

**A THEMATIC INQUIRY INTO THE DOMINANT CULTURAL AND FAMILIAL
FACTORS IN SOUTH AFRICAN COLOURED PEOPLE'S EXPERIENCE OF
ANOREXIA NERVOSA: A QUALITATIVE STUDY**

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ABSTRACT

This study seeks to explore anorexia nervosa as experienced within the South African coloured community in the specific. It represents an examination of themes within the participants' depictions, discovering those themes that concur with existent literature, as well as discerning novel themes within the target group. Literature proves to yield varied results with regard to anorexia as presented in diverse cultures. Sufficient awareness is lacking within the South African context, where a scarcity of available literature that explores the experiences of the coloured anorexic individual necessitates the need for the current study.

The contributing factors are viewed to involve societal, cultural, and familial aspects, all of which are situated within a systemic frame of reference. Systems theory provides the foundation within which these factors are explored, aiming to provide the reader with in-depth knowledge as to the functioning of the anorectic patient. It should be noted that these factors are interconnected, influencing each other in a circular manner. Attention is awarded to not only larger systems of societal and cultural influences, but also serves to encompass the functioning of the anorectic within the familial system. The reciprocity that exists within and between sub-systems is investigated, with the focus being the interrelatedness between members. Recursive feedback and associated processes are examined as they relate to the development and maintenance of anorexia.

A qualitative research design was applied, where semi-structured interviews served as the chosen data collection strategy. Interviews were conducted at the hospital where they received treatment, and aimed to extract the meanings inherent in the participants' experiences. A limited availability of diagnosed coloured anorexic individuals resulted in two willing participants partaking in the study. Thematic networks enabled the researcher to explore their representations in depth, leading to the subsequent organising of themes for further analysis. Two global themes emerged upon examination, the first of which was identified as "familial impact and patterns", consisting of organising themes of relational positioning and interactional processes. Organising themes of expectations and internal emotional states constitute the second global theme of "control". These

themes are supported by a variety of basic themes, all of which serve to enhance the understanding of the organising themes, contributing to the respective global themes. Extensive exploration of the discovered themes followed, with the investigation proceeding within a systems theory framework.

A conclusive discussion serves the purpose of bringing the exploration to a close. Relevant literature is incorporated into the discussion, providing the reader with an integrated understanding of the findings of the study within the broader field of anorexia nervosa.

KEY TERMINOLOGY

Anorexia nervosa; coloured cultural group; South Africa; social factors; cultural factors; familial context; systemic principles; reciprocity; circularity; feedback; control; qualitative research design; thematic analysis; thematic networks.

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PROLOGUE

“... I don’t want a body, if I could live without a body (pause) that’s what I’d do, and I (pause) I didn’t realise that I was unconsciously trying to do that, and also in a sense trying, dying slowly as well, and wanting that”.

The opening statement presents itself as the embodiment of a desire as expressed by an individual suffering from anorexia nervosa. A vast array of life circumstances contributed to the above desire, shaping the individual’s stance towards life and existence. Her experiences are embedded within a larger system of familial, cultural and societal influences, all of which represent a significant link to the reciprocity that ensues within and between such elements. She displays an avid quest for thinness and an aspiration to conquer her body, coupled with a complete disregard for physical deterioration. Rather, a desire for bodily decline is evident; to such an extent that the erasure of existence might be the ultimate incarnation.

A journey will commence within this study, exploring the intricate nature of anorexia as experienced by coloured individuals within a South African context. The goal being that of investigation; an in-depth look at the manner in which the various impacting factors interact in anorexic participants’ experience of the disease.

CHAPTER ONE

OVERVIEW AND RATIONALE

Introduction

Anorexia nervosa has been the focal point of numerous studies, proving to be a topic of interest over a period of several years (Bruch, 1973; Colebrook, 1981; Gordon, 1990; Katzman & Pinhas, 2005; Klaczynski, Goold & Mudry, 2004; Lask & Bryant-Waugh, 2000). A vast amount of literature is available on this subject, implicating various factors as contributory to the development and maintenance of this debilitating disease. However, it seems as if knowledge reflected in the literature with regard to the prevalence amongst varied cultures might be incomplete, and relevance to the South African context has not received sufficient attention as yet (Caradas, Lambert & Charlton 2001). A study by Wassenaar, Le Grange, Winship and Lachenicht (2000) determined that there is a high prevalence of eating disorders in South Africa's ethnically diverse population, signifying the necessity of research that aims to embody the experiences of these various cultures representing the South African inhabitants.

The study aims to explore the unique experiences of one such cultural group, that of the coloured ethnic group. Possible classification terminology was explored in order to specify the coloured ethnic group that will be used in this study of anorexia. Various differing political views exist as to what this specific ethnic group has to be called. According to governmental classification in 1991, this ethnic group falls under the "black" classification, not allowing their unique cultural background to be recognised. Another alternative would have been the Malayan, Cape Coloured, or Griqua. However, these classifications do not account for the coloured ethnicity at large, but rather forms one of the sub-categories of the coloured culture (Horowitz, 1991). Subsequent to the first democratic election in 1994, it was decided that the 1996 census for racial classification will comprise of four broad categories: African/Black, Indian/Asian, Coloured, and White (Khalfani & Zuberi, 2001).

South Africa classifies its inhabitants according to their race, which in a sense determines the individual's identity as a South African. Race is considered an important aspect in the country's political context, even though it remains a sensitive topic (Khalfani & Zuberi, 2001). Hence, amidst the current controversy regarding the classification and terming of ethnic backgrounds, for the sake of researchable distinction, transparency and clarity, the term coloured will be used to describe the ethnic cluster under exploration in this study.

An individual's frame of experience is largely governed by the cultural and social discourses within which that individual functions (White & Epston, 1990). If an individual's body presentation and weight related constructs are framed as an experience situated within a larger framework of social and cultural influences, anorexia nervosa, as it relates to these experiences, can be understood as a phenomenon occurring within cultural, societal, and familial contexts (Erickson & Gerstle, 2007; Miller & Pumariega, 1999; Steiner-Adair, 1986). Sufficient attention will be awarded to the complexity of the interrelatedness of such factors.

Even though the existence of eating disorders has been recognised amongst diverse ethnic groups, the literature appears to be ambiguous, possibly suggesting a difference in presentation across dissimilar ethnicities. Discrepancies are illustrated in the literature, as some studies have shown that eating disorders are equally prevalent among ethnic minority groups in Western societies, while others have contradicted this finding (Szabo & Allwood, 2006; Thompson, 2003; White & Grilo, 2005), indicating a need for further research. Schwartz, Thompson and Johnson (1982) implicate social factors as pivotal to the etiology of eating disorders, arguing that these factors should be considered as offering the best explanation for the rise in incidence. A crucial point during the interviews will be the influence of society, thus exploring various social factors.

Societal influences have been proven to contribute to an individual's body dissatisfaction, an important factor where weight control behaviour is concerned. It has been determined that dissatisfaction with their bodies is central to anorexia, ultimately contributing to the

onset, development and maintenance of the eating disorder (Szabo & Allwood, 2006). By means of the questions during the interviews, the stance of the participants with regard to body image will be explored.

