when I was 5 years old "oh I'm like I wish I was 10 so I can do all this big kid stuff" and now I'm like "oh I wish I was 5 again" aghhhhh cause like I didn't really enjoy kindergarten as much as I should have because "I want to be in grade 4" blah, blah, blah and now I'm wishing I was back in kindergarten.

These stories were pensive, holding a maturity that aged their young story tellers. Wanting to recapture the past and re-live developmental benchmarks was a common theme that weaved through out these preadolescent stories.

Core Process of Language of Disconnection

The second core process that emerged, "Language of Disconnection," had three related sub-processes that are illustrated in Figure 45. Each of the related processes will be described starting with "Not feeling understood" followed by "Not talking about real feelings' and ending with "Not stating opinions that are different."

Figure 45: Second Core Process of Language of Disconnection and Sub Processes



Second Core Process of Language of Disconnection

Not Feeling Understood

The process of not feeling understood dominated the focus group on Disconnection and Body Narratives and that of Mutuality. Relational Cultural Theory defines feeling understood as an important building block in constructing Mutuality. Jordan and Hartling (2002) define mutuality as the reciprocal appreciation of another person with a special awareness of the other's subjective experience. Acknowledging another's subjective experience empathically fosters growth by strengthening connection. However, when the subjective experience is responded to with indifference, additional injury or degradation of the experience, (dis)connection occurs with the injured individual adapting strategies or maladaptive ways to keep the relationship going (Miller, 1988; Walker & Rosen, 2004).

The language of disconnection spoken by the girls suggested a relationship between not feeling understood and being metaphorically or physically invisible. One girl described what it felt like for her, “sometimes I do feel alone, because, um, like everybody’s like having fun and while I’m off thinking about something else, and people don’t like, like I try to explain it to them, but they don’t understand and it just makes me feel alone.”

I followed up with an unscripted question asking about how this impacted upon the friendship. While her response was somewhat expected, it was the manner in which it was paced, specifically the location of the pauses that spoke of the impact, “I just want them (*her friends*) to understand and they don’t so it’s kind of like (pause - 2 seconds) it creates tension almost (pause - 3 seconds) between the relationship.”

The positioning of the pauses suggests that words too raw to articulate were avoided. Suppressing such feelings allowed this girl to maintain some semblance of a relationship to continue, or in Relational Cultural Theory terms, some aspects of her (self) were taken out so that she could stay in.

Sadness was also expressed as an outcome when attempts to be understood failed. Not an ordinary sadness but a “heartbroken” kind.

sometimes I feel disconnected like from some friends sometimes because um sometimes they understand about what you’re saying and how you feel but other times if they tell you to “get over it” like that I feel like disconnected to the feeling to them and then like heartbroken (pause - 4 seconds) and I’m going to pass it onto Elizabeth.

This sentence suggests the feeling of not feeling understood. Injured feelings by not being understood by friends were violated further by an indifferent response, an empathic failure. The degree of this heartbroken feeling is too great to fully process, as strategies to move away from this feeling are observed. There is a long pause and then the microphone is quickly passed to another group member. With other girls the

relational violation can be abrupt, hard and cold, as being told to “shut up” or being made to feel invisible.

What is visible in this exchange are multiple strategies to keep remnants of a relationship when one doesn’t exist. The dichotomy of feelings versus behaviors speaks loudly of relational disconnection while an authentic voice remains silent. Jordon and Hartling (2002) write that relational disconnections occur when the less powerful person in a relationship is unable to vocalize her authentic feelings or receives responses of indifference, denial of feelings or additional injury. In listening to the stories shared by the girls, what party holds the power can be a finely nuanced and negotiated line. One girl labeled the perpetual shifting of power in some relationships as “fickle” and provided an example of what this looked like to her, “like one day they’re your friend and then something small happens and then they just overreact but then the next day they’re like your best friend and sometimes it can get kind of annoying.”

This pendulum of power within a relationship negates the establishment of authenticity as one realizes the inevitability of affective injury. Being armored for such injury prevents the release of authentic feelings so that a pseudo self frames any interchange between the two parties. This argument is illustrated in the following dialogue between me and this girl:

I find ah what like when you fight with a friend a lot, um, and then you make up the next day and then you keep doing that and doing that, it’s sort of the friendship is fake after awhile, like unrealistic.

“Like not real?”

(Elizabeth) “yea, and you can’t trust each other anymore.”

Not Talking about Real Feelings

Another process that emerged from the girls’ stories was about not talking about their real or authentic feelings. This was achieved by using two strategies that overlapped in varying degrees depending upon the relationship;

- compartmentalizing feelings
- adopting pseudo talk to mask authentic feelings

At times both strategies were used to maintain the appearance of a relationship even when both parties recognized the relationship as void. One theory as to why girls would knowingly participate in this charade is that it is preferable to be in an injurious relationship than being alone. The following segment is from a larger story where a girl bracketed her real feelings in order to have the relationship continue. The story had to do with feeling uncomfortable with a friend's decision that eventually resulted in an argument. The degree of discomfort this girl felt around the argument led to her falsely agreeing, because "even though I didn't feel like we were ok I still said yes, because I just wanted it over, because she was a really good friend."

The urgency to avoid disconnection negated an opportunity to tolerate different feelings than the friend, preventing possibilities to grow individually and relationally. It is interesting to note that despite this relationship involving a "really good friend," a difference of opinion could not be tolerated. This raises the question of the authenticity of the relationship. Later during the discussion on disconnection I posed the question, "Do you ever act in a way but it's not really how you're feeling at the time?" The same girl responded with an answer that shed light on her earlier comment.

it's kind of like that when I'm in a fight with my friends cause I know when you're in a fight you kind of want it to end as soon as possible, even if it hasn't reached a revolution, like a resolution, sorry not a revolution (laughing).

The use of the word revolution for resolution is interesting. Fearing that an open difference of opinion or even the expression of true feelings holds the potential of tipping a delicate balance into chaos, she appears to be sacrificing her voice to avoid contention within the relationship. The above example highlights the dilemma of fighting for these girls who are learning that "fighting is wrong, and that good girls are nice and kind" (Debold, Wilson & Malave, 1993, p. 137). Apter (1991) writes that girls entering

adolescence need to be taught not that fighting is wrong, because it emulates the masculine virtue of self restraint, but how to fight rather than suppress one's voice.

Anticipating injury can also lead to adopting pseudo or superficial language with others. One of the girls shared a story on how she attempted to contain sad feelings around her uncle dying because she anticipated friends at school would be dismissive.

Alex also sits next to me, and sometimes in the morning, he'll say 'what's happening? How are you feeling today?' and I'm like 'oh yea, I'm fine' but, um, I'm actually kind of sad because my uncle, he has neck cancer. I don't always think that he's going to live really, and so, um, I don't show sad feelings at school though, like I'll, I'll pretend that I'm happy all day, but when I get home, um I will just stop and think and have a crying breakdown (pause - 3 seconds) so, if he dies, and um, and so I don't share those types of feelings at school because I don't know how the kids at school are going to react thing, 'oh my god, it's just cancer, they'll just get it away, blah, blah, blah' and and so I just pretend that I'm happy, and that's everyone's ok (pause 5 seconds) but it really isn't (trying to hold back tears).

One could sense the fragility inherent in her struggle, barely contained while at the same time so painfully visible. Restraining feelings about an impending death while projecting a false façade is difficult, if not impossible, for anyone much less an 11 year old girl.

Another type of story pertaining to not talking about real feelings had to do with lying in order to protect a friendship. These omissions of truths centered on scripts about weight and the body appearance of friends. Again, there existed a tacit awareness by both parties that truth, or shards of truth, were missing. The girls knowingly engaged in pseudo talk while another storyline was being played out in their heads, one that was authentic to the situation, as displayed by the following statement which reflected several examples. "Girls um um they don't want to hurt the girl's feelings so they just say "you're beautiful" but they actually think "oh my gosh, she's fat and stuff like that."

Here lies the paradox of adolescent relationships when issues of weight, body image, accepting, rejecting, belonging and aloneness are crystallized within a single moment of truth when a friend asks "Do I look fat?" Stories shared by the girls uniformly

advise that one must lie. Speaking an untruth is believed to rescue the friend from the precipice of honesty, a place where the truth is believed to cause irreconcilable harm to both parties. The party receiving this false talk is fully aware that it is just that as exposed by the following awareness, “they just say “aghhh, who cares” you’re perfect like that and they actually don’t mean it.”

Ironically, the superficiality of this pseudo talk contrasts sharply to what the girls say they appreciate most about boys –the fact that they are, albeit crudely, truth tellers. In following up with this line of discussion, the girls offered an explanation that made conspicuous how the genders are socialized differently.

girls ah really try to be nice to people because they don’t want to hurt other people’s feelings so you can’t always trust them to make sure they’re telling the truth, boys on the other hand don’t do that... boys say the first thing that comes to their mind so like if somebody’s really fat, they’ll just like say it ‘you have rolls or whatever’, they’ll just point it out right to you.

The social indoctrination of girls to be ever protective about the feelings of others especially in the areas of weight and body appearance appears to condone the use of mistruths, resulting in the formation of pseudo language and ultimately pseudo relationships. Such relationships are void of real substance, such as honesty and trust, and are pieced together as an alternative to being alone. As long as girls are socialized to be caretakers of others, which translate to being silent on contentious issues, they are deprived of the privileges associated with truth – to speak out about unrealistic body ideals, challenge expectations of independence and lay claim to time and space free of gendered responsibilities.

Not Stating Opinions that are Different

Another sub process under the language of disconnection process is that of not making verbal opinions that are different. While this process may appear similar to the previous one, and does overlap in varying shades, it emerged as a separate but connected process in its own right. Three properties of this process emerged;

- not feeling entitled to a different voice
- degree of visibility of opinion
- detouring of thought

Ironically, the property of not feeling entitled to voice a different opinion was nuanced and difficult to detect, mimicking the property itself. The cultural proscription to acquiesce placed some of the girls in a double bind – to express their opinion would break the gendered script but to remain silent burrowed into one's esteem and worth. Meeting as a group over the four months I noticed a faint but persistent storyline emerging. At times this storyline took the form of a response to our discussion while other times it surfaced during the artwork.

The emerging storyline had to do with situations where the body assumed responsibility when voice faltered or disappeared. These situations centered on times when verbalizing a differing opinion was simply too much to contend with and the body took over. This was a pattern noticed with several of the girls who found themselves in situations where their actions clashed with their set of values. Entitlement to voicing disagreement failed or was disregarded. Stories were shared that exemplified how the body rescued in such dilemmas, as in "I get a headache or like when I know something wrong like my friend asks me to go into a store and steal something (pause - 3 seconds) I like get really sick, like I might even throw up cause (pause - 4 seconds) it just feels so wrong." To make the link between the invisible voice and the rescuing body I asked the question, "What was that sickness saying? Like if that sickness had a voice, what would it be saying at that time?" The response was, "like ah that's what you're doing isn't right, walk away, stuff like that." Other storylines that emerged related to how the body functioned as a vehicle to go to a safer place through the manifestation of symptoms. Examples of these storylines were visible during the focus group on Disconnection. These stories suggest that when feeling intimidated, unsafe or powerless, these girls' voices were rendered silent.

Another property involved stories where the offering of voice was made more palatable by being served in fragments. Stories around the issues of dieting and body

narratives were more likely to be delivered in smaller portions, as if the entire story was too much to share in its entirety to group members. I referred to this as 'truth couching' to suggest that being truthful in the group might have felt too risky for some girls. For example, one of the girls spoke convincingly of the drawbacks of dieting, the advantages of healthy eating and the need to accept one's body shape. Her drawing, however, displayed an incongruent message to her words. The girls were asked to draw a picture to the following question, "if your body had a voice, what would it say?" In describing her picture this girl had the following response, "my picture is about a stomach and its saying like "feed me, feed me" because it's like um its rumbling." (See Figure 9).

The clashing of this girl's words and visual representation of what her body is telling her suggests two things. Her earlier responses were carefully crafted to seek acceptance by myself and group members who knew what the 'right' answer was. Secondly, drawing allowed a spontaneous space to be freer with authentic feelings allowing this small fragment of truth to slip through undetected.

Artwork proved to be a safer outlet for one girl who was almost completely silent for all five groups, but was able to clearly articulate her feelings through the drawings, clay work and photo voice. Her verbal contributions consisted of "I don't know" and "no, not really." More often she was silent or shook her head "no" when the recorder was passed to her. Her artwork however, consistently provided a forum for this girl to belong and participate. For a brief segment of each group this girl 'spoke' as an equal to her peers through her creativity. Confidence in her artistic abilities opened up a space for her voice to slide through the impenetrable barriers of words and to momentarily belong. Photo voice translated her feelings into a medium that did not require words but clearly spoke for her. For example, her photo images of connection reflected a theme in most of her artwork which was her grandparents' trailer in the country that included a swing set. It was clear from the frequency in which the swing set was included in her artwork that it held fond memories, perhaps of an earlier time when life was experienced as freer and without the familial complexities that growing older may have thrust into her life.

Lastly, truth at times seemed too potent to voice and various strategies were noticed that functioned as detours to reroute thoughts and or feelings. While this property emerged throughout the interviewing process, the following example provides a typical illustration. The question posed was, “How do you know, when somebody understands what you’re feeling?” The response given was, “I think that being understood um is when people understand you, like connect to you, um like understanding how you feel, listening to your thoughts and emotions, and stuff like that, and um, being understood, um, is um, I forget what I was going to say, um” The question was visited three times by the same girl. Each time the response was suspended in the form of forgetting.

Summary of Analysis for Group A – 11 and 12 Year Old Girls

The verbal and visual stories that emerged from these girls spoke clearly of how little we understand of what they experience during the pre pubertal ages of 11 and 12 years of age. Puberty marks a watershed of grieving for these girls who are confronted with change at such velocity that the body signals distress by displaying signs of disordered eating. Misunderstood by caregivers and professionals, these distress signals are largely ignored and the body is then forced to assume more serious signs of resistance.

However, it is not just the multiplicity of concurrent changes that emerged in their stories, but the sociocultural messages embedded in the changes that prompted some of these girls to feel rushed, question what they were losing, and facing the prospect of additional responsibilities alone. Socialized to respond with answers that please, rather than to challenge and confront, these girls are strangers to their own voice at a juncture in their lives where they need it the most.

The two key processes that emerged from the girls’ stories –Fear and Sadness about Growing Up and Language of (Dis) Connection - are neither separate nor dichotomous. Rather they are fluid and spill over into each other with boundaries that shift according to the girl, her story and the moment in time. As an example, the category of time under the theme of Feelings about Growing Up appeared in some of the stories

under the theme of Language of Dis (Connection). A girl described how she bracketed her real feelings regarding wanting to be friends with boys but sensed that this was wrong.

other people I want to be connected to, it's kind of weird, but some of the guys in my class, they're really nice right, but you don't want to be like, you don't want to say like 'we connected' because that's just kind of weird, and it's kind of like um like people just think like if a girl and a guy are friends and people will think that they're like girlfriend boyfriend and so that's why its like whatever.

For these girls growing up means having to learn the language of (dis)connection in order to conform to the sociocultural scripts regarding gender. To extend this argument further, it means they need to contain and suppress authentic feelings in order to be validated by larger systemic structures that reinforce andocentric roles. This point was acutely made visible by one of the girls who clearly knew what independence meant, but wasn't sure about the meaning of dependence. However, she assumed that the latter "must be bad" because "no teacher ever tells you to work dependently." These dominant yet implicit messages that are ingrained into socialization processes, including the education system, make it difficult for girls to detect and vocalize what it is they intuitively feel.

This last point was reinforced during the last focus group. Up to this point I had structured all of the artwork to be solo efforts by the girls based upon the rationale that I could understand their individual stories more fully. During the last focus group, the concept of mutuality was discussed that included talking about the reciprocal dynamics of understanding. In contrast to the earlier groups, I asked the girls whether they wanted to work on their own or together as a group. The unequivocal decision was to work on a co-constructed collage representing their collective images on the concept of understanding. As an observer it was interesting to see how the girls negotiated the dividing of space, selection and arranging of pictures, and the manner in which they presented it. When given space where choices are available, free of judgment and presumptions, these girls held an extraordinary ability to represent their authentic selves, voice their opinions but also hear others, and to disagree. They volleyed freely between making independent and

dependent decisions, rather than demonstrating behaviors dichotomized into an “either or” category. Their voices were clear, unburdened by gendered scripts and spoke of commonalities of ideas but also of differences as they co-constructed the collage.

The memos I wrote during the data collection process helped clarify what storylines traversed across the five focus groups. While many smaller ones would frequently surface during our discussions, three storylines became more emergent. They were (i) ascribing to gender roles means frequently feeling inauthentic (ii) growing up means being alone (iii) the responsibilities associated with maturing and ‘becoming independent’ makes girls serious and sad. Memos were also used to record my observations during non taping times, such as snack and artwork time, as well as my reflections during drop off and pick up times. By doing so, a property emerged that was critical to understanding the depth to which some girls will tailor their behavior to avoid offending others. This was especially noteworthy as it involved the restriction or non eating of food. Several of the girls stated that regardless of feeling hungry, and having a lunch packed by a parent, they would decline to eat it if a friend was not eating. This unspoken rule was clearly understood by the girls and it appeared to be a norm that went unchallenged. This small fragment of a story captured in a memo bridged two emerging themes -disconnecting from the hungry body in order to avoid making a friend uncomfortable. How one reconciles these two opposing desires is not just difficult but places a girl in a non negotiable space bookmarked by disconnection on either end. To feed herself she offends a friend, yet to preserve the friendship she must detach from her hunger. The analytic quality derived from this memo is that the language of (dis)connection includes physical detachment, and is not restricted to words or pockets of silence.

Although Charmaz makes a case for theoretical sampling to fill out or develop the properties of the identified categories, the multiplicity of data collection sources used throughout the research process made this unnecessary at the end. This is not to suggest that it was a priori assumption. In many research studies a single method is justified to collect field data. However, because of my epistemological standpoint that subjective

knowledge(s) are not singular, the spectrum of methods that included extended field time, sequential interviews, artwork, blogging, and photo voice provided abundantly rich and dense data during analysis to satisfy this requirement of grounded theory. In fact, this represents a break from Charmaz's approach in that she states theoretical sampling is an option to distinguish between data categories. However, I found that the categories that emerged from the more dominant process of 'Feelings about Growing Up' had parameters that were more porous than distinct. An example will clarify this last point.

Under the category of Body Changes I collapsed the pubertal changes described by the girls into the properties of affective and visual markers. These markers hold the potential to shift relationships into uncharted territory, meaning that the degree to which physical development happens 'creates' new friendships while straining others. Girls who experienced a bigger transformation in appearance were stated to sometimes leave less developed friends behind, and so new alliances were formed while others diminished. This resulted in the grieving by some girls of former friendships, leaving them feel sad and alone. Magnifying these feelings were new expectations of responsibility being ushered in with puberty, intensifying feelings of aloneness and wishes for simpler times when friendships were predictable and responsibilities felt less heavy. While this storyline does take different forms depending on what concept it is positioned in, it unites fragments of a story into a more textual one enhancing one's understanding of what girls experience about growing up.