It has been determined that the consideration of familial influences is imperative when attempting to gain a deeper understanding of the experiences of the anorectic. The development and maintenance of anorexia appears to be embedded within the familial system, which should be viewed as forming part of a larger societal and cultural framework. Sufficient attention will be awarded to these influences in order to exemplify the magnitude of factors involved. It was observed that recent studies focus on the topic of cultural and societal factors, including the concept of body image (Clay, Vignoles & Dittmar, 2005; Dohnt & Tiggeman, 2006; Erickson & Gerstle, 2007; Harrison & Hefner, 2006; Jones, Fries & Danish, 2007; Klaczynski et al., 2004). Subsequently, studies focusing on the presentation and familial aspects of anorexia tend to be satiated, with the implication that the majority of research relating to these aspects was conducted in earlier years. Such studies prove to be pivotal to the understanding of anorexia, though it should be noted that the prevalence of these studies within recent years appear to be limited.

As current literature illustrates, anorexia nervosa has proven to be a debilitating, life-threatening disease, one that could possibly lead to death. However, the statistics have been known to underscore the frequency, and an estimated 10-20% of anorexic patients will die due to related complications (Mirror-mirror, n.d., Mitchell & Crow, 2006). An unawareness of the seriousness of their condition, as well as the family's homeostatic resistance cause many anorectics to consequently remain untreated (Becvar & Becvar, 2003; Davison & Neale, 2001). The seriousness of the condition underscores the importance of the study, as findings will enhance the reader's understanding of anorexia, setting the stage for future research within the field.

Outline of the study

Chapter one provides the reader with necessary background information with regards to anorexia nervosa and related occurrences. It is of utmost importance that the reader grasps the reasoning behind the motivation for the study, as this will enhance his/her experience throughout the succeeding chapters. A basic groundwork provides the reader with insight into the necessity of the study. However, this would not be possible in absence of a thorough study of the available literature.

Chapter two aims to explore current literature with regards to anorexia nervosa. This exploration will include the influence of various factors as they relate to the development and maintenance of this disease. As previously mentioned, anorexia is not a disease that presents itself in isolation. Rather, a variety of factors have been noted to impact this disease, and it should be taken into consideration that all these aspects are inextricably intertwined. In order to grasp the complexity of anorexia, it is necessary to study these occurrences in context. Systems theory offers itself to such an examination, providing a platform that aims to encompass the importance of all the factors involved. A system would best be described as various parts acting as a whole, where relationships are existent within such a system (Becvar & Becvar, 2003). In the case of anorexia, these interacting parts are representative of social, cultural, familial, and biological factors, with the interaction ultimately presenting on a physical level as anorexia nervosa. Anorexia will subsequently be discussed within a systemic frame of reference, providing the reader with a thorough understanding of the intricacies involved in this complex disease.

Chapter three will focus on the methodology chosen for this specific study, which enables the researcher to conduct the study and analyse the data sufficiently. Qualitative methods will be employed, seeing as interpretative data will be made use of. It enables the researcher to carry out an in-depth examination of the data, as the participants provide the researcher with comprehensive accounts of their experiences. In order to gain meaningful

information, the interviews will be conducted on a one-on-one basis. Subsequent analysis will take place by means of thematic networks, based on thematic analytical strategies. The discovered themes will serve to enhance the reader's understanding of the coloured participants' experience of anorexia. In order to ensure that all the processes conducted are ethical in nature, ethical considerations will be discussed in detail.

Chapter four aims to provide the reader with an in-depth understanding of the participants' experiences, utilising thematic networks as a representative method. The personal accounts of the participants will be explored by means of emerging themes, enabling the researcher to identify existent as well as novel themes. The complexity of these themes will be discussed in an attempt to personify the experiences of the anorexic participants.

Chapter five aspires to present the reader with a clear and concise discussion as portrayed by the findings of the study. The discussion will proceed within a framework of current literature, identifying themes that concur with existent studies. Novel themes as well as those that are presented in opposition with literature will add to the richness of the study. Applicable recommendations will be made in an attempt to guide future research.

Conclusion

The lack of recent literature based on the prevalence and presentation of anorexia nervosa in minority communities emphasises a need for further investigation (Colebrook, 1981; Erickson & Gerstle, 2007; Miller & Pumariaga, 1999). Thus, an attempt will be made to examine and identify themes within the coloured female's experience of anorexia, which will not only promote future research, but also provide the researcher with knowledge as to their personal experiences. Close attention will be awarded to the exploration of their experiences with regard to societal and cultural influences as well as the role of the family concerning the development and maintenance of anorexia, with the understanding that these factors are interconnected.

CHAPTER TWO

THEORETICAL FRAMEWORK AND LITERATURE REVIEW

Introduction

Throughout this chapter the reader will be provided with the necessary background with regard to systemic principles and associated methods of application. Systems theory provides the framework within which the exploration of text and subsequent analysis will ensue. Hence, systemic principles will be discussed in depth, investigating how these pertain to familial systems.

Subsequent to such discussions, existing text will be explored, which may enhance the understanding of the complex nature of anorexia nervosa. Ultimately, an attempt will be made to find possibilities within existing research which could provide insight into the experience of individuals with regard to this debilitating disease. This will act as a foundation in order to gain a better understanding of the research participants, subsequently contributing to a comprehensive exploration of their experiences. In order to develop such a framework, it is important to consider the influential history of the disease prior to the examination of other intricate factors.

A definition of this devastating disease along with a description of associating factors will ensue, aiming to enrich the comprehension of anorexia nervosa. In order to augment the understanding of the disease, criteria will be discussed, seeing as these inevitably add to the complexity of anorexia. In considering the etiology of such an intricate illness, various factors need to be taken into consideration. Societal influences, cultural factors, biological complications, as well as familial contexts are all inextricably intertwined, and deserve adequate attention when attempting to gain a thorough understanding of anorexia (Crisp, 1980; Rich & Evans, 2005). By means of such a thorough account, a better understanding

of anorexia will be gained accordingly, contributing to the ultimate understanding of the coloured individual's experience.

Systems theory as framework

A system can best be described as a whole consisting of interdependent and interacting parts. Various characteristics and qualities can be ascribed to it, depending on the nature of the relationships among the parts. Each part or unit is dependent on or conditioned by the state of the other units, and thus influence each other reciprocally (Gurman & Kniskern, 1991; Stein, 1974). Elements are inseparable, defining each other in a manner that is transactional in nature, so much so that a change in one inevitably influences the rest of the system.

This calls for the need to study patterns within the system, as systems theory focuses on process and context, rather than isolated phenomena (Jenkins & Asen, 1992; Salomon, 1991; Stein, 1974). Upon examination of the themes discovered from the personal accounts as given by the participants, close attention will be awarded to the interconnectedness of the various topics that arise. Individual characteristics are described within a dynamic process, and explained as behavioural contributions to a system, while serving as an expression and consequence of contextual situations. Thus, one-dimensional cause and effect chains do not form part of the explanation, and the actions of individuals are partially determined by the systems to which they belong and the nature thereof (Becvar & Becvar, 2003; Smyth, 2002).

Synonymous to reciprocal causality, recursiveness views people and events in terms of mutual influence and interaction. Rather than examining individuals and events in isolation, attention is awarded to relationships, and how each one interacts with and influences the other. It would be appropriate to note that in a family, certain relationship styles cannot exist without the other. Thus, each member and element is active participants

in the creation of a specific behavioural reality (Becvar and Becvar, 2003). During the examination of the occurring themes that will be uncovered in the course of the analysis, the focus will be on the reciprocity between the various themes. An attempt will be made to describe how modes of behaviour shape, influence, and condition each other reciprocally, thus referring to recursiveness or circularity (Becvar & Becvar, 2003; Donigian & Malnati, 1996; Stierlin & Weber, 1989).

Systemic principles

All systems are characterised by structure and process. Structure can be described when examining the array of a system's sub-systems, including spousal, parental, and sibling sub-systems, at a given moment in time. Boundaries generally define the amount and type of contact permissible between members; thus, who participates in which sub-system to which degree. Process can be categorised as the second characteristic, and is more complex in its description and application, involving a constant progression of change (Becvar & Becvar, 2003).

Structure component

According to Minuchin (1984), structure refers to functional demands that determine the way in which the family interacts. The environment is viewed to be a change inducing agent, providing the context within which the system's structure determines what it can do. Suffice it to say that the system itself serves as the deciding factor when determining the range of structural variations that can ensue without a loss of identity (Becvar & Becvar, 2003). Boundaries as well as sub-systems that exist within families are important factors to consider when attempting to understand the concept of structure within families, as illustrated in the following discussions.

Boundaries.

One structural aspect includes the concept of boundaries, which differ between various sub-systems. They must be clear enough to prevent unwanted interferences, but also flexible enough to allow contact across sub-systems. The functions, identity, and patterns of relationships within a sub-system are governed by the relationships between the various sub-systems. As a result, whatever develops or takes place between sub-systems impinges on what happens within sub-systems, and vice versa (Becvar & Becvar, 2003). These processes present differently within the anorectic family. There seems to be no differentiation between the various sub-systems, and role reversals inevitably take place. The Milan approach¹ is of the opinion that what would be termed as pathological behaviour is resultant of individuals being belittled amidst power struggles in order to maintain relationships within the family. Subsequently, the individual experiences a loss of control, as has been noted in anorectic families (Palazzoli Selvini, Boscolo, Cecchin & Prata, 1980; Tomm, 1984).

According to Becvar and Becvar (2003), there are three categories of boundaries that should be considered. Clear boundaries can best be described as being firm, yet flexible. Members receive support and nurturance, yet has a certain degree of autonomy. Access is granted across sub-systems in order to negotiate developmental and situational challenges. However, when boundaries are rigid, the contact between members is limited, the level of connection being restrictive in nature. This not only affects the relationships within the sub-systems, but also impacts those external to such systems. Generally, children who grow up with rigid boundaries are extremely independent, as their parents do not attempt to protect them at all times. The downside to this, however, is the parents' uninvolvedness with many of the struggles that the child has to deal with. Further, if the boundaries used to be clear and some event occurred to change these to being more rigid, the child will not be equipped to deal with the sudden struggles (Becvar & Becvar, 2003).

¹ An explanation of the Milan approach will follow in subsequent sections.

This lack of access between sub-systems may subsequently lead to an over-involvement, thus failing to notice the system's need of support as a whole. Diffuse boundaries are evident in enmeshed relationships between family members, which are in opposition to rigid boundaries. The members are extremely involved in each other's lives, the parents are too accessible, and there are no distinctions between sub-systems. In the case of an anorectic family, these factors lead to the patient's loss of independence and autonomy (Becvar & Becvar, 2003; Crisp, 1980; Katzman & Pinhas, 2005).

Sub-systems.

There are two main processes in the spousal sub-system which are necessary in order to function optimally. The first of these being accommodation, which concerns adjustment, and the second being negotiation. Each member must learn to adapt in order to help meet the needs of the other members in the adjustment process (Becvar & Becvar, 2003). As has been noted, anorexic families struggle to adjust to unforeseen changes, and independence is discouraged in order to maintain the status quo.

It is very important for the spousal and parental subsystem to remain separate from one another. However, more often than not, the spousal subsystem falls away, resulting in parents defining themselves and their relationship based on the wellbeing of the family. Siblings ought to engage in peer relationships, whether it be by competing, working out differences, or supporting each other, without the interference of their parents (Becvar & Becvar, 2003). This is not a common occurrence within anorectic families though, as parents tend to be over-involved in most aspects of their children's lives. There ought to be certain boundaries in place for the system to be efficient within its own right. It is important for members to be flexible, subsequently being able to group and regroup into various sub-systems, depending on the requirements of the specific situation. Interaction between members is of the utmost importance when considering the way in which the family is structured, and should receive sufficient attention.

Process component

There are three basic principles that are evident when considering the processes within systems, namely the stability principle (or homeostasis), transactional principle (which describes the reciprocal relationships within the system), and the principle of communication (Stein, 1974). Anorexic families reject what they perceive as interference from within and beyond the system (Becvar & Becvar, 2003), as will be discussed in the next segment.

Stability principle.

Feedback refers to the ongoing process of information about behaviour that is being fed back into the system in a circular manner (Becvar & Becvar, 2003; Smyth, 2002). Systems are constantly being modified by recursive circular feedback from various sources, whether it is from within or outside the system. Positive feedback refers to the ability to adjust future behaviour, based on past conduct or performance. Change is initiated, and is accepted by the system. Negative feedback, however, occurs when the family attempts to maintain the status quo, and the change is consequently rejected, as is the case with an anorectic family (Becvar & Becvar, 2003; Smyth, 2002).

Feedback can thus best be described as the impact of behaviour on the system, and the response of the system to such an impact (Becvar & Becvar, 2003; Stein, 1974). In addition, it is important to remember that both types of feedback are merely descriptors of the processes that occur within the system at a particular time. Feedback processes indicate fluctuations and variations that at that point in time, serve to increase the probability of survival, as both stability and change is necessary for a system to be able to survive (Becvar & Becvar, 2003).

Systems are viewed as either closed or open, which refers to the extent to which a system permits or denies the input of new information. The emphasis should be placed on the term *extent*, as all systems are open and closed to some degree, relative to context. As soon as the system feels threatened, it may become more closed, in order to protect its identity. According to Becvar and Becvar (2003), an interchange with the environment is an essential factor underlying the system's ability to adjust. Thus, open systems are associated with relations within and between sub-systems and their components. Such systems are open to new information from the environment, and subsequently have the innate capacity for elaboration and growth, thus increasing differentiation. Closed systems view external events as intrusive, and this may lead to the dissolution of the system (Becvar & Becvar, 2003; Stein, 1974).