Adding to my rationale of not doing theoretical sampling at the end of the data collection as suggested by Charmaz is an argument made by Albas and Albas (2004) who used member checking as a way to develop emerging properties. They would observe the participants' expressions to determine whether their interpretation fit the participant's experience and if not, they would use that space to engage in a discussion. The authors used their own observations as a baseline from which to determine whether they were successful in accessing an accurate meaning of the participant's experience. Using an ongoing member check meant I used space at the beginning of each group to reiterate my interpretation of our discussion from the previous group. As expected, there were times

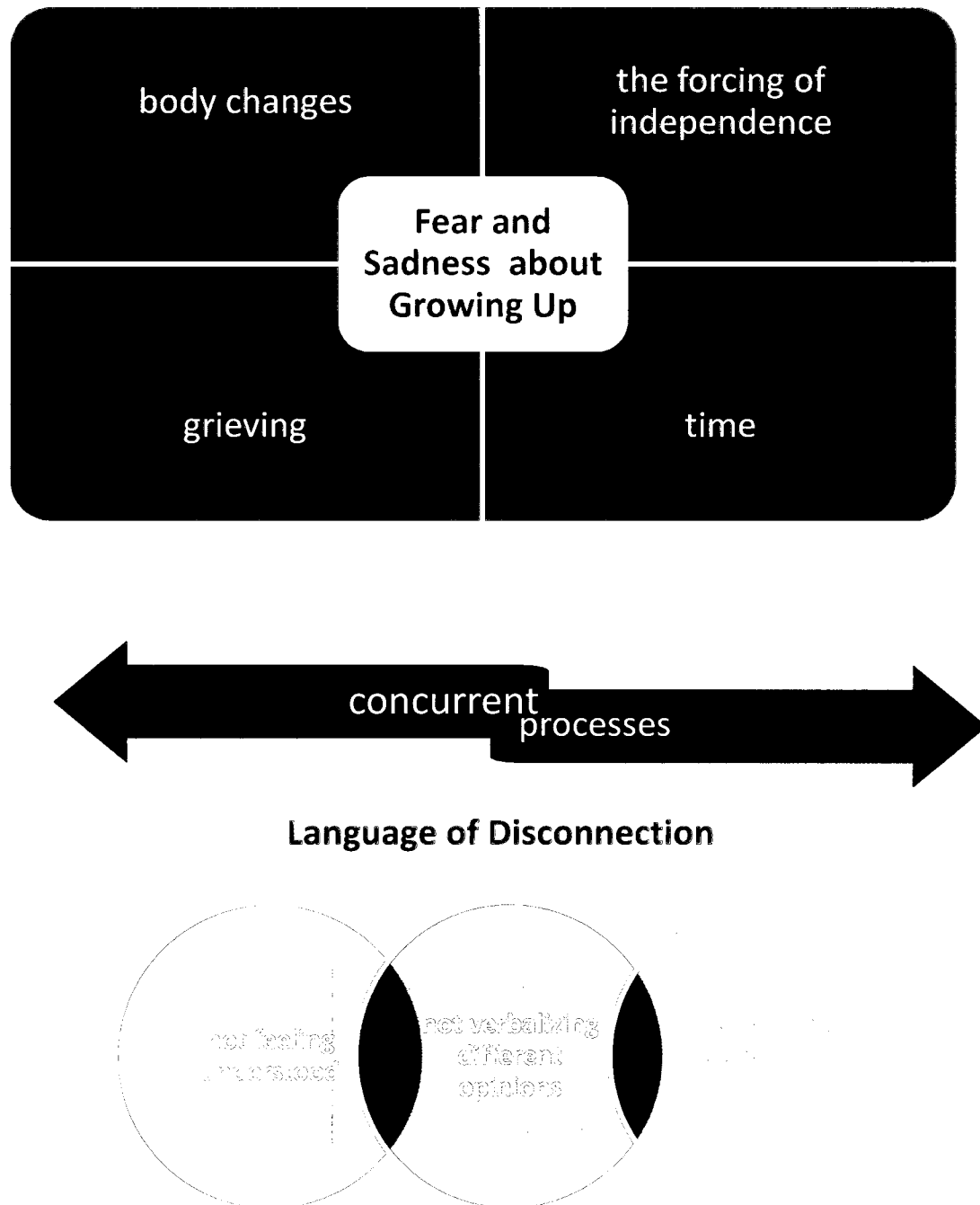
that my interpretation was not accurate and it was both the verbal and nonverbal responses that alerted me to whether I was understanding the girls' lived experiences correctly or not. For example, the concept of time was not a focal point when planning the focus group discussions but emerged as a finding under the process of Feelings about Growing Up. One of my member checks around time included observations recorded in my memo notes on how some girls appeared to delay leaving as the groups were finishing. In particular, I noticed how four of the girls would frequently erupt in boisterous behaviors when their parents arrived such as skipping around the room, running in the lobby, giggling hysterically or more simply put, 'acting silly.' Linking this behavior to the individual case profiles revealed some similarities. Three of the girls were in competitive sports and in many cases they either were coming from or going to practices. The other girl appeared shouldered with considerable responsibilities regarding the caring of her uncle who had cancer.

My impression from these observations was that these girls were missing time simply to be free of responsibilities, schedules, performance expectations and competition. During the following member check I offered my impression to the girls to garner their response. After a few moments of silence, the girls broke out in laughter as if a secret had been found out. My observation seemed to both startle them and confirm something that they were aware of but had not made verbal during our discussions. This moment revealed a nuanced property of time that I might not have noticed were it not for the memo note made outside of the discussion time as well checking out a non verbal observation. Perhaps the message given to the parents was that being non responsible or scheduled was craved, with the girls snatching any small amount of time to 'speak' this message through their behavior.

Summary of Findings for Group A – 11 and 12 Year Old Girls

A summary of the processes that emerged from the data with the 11 and 12 year old girls.

Figure 46: Summary of Findings for 11 and 12 Year old Girls



CHAPTER EIGHT – ANALYSIS OF FINDINGS OF THE 13 AND 14 YEAR OLD GIRLS

The findings of the five focus groups in addition to the artwork and photo voice were analyzed using constructivist grounded theory as described in Chapter Six. A total of 18 processes emerged that were collapsed into broader ones as illustrated in Table 10.

Table 10: Example of Collapsing of Processes for 13 and 14 Year Old Girls

Dieting to belong Eating/not eating as a way to connect Changing to fit in Seeking connection in unhealthy ways Parent's influence on dieting	Dieting as a Means to Feel Belonging
Dieting as a safe way to compete with girls	Dieting as a Safer Way to Compete than through Voice
Difficulty talking about feelings Not feeling understood Dieting as a voice of anger	Voice of Anger
Conforming to societal rules by eating anger Confusion about the right weight	To Gain Approval
Lying and being truthful Truth couching Language of lying – unwilling participants	The Language of Lying

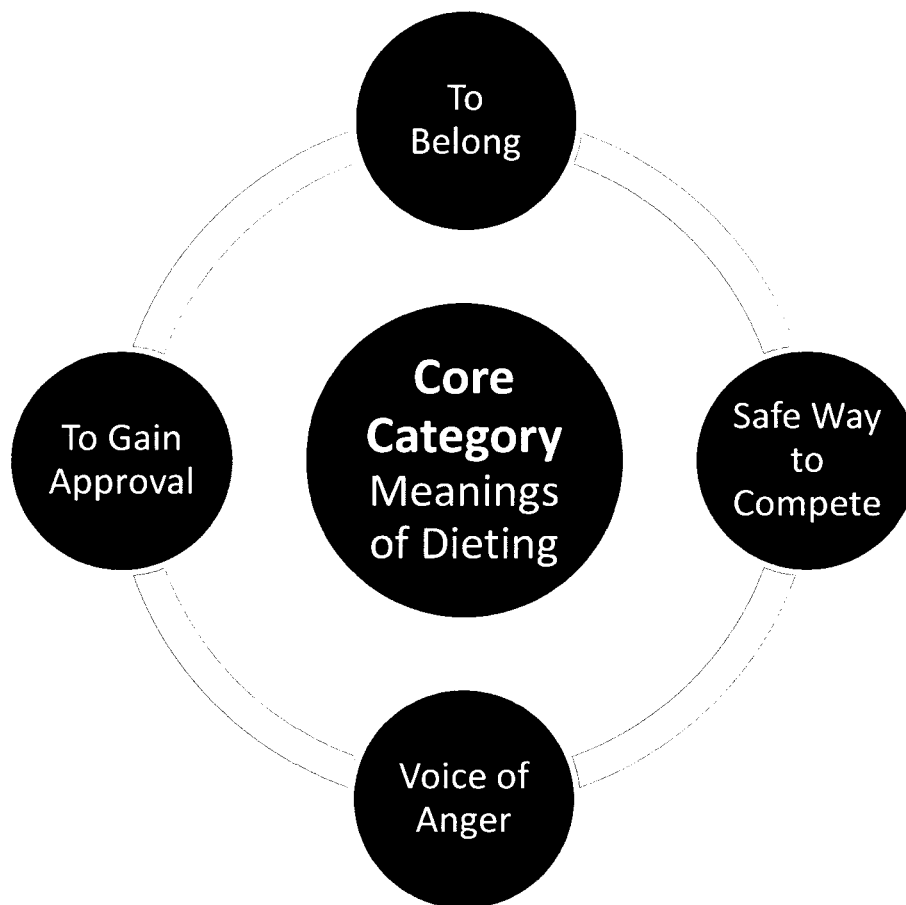
Afraid of getting older because of consequences	Problems of Growing Up
Slowing life down	
Pressure of growing up	
Disposable Friendships	

Following the constructivist grounded theory method, I employed constant comparison between the evolving categories and the text to ensure the meanings remained grounded within the girls' experiences. Three core processes emerged that were most predominant within the girls' stories;

- (i) Meanings of Dieting
- (ii) Language of Lying
- (iii) Problems of Growing Up

What follows is a description of the first core process "Meanings of Dieting" and the related sub-processes. See Figure 47 on the following page. Discussion of the second core process, "Language of Lying," and the related sub-processes will follow on page 224. Lastly, the third core process, "Problems of Growing Up" will end this Chapter.

Figure 47: Core Process of Meanings of Dieting and Sub Processes



Core Process of Meanings of Dieting

The core process of “Meanings of Dieting” contained four sub-processes. These are: i) Dieting as a means to belong, (ii) Dieting as a way to compete, (iii) Dieting as the voice of anger, and (iv) Dieting to gain approval. Dieting became the lexicon through which the girls spoke of issues permeating their lives. The concept of dieting assumed multiple metaphorical meanings that extended far beyond food. Dieting became a vehicle in which to feel belonging, a non verbal way to compete with other girls, a reservoir to hold anger and a means to oblige significant others, including parents, around eating. These processes overlapped so that meanings became seamless and storylines meandered across the five concepts discussed in the focus groups. For example, the

category of dieting to belong included stories about a constant hunger to fit in with peers, attracting and keeping a boyfriend, not eating as a means of joining and getting rid of anger. The girls suggested that a heterogeneous recipe was responsible for dieting, captured by one girl who said, “I know quite a few girls who are starving themselves because, some for attention, some because they want to lose weight, some to get new friends and stuff, it’s a real mixture.” Another one simply said “things gets mashed together” suggestive of a culinary technique.

Each of the four sub processes will now be discussed.

Dieting as a Means to Feel Belonging

Shaping one’s body through restriction in order to fit into a peer group emerged as an important meaning associated with dieting. Underlying this goal of fitting in was the need to experience the feeling of belonging. However, like dieting, this goal was also elusive. The marker signifying of ‘having arrived’ in a place of belonging was for these girls as shifting as the ideal body weight. One girl matter of factly summed up this quest as “you have to be skinny, you have to be practically anorexic to fit in.” The consensus that wanting to belong was paramount translates to an endless voyage of dieting, chasing the infinite need to belong. This recursive behavior impacted upon the girls’ perception of themselves, resulting in a mindset that falsely promises high self esteem if one is thin enough, as inferred by the following quote:

I think some people do to fit in because like I look at my friends and they’re very fit, they’re all into sports and are athletic, they’re really gorgeous girls and I look up to them and I also look down on myself when I’m with them because (pause 2 seconds) I feel like I’m not as pretty as them because you know (pause 2 seconds) I know a lot of girls who diet or lose weight because some of their friends are pretty and they feel their self esteem is lower around them maybe (pause) it may add self esteem at the end of dieting.

Several other story lines converged into this process of belonging through dieting. One was belonging by having a boyfriend that the girls agreed equated to being thin. Boys like

girls who are small. Discussion in the focus group of dieting and body stories suggested that *girls* like other girls who are small. It was also stated in this group that one “can never have enough friends” positioning dieting as insurance to belong *and* have an abundance of friends.

The process of not eating as a way to experience belonging emerged as having significance during discussions of the body narrative and connection focus groups. The girls talked about suppressing their hunger and not eating as a way of fitting in during middle school. Not eating lunch provided access to a desirable social group. Another variation was eating less, or smaller amounts, to avoid drawing attention to being different around food. The girls suggested that this represented an entrance into a space that promised the feeling of belonging. Disconnecting from hunger in order to experience peer acceptance was a powerful motivator to this group of girls. This was not confined to school however, as several of the girls spoke of restricting as a way to feel closer to parents who were dieting. Different strategies were adopted as a response. While some girls participated in various forms of restriction, with or similar to their parents, a few chose not to. This agency held consequences however, in the form of increased pressure to diet. A tenuous space resulted between acquiescing to behaviour that felt inauthentic but promised closeness and resisting behaviour that felt inauthentic but resulted in feeling alone.

Dieting as a Safer Way to Compete than through Voice

Brownmiller (1984) writes that “it is not feminine to express a strong opinion”(p. 118). This statement is in keeping with socialization theories of gender, theories that equate femininity with voices that acquiesce rather than challenge. Pipher (1994) likens this process to the “indoctrination into the code of goodness” where girls are socialized not to be argumentative nor questioning (p. 39). Pipher states that the punishment for breaking societal rules around speaking out is harsh; she states, “girls who speak frankly are labeled as bitches” (p 39). Venturing into such territory is therefore

risky and threatens ostracization during a time when the need for peer acceptance is paramount.

The stories collected from this older group of girls suggests that this argument should be extended to include the pressure to be non competitive. Overt competition is linked with masculinity. Women who openly compete are androgenized and can be perceived as being less feminine or put more crudely “butch like.” The desire to compete is met head on with the need to appear demure and feminine, to have a “soft spoken voice” and to “hold anger in.” The older group talked about channeling competitive feeling behaviorally, as in having the most friends, better clothing and “the smallest body.” While the majority of these stories were shared in the Dieting and Body Stories focus group, this process was evident in Connection and Disconnection groups as well. The statement, “girls compete who has the smallest body, they compete who has the best body” associates the terms ‘small’ with ‘best’, and identifies the body as the locus in which these terms are played out. The girls also linked having “the best body” with having a boyfriend, suggesting a process of crafting a vanishing body for male attention.

Stories inferred that dieting represents a more culturally sanctioned alternative than breaking a fundamentally defining concept of femininity, binding girls to substitute their bodies for their voices. It was ironic then when the girls turned the discussion to boys and weight. The consensus from this group of girls was that boys do care about their physical appearance, as much as girls, but aspire to the societal ideal of masculinity that *permits* weight gain. This was stated as boys competing with each other for the largest muscles, as in, “one guy will walk over to another guy, and like ‘hey I have bigger muscles than you’ comparing muscles and stuff, and if the guy doesn’t have muscles then all the other guys will make fun of him.” I wanted to ensure that I understood what the girls were saying, so rather than do the member check during the following group, I offered the girls the following summation in that moment. “So, you are saying, boys compete with boys to get a bigger body and some girls compete with other girls to get a smaller body?” The group provided confirmation, “yea, that’s right.” In other words, girls compete with girls by

becoming less visible for boys while boys compete with boys by becoming more visible for each other.

This also suggests that voice parallels weight in the process of gender socialization. Visibility of voice and body diminishes during adolescence for these girls while they suggested the reverse is true for boys. The artwork of the zippered voice (Figure 30) and the photo voice of the rule sign (Figure 33) indicate that voice may be feeling more challenged or suppressed for these two girls as they get older.

The Voice of Anger

Four smaller sub categories were collapsed into The Voice of Anger Category. These included; eating anger, emotions difficult to express, not feeling understood and difficulty talking about connection. This thread of anger ran across the focus groups, gaining and losing momentum as pieces of stories unfolded.

Resolving the feeling of anger through restriction started off as a statement by one of the girls and evolved into a collective story as other voices were added. As a response to being bullied, feelings of anger could not be released, and so the anger was turned inward onto the body. Holding anger in was also linked to being responsible. This storyline involved the consensual opinion that “because they say girls mature faster than guys, they just don’t want to show that they’re immature, where like guys they can show their anger a lot more because they know that they’re not mature yet.”

Several linkages are visible in this statement between gender socialization and anger. Girls are *expected* to be more mature which translates to holding feelings of anger in. Conversely, boys are *accepted* as being less mature which means they have more freedom to express feelings of anger. Extending this logic would pose the following argument – it is a disadvantage to mature and grow older because one loses the freedom to express anger. To make explicit whether the girls thought there was an association between holding this anger in and the body, I asked them during the focus group on Disconnection, “Do you think that anger ever comes out through your body?” An opinion had been shared earlier linking anger and binge eating and I was hoping to gain a more in

depth understanding. The response was, “if you’re mad at someone else then you might take it out on yourself, ... and one way of doing that is by making yourself not eat.”

Extracting the main concepts from this statement makes visible the interrelationships between anger, self punishment and food restriction. It also highlights how anger becomes embodied by the individual. The lack of societal permission to express the feeling of anger is reduced to an individual level and illustrates what Nassear (1997) refers to as the “influence of culture and society on one’s individual psyche” (208). Another dimension of the anger category is that of understanding the societal consequences of expressing anger, stated during the focus group as “if you let it all out, then it just gets you in more trouble.”

Judging from these statements, the emotion of anger can become quite convoluted – the girls acknowledged that holding anger in is not good yet expressing it can bring consequences. The word “explode” suggests a volatile form of pent up emotion, hardly a behavior that would be culturally condoned as feminine like.

Other categories under this theme included ‘emotions difficult to express’ that overlapped with that of ‘difficulty talking about connection’ and ‘not feeling understood.’ Initially I attempted to separate these three categories, however, I found that although there were some distinctions, the stories had more similarities and frequently flowed into each other without a clear beginning or ending. My decision was to respect the fluidity of storyline and write of the three together.

Talking about connection was difficult for the girls and our discussion often held extended pauses with fewer statements shared in the connection focus group than in the other four groups. We reached paralysis several times. Broken, unfinished dialogue was more frequent during the focus groups on connection and understanding than those on dieting, disconnection and autonomy. Several times a story that started under the auspicious of connection crossed over into disconnection, as in:

I, just like, I (pause) my holidays are always different because my parents are divorced so one year I’ll be with my dad for Christmas and then the next with my mom (pause – 2 seconds) and her’s, is like, really (pause – 3 seconds) quiet because she, her family doesn’t come over, like her extended family, so it’s

like really like (pause -4 seconds) they used to but they don't anymore ... silence.

A feeling of somberness accompanied many stories in the Connection and Mutuality focus groups. My interpretation of the few statements that were shared was that connection was not well understood ("*so that's kind of connection, I think*") or resurrected more sad memories than happy. Words are punctuated with more frequent and longer pauses and sentences go unfinished. The artwork and photo voice provide glimpses of an internal world that reinforce the verbal fragments shared in the groups, particularly the sketch of connection that is associated with the words "hate" and "lust" (Figure 34) and of the blank canvas (Figure 35).

The topics that fell under Connection and Mutuality appear to have been or are currently painful in the lives of these girls and to articulate such feelings proved to be an insurmountable task. The majority of responses were made in reference to *not being understood* as compared to being understood. Words used by the girls to describe the experience of not being understood included "mad" "frustrating" "arguing" and "conflict," words that lie along the continuum of anger.

Collapsing the sub processes under the theme 'Voice of Anger' is based on the belief that the silence that permeated through these stories represented a learned response, or covered feelings that were too raw to articulate. The presence of extended silences observed in the focus groups were similar to the extended silences during discussion of the topics of feeling connected or being understood by significant others.

To Gain Approval

The last sub process under the broader process "Meanings of Dieting" is 'To Gain Approval.' This sub process includes stories about eating, or not eating, to please significant others, specifically parents and relatives. Their stories mostly surfaced during the groups on Disconnection and Connection and Care Eliciting. I received an affirmative response from *all* the girls when asked if they participated in this behaviour. Dissecting their stories revealed a hunger to please as opposed to responding to their stomach's messages. I referred to this process as 'mouthfuls of obligation.' Several scenarios were

described where eating past the point of fullness was the trade off to avoid confrontation or hurting the feelings of significant others. The resulting dilemma was how to remedy the obligatory eating. While some girls alluded to restricting after the event, others vocalized strategies that “didn’t work,” including that of using their voice.

The sarcasm heard in one girl’s voice as she related one particularly unpleasant situation at a relative’s home held an edge of anger that was easily detectable. Hollis (1994) writes that overeating or undereating “mutes the inner voice” (p. 148). In Leah’s story she metaphorically ate her voice while projecting a pseudo appearance of compliance in order to please her father and aunt (See Leah’s story on page 143). Overtly linking not eating as being rude, it would be hard for Leah’s voice to challenge such an authoritarian command, especially in the presence of others.