A balance between being open and closed is necessary in order to live functionally. Conversely, being on either side of the continuum would probably be dysfunctional. Thus, if the system allows in too much or not enough information, it consequently jeopardises its survival and identity. In this case, the system is said to be in a state of entropy, or tending towards maximum disorganisation or disorder, as is the case with anorexic families (Becvar & Becvar, 2003; Palazzoli Selvini et al., 1980). On the other side, negentropy or negative entropy leans more toward maximum order. Change that is considered appropriate is permitted, and information that threatens the survival or identity of the system is rejected. Thus, the system manages to maintain itself, yet evolves constantly toward higher states of complexity (Becvar & Becvar, 2003; Palazzoli Selvini et al., 1980; Stein, 1974).

Morphostasis can be defined as the ability of a system to maintain the status quo amidst the context of change. This coincides with equifinality, which can best be described as the tendency toward a final state that is characteristic of the system, regardless of the initial state (Becvar & Becvar, 2003). Thus, equifinality always has the same end state, no matter what the beginning, and is influenced by the dynamic interaction in an open system. Habitual ways of communicating and behaving tend to develop between people in relationships, referred to as redundant patterns of interaction. Thus, members in a family

will react in a certain way, no matter what the topic, whether it is in terms of solving problems, arguing, or discussing issues (Becvar & Becvar, 2003; Stein, 1974). The aim of anorectic families would be to maintain the homeostasis, regardless of the situation or crisis.

In contrast, morphogenesis refers to behaviour that is system enhancing, and allows for growth, innovation, and change. Concurring with this concept, equifinality refers to the notion that the same initial condition may have different end states. These concepts are necessary for families in order to accept change without going into a state of disarray (Becvar & Becvar, 2003). According to Becvar and Becvar (2003), relationship patterns within the system determine the rules according to which the system operates, as will be typified in the following section.

Transactional principle.

Transactional patterns refer to the repeating sequences of the interaction between family members; in other words, who relates to whom, when, and how. There exists a need to focus attention on the different patterns of relationships in order to facilitate change. These patterns are in the form of family rules, and develop over time (Becvar & Becvar, 2003; Gurman & Kniskern, 1991; Jenkins & Asen, 1992). Roles and behavioural patterns that are acceptable are portrayed within families, as are values and beliefs. These rules more often than not form the boundaries of the system, and are inferred from the recurrent patterns of behaviour.

Such rules and boundaries are explicit as well as implicit contracts, and the members are usually unaware of them, as they tend to include unwritten rules (Becvar & Becvar, 2003; Gurman & Kniskern, 1991; Jenkins & Asen, 1992). Examples of these rules that an anorexic individual may perceive to be present in her family, no matter how subtle, would be to sacrifice her own needs for the sake of the family, to maintain extremely close

relationships with other members, as well as to portray a perfect image to the outside world.

According to the fundamental rule in systems theory, the whole is greater than the sum of its parts. When assessing family members, it is beneficial to analyse their relationships, and define them according to their distinctive patterns of interaction. Needless to say, this is contextual, and should entail all the levels of communication. According to Becvar and Becvar (2003), there are three different relationship styles, these being complementary (high prevalence of opposing types of behaviour), symmetrical (high occurrence of similar kinds of behaviour), and parallel (a combination of both the aforementioned styles. Thus, people not only switch between the two styles, they also alternate between a one-up and one-down position when communicating on a complementary level, consequently indicating role flexibility. A one-up and one-down positions refers to members alternating between roles of superiority and inferiority interchangeably (Becvar & Becvar, 2003). Communication is intertwined in the above concepts, as will be explored in the succeeding discussion.

Communication principle.

Communication and information processing is inextricably intertwined in all of the above-mentioned concepts. Three basic concepts are at the heart of communication, namely: one cannot not behave, one cannot not communicate, and the meaning of the message is subjective to the person who attached the meaning to it. Thus, one particular message may be interpreted in several ways, depending on the person receiving it (Becvar & Becvar, 2003). Communication occurs in three different modes, the verbal or digital mode, the non-verbal mode, and the context. The last two combined is referred to as the analogue. The verbal message refers to the spoken word, and is least powerful in determining how the message is received. Non-verbal messages entail gestures, facial expressions, and body language, and are of more importance than the verbal message. It can be viewed as the

relationship defining mode, as evidenced by the fact that it defines the intent of the sender (Becvar & Becvar, 2003).

Communication is very context specific, and this aspect is responsible for defining how we are to relate to others. A change in context means, or is supposed to mean, a change in the rules of the relationship (Becvar & Becvar, 2003). Thus, communication ties in with sub-systems and the boundaries within each. The reason being, the rules of the relationship should change when alternating between being spouses and being parents. As noted, this ceases to occur within anorectic families, as roles are often confounded within the context of blurred boundaries.

The content of a message refers to the verbal aspect, whereas the analogue can be described as the process which forms part of the interaction. When these levels match, congruent messages are communicated; these in turn enhance the relationship. If, however, these levels do not match, incongruent communication takes place, and subsequently, problems may arise. Certain variables influence the way in which a message is read, like the setting, status relationship between the communicators, as well as the tone and words of the speaker. Thus, if the two levels do not match, it will result in double-bind messages (Becvar & Becvar, 2003; Gurman & Kniskern, 1991). The speaker says one thing, but his or her actions say another. The following conditions have to be present for such a situation to occur: two or more persons should be present, one being the victim and the other the binder; repeated interpersonal contact experience in absence of other parties; a primary negative injunction (I do not want to spend time with you); and lastly a secondary injunction, conflicting with the first (I am your mother, and subsequently I love you). Certain discourses are present, prohibiting the victim from escaping, which represents a tertiary injunction (Becvar & Becvar, 2003). Needless to say, these types of conflicting messages have a serious impact on both parties involved, but also influence the rest of the system.

Continual attention is awarded to the various time frames, as the past, present as well as prospective future occurrences serve to determine an individual's behaviour. All time periods are subsequently considered important when focusing on the individual's functioning. By means of in-depth exploration, new alternatives and possible solutions are introduced, and novel ways of looking at current and familiar concerns are initiated (Jenkins & Asen, 1992). It was deemed necessary to include a discussion of the development and current application of systemic principles, as systems theory has been in existence for many years (Fleuridas, Nelson & Rosenthal, 1986; Palazzoli Selvini et al., 1980; Tomm, 1984). It should be noted that the literature on systems theory date back several years, though the inclusion of such theories are considered imperative when attempting to gain a deeper understanding of such theories and its implications.

The application of systems theory in a therapeutic context

Four psychiatrists-psychoanalysts, Mara Selvini Palazzoli, Luigi Boscolo, Gianfranco Cecchin and Giuliana Prata, collectively known as the Milan team, developed a method consisting of new systemic concepts and interventions within families (Tomm, 1984). Their approach has become well-known, and is considered to be one of the cornerstones of systemic family therapy. Subsequently, reference will be made to them throughout the text. The Milan team raised the possibility that if they were to focus on certain principles, the formal end-of-session intervention might be unnecessary. Thus, if these principles were employed correctly, the pattern of questioning itself may enable the system to change on its own, based on the information elicited. They applied contemporary systemic principles when observing patterns of family interaction, whilst utilising therapeutic interventions. The three principles that they emphasised are hypothesising, circularity, and neutrality (Campbell, 1999; Fleuridas et al., 1986; Tomm, 1984).

Hypothesising refers to the construction of alternative explanations regarding the presenting problem. These orientate the therapist as to the type and direction of questions

asked, in order to refute or confirm their suppositions (Fleuridas et al., 1986; Palazzoli Selvini et al., 1980; Tomm, 1984). The Oxford dictionary defines a hypothesis as “Supposition made as basis for reasoning, without reference to its truth, or as starting point for investigation” (Coulson, Carr, Hutchinson, & Eagle, 1981, p. 416). In the case of receiving little support, a hypothesis is discarded in favour of more applicable ones. Thus, hypotheses are constantly changing based on the feedback received (Palazzoli Selvini et al., 1980; Tomm, 1984).

According to Palazzoli Selvini et al. (1980), circularity can be defined as the capacity to incorporate feedback into the investigation. This is done by means of circular questioning, which refers to the types of questions posed in order to gain more information about the interactions within the family, and the consequences thereof. Two fundamental assumptions direct the types of questions; namely that information exists in differences, and contexts shape the meaning of the behaviour (Fleuridas et al., 1986; Tomm, 1984). It should be noted that both researchers and therapists should make use of lineal questions as well, as these could provide the therapist with valuable information. This is especially useful when one explores specific ideas and their associations (Tomm, 1984).

Neutrality is best described as the attitude of the therapist or researcher in relation to the individual in context. This stance includes respect, curiosity and acceptance, and excludes any type of prejudice or judgment (Fleuridas et al., 1986; Palazzoli Selvini et al., 1980; Tomm, 1984). This concept has since been redefined in the sense that various aspects of the individual’s functioning should be included. These go beyond the scope of the family itself, and include race, culture, and society. People are inevitably influenced by these factors, aiding them as individuals in giving meaning to their realities, within familial functioning and external to that. The Milan team mainly emphasised the family, whereas modern-day movements have developed in such a way as to include aforementioned aspects when attempting to understand the individual’s experiences (Campbell, 1999).

There are various terms and descriptions in systems theory that help therapists to sufficiently understand the family of focus. First of all, therapists should be aware that even though there are various themes, two main themes are illustrated upon examination. The one theme is that of change, and as will be exemplified, various processes allow the system to change and adapt. Opposed to that, an assortment of processes does not allow modification of the system, and attempt to maintain its homeostatic balance at all times (Becvar & Becvar, 2003). For the purpose of this study, these two themes will be contrasted and discussed as processes within a systemic frame of reference.

According to systems theory, the family is extremely resistant to change from the outside, even more so in the case of the anorectic family (Lask & Bryant-Waugh, 2000). Thus, even though the therapist is part of the system, he or she displays complementary and neutral behaviour in order to provoke these homeostatic mechanisms, and does not get drawn into the symmetrical coalition (Campbell, 1999; Stierlin & Weber, 1989). Relational questions are asked to entice the members to define a specific relationship. Hypothetical questions serve the purpose of opening up new possibilities and perspectives, not to put pressure on the process of change (Stierlin & Weber, 1989).

These therapeutic techniques will be made use of during the interviews that will be conducted with the research participants. The aforementioned concepts of systems theory and its associated methods of application serve the purpose of not only guiding the interviews, but also provide a framework within which current literature will be explored.

Literature review

Anorexia nervosa has received considerable attention in the research field (Gordon, 1990; Lask & Bryant-Waugh, 2000; Thompson, 2003). Systems theory emphasises the importance of the interconnectedness between various factors, accentuating societal, cultural, as well as familial influences (Becvar & Becvar, 2003; Jenkins & Asen, 1992).

During the course of this text, the following will be focused on in discussing these influences:

Historical background

Definition and description of anorexia nervosa

Criteria and features

Etiology

Historical background

Due to a great rise in incidence during the 1970s and 1980s, professional interest in eating disorders grew significantly. This augmentation occurred simultaneously with the publication of Hilde Bruch's book "Eating disorders: Obesity, anorexia nervosa, and the person within" in 1973, which proved to be a major breakthrough in theory and practice (Gordon, 1990). Hilde Bruch's theories on anorexia nervosa form one of the cornerstones as far as research on the topic of anorexia is concerned. Her views originated within the field of psychodynamics, which contributed greatly to the understanding of eating disorders at large and anorexia in specific. Her theory has prompted the development of many others, which would make information on her views imperative.

According to Bruch (1973), many individuals make use of the eating function in order to camouflage, hide or solve problems that to them appear otherwise insoluble. From birth onwards, eating is inextricably intertwined in emotional and interpersonal experiences, making it impossible to differentiate between its psychological and physiological aspects (Bruch, 1973). Subsequently, food, being closely knitted into our daily existence, can easily become a tangible metaphor for the otherwise often intangible nature of life's troubles.

Anorexia nervosa became a clinical unit more or less a hundred years ago, yet its roots stretches back significantly, with self-inflicted starvation being documented as far back as 1689, when Richard Morton referred to it as a nervous consumption (Gordon, 1990). Although having been known by professionals since the early years, anorexia nervosa only became a focus of medical attention in early 1870, with the published journals of Gull and Lasegue (Gordon, 1990). The papers described various patterns of self-starvation, denial, seemingly dysfunctional family patterns, and excessive energy, where the patient displays a tendency to engage in physical exercise and other activities that require high levels of energy. Lasegue contributed these phenomena to hysteria, whereas William Gull, an English physician, was the first to coin the term “Anorexia Nervosa” in 1873 (Bruch, 1973; Gordon, 1990; MacSween, 1995).

It has thus far been established that anorexia is more prevalent in upper class, white communities, especially in its historical context, detailed later in this document under etiology (Barlow, 2001; Bruch, 1973; Davison & Neale, 2001; Lock, Le Grange, Agras & Dare, 2001; Stierlin & Weber, 1989). However, this prevalence distribution should be considered as a result of the lack of research with regard to minority groups, supporting the necessity of this study.

Definition and description of anorexia nervosa

A comprehensible definition of anorexia nervosa is essential in order to avoid any misunderstandings or misconceptions as far as classification is concerned. Aiding this concept is that of description, including various factors that play an irrefutable role in the development and maintenance of anorexia.

Definition

The concept anorexia nervosa is best explained by accounting for the definition of each construct. The term *anorexia* is of Greek origin with *an* indicating not or without, *orexis* signifying appetite, and *ia* representing condition or quality. *Nervosa*, directly translated from the Latin word *nervus*, denotes nervousness (Colman, 2003). Thus, the collective term can be defined as a disorder rooted in a nervous loss of appetite. However, these definitions can be misleading, as patients do not experience a loss of appetite as such, but rather purposefully starve themselves whilst, more often than not, entertaining a mental preoccupation with food (Davison & Neale, 2001).