What happened next in the group paralleled their stories around losing voice. When it became apparent the group needed some time out I suggested we take a break to use the washroom and have our snack. During this time I overheard two of the girls continuing the story and recorded it in a memo note after the group had finished.

During the snack time when the recorder was off *two girls* talked about the pressures placed on them from their parents about weight and what the impact has been on these relationships. One said that her mother wakes her up at 6 am to do an hour of exercises before getting ready for school (she is in grade 8) She says that she does not like this but goes along with it because she wants to avoid conflict. *The other girl* then shared a similar story concerning her mother’s ongoing “nagging” for her to lose weight and to diet. This escalated around the same time her mother remarried. As a result this girl moved out of the house at the age of 14 and moved down the street to live in the basement of relatives. *This girl* appears to have a high BMI for her height but appears quite comfortable with her body. She described her body image on her demographic profile as “good with me” which implies that it is not good for someone else.

Memo Note – September 27, 2008

What I heard were two girls who were rallying to retain their voices in the midst of pressures to conform to body ideals belonging to significant others. The following week this photograph was submitted with the description being “the diet shelf.”



Figure 48: Leah – “the diet shelf”

Second Core Process - the Language of Lying

A second core process that emerged from the stories shared by the girls involved the concept of truths and untruths. A total of 94 comments or ‘pieces of stories’ were offered, occupying different places on the continuum of truth. As such, the sub categories of Being Truthful and Truth Couching and the core process of Language of Lying will be discussed together.

Being truthful about one’s feeling can challenge the need to belong. How one resolves this collision of needs is to lie. This familiar storyline surfaced repeatedly throughout all of the focus groups to suggest that these girls slipped in and out of a

language that negotiated this untenable dilemma. This language of 'truth couching' arrives at a temporal intersection when making a decision or speaking out about one's opinions may mean being alone. To assess the degree to which this may result in internal tension I asked the unscripted question "are you comfortable doing that?" The response was, "yea (laughing a little) I think so ... it's hard because you don't want to be the only one not doing something." Another opinion was shared echoing the same sentiment,

I try to like, not please like everyone because pleasing everyone I won't really be pleasing myself, so maybe sometimes making decisions, like making my own decisions, but also like if other people want to like, how can I say this, like (pause 3 seconds).

The above words suggest that a dichotomy exists between pleasing oneself *or* pleasing others.

The words were spoken slowly and with hesitation. Taking the same question to the group resulted in silence. Eating 'mouthfuls of truth' appeared to be a vehicle to gain a sense of belonging. While the girls recognized that the subsequent feeling of connection was, in their words "unreal", it nevertheless satisfies a hunger, even if only fleeting. This was summed by the statement, "a lot of girls lie to bring people to them or for attention so they can get closer to them, so lying is a big one to get connection, but it's not really real connection if you're lying." Herein lies the paradox of lying when used to seek connection. As lying is woven into multiple relationships to create a feeling of belonging, the voice of truth becomes more deeply submerged to a point where the authentic voice may feel false. Learning to speak the language of lying keeps superficial relationships intact while relationships built on authenticity dissolve. One girl describes her awareness of how lying keeps a fragile relationship pieced together, "with my mom if I say what I truly think she gets really mad at me. She wants me to be her perfect, little daughter." This girl is suggesting that, based upon her experience, being truthful has resulted in distance. Conversely, she added that her mother would rather her "not be truthful" so that she (*her mother*) "hears what she wants to hear."

Unpacking this statement unveils a discourse linking the concepts of voice and femininity. The expression of a divergent opinion, rather than one of agreement, violates the cultural definition of femininity. The words “perfect” and “little” historically infer softer attributes inherent to being female. In regard to a ‘female’ voice or what Brownmiller (1984) calls “speaking in feminine” means using a voice that is softer and smaller, soothing and validating versus loud and challenging.

Lying under the guise of truth telling in order to stay in a relationship also posed liabilities for some of the girls. During the discussion on Disconnection the girls discussed how not being truthful impacts them on an intrapersonal level. One of the girls associated the feeling of pain with that of lying. She said, “I hurt a lot of time, because I’m not truthful.” This was later raised to a more general and gendered level when the statement became, “we (*girls*) don’t want to hurt people’s feelings but also because we (*girls*) want to save ourselves.” A further outcome of lying spoken by the girls concerned the blurred line separating the truth and a lie. The statement, “at some time it has to end, and, it usually ends with the truth, but most people wouldn’t believe you with the truth, because you need to lie so good, so it’s believable” infers that this line merges together even for the truth holder.

Third Core Process - The Problems of Growing Up

As with the younger group, this group of girls appeared to feel ambivalent about growing up, citing pressures associated with responsibility and worries about temptations that lay ahead during the focus groups of dieting and body stories, disconnection and mutuality. Like the younger group these girls wanted to slow down the process of aging. The pressures associated with growing up covered a spectrum of issues, from money worries to dating problems to the possibility of unwanted pregnancy. A response that linked anticipated responsibilities associated with getting older was,

I wish I was younger, oh my God yes, like having to buy my own car, having to buy my own gas, have to like you know pay for college or university, then where you're going to live after, what you're going to do, have all that sorted out.

Growing up also meant being introduced to the issue of sexuality and the girls' responses suggested this was achieved through a number of nontraditional avenues.

The person delivering the "talk" about sexuality ranged from a boyfriend to a step-father.

One girl said, "um, my boyfriend, he actually give me the talk (pause 2 seconds) and I was like 12 years old, my parents told him to tell me because they didn't want to tell me that stuff, so, yea." Another girl was introduced to sexuality by her step father, as shown in the following statement,

when girls get the birds and the bees talk, talk about their sex life and stuff, they normally get their moms to do that, but my step dad came to me to talk... and it's like 'watch out for boys your age because they would screw a rock if it moved'.

In both cases, introducing the topic of body changes and the ripple of issues emulating from such a critical area appeared to be handed over to someone other than a parent. That aside, it also appeared that the individuals who were delegated this task severed the emotional and physiologic aspects of maturing, such as menstruation or weight gain, and focused only on the sex act. With the emphasis on the body as an object for sex, these comments fail to foster the many positive developments associated with maturation. For some girls approaching the age where sex is labeled as the predominate focus, feelings of uncertainty or perhaps even fear may be aroused. The perceived reluctance to enter this phase motivated my questioning the girls about what they had hoped to experience by their current age. One response was, "um, trying to have more fun, like have fun, you know." I posed a follow up question to gain a little more of this story. "What would you say has been the biggest challenge you had to go so far?" After a pause, the response was "just growing up I guess, it's just stressful."

Discussion, artwork and photo voice all told stories of the transition from past, less complicated times to new challenges defining the precipice of adolescence. The following photo (Figure 49) was taken after the focus group on Autonomy, where the girls talked about the challenges associated with growing older. I chose to include the following photo here because the single object of a deodorant stick appears to symbolize the multiple transitions this girl, including those with her body, expressed experiencing as she entered adolescence. It is interesting to note her words, “I have to” that suggest feeling forced or not having a choice.

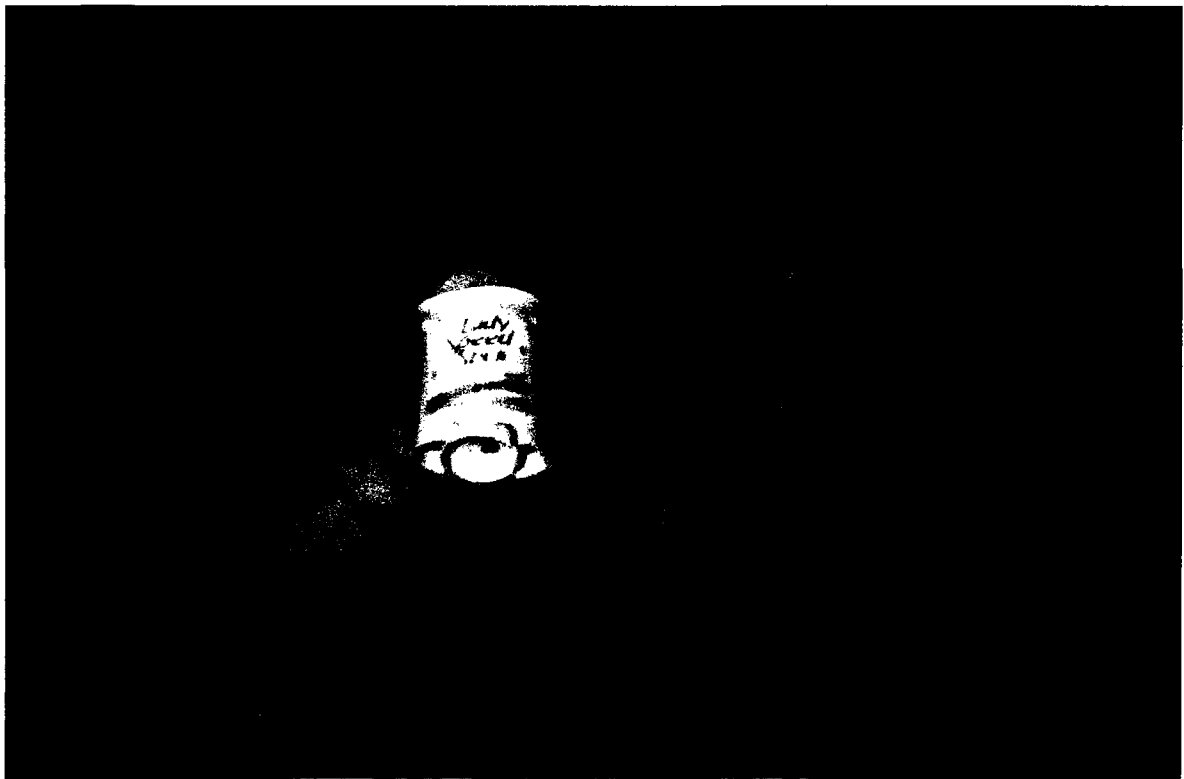


Figure 49: Leslie – “what I have to wear”

Afraid of getting older because of the consequences emerged as a smaller process under the broader one “Problems of Growing Up.” These consequences were associated with “getting into trouble” either behaviorally or verbally, creating a scenario that suggested moving into adolescence was overflowing with problems, as in “every year, there’s more and more pressure, like more and more things to do, and more chances to

get into trouble.” Wanting to better understand what the girls defined as being “trouble” I asked them to elaborate. Responses included, “smartening up in school” and “the older you get the more things there are to try.”

Summary of Analysis for Group B – 13 and 14 Year old Girls

A curious blend of opposing adjectives conveys my impression of the lived experiences shared by these girls. Their stories are simultaneously visible yet submerged, sophisticated but painfully innocent and speak of truths that hide behind untruths. When speaking of their experiences of belonging or desiring to be understood by significant others their voices faltered or became silent for extended periods of time. These girls held intimate knowledges of their experiences around connection and autonomy, yet the sharing of their stories were often made visible through mediums other than their voice. Artwork and photo voice made possible the telling of some stories that otherwise would have remained silent.

To suggest an overarching caption that could hold the vastness of lived experiences shared by these girls might dishonor the essence of the epistemological stance I chose to frame this research. The girls’ stories defied categorization in that they were fluid, with processes that merged and rich with contradictions. However, a word that frequented my thinking and that tied many of the stories together was the word “hostage.” By definition the word means “a person given or held as security for the fulfillment of certain conditions or terms” (<http://dictionary.reference.com>).

The older girls spoke like hostages - abducted from childhood into the stage of adolescence by a culture that imposes exacting conditions prior to releasing them. Not unlike being abducted into a foreign country, these girls have adapted by assimilating the language of their cultural captors as a means of survival. They speak in untruths or what I labeled as The Language of Lying, couching truths to appease and avoid jeopardizing their precarious position. The quote “*we lie to save ourselves*” by one of the girls cuts to the core of this analogy. Saving oneself translates to seeking connection, (albeit fleeting and

superficial at times), to avoiding being hurt, to protecting others, to minimizing conflict and generally to escape collateral relational damage.

The 'knowing' stance I observed by most of the girls suggested that they knew this experience intimately, were well versed in the intricacies of the language of lying, and were angry at having this language imposed upon them. Similar to hostages, these girls presented as masters of deception in order to survive, aware that the trading of their true selves was an avenue to gain approval by their captors. A Foucaultian perspective would perceive the captors as being social control agents that manage cultural indoctrination around femininity, authoritarian bodies privileged with the ability to punish. The knowing stance observed in these girls perhaps provided a degree of agency to them and their predicament. It was not my impression that these girls were developing a loyalty toward their captors, characteristic of the Stockholm syndrome, but rather that they felt anger about their plight.

Socially condoned messages about the need to diminish the body were not experienced as nuanced as seen to be the case in the younger group but for the older girls were experienced as more overt assaults disguised as verbal 'support'. A previous example detailed the relentless coaxing undertaken by two female family members for a 14 year old to start dieting despite the fact that this girl was of average weight and overtly expressed her displeasure regarding their actions. Within her description of how these behaviors impacted her it is possible to recognize Foucault's concept of the disciplinary gaze by other females in the family. I refer specifically to Foucault's argument that the disciplinary gaze defines the "division between the normal and abnormal" (Foucault, 1977b: 202). Stripping away the conversational layer also exposed the panopticon like surveillance that surrounds this girl who for now seems to be resisting the pressure to conform by restricting food intake. However, it is this same girl who in a previous group expressed sadness around not feeling connected to these same two females. The intersectionality of connection and conformity poses an impossible dilemma. While her resistance to pressure is commendable, it is her words during the discussion on autonomy

that belie her fate. When asked if the need to be accepted is strong, she responded after a long pause, “there’s always a need to be accepted.”

The meanings associated with dieting were heterogeneous, linking processes that spoke to belonging and connection to those that valorized independence. It is almost as if the developmental transition from childhood to early adolescence was mirrored in the meanings given to dieting by the girls. Threading through the focus groups were many lived experiences that suggested that these girls had received messages that certain feelings and opinions are not natural or healthy for girls (although very natural and appropriate for boys). Two such feelings are competition and anger. The discussions in the group infer that girls are socialized to believe that to openly compete or to display anger is dirty, and a violation of gendered social etiquette. To refer back to the hostage analogy, such behavior risks angering their cultural captors.

Unsupported by a sociocultural infrastructure that is constructed upon “overvalued beliefs” of autonomy and independence (Anderson, 2007), girls told stories that gravitated to dark places in their search to locate experiences of connection and belonging. Some of the stories went unfinished, the absence of words inferring the lack in resolution. Bodies became localities where belonging became confused with sex, as highlighted by the statement, “well you can well have lust with somebody but not have connection, like (pause) use them for sexual relations (pause) or you can have lust for somebody to be with them, but not have a connection” (pause).

Another process “Problems of Growing Up” also contained stories filled with situations where bodies were the objects of violent self-harm acts. In the case of self-harm by friends, several of the girls in the group appeared to be literally absorbed by personally taking responsibility for the actions of these friends. Listening to these stories made me aware of the mature and serious experiences with which these 13 and 14 year old girls were attempting to cope, and the difficulty they were experiencing in finding solutions. On a cultural level such stories also speak of Foucault’s theory of the body

functioning as a canvas upon which cultural discourses are inscribed (Foucault, 1977a). The girls' previous stories of societal expectations around maturity and independence placed several of these girls on slippery and dangerous terrain.

While the younger girls were worried about being alone as they matured, the older girls saw problems waiting for them on the horizon of adulthood and in some cases were currently experiencing them. What I noticed was how this group of girls *were living the fears* that some of the younger girls had expressed. Many of the older girls expressed feeling relationally alone, attempting to resolve complex problems but without the maturity to know how. It appeared that some of these girls experienced the significant adults in their life as not supportive, accessible or empathic. These girls spoke of duties associated with parenting, including educating about sexuality, as being turned over to others, including same-aged peers. The toll of being expected to function at a level inappropriate to their chronological age became visible through their artwork.

Use of photo voice as a data collection tool contributed further understanding to the lived experiences of these girls. Two of the girls lost their camera as they transitioned between different parental homes. Two other cameras were not returned. A similarity between those that were returned was the lack of visible space left on the exterior of the camera. Stickers covered every available inch. Likewise, several of the pictures carried a storyline of child-like experiences – silly facial expressions and posters of animals on bedroom walls. Sharply contrasting with these pictures are those of bookshelves, study desks and a girl alone in her kitchen preparing supper. A third group showed a glimpse into their world of food – open pantries with half eaten boxes of cereal and empty bowls peeking out from beneath an armchair. The voices heard from these pictures speak of the contradictions of their worlds, one clinging onto childhood while the other confronted by the sobering realities of adulthood. The juxtaposition of these two worlds is captured in this girl's description of her drawing (Figure 50).

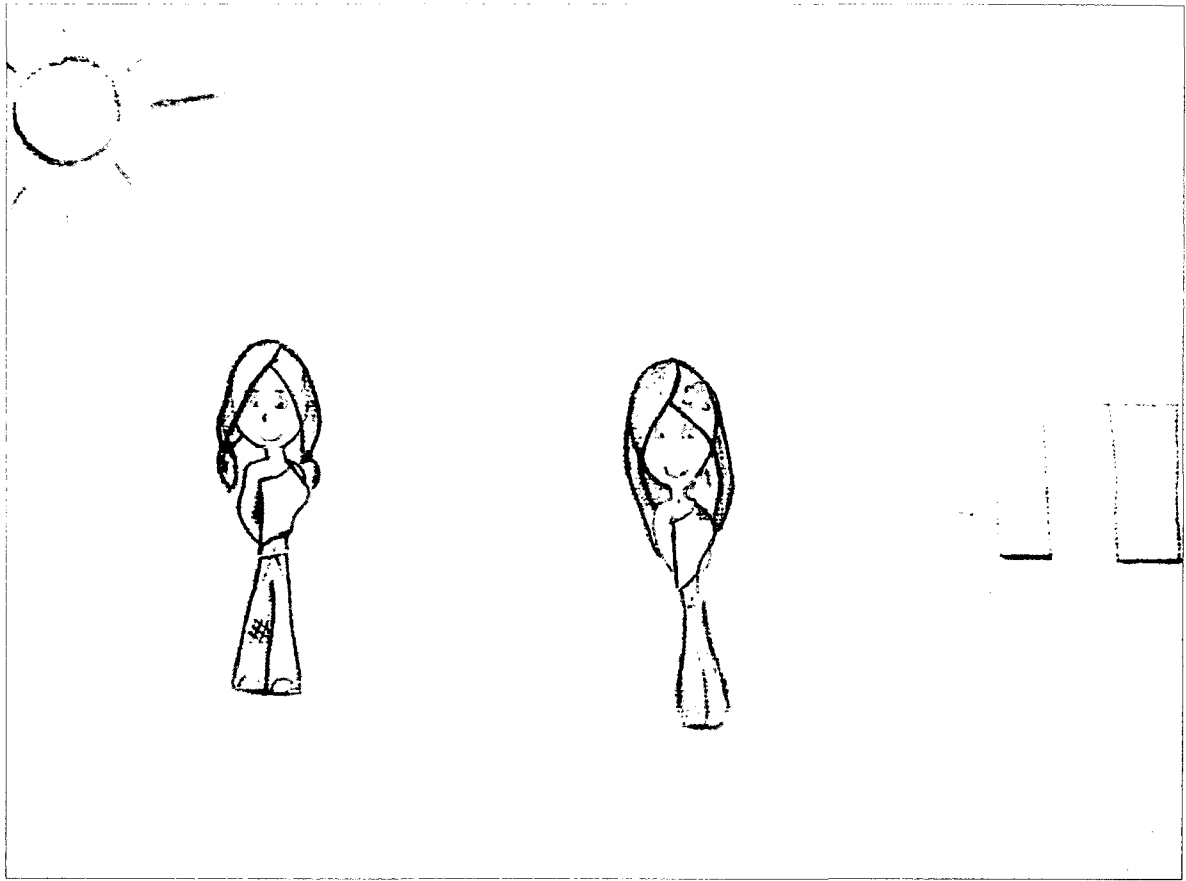


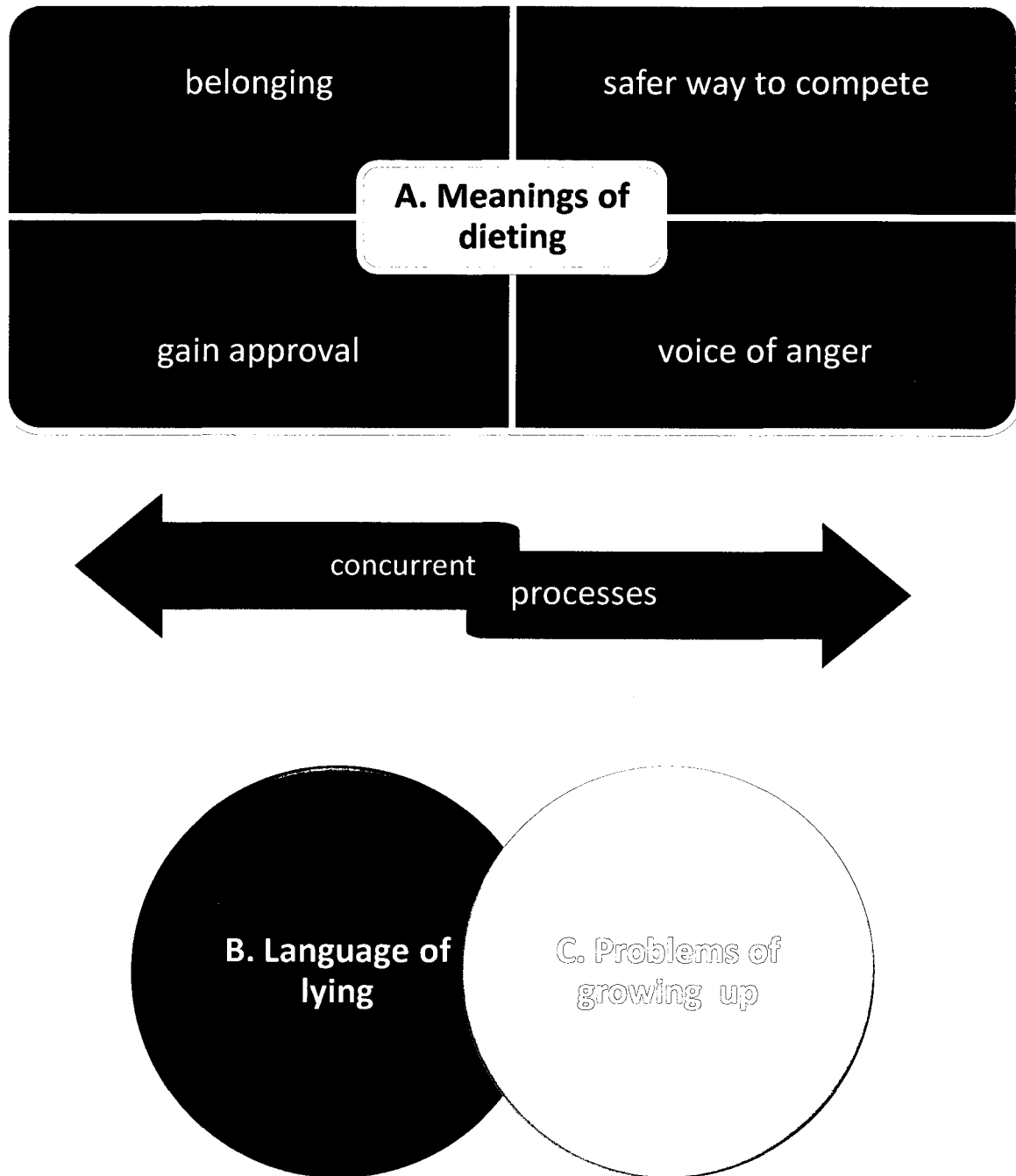
Figure 50: "This is Diana, some days I feel grown up and other days I still like the park and fooling around on the swing set."

I began this summary using the analogy that these older girls were being taken hostage by a culture that dictates the assimilation of contradictory or incompatible values. These girls adapted their behavior to avoid rejection, learned to speak a language that promised the least pain, and silenced parts of them that could risk their emotional safety. Internally, however, they contained reservoirs of sadness and anger. At times their lack of voice left them defenseless to articulate what they felt. Whether their visual cues involving disordered eating are loud enough to rally a rescue remains uncertain.

Summary of Findings for Group B – 13 and 14 Year Old Girls

A summary of the processes that emerged from the data with the 13 and 14 year old girls is illustrated in Figure 51.

Figure 51: Summary of Findings for 13 and 14 Year Old Girls



CHAPTER NINE – COMPARISON BETWEEN THE TWO GROUPS OF GIRL

Comparison between the Two Groups of Girls

Interest was expressed by the girls to meet the other group and so a sixth meeting was organized to accommodate their request. Of the 15 girls remaining in the research study, 10 attended the joint focus group held on December 7th, 2008. As a group we discussed ways similarities and differences could be drawn out between the respective age groups. After much lively discussion, the girls decided to pair themselves based on their age differences (i.e. a girl from Group A matched herself with a girl from Group B). Each pair of girls chose a topic that had been discussed in an earlier focus group and then found a quiet area in the room and adjacent hallway to talk about their respective perceptions and report back to the larger group after 30 minutes. A summary follows in Table 11 of the similarities and differences the girls identified between them.

Table 11: Similarities and Differences between the Younger and Older Girls – Findings from the Sixth Focus Group Meeting

Topic Chosen by Girls	Similarities	Differences	Comments
Middle School	"feeling scared"		friendships change forcing of Independence changing body
Differences between Boys and Girls regarding Weight	both use weight to gain acceptance from peers	awareness that 'ideal' weight or body shape is elusive for girls	with age came the awareness that achieving 'the ideal' body is elusive and externally determined
Competition between Girls	both groups agreed that girls compete with other girls through the body	older group suggested that competition becomes sexualized some of the younger girls conceal pubertal changes with clothing	while on a continuum, the older girls made a link between "a better body" and a "smaller body" as vocalized in "I'm thinner than you are"

The Changing Body	increased awareness of the body's appearance	the younger girls talked about the <i>shameful</i> body to avoid attention the older girls talked about the <i>amplified</i> and <i>reduced</i> body to attract attention	a shift to how the body is perceived toward the culturalized body
Feelings about Growing Up	"we felt the same and how it can be scary, because, like, you're alone....and stuff like that."	the older group talked about how "every year the younger people start to grow up faster"	both groups expressed feeling pressured to grow up too fast
More Responsibility	both groups, but more so the younger girls, spoke of feeling scared of making mistakes (i.e.) from significant others in their lives, such as, "if you don't get your stuff together you're going to wind up in a bad place."	the older group reminisced about being younger	the older group provided concrete examples of what they are currently worrying about: "university, a career, having enough money."

After the group, we celebrated our sharing of stories and time together by decorating Christmas cookies I had made and brought to the meeting. It was interesting to watch how this activity erased the age differences between the younger and older girls as they engaged in playful and carefree behavior.

Other observations recorded in a memo note after the meeting centered on how the girls intuitively negotiated the themes of collaboration and competition in how the games were played. Without explicitly discussing these terms, the girls structured the games that promoted a feeling of inclusivity as shown by the following example.

Jenna volunteered during group six to organize some ice breaker games. She asked her group for suggestions and I left it up to them as a group to decide how they would like to open the sixth meeting with the

younger girls. From their discussion came two different games – one was based upon learning each other's names that involved throwing consecutive balls between group members within a certain amount of time. The group enjoyed this game so much we played it 3 times. The other game was much more physical in that as a group we tangled our bodies and then had to disengage from the entanglement within a period of one minute. Despite the lack of familiarity with each other, the girls did not show feelings of discomfort, even with very close proximity between our bodies, the majority of the time touching. We played this game twice with the emphasis being made on voluntary participation. Every girl wanted to participate.

Memo note – Focus Group December 7, 2009

The girls' emphasis on inclusivity was extended to how they decided as a group to pair themselves for the second activity of the day. A memo note written after this last group reinforced my initial observation of the girls' tendency to externalize competition.

I left it up to the girls as to how they wanted to pair themselves up in order to discuss the major themes that had emerged from the groups. Again, it was observed that this task was reframed by the girls as a non competitive exercise and that they were careful to avoid for anyone of being excluded. For example, rather than calling out a name of a girl they wanted to be paired with, they instead created a game where they formed a circle, closed their eyes and walked toward each other. A random bumping into another resulted in a pairing. This worked quite well and it was interesting how 'well suited' the pairings were based upon personalities.

Memo note – Focus Group December 7, 2009

In rereading the above memo seven months later I realized the girls framed the issue of competition in the same way for both games. Competition was externally positioned against the element of time. The theme of time had emerged from both focus groups as being critical. How these games were played externalized time as *something to beat*, or win against, but done collaboratively as a group as compared to an individual effort. These girls temporarily elevated themselves over time as if to infer that they were now in charge, and in control of, how time impacted them. This element of time was talked about later during this last group with one of the 14 year old girls sequencing

together the categories of growing up, pressure, responsibility and time. “One of the facts I hate about growing up is the more pressure that’s being put on me, like every year, there’s more and more pressure, like more and more things to do, and not enough time to do them all (sigh).” I followed up by asking if she, “would like to slow things down?” to which she replied, “absolutely.” Another follow up question was then posed, namely, as in “Can you explain maybe the reason why?” She responded, “because when you get older things get harder.”

This exchange suggests that time was perpetually looming over these girls like a dark rain cloud, about to release a torrential storm of gendered expectations.

A final thought when revisiting this transcript was my earlier reference to the analogy of hostages specific to the older girls. I wrote that the older girls spoke like hostages in how their messages suggested strategies of compliance to their cultural captors, while underneath this false talk they tenaciously held on to their own truths. It was illuminating then to hear *how* the older girls spoke to the younger ones. Their dialogue was full of surreptitious advice, as if their captive position might be used as some advantage to girls who still enjoyed some small degree of freedom. For example, one of the older girls was heard sharing this advice to a couple of the younger girls, “there is a competition going on but it’s not necessarily said out loud.” She then instructed the younger group of girls to sometimes “act like a clone” while at the same time to “embrace your individuality and don’t be afraid.”

Unpacking this girl’s words makes visible several pieces of advice that support the hostage analogy; the secrecy shrouding dialogue, assuming a false presentation and reassurance around experiencing fear. Another one of the older girls cautioned the younger group to “not miss out on your childhood” as this period was fleeting and could be snatched away without warning.

While Table 11 described the issues of similarity and difference discussed by the girls who attended a sixth focus group, it does not reveal all of the similarities and differences that I observed between the two groups. Table 12 compares my interpretation of the meanings the two groups made of the study’s organizing concepts.

Concepts from Table 2 “Definitions of Concepts and Questions to Guide the Focus Group Discussions and Data Analysis.” Underneath each concept is the framing question used to guide discussion within the focus group

Table 12: Comparison of Meanings of the Concepts between the Groups

Concept	11 and 12 Year old Girls	13 and 14 Year old Girls
<p>Autonomy</p> <p>Do the participants talk about being expected to be independent, less needy or in control?</p> <p>How do they understand messages about independence?</p>	<p>Yes, the girls talked about being expected to show behaviors of independence earlier than male peers and feeling pressured to take on more responsibilities.</p> <p>Many messages were associated with independence including;</p> <ul style="list-style-type: none"> being alone becoming serious not feeling as happy feeling forced feeling ill equipped 	<p>Yes, the girls talked about the challenges of being more responsible but in a more concrete way.</p> <p>As worrying about their current experiences of future academic failure, relationship issues, feeling stressed and worrying about finances.</p> <p>The older girls also expressed feeling angry.</p>
<p>Body Narratives</p> <p>Do the participants talk about feelings or experiences that are not shared with anyone?</p> <p>What do they do with these feelings and experiences?</p>	<p>At times this was stated to happen.</p> <p>Such feelings are bracketed if or until a safe place is located to release them.</p>	<p>As compared to the younger girls, these girls were less likely to express their feelings explicitly to others.</p> <p>Anger was identified by the girls as the one emotion they were least likely to talk about with others. This process emerged 42 separate times over four groups.</p>

Do they consider these feelings and experiences important?	These feelings were considered to be very important by the younger girls.	These feelings were considered to be very important by the older girls.
<p>Care Eliciting Behaviors</p> <p>Do the participants talk about behaviors that they are aware of that serve to increase parental attention or care?</p> <p>When did these behaviors start?</p> <p>Do they believe that parents feel closer to them at this time or do they feel closer to their parents?</p>	<p>Dieting was experienced as a way some girls became closer to parents and other caregivers.</p> <p>These behaviors began as the body entered puberty and acquired weight, a developmental phase that coincided with the grades of 6 and 7.</p> <p>They spoke of feeling overscheduled with activities and in this way often expressed frustration toward their parents.</p>	<p>Many of the girls talked about the inability to be truthful with parents which resulted in them feeling more distant from parents.</p> <p>These behaviors became more entrenched among the older girls as they ventured further into adolescence.</p> <p>The girls talked about eating when not hungry in order to please others. An outcome of this behaviour were feelings of anger.</p>
<p>Connection</p> <p>Do the participants receive messages from anyone about how to feel close to significant others?</p>	<p>Feeling understood by someone resulted in feeling closer.</p> <p>Weight was talked about as a strategy that can be used to try to either gain proximity or promote distance with others.</p>	<p>The girls said that engaging in certain language (<i>the use of lies</i>) would give the impression of having others come closer. Instances of feeling authentically connected to significant others were mostly absent with the older girls,</p>

	However this strategy did not result in feeling closer.	with lengthy pauses of silence substituting for examples.
<p>Dieting</p> <p>Do the participants talk about dieting?</p> <p>Why is dieting important?</p> <p>How has dieting changed who they are?</p>	<p>The girls talked in detail about dieting being unhealthy. Five out of the eight girls stated that dieting behavior was a norm within their household.</p> <p>Several of the girls had dieted believing that they were healthier as a result of restriction. The eating patterns I observed during the snack times of these girls would suggest they retained the dieting mindset.</p> <p>Dieting represented a kind of insurance against being bullied by peers.</p>	<p>The older girls talked <i>through</i> dieting as a language for other issues such as seeking a sense of belonging with peers and parents, safely expressly feelings of anger competing with other girls for a “better body.”</p> <p>The parameters defining dieting dissolved so that it was unclear when dieting started and stopped. Dieting was acquiring symbolism (i.e.) relational dynamics.</p> <p>The girls expressed feeling angry at how food was used to shape their relationships.</p>
<p>Disordered Eating</p> <p>How do the girls describe their relationship with food?</p>	<p>The girl’s verbal messages were mixed, from stating they liked eating to being worried about eating too much and increasing body weight.</p>	<p>Eating was talked about more in the context of relationships. Feelings such as anger, belonging, conformity and approval were juxtapositioned</p>

	Artwork and photo voice revealed different meanings, as did direct observation at focus groups.	with stories around eating.
<p>Disconnection</p> <p>Do the girls feel not heard or not understood by significant others?</p> <p>What do they do with these feelings?</p> <p>How do the girls describe their relationship with their bodies?</p> <p>Mutuality</p> <p>Do the participants talk about knowing how each other feels?</p>	<p>They stated they felt heard but not listened to and felt sad when this happened.</p> <p>They tried to bracket these feelings so others would not see them.</p> <p>A sense of betrayal surfaced a number of times in that 'correct' behavior was expected to transfer over to a certain number on the scale.</p> <p>A tension was noticed at times between the developing body and the cultural ideal.</p> <p>The girls talked about knowing the feelings of others especially if the other person</p>	<p>Feelings of sadness appeared to be transformed into those of anger by the older girls.</p> <p>A common feeling expressed was that, "I know it's not really good to hold in your anger but I also find that if you let it all out then it just gets you in more trouble."</p> <p>They talked about lying in order to avoid hurting or being hurt.</p> <p>Bodies were talked about in a more objectifying way, as in shaping or accentuating specific parts. Bodies were also talked about as a means to display anger as in not eating.</p> <p>Yes they did.</p>

Are they able to express feelings that are different from others?	<p>had similar experiences to their own.</p> <p>This ability depended on whether the anticipated response from the other person would be positive or negative. If they anticipated a negative response they would not express a different feeling.</p>	<p>There was consensus among the older girls that in most cases they could not.</p> <p>The older girls were very empathic toward other group members, especially when stories of sad or painful events were shared.</p>
<p>Separation</p> <p>Do the participants talk about experiencing a need to separate themselves psychologically from others or to build boundaries between themselves and others?</p> <p>Do they talk about trying to stop themselves from being unduly influenced by parents or others?</p>	<p>Yes, in two different contexts. One context was feeling the need for distance from others whose needs were experienced as being too much. The other context regarded knowingly telling a lie to avoid hurting another's feelings.</p> <p>No they did not.</p>	<p>Yes, they stated that they did this on a consistent basis. They talked about "lying to save ourselves."</p> <p>Yes, quite often.</p>
<p>Restriction</p> <p>Do the participants describe a continuum or a range of behaviors in terms of attempts to reduce caloric intake?</p>	<p>Yes, these included denial of certain foods, exercising, limiting food portions and curbing hunger pangs.</p>	<p>Yes, although the girls expressed feeling tired trying to figure out what was acceptable to others.</p>

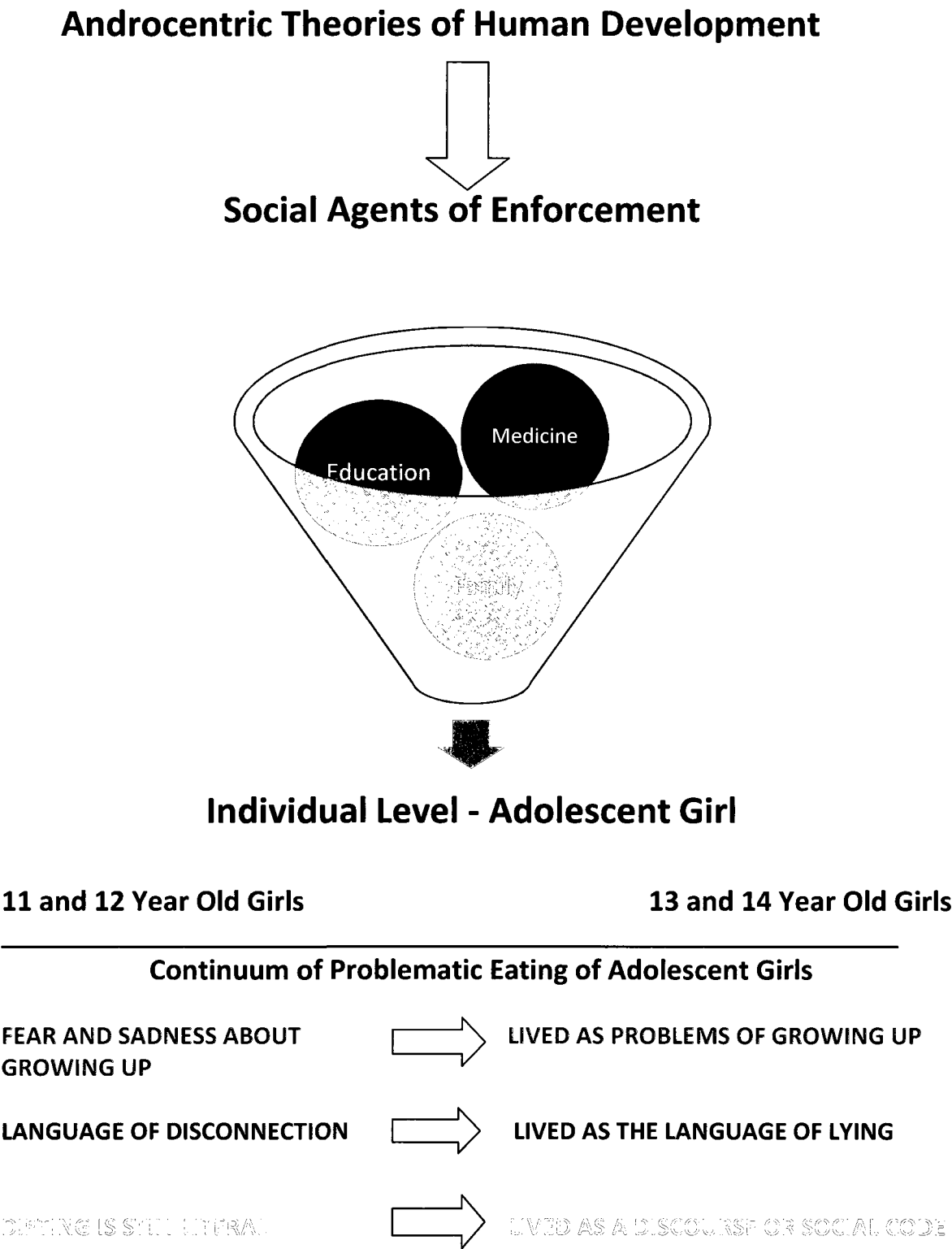
How these similarities and differences were described by the two groups of girls suggested that girls' experiences represented by these concepts may exist on a continuum

Model of How Girls in this Study Experienced Autonomy and Connection

A distinguishing feature of the grounded theory approach is the formation of a model 'grounded' in the meanings provided by the study participants. How the girls in this study expressed their lived experiences around the concepts of Autonomy, Dieting and Body Stories, Connection and Care Eliciting, Disconnection and Separateness and Mutuality are reflected in the following model (Figure 52).