The term hunger refers to a physiological state of severe deprivation of food, or nutritional depletion. It acts as a physical response to a discrepancy between energy output and food intake, denoting an uncomfortable and complex sensation when the individual is deprived of food. Appetite, on the other hand, refers to the desire for a specific food, implicating preference and pleasure (Bruch, 1973; Crisp, 1980; Davison & Neale, 2001; MacSween, 1995). In German, the term *Pubertätsmagersucht*, which means thinness addiction, is used to describe anorexia, which seems to be more applicable when describing the disorder, as anorectics display a fanatical pursuit of thinness and conquering of the body with an insouciant disregard for physical decline (Barlow, 2001; Colebrook, 1981; Gordon, 1990).

Description of anorexia nervosa

Gender.

For the purpose of the study, the female pronoun will be used in a generic sense, as it has been proven that anorexia is 10 times more prevalent in females than in males (Davison & Neale, 2001; Hoek, 2006). This inevitably leads to an examination of cultural and societal

differences in socialisation between the genders. Studies of normal female development show that girls are still being socialised to be more submissive, and autonomy receives less encouragement than with boys. Girls are encouraged to put others' needs above their own. The anorexic takes this to the extreme, allowing herself to be affected by feelings of dependence and powerlessness. This, in turn, inhibits her from separating herself from her family, subsequently serving the purpose of maintaining pre-adolescent homeostasis (Gordon, 1990).

Adolescent onset.

The transition from childhood to adulthood marks the manifestation period of the condition, with the average age around 17 (Colebrook, 1981; Crisp, 1980; Davison & Neale, 2001; Hoek, 2006; Lock et al., 2001; MacSween, 1995). Puberty is viewed by some to be a massive intrusion into their worlds. Successful transition demands a strong sense of self, which becomes established in relation to the culture and social context, and is thus socio-culturally shaped. The foundation for this development is initially provided by their families, and includes their beliefs and value systems (Crisp, 1980). Their body shape fluctuates, while puberty in general is marked by multiple changes, which severely affects physical, emotional, and social development (Crisp, 1980; Lock et al., 2001; Stierlin & Weber, 1989).

Puberty's significance in the formation of body image was illustrated in a longitudinal study conducted by Rosenblum and Lewis (1999). They found that the girls' body dissatisfaction showed a significant increase between the ages of 13 and 15, remaining constant until 18 years. These results indicate that this specific age group seems to be most susceptible to external cues, such as the influence of family, peers, media, as well as societal messages (Hargreaves & Tiggeman, 2003; Steiner-Adair, 1986).

Familial and peer influences.

Inevitably, relationships with family and peers are changing, which can be viewed as both causative and resultant. This time period is associated with experimentation, especially in the interpersonal field (Crisp, 1980; Stierlin & Weber, 1989). Adolescents view themselves as seen by others, establish and preserve a sense of selfhood, and develop their own set of values and beliefs. They learn to regulate closeness and distance, especially in terms of sexual matters and physical proximity. Their loyalties towards their families decrease in importance, and friends become more significant. Inevitably, individuation against parents is initiated. All of these changes generate anxiety within the anorectic family, who still attempts to maintain the pre-adolescent homeostasis. Studies prove that the anorectic family aspires to maintain the status quo within the familial system, subsequently attempting to avoid a disruption of the homeostatic balance that is typically challenged during one member's movement into adolescence (Crisp, 1980; Stierlin & Weber, 1989).

Identity formation and social development.

On an intellectual and emotional level, changes are also taking place, and the individual is becoming more self-absorbed. This leads to extreme ambivalence within them, as they have always been viewed as compliant children. Anorexia can be seen as forming part of the repertoire of a variety of morbid responses to maturational development. There are multiple determinants that present themselves in developmental sequence (Crisp, 1980; Lock et al., 2001; Steiner-Adair, 1986).

A specific trigger may be apparent, but fails to account in itself for the extent of the succeeding preoccupation. Onset is sometimes associated with a stressful life situation, or a specific experience might have occurred that elicited the onset. Triggers are often those experiences that challenge the adolescent with regard to independence, such as the first sexual relationship, illness or death of a loved one, loss of a friendship, or changing

domicile. In the case of a deficient sense of autonomy, these relatively normal stresses may precipitate a crisis. Even though the struggles of an anorexic patient are similar to those of a non-anorexic adolescent, they experience these on a more intense level (Crisp, 1980; Gordon, 1990).

Often the social processes among peers and family ignites the fuse created by the struggles that life inevitably demands of adolescents. These could manifest as derogatory comments, which can trigger the indefatigable diet, especially if there was already a low self-esteem present, which served as a predisposition. Some girls embark on a dieting journey after comments were made about their weight or body shape that they perceived as negative. These comments are sometimes general in nature, perhaps triggered by the fact that someone else gained weight or the admiration of another girl's body that leads to feelings of inferiority (Crisp, 1980; Gordon, 1990; Lask & Bryant-Waugh, 2000).

Initial weight loss might have occurred by accident, and when praised for this, the anorectic might make the conscious decision to continue with this newfound interest. When she embarks on the weight loss journey purposefully, the process can be reinforced externally by comments she experience as positive, as well as internally by a sense of power and control, subsequently aggravating this potentially dire situation. However, the dieting regime eventually exceeds the limit of conscious control (Bruch, 1973; Colebrook, 1981; Crisp, 1980; Gordon, 1990; Lock et al., 2001; Stierlin & Weber, 1989).

Physical development.

There is generally a certain degree of plumpness prior to the onset, and it has been found that puberty occurs earlier in these girls. Physically, curves are becoming evident, and the development of secondary sexual characteristics as well as a change in hormonal balance occurs. There is a greater increase in fatty tissue around certain areas, such as the thighs, hips, breasts, stomach and buttocks, which typically becomes the cause of great concern

for the potential/predisposed anorexic candidate (Raphael & Lacey, 1994). All of these changes are accompanied by new urges, desires and feelings, as well as new dangers.

Sexual development.

The deeper discovery of one's own sexuality correlates with puberty and all the other accompanying stressors. Understanding sexuality and the accompanying dynamics is necessary in attaining a fuller understanding of anorexia. One must take into consideration that the sexual cycle is extremely vulnerable to emotional stress, exerting a strong impact on the menstrual cycle (Bruch, 1973). Problematic or unwanted sexual experiences can serve to trigger a crisis in self-confidence and acceptance of one's body. Starvation may be an attempt to avoid becoming a curvaceous woman, with other female aspects such as menstruation ceasing. This serves to be an ultimate rejection of being a woman, where the anorectic patient aims to be undesirable to men. Sexual trauma may lead to feelings of disgust regarding one's femininity, subsequently opting for a skeletal appearance (Davison & Neale, 2001).

Studies have shown that there is a high incidence of sexual abuse in anorectics, though it should be noted that available statistics are not reflective of this report, as victims of sexual abuse frequently do not report these heinous acts. Often patients are dependent on the perpetrators, increasing the prevalence of non-disclosures (Colebrook, 1981; Gordon, 1990; Lask & Bryant-Waugh, 2000; Lock et al., 2001; Stierlin & Weber, 1989). There is, however, a paradoxical sexual symbolism here, as the anorectic rejects sexuality by the suppression of menstruation, but at the same time succumbs to societal and cultural norms of attractiveness captured within thinness.