Adolescent girls spoke about living their lives in a culture that privileged autonomy over connection and independence over mutuality. The younger girls spoke of feeling sad about leaving childhood, felt burdened with responsibilities linked to maturation, worried about time passing and were speaking a language that camouflaged lived truths. The older girls talked about being in a place of anger, directed toward the genderized roles expected of them, specifically in regard to idealized body shapes and the inability to express feelings of anger and competition. They clearly spoke of their need to lie in order to keep others close while realizing the consequences of this behaviour. These behaviours were fluid, evolving and rested upon a continuum of lived experience as illustrated by the Figure 52 on the following page.

Figure 52: Model of How Girls in this Study Experienced Autonomy and Connection Between the Ages of 11 and 14 Years



CHAPTER TEN- DISCUSSION OF FINDINGS

I began this research with the goal of better understanding what the symptoms of disordered eating said about the lived experiences of girls regarding autonomy and connectedness during early adolescence. These “truth tellers,” as they are referred to by Steiner-Adair (1986), spoke, sculpted, sketched, painted, photographed and acted out the gendered layers of disconnection that adolescence ushered into their lives. Despite the personal uniqueness of the participants that participated in this study, the intersectionality of sex, age, culture, and social location produced similarities about their lived experiences of growing up female between the ages of 11 and 14. What their stories meant with respect to autonomy and connection, and how these stories were spoken in the context of their bodies, is the focus of this last chapter.

The chapter begins with a discussion of the major findings as they relate to the research questions that framed the study. Next, the chapter addresses the potential these stories hold for shifting the perceptions of public custodians, namely medicine and education, to better understand how girls experience androcentric values at the developmental juncture of leaving childhood and entering adolescence. The degree to which this study met the guiding principles of constructivist grounded theory will be reviewed. The strengths and limitations of this study will also be revisited. Lastly, future directions of where these stories could be extended will be suggested.

Discussion of the Major Findings as Related to the Research Questions

This study was designed to explore whether the findings of systematic research would support my belief that symptoms of disordered eating often hold symbolic meaning with respect to how experiences of autonomy and connection are actively inscribed onto the body, reflecting Foucault’s genealogies on power and knowledge. The findings support an affirmative answer to the overarching research question that guided this study, “Are the symptoms of disordered eating one of the ways the female body “talks” about the experience of disconnection during adolescence? Disordered eating does seem to be a way for the young female to communicate distress about experiences

of disconnection. Messages accessed through the many mediums of data collection told of sadness and anger and of feeling burdened and tired, suggesting that disordered eating symptoms not only communicate experiences of disconnection – they may also serve the function of offering a temporary reprieve in terms of slowing down the inevitable – that of feeling captured by a culture that does not understand them, and which insists that they submit and conform to the sociocultural expectations of adolescent girls and young women. One of the specific research questions asked, “Are adolescent girls who are at risk for disordered eating aware of contradictory messages about the values of autonomy and independence versus connection and interdependence?” The majority of both the younger and older girls possessed an acute awareness that significant people and systems in their lives sent strong messages to them about the “need to be independent.” Messages pushing the need for independence were layered within school systems and family expectations, framing the taking on of responsibility as normative behaviours especially for girls. Many of the girls expressed feeling sad, as in the case of the younger girls, or angry, as with the older girls, about the imposing of such responsibilities from above. Concurrently occurring was the void of experiences that fostered feelings of belonging or connection. Many of the girls reminisced about earlier and familiar developmental benchmarks, such as childhood, as a place they were reluctant to leave.

The next research question asked “How do adolescent girls reconcile the challenge of meeting their need for connection versus responding to the cultural push toward separateness?” Based upon their verbal and non verbal stories, there appears to exist multiple ways through which reconciliation occurs. Masking feelings that were too different or might offend, or in the case of the older girls lying to experience a feeling of belonging or to avoid conflict, paradoxically took these girls to a place they had hoped to avoid- that of feeling alone. Some of the stories about not being truthful led to behaviours that involved restriction. Seeking a feeling of belonging led to the same place. One place where these two behaviours intersected was at lunchtime in middle school. Lying about not being hungry ushered in a feeling of belonging, a powerful experience albeit temporary. Photo voice captured images of food behaviours that inferred either

restriction (Figure 37) or purging (Figure 41). Statements coming from the girls indicated that many were aware of the link between “experiences of disconnection and behaviours intended to modify their body,” the following research question. For example, one of the older girls made explicit her experience of being bullied and the starting of her dieting. Another girl in the same group spoke of eating when not hungry to not wanting to offend an adult at a restaurant. Alternatively, one of the girls spoke of longing for more closeness with other female members of her family but refuted modifying her body in order to achieve this, perpetuating her feeling of disconnection. It appeared that when agency was practiced by several of the older girls in challenging the norm of dieting, emotional distance was experienced from significant others. As a result, many of the older girls were aware of how sociocultural messages leveraged power over their lives, dangling the elusive idealized body as the carrot that would guarantee the experience of belonging, yet compliance with this demand could leave them feeling disconnected to themselves.

In comparison, many of the younger girls talked about feeling confused about the “right” weight and the “right” amount of food to eat, unsure of when their eating entered the forbidden territory of “too much.” They also expressed not understanding their bodies at times, specifically around developmental changes such as increased appetite that resulted in weight gain. The girls’ verbal stories condoned dieting while their behaviour during snack time and their artwork suggested otherwise (See Figure 8 and Figure 9).

The last two research questions that framed this study pertained to other strategies that may be used by the girls to reconcile the challenge of meeting their needs for connection and the dominant push for independence, and, if these strategies could be detected early. Several unanticipated strategies emerged from the girls’ stories, artwork and photo voice and resulted in being coded as adopting another ‘language’. Learning to speak a language that implied the adoption of culturalized and genderized norms emerged as a strategy used by the girls, with this language assuming different forms along a continuum. See Figure 52. It appeared from the girls’ description that as they grew older the need to lie increased in order to negotiate the churning waters of connection versus

autonomy. After gaining an intimate glimpse into the lived experiences of these 16 girls, I believe that it is possible to circumvent early before strategies become entrenched in behaviors. I am referring to the questions that emerged from the data regarding the girls' lived experiences around feeling degrees of disconnection and how this transferred over to their body. These questions can be found in Table 14: Reductionist Questions versus Lived Experience Questions on page 268. The importance of this question guide will be discussed later under the sub heading 'An Alternative Model Based Upon the Lived Experiences of Girls in this Study.'

What the more explicit messages were around autonomy and connection and how they were enforced by the larger systems of education, medicine and the family will now be discussed.

Shifting the Girls' Stories to Public Custodians - the Wider Context

The amount of space the girls devoted to discussing their experiences within the education system made it visible how central middle school is in their lives. They identified multiple avenues by which messages that privileged autonomy over connection were transmitted via the education system. While past feminist studies have often critiqued education as perpetuating traditional gender roles (Delamont, 1980; Davis & Banks, 1992), others have stepped aside from the social role theory describing it as one dimensional (Francis, 1999; Davies & Banks, 1992). Instead, they purport that girls take on gender roles in contradictory and multiple ways and in a fluid fashion versus the fixed social role one. Riddell (1989) moves this argument into a constructivist context, suggesting that the way girls take on these roles is by "simultaneously accommodating and resisting them" (p. 382 in Francis 1999). This phrase seems to capture the dynamic threading through the girls' stories in this study as they described their attempts to negotiate values that intruded into their lives, echoing the earlier analogy of being taken hostage. For example, while the girls accepted the increased responsibilities associated with maturing, they spoke of resenting or feeling angry about the time these responsibilities took away from having fun and being playful, especially when compared to their male peers. At the same time, the girls acknowledged that taking on these extra

responsibilities resulted in receiving validation in the form of praise from significant others including teachers. In this way, the girls' behaviors also reflect Foucault's writings about how the self constructs itself (Foucault, 1980) meaning that the self is not fixed, but instead is positioned and positions itself in response to shifting cultural discourses. Returning to the hostage analogy, the stealth like quality of the girls' ability to 'read' their cultural captors resulted in them adapting to their perpetually changing environment that included peers, parents and educators.

Turning to another "public custodian", the health care system, the girls' stories and the meaning they made of their experiences as presented in this study are remarkably different from the way the medical system understands the experiences of young adolescent girls who may be at risk for disordered eating. It seems clear that the medical system reinforces androcentric values by reducing the girls' subjective experiences to diagnostic fragments that have little connection to their lived experiences. Their spoken experiences tend to be objectified to reflect the epistemological paradigm in which health professionals, specifically physicians, are trained. Experiences that contradict the societal expectations remain silent. Lost in the process are the nuanced fragments of stories hidden within these young girls' lives. Reflective of the positivist approach to retrieving information, physician appointments are structured to strip down stories to facts provided within a specific time allotment of 12 minutes. Stories are reduced to dichotomous questions with meanings estranged from the girls' lived experiences. The inability of the adolescent storyteller to 'fit' her experiences into a 12 minute space may leave the body to speak these messages by default. The messages spoken by the body through the symptoms of disordered eating may be the same messages that were earlier silenced when the girl may have attempted to express her distress verbally. The difference is that when the body speaks symptoms in the physician's office the person granted more time, often up to 45 minutes. Only after lived experiences are extracted and forced into a classification system, does the process of validating begin. One can witness how social control of the body is exacted by forcing these experiences into a standard diagnostic template. Not only does such a process

ensure *how* a culturally shaped issue is technically and financially addressed, the latter through insurance billing, but it also ensures that the presenting symptoms infer failure by the individual rather than acknowledge deficits in the system or society.

Supporting the perspective that families are societal microorganisms, the extension of androcentric values into the familial unit was vividly displayed by many of the girls' stories. With the younger girls this took the form of feeling sad about leaving childhood, resisting the intrusion of independence into their lives and trying to understand a foreign language that valued masking of real feelings. Separated by only a few years, the stories shared by the older girls exposed the elevation of indoctrination practices into their lives on a daily basis. Several spoke of restriction as normal, another felt chastised for not dieting, and many spoke of not eating as a way to fill a pervasive hunger for a sense of belonging. Familial expectations of responsibilities presented to the younger girls were transformed into concrete norms and behaviours for the older girls. For several of the girls helping out with supper now meant preparing their own meal or joining family members to engage in restrictive eating patterns or rituals. The older girls' abilities to adapt and attempt to live within these changing expectations appeared to have resulted in the construction of a discourse aimed to mimic what those in power sought from them. This was clearly referred to by the girls as lying. As one girl said, "we lie to save ourselves."

Finally, on an individual level, the internal struggle was painfully acute and visible through behaviors and speech patterns observed over the course of four months. At times, I detected a voice of resistance carefully positioned within the "right" answer. Eating behaviors during snack time contradicted earlier verbal statements. Photo voice allowed an intimacy into crevices of their lives that words did not reach during discussion. On another level, behaviors were often incongruent with how time was structured and fragmented for the girls by significant others. What I mean by this is how I observed bodies acting out resistance to activities that valorized individual achievement and competition. This resistance took the form of stalling behaviors in leaving the group, a space that was based on relational practices, to participate in organized activities that

promoted competition on an individual level. These behaviors were incongruent with the dialogue of parents overheard by the researcher who extolled the virtues of competition by their daughters. Such behaviors were less pronounced with the older girls but not absent. Another visual indicator of resistance may have been through body weight. I noticed that those girls who experienced more messages by significant others to conform to idealized body shapes through dieting also had a higher BMI. Yet another struggle that was more visible in the older group was of negotiating between seeking areas of belonging versus retaining personal beliefs and values. It is my interpretation that these spaces represented resistance. This ability to shift and transform resistance to the dominant discourse reflects Foucault's (1980) notion of power, resistance and the self. This interpretation also relates to Foucault's argument that if a self is positioned as powerless by one discourse, that s/he may position her/himself as powerful through an alternative discourse.

Meeting the Criteria for Constructivist Grounded Theory

Charmaz (2005a) offers a grid including four elements by which to assess whether the processes identified as emerging from the collected data reflect the guiding principles of constructivist grounded theory. See Table 13. After identifying these principles, I will describe how each principle applies to this research study.

Table 13 : Criteria for Constructivist Grounded Theory Research

<i>Credibility</i>	<i>Originality</i>
<ul style="list-style-type: none"> • Intimate familiarity with topic • Sufficient amount of in depth data • Systematic comparisons between observations and between categories • Categories cover a wide range of empirical observations • Strong logical links between gathered data and analysis • Sufficient claims to allow a reader to form an independent assessment 	<ul style="list-style-type: none"> • Categories offer new insight • Analysis provides a new conceptual rendering of the data • Social and theoretical significance of work • Grounded theory challenges, extends, or refines current ideas, concepts and practices

<i>Resonance</i>	<i>Usefulness</i>
<ul style="list-style-type: none"> • Categories portray fullness of the studied experience • Revealed both liminal and unstable taken for granted meanings • Links are drawn between larger collectivities/institutions and individual lives • Does grounded theory make sense to participants who share their circumstances • Does the analysis offer deeper insights about their lives and worlds 	<ul style="list-style-type: none"> • Analysis offers interpretations that people can use in their everyday worlds • Analytic categories suggest any generic processes, including tacit implications • Analysis sparks further research in other areas • Work contributes to knowledge

Credibility of Research

My clinical and community based experience over two decades with females challenged by problematic relationships with food allowed me to become immersed in the phenomenon. This was significantly enhanced by my decision to assume the role of an interactive interviewer which provided the opportunity to engage with the participants on an intimate level over an extended period of time. The outcome of this intimacy was the abundance of rich and highly textualized data that was systematically reviewed with the girls to clarify and compare my understanding with theirs. The plurality of data collection methods allowed varying fragments of lived experiences to emerge at different times and in different shapes throughout the four months. While acknowledging that pieces of stories remain submerged and were not captured by this research study, I do not consider this to be a limitation of the study. To do so would imply that it is possible to retrieve stories in their entirety at a fixed temporal and developmental location.

Regardless of the perspective taken by grounded theorists, there is consensus that constant comparison makes up the core of this method (Glaser & Strauss; 1967; Strauss & Corbin, 1990, 1998; Charmaz, 2006). Systematic comparisons were woven into the analysis of the data beginning with the line by line coding looking for similarities and differences between the processes emerging from the text. Coding the processes as

active meant that they flowed into each other highlighting their relational properties. For example, the process “changing to fit in” overlapped with others including “dieting as a means to feel belonging, obligatory eating, the language of lying and problems of growing up.” Comparison of this process with the other processes negated it as a ‘stand alone’ process but one that supported others. Comparison also elevated the coding from individual text to common processes. Charmaz (2006) also suggests looking for differences at an individual level to detect changes. With 16 research participants the degrees of differences(s) observed provided a spectrum of data that lends to multiple layers of comparisons. Two further aspects specific to this research extended the notion of comparison beyond most grounded theory studies. For example, of the 14 research studies conducted from 2000 to 2009 on eating disorders that used grounded theory analysis, only two used more than one data collection method (D’Abundo & Chally, 2004; Eivors, Button Warner & Turner, 2003) to collect subjective experiences from participants. Lastly, another level of comparison was made possible by using two groups of girls distinguished by age allowing for the exploration of similarities and differences based upon developmental stage.

Another aspect of credibility listed by Charmaz (2006) is that of offering strong logical links between the data and the analysis. Linking *in vivo* codes to the analysis strengthened my theoretical codes by grounding them in the participant’s own words. This bridging also gave shape to the “social world” constructed by the girls in mediating how to live in a world driven by androcentric values. As an example, all of the girls spoke about not being truthful for a variety of reasons in their everyday lives, data which evolved into the core process “The Language of Lying.” The fact that all of the girls intimately understood this behavior provided a glimpse into a norm that is misunderstood by some professionals who label this behavior as “deviant” “evasive” or “difficult.”

Lastly, the inclusion of *in vivo* statements at each stage in the coding process ensures the emerging theory is grounded in the participants’ experience, and that a reader has the opportunity to form an independent opinion.

Originality of Research

Charmaz (2006) poses the question of originality in the form of categories being “fresh” and “offering new insights” into the phenomenon. What set this research apart from other studies of the same population are the processes of time, grieving and lying. These processes offer a new understanding into how disordered eating symptoms can be viewed as rational or adaptive behaviors within the context of the need for autonomy and connection. While the aim of qualitative research is not to provide an explanation of a phenomenon, the meanings identified as underlying these categories seamlessly flow from a stance of understanding to one of explanation, supporting how this research is socially and theoretically important.

The girls’ stories speak to Foucault’s notion of the body being the locus where power relations intersect in the most concrete or visible form. The internal tension experienced by the girls in searching for “the line,” a shifting benchmark of weight that confers an idealized form, speaks to the relatedness of overeating and under eating. This challenges current literature that dichotomizes the two phenomena as separate and possibly etiologically distinct. Secondly, I believe there is a theoretical space between Foucault’s rendering the female body as passive or “docile” and the feminist perspective that views the body as a form of agency; the data from this study supports the idea that disordered eating may be a means of challenging or resisting the societal values forced upon young girls. The data certainly suggests that at least some of the older girls are attempting to resist societal expectations to behave in gender-specific ways and to manipulate their bodies to fit a cultural ideal.

The girls’ co-constructed stories spoke of feelings of anger toward social institutions that were dismissive of their voice. Yet, when the body appropriated agency and spoke the same story the same social agents, namely parents, teachers and physicians, were halted and forced to listen. This act of assuming agency is not passive but *active* and recursive. When the girls discussed how eating patterns regulated proximity and connection with significant others they did so with an awareness that this

behavior produced multiple sequelae or results. While several studies have explored symptoms as proximity seeking (Chassler, 1993, 1997; Orzolek-Kronner, 2002), there exists a gap in the literature about how symptoms are used to attain distance. The body stories of these girls spoke of their need for space away from certain individuals without breaking the gender specific social norm. Verbally requesting distance from others violates a fundamental rule of “femaleness,” compared to physical symptoms that elicit unchallenged acceptance. Equally important to understanding how symptoms can lead to greater closeness and feelings of connection is that these stories suggest that symptoms can also be a way of regulating distance from others.

Resonance of Research

Charmaz (2006) states that a tenet of constructivist grounded theory is that the processes represent fullness of the studied experience. While in theory I agree with Charmaz, I disagree that subjective experiences can be collected in their entirety. To contend otherwise seems to reflect a positivist standpoint or at the least an objectivist grounded theory notion. My experience with the focus groups is that the degree to which lived experiences were resurrected was relationally based. The degree of feeling connected to the others seemed to determine how ‘full’ a story was constructed and shared. Like a multi tiered scaffold, stories of lived experiences with food existed on different levels and the girls’ ability to make them visible depended on several factors. The factors observable to me included who was in attendance, and the developing relationship between members. I also believe that my understanding of the difference between verbal disfluencies (Ambrose & Yauri, 1999) and relational disconnections embedded in speech (Tantillo, 2008) contributed to my understanding and interpretation of the girls’ stories.

My interpretation of liminal and unstable taken-for-granted meanings (Charmaz, 2006) links back to what Charmaz terms as “constructivist sensibilities” meaning to look beyond overt behavior and text. My clinical experience proved to be a resource in sensing

nuanced and subliminal meanings and making them explicit. The building in of systematic member checks throughout the research process allowed for the verification of these implicit meanings as in the situation referred to earlier regarding the existence of an unspoken language. The weaving of member checks between the group discussions also ensured that I stayed as close to the emerging stories as possible keeping mindful of my own subjectivities. It also grounded me as the researcher in the lived experiences of the participants and their worlds, or as much as they were able and willing to share.

Framing the research through a feminist perspective made visible the relationships between the individual and larger collectivities. The analysis of institutional power and the body was also informed by the theories of Foucault.

Usefulness of Research

Code (1993) writes that “knowing other people in relationships requires constant learning: how to be with them, respond to them, and act toward them. Feminist, hermeneutic and postmodern critiques are slowly succeeding in requiring objectivist social scientists to reexamine their presuppositions and practices” (p. 34). The applicability of Code’s statement to this research was revealed in how little we know about how girls who struggle with values and societal messages that feel troublesome to them during early adolescence and how these tensions are inscribed upon their bodies. One of the junctures where this lack of understanding becomes critical is within primary health care. Applying an empirical template to a subjective experience yields little to either party during a physician-adolescent visit, other than leaving both sides of the encounter feeling frustrated. The juxtaposition of these two “ways of knowing” confers power to the more dominant one of science, rendering behavior positioned in the subjective and interpretative one as “puzzling” and “irrational” (Harding, 1986). Based on the findings of this study I have developed a guide for inquiry for health professionals that is constructed upon the lived experiences of adolescent girls who display disordered eating symptoms. (This guide will be presented later in this chapter). Such a guide is likely to result in more meaningful dialogue for both parties. Reflecting back to Code’s

statement, knowing people other than ourselves requires learning the language in which they speak. Engaging adolescent girls in a language that speaks to their struggles reframes what is often believed by physicians to be an unproductive and unpleasant office visit (Currin, Waller & Schmidt, 2009). I would argue that this study is clinically very useful because it strongly supports the need to revise dominant ways of understanding eating disorders and it provides a template for talking with adolescent girls that is likely to be more meaningful to them than current practices.

Apart from the clinical utility of this research, I hope I have successfully argued for qualitative researchers to consider augmenting their collection methods beyond the traditional one when a phenomenon is culturally situated, particularly when working with oppressed and marginalized populations.

Contribution of the Study to Existing Knowledge

This section demonstrates how this study challenges several areas within the literature concerning how disordered eating is understood. The first subsection describes how the findings of this study challenge a historical perspective that perseveres and continues to be replicated in medical practice and psychotherapy. The second subsection argues against the notion that disordered eating is predominately disease based and discusses how new knowledge about the relationship between relational experience and neurobiology is compatible with the findings of this study. The last subsection argues that this study extends current literature concerning the construction of knowledge because the sex of the knower is epistemologically significant and that knowledge is drawn along the lines of power and gender.

Challenging the Historical Perspective

Females who display problematic symptoms around eating have historically been branded with language that is condescending. Unpacking this language reveals the historical and social contexts that date back to 1873 when a physician by the name of Lasegue used the term “refusal” in association with food. It is interesting to note the longevity of this word as it retains prominence in textbooks as recent as 2004 (Handbook

of Eating Disorders and Obesity, 2004) and is the first of four criteria listed in the latest edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) under the definition of anorexia. Additionally, in some respects little, if anything, has changed over 100 years in how the relationship between females and food is viewed by those entrusted to administer treatment. A brief historical example will highlight the perceptual template that continues to infiltrate the current understanding of disordered eating.

In 1808 an English woman by the name of Ann Moore was watched in her house for 16 consecutive days and nights by a roster of village people assembled by a physician named Dr. Henderson. He assembled this group on the premise that Mrs. Moore was lying and he asked this group to verify that she, in fact, did not consume any food. At the end of each shift, a rostered individual would report back to Dr. Henderson who held the “authoritative voice” as to whether Anne Moore was an imposter, and feigning symptoms of not eating for the purpose of publicity within her village of Tutbury (Gooldin, 2003, p. 36). It is relevant to note the importance of the cultural-spiritual relationship during this era. Fasting was considered to be a function of the virtue of temperance, bearing relation to the promotion of man's spiritual well-being. Food restriction and purging were not only culturally acceptable, but also intricately linked to religious practices. During the 1200's a total of 261 “holy women” were officially recognized by the Roman Church as saints, blessed, venerables, or servants of God (Bell, 1985; Vandereycken and Van Deth, 1996) for absolving themselves from the sins of gluttony (as in eating).

I will outline the similarities that continue to be practiced to-day. Physician-led teams routinely solicit the involvement of family members to watch their daughter for signs of restriction occurring within the family home. It is a commonly held belief among many health professionals that girls restrict as an attention getting strategy. Families are assigned the task of surreptitiously documenting caloric intake which is then turned over to the physician. In addition, there has been an increasing trend to involve the family in treatment to “emphasize parental responsibility and authority in response to their child's crisis” (Nicols in Thompson, 2004, p. 647). Furthermore, a variation of Henderson's

surveillance of food avoidance continued to be incorporated within programs aimed toward adolescents with problematic relationships with food as late as 1990. Reframed as “test meals,” this practice has been referred to as “the quintessence of behavioral assessment of eating disorders” (Williamson, 1990, p.43). The rationale behind the use of test meals is that they provide a level of validity that is assumed absent in self report measures. Watching over the event is an “assessor” who, if the girl declines to participate, intervenes “to confront the patient more directly about her denial.” Others have questioned the efficacy or effectiveness of such surveillance (Anderson & Maloney, 2001; Anderson, Williamson, Johnson & Grieve, 2001) but not for the obvious reason of coercion but rather because of “practical reasons such as preparing the food or time to administer the meal” (Anderson & Paulosky, 2004).

Several parallels exist between the example involving Ann Moore and present day practices and perceptions. Both situations highlight Foucault’s (1973) concept of the medical gaze, to denote the dehumanizing separation of the body from the person. The deference to the physician to determine what constitutes validity has shifted little. This Brumberg (1989) calls the “authoritarian voice” referring to physicians who decide upon the meanings of food and food abstinence for the individual girl. Symbolic meanings are constructed from above, by the holders of power, to discern what constitutes knowledge and truth. In this way ‘voices from below’ are prevented from rising and may eventually become submerged. Finally, context is ignored, ensuring that the phenomenon remains contained within the biological sphere. Further exploration of the social and economic milieu in which Ann Moore lived uncovers what can be considered adaptability to the cultural environment of England during the 18th century. Ann Moore would have been labeled as a deviant for the simple reason that she left an abusive marriage and later bore two illegitimate children by her employer, also an abusive man. It was reported that her refusal to service her employer resulted in non wages leaving herself and her children hungry and living in poverty (Brumberg, 1989). It was not uncommon during this era that a woman living outside of the confines of marriage was imprisoned and punished (MacKay, 1995). Not eating may have been a personally constructed avenue of safety

from further sexual harassment from her male employer. It is reported that villagers brought food to Ann Moore's residence that likely contributed to her children's welfare and celebrated her status within the religious framework of abstinence.

A second parallel pertains to the ignoring of the sociocultural context in understanding the phenomena of disordered eating. Two further examples will be given – both positioned within how problematic relationships with food are perceived by health care professionals. The first example borrows from an ethnographic study by Gremillion (2003) who observed inpatient and outpatient treatment practices for adolescent girls over a 14 month period. The location was chosen because it was nationally recognized as an innovative centre offering biomedical, psychological and behavioral programs combined with individual, group and family therapy. Gremillion's extended field work produced the following observations and conclusions. She found that "in short, the major focus was on food, calories and body weights (Gremillion, 2003, p. 9). Layered upon this observation was that the multidisciplinary teams that administered the programs replicated the gendered hierarchies that "unwittingly enforced culturally dominant ideals of gender, individualism and expert knowledge" (p. 10). Finally, despite the team incorporating the modality of the narrative approach in an effort to acknowledge the gendered constructions around weight and femininity, this understanding did not extend beyond the individual level.

The above research reflects the third parallel of how little sociocultural contexts have been assimilated into understandings of disordered eating and eating disorders. In the earlier review of the literature I found that researchers who supported resurrecting submerged stories of adolescents with eating disorders simply unpacked weight preoccupation stories without challenging the gendered social context in which they are situated, risking duplication of dominant andocentric scripts. Utilizing a narrative approach in the truest sense means to deconstruct the internalized societal and cultural scripts embodied by the adolescent, including the term "disorder."

Challenging the Disease Perspective

Another scenario to consider is how the culturally idealized values of restraint and control associated with autonomy and independence filter down to an individual level and how this 'plays out' into the relationship between the body and food. For example, disordered eating symptoms that include overeating are associated with bulimia 'tendencies'. This translates to being positioned outside of the *DSM –IV* categorization but considered precursor symptoms that could lead to this classification. Western and Hamden-Fisher (2001) refer to such individuals as being "affectively unstable and emotionally deregulated" (p.547). When these labels are positioned within a critical framework they assume a different meaning and one that makes sense within the context of relational cultural theory. Being forced to accept a set of incongruent values with the abruptness and velocity that the girls spoke of would likely result in feelings of instability for most people. As for the "emotionally deregulated" label, a perspective from another paradigm repositions the label into a rational and non pathologizing response. Dayton (2002) argues that periods of significant stress, including relational trauma or neglect, can deregulate the limbic system, the part of the brain responsible for processing emotion, including the mediation of approach-avoidance responses (Patterson and Schmidt, 2003). When confronted with situations that induce feelings of fear, the limbic system will send out signals designed to remove oneself from the unsafe situation. However, should this occur in a relationship where escape is not possible, the default response is to engage in strategies of disconnection or what Dayton refers to as foreclosing on the emotional system, denying and rejecting authentic emotions. By doing so, valuable information is lost to "assist in navigating the relational world and regulate their emotional reactions to it" (Dayton, 2002, p. 5) at a later time.

This perspective intersects with attachment theory. Ainsworth's (1991) research explored how different patterns of parenting impacted upon shaping a child's attachment response. Her work on the Strange Situation Protocol demonstrated that individual differences mirrored differing infant-parent interactions in the home during the first year of life (Fraley, 2004). Predictable interactions during this developmental phase, or what

Rhawn (1999) labels as “experience expectant” are critical for the formation of “loving attachments.” Should experience with the caregiver not be reliable and predictable, Rhawn (1999) states that limbic system nuclei will atrophy, resulting in random interconnections and the development of abnormal neural pathways. In the case of insecure attachment patterns Ainsworth stated that the internal working model of the child may develop as less than healthy regarding the formation of a sense of self.

Insecure attachment patterns of ambivalent and dismissing/avoidant have been associated with eating disorders (Chassler, 1993; Orzolek-Kronner, 2002; Farber, 2007; Carr, 2009). In this study of 16 girls, 7 lived in traditional family constellations and 9 lived in families with a single parent or with other relatives. I am not inferring a relationship between attachment patterns and family unit constellations for these girls. I am suggesting however, that based upon the verbal comments, artwork and photo voice, those girls who expressed painful experiences with significant others, or spoke of other relational injuries were more likely to be in nontraditional family groupings. Several of these girls struggled during the Connection and Care Eliciting discussion and when providing examples, their stories would inevitably return to discussing painful experiences with their parents. Furthermore, nine out of 15 girls reported some degree of being bullied, representing another kind of relational injury.

This finding relates back to a previously quoted study conducted by Saftner, Tantillo and Seidlitz (2004) that stated “the lack of connection may be more important in the expression of eating disorders than the presence of connection” (p. 95). This finding also meshes with the neurological component of Relational Cultural Theory that states that connection is needed for physiological growth (Walker & Rosen). Newer technology has allowed for greater understanding of how mirror neurons respond within relationships that foster connection (Banks, 2007). The use of single photon emission computed tomography scans (SPECT) can also identify areas within the limbic system that are activated when social pain is experienced, specifically the pain of exclusion. The state of isolation that can result from chronic disconnection has been shown to cause atrophy to this set of neurons (Banks, 2007).

Applying these new scientific findings regarding the neurobiology of connection to the presenting symptoms of disordered eating and eating disorders significantly shifts how the girls in this research may be viewed. Often their stories were filled with feelings of sadness and of being hurt, experiences of feeling lonely and not understood. Understanding these stories as symptoms of disconnection removes the tendency to medicalize and possibly medicate as a treatment option. Instead, energies directed toward increasing attunement and fostering mutuality can alter neurobiology through regulating amounts of dopamine, endorphins and serotonin (Banks, 2007). Neuroimaging studies have shown that psychotherapy can rewire the brain, refuting previous studies that argued against this possibly and claimed that once neural responses were formed they remained static throughout life (Roffman et al, 2005). The key to this neural rewiring is often a therapeutic relationship where the critical components of a secure base are relationally replicated. In the case of girls with problematic eating, such a relationship holds the potential to repair misattunement by rewiring parts of the neural template responsible for self regulation. Relational attunement that utilizes all levels of connection, from metabolic regulation to positive reframing of narratives, holds the potential to alter neural network activation (Cozolino, 2006).

Extending Knowledge that Recognizes the Female Experience

Lastly, in her discussion of how knowledge is constructed, Code (1991) argues that at any point in history, knowledge achieves credence and authoritative status as a product of individual efforts of human knowers, specifically individual men, reflecting the andocentric roots of theory construction. This includes human development theories that emphasize the “autonomy obsession of andocentric thinking endorsing a stark conception of individualism that overemphasizes self-realization and self-reliance” (Code, 1991, p. 275). This study also challenges the credibility of such knowledge claims, suggesting that these theories are inauthentic to the lived experiences of these adolescent girls. The findings of this study also support the argument by female researchers, clinicians and academics for the need for “remapping the epistemic terrain” (Code, 1991; Gilligan, 1982; hooks, 1984; Miller, 1976; Jordan, Walker & Hartling, 2004; Malson, 1982). The findings

from this study indicate the need to construct a theory of knowledge based upon the lived experience of females that is sympathetic to the influences of power, responsive to diversity and understanding to the fluidity and plurality of meanings, of which not all are able to be verbalized. Embedded into such a theory would be a deeper understanding of the female body functioning as a cultural canvas subjected to multiple and intersecting forms of subjugation. While much has been written about the body as the surface of cultural inscriptions (Foucault, 1978, 1980, 1984; Nietzsche, 1969), feminists have critiqued such theories for how the body is represented as a passive receptacle to the influences of power (McNay, 1991; Grosz, 1993). Instead, they argue that the body can be used as a form of agency, refuting these influences through forms of resistance. Grosz (1993) argues that the female body is anything but passive in that “bodies speak, without necessarily talking, because they become encoded with and as signs. They speak social codes. They become *intextuated, narrativised*” (p. 199). This research study extends this latter perspective by creating a space for adolescent and pre-adolescent girls to express their lived experiences regarding the concepts of autonomy and connection, experiences that may previously have been experienced only by the body.

Contribution of the Study to Existing Health Care Practices

This section suggests that the current assessment tool for identifying disordered eating is lacking in how it divorces the lived experience from the individual, by separating and removing the relational aspect. I then present an alternative approach to identifying problematic relationships with food that is grounded in the experiences of the girls from this study.

Current Assessment Practices

Primary health practices represent the ‘first door’ for problematic relationships with food to enter for help, representing a critical juncture in what happens to a lived experience. The use of the differential diagnosis based template (DDx) begins to separate the story from the adolescent storyteller. A differential diagnosis is a systematic method used by physicians that applies the principles of taxonomy to diagnose disease in a patient (J.Lee, personal communication, October 1, 2009) and is routinely used with

individuals positioned along the continuum of problematic eating. The positivist underpinnings of this approach significantly affects the subjective experiences of physician and patient, and fails to capture the social and cultural meanings associated with problematic eating.

Aside from this 'talking' component of the office visit, Treasure (2009) advises the following concurrent protocol to be conducted: determination of BMI, blood pressure and pulse rate, testing of muscle strength, testing for hydration level, thyroid screen, urinalysis, complete metabolic profile and complete blood work count. When the differential diagnosis method (or positivist template) is used, there is a noticeable absence of open ended questions to solicit the lived experiences of the adolescent girl as the questions mostly reduce her story to a series of "yes" or "no" answers.

A variation of the positivist template was located within the teaching curriculum for residents of a medical school located in Dalhousie, Nova Scotia, 2008.

Questions for the assessment of the Medical Sequelae of Eating Disorders

- (1) When was your last period?
- (2) Do you feel the cold badly, how does it affect you?
- (3) Have you noticed any changes in your body hair, head hair, skin or nails?
- (4) Have you noticed any 'weakness in your muscles? What about climbing stairs or brushing your hair?
- (5) are you troubled by aches in your bones or have you had fractures?
- (6) What is your sleep like? Do you have to wake to go to the toilet?
- (7) Have you fainted or had dizzy spells?
- (8) Have you noticed palpitations?
- (9) Have you had any trouble with your teeth, what about denture sensitivity?
Do you attend to mouth hygiene after you have vomited?
- (10) Have you vomited blood or lost blood from your back passage?
- (11) Do you suffer from bloating or abdominal pain?
- (11) Have you noticed that glands on your face have become swollen?

The ability of an adolescent girl's lived experience story to survive these questions is difficult, as by this time any sense of agency held by the girl has been minimized, challenged or lost. The differential diagnosis approach adopted by primary care physicians is unlikely to encourage the surfacing of a submerged story due to how this approach splinters a story into diagnostic fragments. A theme that emerged from both groups of girls was that of feeling sad about leaving childhood and worried about the

burden of increased responsibilities but unable to voice these worries. Left unexplored by traditional assessment questions, this presentation could be assessed as precursory depression and treated pharmacologically, which was confirmed as a most probable outcome by physicians at the Centre for Family Medicine (J. Lee and H. Dixon, personal communication, September 23, 2009).

Based upon the discussion during the last research focus group, many of the girls made statements about not feeling understood by their physicians, in that the questions posed were not related to what they were feeling at the time. The comments made explicit included that the physician “didn’t understand me” and “didn’t know what was going on with me” (Focus Group December 7, 2008). This perspective reframes the labeling noted in the literature about the adolescent girl being “unco-operative” and “evasive”, suggesting strongly that currently used questions are ill fitted to lived experiences leaving little room to engage in alternative dialogue. It also calls into question the diagnosis of depression routinely associated with eating disorders; what is seen as depression may be the response to others not understanding the meanings beneath the presentation of sadness, as the stories from the girls made visible. Aside from this relational disconnection, there is also an *ontological* disconnection as a result of the positivist application to a socially constructed phenomenon.

An Alternative Model Based Upon the Lived Experiences of Girls in this Study

To highlight the last point, the following table contrasts questions reflecting two epistemologically different knowledge bases that share the same goal of understanding the phenomena.

Questions listed under the positivist template are currently being used by health care and school personnel in Waterloo Region. As well, the nationally funded Eating Disorders Information Centre (NEDIC) lists questions similar to those on the left hand of the chart. Questions listed under the critical template represent those I developed based upon the findings resulting from the discussions with the girls in this study and are composed so that any health care provider, teacher or parent can use them.

Table 14: Reductionist Questions versus Lived Experience Questions

Positivist Template for Assessment	Critical Template for Assessment
Reductionist Questions	Lived Experience Questions
Are you restricting food?	Have you or are you currently being bullied at school or anywhere else?
Do you induce vomiting?	Are you or anyone you live with dieting or concerned about how much they eat?
Are you concerned about your weight?	How do you feel about growing up and becoming a teenager?
How much do you exercise?	Do you feel that people important to you understand you?
Do you take laxatives?	Do you feel pressure to grow up?
Do you feel sad or depressed?	What words would you use to describe your body image?
Are you worried about how you look?	How do you feel about the friends that you have? Have they changed in the last year or two?
Are you taking any weight loss tablets?	How would you describe the way you use your voice to express yourself in important relationships?

As seen in Table 14, under the positivist template for assessment the subjective experience is seemingly rendered unimportant. The questions do not address feelings of being alone, pressures of growing up and anger over increased responsibilities associated with independence. Both groups of girls shared stories about feeling sad and fearful of being alone as the outcome of puberty. Yet in reviewing the literature, questions about lived experiences in assessment protocols for disordered eating were lacking. This may help to explain the high rates of recidivism in response to biomedical approaches that

continue to prevail (Beaumont, 2000). Ironically, even in literature that comes close to acknowledging the relational aspects of undereating and overeating, as in the intermittent 'sharing' of symptoms (Franko, Wonderlich, Little & Herzog, 2004), there is resistance to considering how both may be on the same continuum. Instead, it is suggested that this "crossover" of symptoms (p. 61) opens up a possibility of new sub types to be considered. This represents a further fracturing of a story or experience into remnants so small that the result is unlikely to hold any semblance of truth or reality to the adolescent storyteller.