Prognosis.

By the time that the anorexic receives clinical attention, she is already caught up in an intricate web of psychological and familial issues, alongside physiological consequences associated with expanded starvation (Gordon, 1990). The course may be unremitting, resulting in death, or it may present itself in an episodic fashion. The duration of the condition may be several months to a lifetime, often with severe cyclic recurrence, usually accompanied by stressful life circumstances (Colebrook, 1981).

Although approximately 70% of patients recover eventually, it should be noted that recovery can take up to seven years, and relapses are expected before maintenance of weight and a stable eating pattern is achieved. Anorexia has proven to be a life-threatening disease, and death rates, usually the result from physical complications or suicide, have been calculated to be ten times higher when comparing patients with the general population. This provides support as to the importance of extensive research as a method of prevention through education and the provision of information (Colebrook, 1981; Davison & Neale, 2001; Uys & Wassenaar, 1996).

Criteria and features

According to the Diagnostic and Statistical Manual of Mental Disorders, fourth edition-Text Revision (DSM-IV-TR), there are four major diagnostic criteria which must be met for a diagnosis to be made (Sadock & Sadock, 2003). The person fails to maintain a normal, healthy body weight, and thus weighing less than 85% of what is generally acceptable for that person's height and age. Typically weight loss is achieved by means of dieting, although excessive exercising and purging sometimes occurs. A strong resistance to eating is exhibited, as well as to the retention of ingested food (Barlow, 2001; Crisp, 1980; Davison & Neale, 2001; Katzman & Pinhas, 2005; Sadock & Sadock, 2003; Thompson, 2003).

They experience an intense fear of gaining weight, and this fear fails to be reduced by weight loss, thus resulting in the person never reaching her ideal weight. Extreme emaciation in females causes amenorrhea, resulting in cessation of menstruation for three consecutive cycles (Barlow, 2001; Davison & Neale, 2001; Sadock & Sadock, 2003; Stierlin & Weber, 1989; Thompson, 2003).

Various areas of distorted psychological functions can be distinguished, such as the disturbance in the perception or interpretation of stimuli on a cognitive level. They fail to recognise signs of nutritional needs, and display an inability to perceive inner cues of sensations, such as hunger or satiety (Bruch, 1973; Colebrook, 1981; MacSween, 1995).

Blunting of emotional responses, as well as the tendency to display a limited range in the ability to identify emotional states occur in most cases (Bruch, 1973). It may feel as if they do not own their bodies, as if an external force has the locus of control, and argue that “it” happened to them. It would appear as if these patients experience themselves to be paralysed, as if only acting in response to external demands. This is difficult to uncover, and is manifested by negativity and extreme defiance. However, this defence mechanism is a cover-up for the intense feelings of helplessness that the patients are experiencing (Bruch, 1973). Other bodily sensations that are misinterpreted or not correctly responded to would be their indifference to a change in temperature. They sometimes wear big clothes to cover up their bodies, especially long sleeves to cover up their arms, enabling them to hide their skeletal figures (Bruch, 1973; Gordon, 1990).

Hyperactivity and denial of fatigue are other manifestations of a disturbed awareness of bodily states. This stands in direct contrast to what would be expected if one considers the severe under-nutrition of these patients (Bruch, 1973; Gordon, 1990; MacSween, 1995). The majority is extremely restless with high levels of energy, and hyperactivity may take the form of excessive exercise or physical activities. They choose to stand instead of sit, and walk around or run up and down the stairs. They generally sleep less, with some suffering from insomnia, and tend to be active particularly early in the morning (Bruch,

1973; Colebrook, 1981; Crisp, 1980). Patients may rationalise their extreme levels of activity, and view it as a method which aids them to stay slim. Thus, conceptual and perceptual disturbances in body awareness must be considered when focusing on this paradoxical level of alertness (Bruch, 1973). According to Clay et al. (2005), disturbed body image presents as the most prominent of these disturbed functions, subsequently warranting sufficient discussion.

Body image

The patients display a distorted view of their body shape, arguing that they are overweight, or that particular areas of their bodies (specifically the thighs, abdomen, and buttocks) are too fat. There has been a progressive rise in the study of body image, indicating its importance with regard to disordered eating. This illusion increases as weight decreases, which is paradoxical in itself (Erickson & Gerstle, 2007; Gordon, 1990; Uys & Wassenaar, 1996).

Body image can be classified as a psychological experience, focusing on an individual's attitude and feelings with regard to her own body, ultimately affecting her self-esteem. Subsequently, this attitude, whether positive or negative, can be considered to be a key indicator of wellbeing on a psychological level. It has been determined that in Western cultures, there is a significant decline in females' self-esteem during adolescence, a possible explanation for this being the changes in body image. This decline may be due to being socialised that appearance forms the basis of evaluation by self as well as others, thus becoming a marked predictor of self-esteem. This stance is being reiterated by the media and by means of television, films, magazines, music videos, and advertising (Clay et al., 2005; Klaczynski et al., 2004).

Body image variables include anxiety, size, satisfaction, as well as preferred body perceptions. There are various important aspects which relate directly to anorexia nervosa,

and are thus of great importance. A perceptual disturbance is present, which refers to an inaccurate personal assessment of their body size. An affective disturbance relates to irrational exaggeration of the body, as is evident by the fact that they vigorously defend the need to lose more weight. The evaluative dimension includes body dissatisfaction and body esteem, which entails ratings of how much she likes her body (Erickson & Gerstle, 2007; Uys & Wassenaar, 1996). Body image depends on received feedback to a large degree, and seeing as adolescents have proven to be sensitive to the opinion of others, it makes them more susceptible to negative feedback (Uys & Wassenaar, 1996). The views of peers on thinness and weight were found to be a strong predictor of adolescents' concerns about their weight, which is associated with disordered eating (Erickson & Gerstle, 2007).

Body image and cultural background.

Recent studies prove that women of all races aspire to a smaller body size. Subsequently, women of all ethnicities, races, and cultural backgrounds are affected by poor body image (Jones et al., 2007; Szabo & Allwood, 2006). Even though a difference in the degree of body dissatisfaction does exist between races, with white individuals displaying higher levels, the difference in the extent is small, subsequently refuting the white bias of anorexia (Dohnt & Tiggeman, 2006; Jones et al., 2007; Szabo & Allwood, 2006).

Studies conducted within a cross-cultural milieu have determined that the prevalence of anorexia will increase, specifically within an urban setting. Another study conducted within a South African setting determined that body image differences were highly driven by urbanisation, cultural norms, and socio-economic status. South African female college students from urban backgrounds proved to be experiencing greater body dissatisfaction than their rural counterparts (Mciza et al., 2005; Szabo & Allwood, 2006). However, a study conducted by Jones et al. (2007) contradicts these findings, as the results proved that anorexia was equally prevalent in both rural and urban populations. Once again, a discrepancy exists in the literature.