Strengths of the Study

The strengths of the study will be discussed under the following headings: the study challenges singular data collection methods; the study involved the co-construction of a knowledge community; the study fostered collaborative research between historically opposing paradigms; and the study revealed new insight into the terms authorship, storying and narrative.

Challenging Singular Data Collection Methods

It was important to choose a methodology that avoided re-enacting those dominant discourse influences responsible for the phenomenon studied. This meant avoiding framing the research question with a methodology that fragmented, categorized, forced, silenced or failed to acknowledge the multiple forms of subjugated lived experiences of the girls. I believe by combining qualities of several approaches to qualitative research this goal was reached. For example, using a constructivist grounded theory approach allowed for the meanings associated with autonomy and connection to be constructed during a process that was interactive, iterative and relational involving me as the researcher. It also privileged the use of the participant's language as they related it to meanings. For example, the girls were clear in their usage of the word 'lying' to mean a shield of protection for themselves as well as others.

Guiding the research process along the principles of relational cultural theory and attachment theory contributed to a framework that supported fragments of stories to

surface over an extended period of time through several verbal and behavioral avenues. This extended time allowed for contradictions and pluralities of meanings to emerge in a way that a singular focus group, or alternatively, several groups of different girls, would likely miss. Had this happened, these stories would have remained submerged and perhaps lost.

In this way my approach differed significantly from other studies that relied on singular data collection methods to capture the interplay of micro and macro conditions specific to gender and power with this population (e.g. Orzolek-Kronner, 2002; Barth, 2003; Steiner-Adair, 1986; Hoskins & Mathieson, 2004; Sejcova, 2008). The essence of my argument is that subjective experiences are plural and shifting, as are the forces that shape them, therefore ways of collecting insight about these experiences must be as well.

Co-constructing a Knowledge Community

One unanticipated outcome resulting from the methodology was a feeling of community that evolved over the course of four months. Nelson (1993) talks about “epistemological communities” reflecting some feminists’ thinking that “communities, not individuals, are the primary generators, repositories, holders and acquirers of knowledge” (p 123). Nelson adds that “communities construct and acquire knowledge” referring to an active act, versus pieces that are passively discovered (p. 141). This is an important outcome as it represents a parallel to the earlier notion that the resistance produced by the girls against andocentric forces collectively resulted in knowledge, which in itself is powerful.

Facilitating the group using Relational Cultural Theory principles and supporting the girls’ authorship to their stories further enhanced the fostering of a knowledge community. The use of interactive interviewing acknowledged the relational aspects that evolved between the girls’ and me as the researcher (Ellis, 1997; 2003). Over the course of four months our discussions ‘eclipsed’ the traditional format of question and answer, into a flowing conversation that was richly textured and capable of withstanding emotionally provocative issues. For example, during the fifth group some of the older girls became quite sad as they struggled to talk about their lack of experiences with

connection to significant others in their lives. Pockets of silence became more frequent and longer. Two of the girls became tearful. The moment felt raw, stripped of any social protocol.

However, unlike traditional interviewing where such emotionally laden spaces might have been avoided (Anderson et al, 1987) a tacit feeling of understanding resonated between members to support the exploration of this unscripted and unexpected silence together. In retrospect, this was a pivotal point in the data collection process, as the sharing of intimacies spoke to the flattening of the hierarchy traditionally erected between the researcher and the researched. The provision of a non judgmental space for these unsanitized stories to be verbalized, listened to and acknowledged appeared to be therapeutic based upon later comments received from the girls'. While such a benefit was not a goal of this study, the intersubjective nature fostered by this interviewing style allowed for the girls to co-construct meanings around their lived experiences, and to talk through some feelings of disconnection with others, while at the same time granting me access to their very private world.

Fostering Collaborative Research between Historically Opposing Paradigms

This study also highlighted the merger of two historically opposed paradigms of knowledge united toward the mutual goal of understanding the phenomenon of disordered eating – that of positivist and critical theory. The willingness of empirically trained physicians to speak of the research to adolescent girls using subjectively biased criteria draws attention to two significant features of this study. One, that the positioning of these lived experience stories can hold a place of legitimacy within medicine, challenging reductionist ways of understanding culturally constructed phenomena. Japp and Japp (2005) calls these “legitimacy narratives”, stories that speak to the mind- body connection and demonstrate how health and illness are culturally constructed, but need to be brokered into a system that historically has resisted such forays. My plan is to present the Lived Experience Template to health care providers at the Centre for Family Medicine as an assessment modality that is grounded in the experiences of girls with

disordered eating. Assuming the role of advocate and knowledge broker, my goal is to position the template within a medical practice that has 274 rostered adolescent girls between the ages of 11 to 14, representing a new approach that emphasizes the understanding of the lived context of the individual versus the traditional focus on illness. Equally important, these stories become legitimized within and by a paradigm that traditionally eschewed the body mind connection as being valid.

A second feature of such collaboration relates to my plan to engage in knowledge translation. Schryer-Roy (2005) writes that the bridging of “two communities” through information is not new, although the term knowledge translation (KT) elevates this process to a transformative level. As such, Choi (2005) describes the goal of knowledge translation as “the exchange, synthesis and ethically sound application of research findings among researchers and knowledge users. Knowledge translation can be seen as an acceleration of the knowledge cycle put to use” (p. 93). The more defining feature of this strength is that the presentation of the Lived Experience Template to health staff will represent only the beginning of this process at the Centre. Knowledge translation is not a linear or unidirectional transfer of research findings (CHSRF, 2003). It is interactive and iterative, engaging and increasing meaningful interactions between different stakeholders. My envisioned role as a knowledge broker will be further explained in the section entitled Future Research Directions.

New Insights into the Terms Authorship, Storying and Narrative

Only in reflection and having been sensitized to the fragility of the body stories the girls shared, did I realize the homogenizing impact of the word “narrative” used by other researchers, whose studies I have referred to previously (Rice, 2007; Lock & Grange, 2005; Maisel, Epston & Borden, 2004; Tozzi, Sullivan, Fear, McKenzie & Bulik, 2003; Connelly & Clandinin, 1990; Oliver, 1999). Earlier I had differentiated between the word “stories” and that of “narratives” for this research, with the latter referring to a method of analysis. Frank (2000) agrees with this distinction, stating that “people do not tell narratives, they tell stories” (p. 354). Observing how the multiple and concurrent methods of talking, blogging, writing, painting, sculpting and picture taking accessed

different pieces of the same story over an extended period of time, this research challenges earlier studies that suggest an entire story can be collected by a single method. For example, it was not unusual for a story to be threaded through multiple focus groups touching upon the topics of dieting, connection, disconnection and mutuality (Leah's story). The inference that a story is sitting under the surface, frozen in time waiting to be collected, fails to acknowledge the fluidity and discursive nature of story construction and suggests a positivistic bias. Burkean (1969) wrote that "we live stories in and through our being – embodied performance – and within and through the tension constituted by our memories of the past and anticipations of the future."

Drawing upon my observations of the act of storytelling, I suggest the term *storying* to capture the motion of dislocated story fragments surfacing at different times in different ways. I also want to impress upon the reader that in spite of the multiple methods used by this study, parts of the girls' body stories remained uncollected. The term *storying* suggests that a process is at play, one that is ongoing and fluid yet, at least in part, recoverable. Frank (2005) says that people tell stories to help make sense of their lives. If this is true, those parts of stories that the girls' were able to share tell a sad tale of what it feels like for many girls to grow up female in our culture.

Finally, while it was not intentional, the practice of having the girls identify themselves prior to speaking into the microphone may have inadvertently assigned authorship to their stories. I had initially requested each girl to state her name prior to speaking to familiarize myself with the sound of her voice in order to prepare me for transcribing. However, the girls continued this practice throughout the entire four months, even interrupting their response in order to state their name, and perhaps to emphasize ownership. In reviewing feminist literature on authorship I came across a study by Bertaux-Wiame (1982) who analyzed male and female oral history interviews to discern power structures embedded within their speech patterns. She found that men typically used first person singular forms when speaking as compared to the women who tended to chose first person plural forms or the impersonal third person pronoun (one).

Several interpretations are offered within the context of Relational Cultural Theory. The ease with which the girls' continued this pattern may suggest their eagerness to claim authorship to their stories when such a space is created. One of the quieter girls said near the end of the groups "I would never talk til I came here (pause)."

Secondly, the girls spoke in a collective voice regarding external forces experienced as oppressive thus creating a binary division of "us" versus "them" – echoing the earlier hostage metaphor. Several examples are offered that represented a larger pattern.

Table 15: Patterns of Power Perceptions through Use of Pronouns

External Pronouns	Internal Pronouns
"They expect us to be more mature"	"I have always been quiet"
"They expect more from us"	"I got forced to eat it"
"They don't let you get angry"	"I wish I were younger"
"They say girls mature earlier"	"I get told what I have to do"
"They put more pressure on us"	"I have to ask to get a glass of water"
"They can be just whatever, free"	"I can't stand them"
"They don't understand you"	"I'm not going to do it, it's not going to happen"

Other text used by the girls that add a dimension to the hostage metaphor were phrases like "taking control," "the point," "it can go either way."

Limitations of Study – Earlier Concerns Revisited

Prior to conducting this study, I identified several potential shortcomings to this methodology. These included: challenges associated with interactive interviewing, concern about blurring of research and therapy boundaries, lack of clarity and consistency of concepts and the risk of re-oppression. There is also the general limitation associated

with qualitative research regarding the ability to understand a phenomenon in its entirety. Each anticipated limitation will be discussed as to the actual outcome. In addition, each issue will be explored regarding transferability to future similar studies.

Challenges Associated with Interactive Interviewing

The lack of interview guidelines for interactive interviewing did not present as an obstacle for several reasons. Combining key aspects of Relational Cultural Theory (i.e. the essential nature of connection and mutuality), Fonagy's psychoanalytic notion of a holding place and Bowlby's attachment concept of a secure base resulted in creating a group that was supportive, secure and safe. Within this constructed safety net the girls shed initial apprehensions and ventured into deeper reservoirs of stories. Allowing silence to exist without the urgency to fill the space appeared to be healing especially to the older girls, perhaps because it was free of obligatory responses. An alternative explanation was that it felt good to speak honestly, about messy feelings and with brutal rawness without worrying about offending significant others, including myself. As the outsider to the group I noticed less reservation and formality with the older girls in their responses toward my questions. As such the group appeared to move beyond surface dialogue fairly easily reaching fragments of stories containing behaviors and practices "ostracized by society and shrouded in secrecy" (Collins, Shattell & Thomas, 2005, p. 189) specifically in the area of food and eating (Cash & Pruzinsky, 2002; Burns, 2004). The surfacing of painful and sad stories spoke to the authenticity of the group environment fostered by this type of interviewing style.

Interviewee behaviors such as "flattery, flirtation or statements indicative of social desirability response bias" labeled as problems in qualitative research (p. 189) did arise but when viewed through the lens of attachment theory, spoke to the possible attachment pattern and in this sense contributed to understanding the individual girl.

Blurring of Research and Therapy Boundaries

Assuming the position as an interactive interviewer situated me in the reconstruction of stories that contained hurtful elements as experienced by the girls. I

was mindful of how Mason (2002) describes this role, as one that “generates situated knowledge about lived experiences” instead of just asking questions about abstract concepts (p. 68). The intricacies of such a role lend to the surfacing of painful experiences that I could only actively and empathically listen to, trusting that such a stance would honour their stories. Concurrent tasks involved being attuned to changing individual dynamics within the context of a heterogeneous group. As previously mentioned, it was necessary for me to facilitate access to counseling services for one of the older girls. My clinical background proved to be helpful in this situation.

As for any therapeutic benefits derived from this style of interviewing, I observed what Mishler (1986) described as the shifting of power due to a change in symmetry between the interviewer and the respondent. My efforts to flatten this hierarchy as much as possible contributed to what Mishler (1986) calls a discourse of empowerment; more simply, the process of resurrecting silenced stories that were shared and validated shifted the traditional role of expert to the individual storyteller, and away from me as the researcher.

Lack of Clarity and Consistency of Concepts

Earlier I wrote about the variability of definitions surrounding the concepts of connection and disconnection that traverse different paradigms as noted by Lang-Takac and Osterweil (1992) and Pearson et al (1998). This variability rests upon the fact that different theoretical paradigms use these concepts, each with a different meaning. However, this proved not so much a limitation but an opportunity to gain entry into understanding how these terms were constructed by adolescent girls based upon their experiences of autonomy and connection. Meanings that emerged from the data from both groups clearly associated the term autonomy with independence and of being alone, challenging human development theories that posit psychological separation and individuation as a critical benchmark for healthy adolescent development. Conversely, for the younger girls the predominant meaning associated with connection was that of understanding and being understood. The term assumed a layer of obscurity and

complexity for the older girls, who associated the concept with inauthenticity creating for themselves a double bind – they wanted to feel connected and understood but felt this was possible only if they edited and suppressed behaviour and feelings that felt real.

Risk of Re-oppression

bell hooks (1989) writes of the power inherent in position and best intentions on behalf of the researcher does not necessarily vindicate the outcome. Delpit (1995) agrees, saying that those with power are frequently least aware of it or at least [less] willing to acknowledge its existence. Those with less power are often most aware of its awareness” (p. 26). While I made every attempt to be reflective and reflexive, I do acknowledge the multiple privileges inherent to my position. I cannot definitively state that the research experience was positive for every girl who participated as one girl from each group left prematurely. Being respectful of their decision meant not inquiring as to the reason, which may have included feeling oppressed. Alternatively, the *stories* may have felt oppressive in that they represented a layer of lived experience that was inaccessible or too painful to face for these two girls.

Nature of Qualitative Research

It is uncertain what fragments of the girls’ lived experiences remain submerged regardless of the multiple data collection methods used to reach them. How the stories may have been richer is not known and reflects a characteristic of constructivist grounded theory, and more generally of qualitative research. The temporality of the lived experiences as they relate to meanings associated with autonomy and connection are only relevant to this group of girls at this developmental phase in their lives.

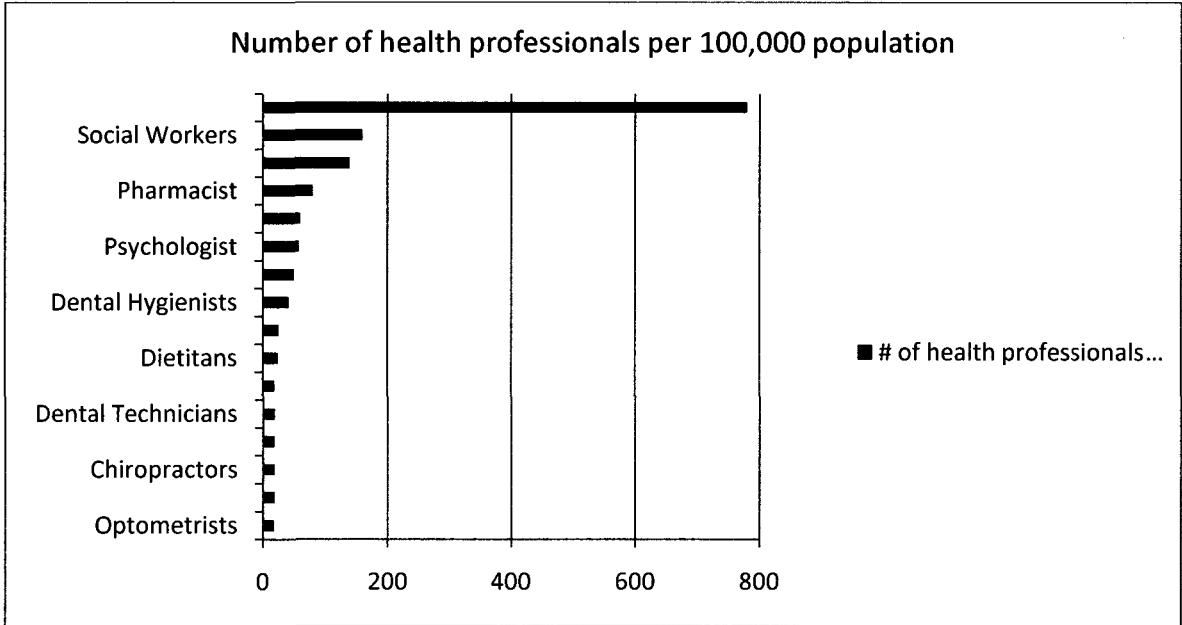
Lastly, this study may have been strengthened if provision had been made in the research design requesting the younger group of girls to return once they had entered the ages of 13 and 14. If that were to have occurred, the goal would be to explore whether their experiences were similar or different to those expressed by the older girls in this study. A variation of this post study follow up would be to have both groups return at a later date in order to better understand how their experiences of being in a group shaped

by Relational Cultural Theory and attachment principles influenced their views about participating in research of this nature; such a follow-up could also shed light on their experience of the role assumed by myself as an interactive interviewer.

Future Research Questions and Directions

As previously mentioned, I am planning to first initiate a process of knowledge translation at the Centre for Family Medicine focused on the Lived Experience Template. The positioning of this relationally constructed prototype for assessing the presence of disordered eating within an evidence-based health setting opens up new and innovative spaces for further research. Equally important is that it is the profession of social work that is facilitating this bridging; this reflects the growing contribution of the profession within primary care settings. For example, the most current statistics available on Canada’s primary health care providers lists social work as the second highest provider after registered nurses (Statistics Canada, Census, 2001) As shown in Table 16, for every 100,000 Canadian residents, there are 170 social workers who provide primary care services.

Table 16: Canada’s Primary Health Care Providers



Furthermore, the last year in which a national survey was conducted on family health care workplaces resulted in community health centers reporting the highest percentage of health professionals (other than physicians), including social workers, as critical in providing optimal health care. Community health centers reported that 73% of patient interface time involved other non physician health professionals in which social work was one of several listed (this did not include registered nurses and registered nursing assistants). Although this survey was conducted in 2001 prior to the formation of the Centre for Family Medicine in 2005, the value placed upon the social work profession at the centre is indicated by the staff ratio. There are a total of 11 physicians employed by the Centre and five social workers. What sets this knowledge translation apart from other models (knowledge driven, problem solving and political) is the interconnectedness and multiple means of exchanges between knowledge holder(s) and knowledge provider(s) that can occur in settings like the Centre for Family Medicine (Weiss, 1979).

Social work has historically been complacent within the positivist paradigm of health care taken toward addressing problematic eating with women. This is my own lived experience as a clinician who has worked with this population for over two decades within several health systems. What is lacking is a critical questioning of the paradigm in which this phenomenon remains entrenched and the failure to critique the epistemological underpinnings that perpetuate individualism as the benchmark of psychological growth. The move toward interprofessional education and health care delivery offers a long overdue window for social work to move into a transformational paradigm and institute change instead of continuing compliance. Privileging insider knowledge encourages the shift of power away from what Maisel, Epston and Borden (2004) call “well meaning professionals armed with the latest theories of psychological development, family dysfunction, psychopathology, physiology, and genetics, [who] scrutinize these women’s psyches, bodies, families, and histories for the key to understanding the cause and the “cure” for these “disorders” (p. 80). Exemplifying this latter point is the development of the Maudsley Model that, during the writing of this thesis, is being embraced by professionals as promising, because the technique claims to

shift paradigms by intimately involving the family through the literal refeeding of their adolescent daughter (Le Grange & Locke, 2007). If anything, this approach further promotes the circular notion that a girl with an eating disorder and her family are enmeshed (and consequently pathological) while negating influences of the larger cultural context.

Another future research possibility would be to explore with pre and adolescent girls the Lived Experience Questions in a wider social context, such as girls attending middle schools, to see how their experiences differed from the girls in this group. How would these questions resonate with girls who were not (or at least not yet) displaying disordered eating patterns? A variation of this question would be to administer these questions in social locations where girls gather, such as dance studios and youth groups.

Yet a third possible direction is associated with the percentage of girls in this study who reported having experienced a form of bullying. Of those who responded to this question, 9 out of 15, or 60% of these girls, reported having been bullied. This finding lends credence to the growing body of literature that identifies bullying as a risk factor to the development of problematic eating patterns for adolescent girls (Striegel-Moore, Dohm, Pike, Eilfley & Fairburn, 2002; Taylor, Cunning, Abascal, Rockwell, Field, Striegel-Moore, Winzelberg, et al., 2006; McVey, Tweed & Blackmore, 2007).

The increasing prevalence of disordered eating in adolescent girls represents a dismal beacon that current understandings and efforts to prevent and intervene fail to capture the cultural etiology of the phenomenon. Recent provincial recognition of social work as an important partner in primary care delivery ushers in a potentially new and meaningful era for the profession to transfer local knowledge(s) into more traditional territories. Local knowledge stories must ground new directions in intervention and research, which means exposing the fallacy about the possibility of healthy humans of any sex being totally independent, and celebrating the value of the human need to feel a sense of belonging and connection. I leave the reader with a painting by one of the participants (Figure 53) and the wisdom communicated through her words.

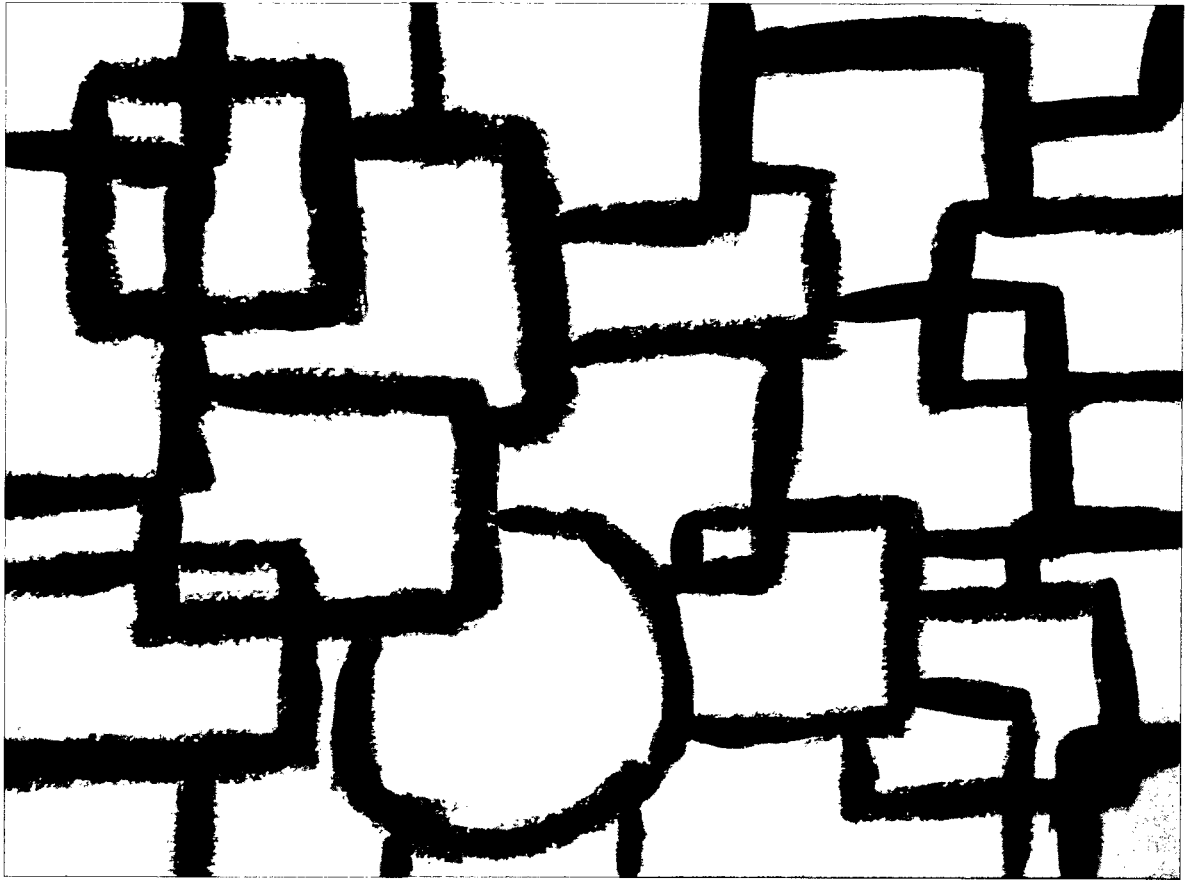


Figure 53: Diana - "well my picture is really about independence and dependence. The green circle is independence and the blue squares are dependence and so, like they are together, and like supporting the independent circle, so really, it's both."

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Appendix A – Handout of Recruitment Criteria for Centre of Family Medicine Staff

Criteria for inclusion in the focus group

- **Between the ages of 11 to 14 years of age**
- **BMI is within the normal range**
- **Does not have a *DSM-IV* diagnosis**
- **Is not currently receiving therapy**

and one or more of the following:

- **Talks about or expresses concerns about feeling “fat”**
- **Objectifies a body part; e.g. “I don’t like my thighs”**
- **Restricts food or dieting of any kind**
- **Overeating/Binging**
- **Follows a rigid set of food rules**
- **Purging**
- **Fasting (other than for religious reasons)**
- **Excessive exercising**

Steps to Follow;

1. **Tell the patient about the research study and ask if she would like more information**
2. **Provide her with the information sheet before she leaves your office**

If you are unclear or want to ask a question please call me - 579-0100 ext 503

or leave a message on PSS (internal email system)

I am also at the Centre on Mondays and Thursday mornings and can meet with you.

Thank-you in Advance – Colleen McMillan PhD(C)

Appendix B – Handout Describing Research Study for Participants

Hello,

Your physician has identified you as a possible participant in a research study I am conducting.

This research study is interested in knowing how girls experience the messages they receive about growing up female. I am particularly interested in your experiences with regard to food and body weight. If you join the study there are some important things for you to know;

- You will be part of a group made up of other girls around your age**
- What we talk about will be confidential**
- We will talk about issues that are specific to girls such as experiences with friends, feelings about becoming an adult, feelings about body changes, thoughts about dieting or eating less and other issues that you think are important**
- You are free to leave the group at any time**
- There is nothing you have to do to prepare – just come**

We will meet at the Centre for Family Medicine every week for an hour and a half for about 3 months. You will be paid five dollars for each meeting for your participation as well as receive bus tokens if you wish them.

This research is part of a dissertation study that is seeking to learn more about the experiences of adolescent girls, and how these experiences may be related to concerns about eating and body weight. It has been approved by the Research Ethics Board of Wilfrid Laurier University. It is also supported by the Centre for Family Medicine.

If you want more information or would like to talk to me in person, please leave your name and phone number at this confidential voice message box.

The phone number is 519-579-0100 ext 503. Or you can email me at mcmi1480@wlu.ca.

I hope that you will consider being part of this group that hopes to create knowledge using your experiences of being a girl.

Thank-you for thinking about joining!

Colleen McMillan PhD (C)

Appendix C - Flyer for Distribution at Centre for Family Medicine

You are Invited to Participate!

In a Research Study about the Experience of Being a

Girl
Have A Voice!

You are invited to join a girls' focus group to talk about your experiences growing up in today's culture and the messages girls receive about weight, body image, self-worth and more.

My name is Colleen McMillan and this study is part of my Doctorate research on understanding how girls negotiate the many messages our culture sends them about being female -

What can you expect?

To meet other girls between ages 11 and 14 years

To have a chance to talk about your experiences as a girl

To contribute to girl knowledge!

You will receive a small amount of money to express appreciation for your time

Join by checking out the website at <http://www.family-medicine.ca> or

CONTACT ME AT: (519) 579-0100 EXTENSION 503

Appendix D - Informed Consent Statement for Participant and Parent

INFORMED CONSENT STATEMENT

WILFRID LAURIER UNIVERSITY

INFORMED CONSENT STATEMENT

What do the Voices of Adolescent Girls tell us about the Impact of (Dis)Connection on Their Body

Colleen McMillan PhD (C) Wilfrid Laurier University – Dr. Carol Stalker Supervisor

You are invited to participate in a research study that is collecting stories about your experience as a female adolescent.

The purpose of this study is to better understand the experiences of adolescent girls and how we can learn from their experiences about how to prevent disordered eating. I understand that I am being asked to participate in the above study conducted by Colleen McMillan as part of her dissertation research toward her Doctorate degree in Philosophy at Wilfrid Laurier University, Kitchener, Ontario.

INFORMATION

I am asking you to participate in a research study that uses a focus group to collect data. A more detailed explanation of the research study can be found at <http://www.family-medicine.ca>. As the researcher, I alone will be facilitating the discussion in the group. However, I will be audiotaping each focus group meeting that will then be transcribed by myself between each meeting. The signed consent forms, the audiotapes and the hand-written notes taken after the meeting by the researcher will all be kept in a locked cabinet located at the Centre for Family Medicine, 73 King Street, Kitchener, Ontario. Only the researcher will have the key and access to this cabinet. During the 3-month period that the group meets, the researcher may share (in a non identifying way) some of the collected information with her supervisor, Dr. Carol Stalker, who is a Professor at Wilfrid Laurier University.

I understand that the focus group will meet once a week for 90 minutes in length over the period of 3 months. There will be approximately 6 to 8 other girls in the focus group. The focus group meetings will be held at the Centre for Family Medicine, 73 King Street, Kitchener, Ontario. The time of the meetings will be determined by the group in collaboration with the researcher.

RISKS

There are no physical risks associated with this research. The one psychological risk that you may experience is possibly feeling sad when discussing experiences where you may have felt alone or unheard by important people in your life. Should you experience this feeling, information will be

provided at the end of each session regarding local counseling services that the researcher will assist making a referral to. The researcher is also a registered Master of Social Worker with 25 years of clinical experience and will offer debriefing after the end of the session for a participant who may feel the need to talk about upsetting dialogue that occurred within the focus group meeting.

BENEFITS

There are several benefits associated with participating in the focus group meetings.

You will be given a “voice” to share your experiences of growing up as an adolescent female in this culture. Your experience is valuable toward assisting professionals to better understand how to support the voices of girls in our culture and prevent disordered eating in girls. Your participation will add to the literature on how girls may develop differently than boys and what parents, educators, physicians and others need to do to support healthy development regarding your feelings and your body.

You will be making an important contribution toward existing literature by sharing your ‘lived’ knowledge and allowing it to be shared with others including other girls, helping professionals and researchers.

CONFIDENTIALITY

I understand that the audiotapes and transcriptions of the discussion in the focus group meetings will be kept confidential and that I will not be identified in any print publication, conference presentation, verbal report or discussion. The researcher will also abide by the Code of Ethical Conduct as described by the College of Social Workers of which she is a member in good standing regarding protecting the confidentiality of individuals she engages with for clinical or research purposes. The normal exceptions apply if confidentiality needs to be broken by the researcher at any time during the duration of the focus group meetings (for example, if a participant reports that she has been abused or is a danger to herself or others).

I understand that the researcher will use non-identifying quotations from the audiotaped meetings in her dissertation and in publications resulting from that dissertation. I consent to the quotation of words that I have said as long as the quotation does not identify me. I understand that if there is any chance that a quotation might identify me, that the researcher will contact me to obtain my permission.

Following the three-month period during which the focus group meets, the researcher will contact me only to request the use of a specific quotation. After a period of 1 year the audiotapes will be destroyed by the researcher. All artwork conducted in the group will remain anonymous, meaning that any personal information that could identify the participant will be removed in the presence of the participant.

I consent to the use of quotations that are non- identifying in publications and presentations resulting from this research study. (Please check one)

Yes _____

No _____

The researcher needs to contact me to obtain consent regarding the use of any quotation;

_____ Yes

_____ No

COMPENSATION

For participating in this study you will receive the amount of five dollars per group meeting paid after each scheduled meeting. You will also be given bus tokens should you decide to use public transit to come to the meetings.. If you withdraw from the study prior to its completion, you will not be monetarily compensated beyond the last group meeting that you attended.

CONTACT

If you have questions at any time about the study or the procedures, (or you experience adverse effects as a result of participating in this study, you may contact the researcher, Colleen McMillan, at the Center for Family Medicine, 73 King Street, Kitchener and (519)-570-0100, extension 503. This project has been reviewed and approved by the University Research Ethics Board. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Dr. Bill Marr, Chair, University Research Ethics Board, Wilfrid Laurier University, (519) 884-0710, extension 2468.

PARTICIPATION

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at any time without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study and you request it, your data will be returned to you or destroyed. You have the right to omit any question(s)/procedure(s) you choose.

FEEDBACK AND PUBLICATION

I understand that the researcher will be using the aggregated results from the focus groups in future publications, journal articles, conferences or workshops. The researcher will not quote my words in any of these mentioned dissemination avenues without my permission as indicated above..

I can expect verbal feedback provided to me at the end of the focus group meetings approximately 3 months after they have started. Following the analysis of the data, I can also expect written feedback in the form of a short report highlighting the themes that have emerged from the focus group meetings. Unless I request otherwise, this report will be forwarded to my home address with the researcher assuming mailing costs.

CONSENT

I have read and understand the above information. I have received a print copy of this form. I agree to participate in this study. The study has been clearly explained to me by the researcher and my questions have been answered to my satisfaction.

Participant's signature _____ Date _____

Parent's signature _____ Date _____

Investigator's signature _____ Date _____

Appendix E - Opening Questions for the Focus Group Discussions

The following questions will be used to initiate discussion within the focus group setting.

Each group of questions are based upon a concept taken from Table 2 – Definition of Concepts and Opening Questions

The overall research question is;

What do the voices of adolescent girls tell us about the impact of (dis)connection on their bodies?

Concept of Autonomy

When you hear the word independence, what does it mean to you?

When you hear the word dependence, what does it mean to you?

Do you feel that society has certain expectations of girls around independence?

If yes, can you describe these expectations?

How would you describe your comfort level around independence?

How would you describe your comfort level around dependence?

Are you more comfortable with one of these words?

If you have any feelings of being uncomfortable about the expectations of independence or dependence, do you share them with anyone?

Do they understand?

“Do you ever feel uncertain about the direction you want to go in?”

“If you do, what happens when you feel this way?”

(In terms of how you feel inside, how you are in relationships with others, the decisions you make, and what you do or don't do?)

What are the ways you have considered that you could slow it down?”

“Could you describe what feels like the biggest change you have experienced so far?”

Concept of Body Narratives

How would you describe how you feel about your body?

Do you feel the same about all parts of your body?

Or does the way you feel change depending on the body part you are focusing on?

Has this changed at all?

Why?

“How would you describe your voice?”

“In what relationships does your voice feel stronger, clearer, noticed, affirmed?”

“In what relationships does your voice become silent, unnoticed, ignored, dismissed?”

“What are the differences between the relationships?”

“What are the challenges that you face today as an adolescent girl?”

“If your body had a voice, what would it say about the challenges we talked earlier about?”

“What would your body say about resolving these challenges?”

Concept of Dieting

What does the word dieting mean to you?

Why do you think people diet?

Do you think that dieting is normal?

Is it something that you as a girl think is important?

Why?

Why not?

Is it something that you think is important to a boy?

Why?

Why not?

Do you or have you dieted?

Do you notice any changes in yourself if you have dieted?

If yes, how do you change when you diet?

Do you notice any changes to important relationships when you diet?

If yes, what do you notice?

Do they become closer or more distant?

Concept of Disordered Eating

How would you describe your feelings about food?

Did anyone, or anything, influence these feelings?

Do you ever think about eating less food?

What makes you change from thinking about food to actually eating less?

What are the steps involved when you decide to eat less?

Does it happen gradually or suddenly?

Do you sometimes eat when you are not hungry?

If yes, what are the kinds of situations that might lead you to eat when you are not hungry?

Concept of Disconnection

Do you ever feel not understood by someone important to you?

What changes in the relationship when this happens?

Does anyone notice these changes?

What feelings are hard to share with people important to you?

What experiences are hard to share with people close to you?

What do you do with these feelings?

Do you think these feelings come out in different ways?

Concept of Separateness

Do you ever feel that you want to be more distant from someone?

Who?

How do you achieve that?

Is this something that you feel parents or others expect you to do?

“Do you ever behave in a way that is opposite to what you feel?”

“Are there certain situations or relationships where you are more likely to do this?”

Concept of Connection

What needs to happen in the relationship before you can feel close to someone important to you?

What stops this from happening sometimes?

Concept of Care Eliciting Behaviors

Are you aware of any behaviors that bring important people in your life closer to you?

What are these behaviors?

Was anything happening in these relationships when these behaviors started?

Are you still doing these behaviors?

Concept of Mutuality

How do you know when someone understands what you are feeling?

If, or when this happens, how do you feel about yourself?

About the other person?

About the relationship?

Do you ever have a different opinion from the people around you who are important?

How do they know that you have a different opinion?

What happens when you express it?

Do they become closer to you or farther away from you?

How do you show someone that what they are feeling is important to you?

"Are there ever any feelings that you don't talk about?"

"What prevents you from talking about these feelings?"

Appendix F – Demographic Profile

Please answer the following questions. If you feel uncomfortable with any of the questions, you do not have to answer them.

Name: _____

Age: _____

Grade: _____

What is your ethnic background? _____

Please list the family members with whom you live with (e.g. mother, father, grandmother, sister)

Does anyone with whom you live with go on a diet from time to time?

If yes, please indicate who? _____

In your own words, how would you describe your body image?

Thank-you!

Appendix G - Timeframe of Research

Timeframe	Activity	Group A (11 & 12)	Group B (13 & 14)
June 2008	<p>Ethics Approval</p> <p>Meetings with Centre for Family Medicine to acquaint staff of research and research design</p> <p>Recruiting of participants among physician caseload</p> <p>Provision of multiple recruitment avenues – staff referral, posters, flyers and self referral</p>		
July 2008	<p>Ongoing recruitment</p> <p>Meeting with each referred participant to</p> <ul style="list-style-type: none"> • Explain research • Suitability regarding criteria 		
August 2008	Ongoing recruitment		

	<p>Meeting with each participant to</p> <ul style="list-style-type: none"> • Explain research • Suitability regarding criteria <p>Purchasing of materials (cameras, artwork materials)</p> <p>Booking of space</p>		
September 6, 2008		<p>Focus Group # 1</p> <p>Concept of Autonomy</p>	<p>Focus Group # 2</p> <p>Concept of Autonomy</p>
	<i>Member Check</i>	<i>September 27</i>	<i>September 27</i>
September 27, 2008		<p>Focus Group # 2</p> <p>Concept of Dieting</p> <p>Body Narratives</p> <p>Dieting</p>	<p>Focus Group # 2</p> <p>Concept of Dieting</p> <p>Body Narratives</p> <p>Dieting</p>
	<i>Member Check</i>	<i>October 18</i>	<i>October 18</i>
October 18, 2008		<p>Focus Group # 3</p> <p>Concept of Disconnection</p>	<p>Focus Group # 3</p> <p>Concept of</p>

			Disconnection
	<i>Member Check</i>	<i>November 2</i>	<i>November 2</i>
November 2, 2008		Focus Group # 4 Concept of Connection Care Eliciting	Focus Group # 4 Concept of Connection Care Eliciting
	<i>Member Check</i>	<i>November 9</i>	<i>November 15</i>
November 9, 2008		Focus Group # 5 Concept of Mutuality	Focus Group # 5 Concept of Mutuality
	<i>Member Check</i>	<i>December 7</i>	<i>December 7</i>
November 7, 2008		Focus Group # 6 Both Groups Combined	Focus Group # 6 Both Groups Combined
December 2008	Finished Transcribing NVIVO 8 Computer Practice		
January 2009	Analysis – Hand Coding NVIVO 8 Coding Drafting of memos	Group A -11 & 12 yr	
February 2009	Analysis – Hand Coding	Group A -11 & 12 yr	

	NVIVO 8 Coding Drafting of memos		
March 2009	Analysis – Hand Coding NIVIVO 8 Coding Writing of Analysis	Group A – 11 & 12 yr	
April – August 2009	Writing Draft(s)		
September – October 2009	Revisions to Draft Forward to Committee		
October – January 2010	Revisions and Rewriting		