Body image assessments.

Questionnaires such as the Eating Disorders Inventory indicate that without a change in their body image, their improvement will only be temporary (Bruch, 1973; Colebrook, 1981). In another type of assessment, where patients have to pick a drawing of a woman that represents their ideal shape, as well as one that is closest to their own, they tend to overestimate their own body size, as well as signify their ideal shape as a thin figure, indicating a dissatisfactory body image (Davison & Neale, 2001). An estimated 95% of women with no eating disorders display a tendency to overestimate their body size by at least 25%. Most women believe that their attractiveness will increase alongside an achieved slenderness. This feature, even though present in non-clinical groups, is heightened in its presentation where the anorectic is concerned, and taken to the extreme (Gardner, Garfinkel, Schwartz & Thompson, 1980; Gordon, 1990; Schwartz et al., 1982; Uys & Wassenaar, 1996).

Subtypes

A distinction can be made between two subtypes of anorexia nervosa. Nutritional disorganisation manifests itself in both these subtypes, as they either deny the desire for food, or experience uncontrollable impulses to binge eat. This last feature usually occurs without awareness of hunger, and often results in self-induced vomiting. The restricting type achieves weight loss by means of severe limitation of food intake, and usually engages in extreme physical exercise. The binge-eating-purging type is known to make use of various purging methods in order to maintain low weight. Vomiting, extreme exercise, and the abuse of diuretics as well as laxatives are indicative of this. The restriction of food is experienced as being in control, whereas overeating is viewed as submission, thus loss of control. They are terrified of losing control, and some might feel that if they take one bite, they will not be able to stop, hence the cessation all together (Barlow, 2001; Davison & Neale, 2001; Lask & Bryant-Waugh, 2000).

Their eating habits change as the condition progresses. Initially, carbohydrates are being cut down on, and gradually the intake of various foods are limited, taking calorie counting to the extreme. Food which serves a nutritional need is allowed at first, and those that are equal to desire are eliminated (Colebrook, 1981; Gordon, 1990). On a behavioural level, secretive rituals around eating and their choice of food commence, with their eating habits becoming ritualistic and sometimes even bizarre. Their continued obsession and preoccupation with food dictates their actions, and may cause them to cook for others, sometimes forcing them to eat (Bruch, 1973; Colebrook, 1981; Stierlin & Weber, 1989).

When they do eat, they tend to eat very slowly, and might proceed to cut their food into tiny pieces, or hide the food on their plate. They might feel satiated after only a few bites, and might even imitate others taking bites, and as would be the case in a phantom phenomenon- feeling full as a consequence (Bruch, 1973; Colebrook, 1981; MacSween, 1995). In extreme cases, they might give up coffee and low calorie drinks due to the liquid content (Colebrook, 1981). They tend to weigh themselves frequently, gaze at themselves critically in mirrors, and measure the size of various parts of their bodies. These habits inevitably cause frustrating struggles and extreme impatience within the family or support system (Bruch, 1973; Colebrook, 1981; Davison & Neale, 2001; MacSween, 1995).

As will be demonstrated in the following sections, the anorexic patient functions within larger systems of social, cultural, biological and familial contexts; all of which contribute towards the development and maintenance of the disease. The focus will now shift from the presentation of anorexia to the etiology of this disease, aiming to provide the reader with an in-depth look into the world of the anorexic patient.

Etiology

The word etiology is derived from the Greek word *atia*, which means both cause and guilt. This serves as a connection between the question of causation and that of guilt or blame

(Stierlin & Weber, 1989). When viewed as such a connection, the question as to what is the cause of anorexia is intricate, as no one single factor can be identified. Studies have shown that anorexia nervosa is not a uniform condition, and is representative of multiple symptom complexes impossible to explain by means of a single mechanism. Thus, it appears to be a convergence of processes that reveal vulnerability, and can be described as the outcome of a disturbance between various forces, such as psychological, social, environmental, and physiological, to name but a few (Bruch, 1973; Crisp, 1980; Rich & Evans, 2005).

Initially, it was unheard of to include psychological or social factors when attempting to explain what would be perceived as a physical illness. However, society has evolved to not exclude these abstract assumptions, but to include them as part of a wider system. More emphasis is placed on the interaction of various parts to form a whole, which includes aspects such as the family system, as well as the impact of the environment. Some of these influencing mechanisms have their roots deeply embedded in evolution, whereas others are intertwined with socio-cultural factors (Bruch, 1973).

Social factors

Anorexia nervosa can be understood to be embedded in and promoted by culture as well as socio-economic and political contexts. This cultural context offers itself to the societal idealisation of the thin female body (Caradas et al., 2001; Dohnt & Tiggeman, 2006; Malson, 1999). Society holds a rather distorted view on beauty, virtue, health and, ultimately, eating. Societal messages, especially the media, proclaim that slenderness is beautiful, and guarantees popularity, success, and happiness. Research proves that the media is influential with regards to delineating the perceived thin ideal for females. This may further contribute to the increasing prevalence of weight control tendencies amongst adolescents (Colebrook, 1981; Fallon, Katzman, & Wooley, 1994; Miller & Pumariega, 1999; Utter, Neumark-Sztainer, Wall & Story, 2003).

When one considers that eating disorders are mainly confined to societies in which thinness is preferred, and are rare in societies where high levels of weight is favoured, it acts as further proof that society plays an important role in the origin of an unsatisfied body presentation (Lask & Bryant-Waugh, 2000). Anorexia has been viewed as a culture-bound syndrome until recently, presenting itself within an upper-class, Western, Caucasian culture (Lask & Bryant-Waugh, 2000). However, there are a number of studies that refute this. Not only has the social class distribution become more varied since the increase in anorexia in the 1970s, there has also been an increase in literature substantiating the founding that anorexia does indeed exist within a variety of cultures, both in their countries of birth and elsewhere (Colebrook, 1981; Gordon, 1990; Lask & Bryant-Waugh, 2000).

The forever changing nature of these societies serves to aggravate the issues of autonomy, self-control, and identity, as individuals are exposed to a vast array of requirements and expectations that are contradictory in itself. There exists a tremendous discrepancy in terms of gender and associated success. Men generally gain admiration based on their accomplishments, whereas women are valued for their appearance (Davison & Neale, 2001; Gordon, 1990; Hardin, 2003b; Stierlin & Weber, 1989). Society grants an additional contradiction with regard to the double-bind messages provided. Previously oppressed, women are expected to rise to new challenges, yet society makes this impossible to achieve without a great amount of conflict (Colebrook, 1981; MacSween, 1995; Schwartz et al., 1982; Stierlin & Weber, 1989).

Historically, one can then understand that anorexia has been viewed as the rich girl's syndrome, as her contact with the social stressors of society was more dominant until the mid 1970s (Barlow, 2001; Hardin, 2003b; Lock et al., 2001). Over a relatively short period, young women are faced with new pressures, including an orientation towards independence, achievement, and competitiveness, which stand in sharp contrast to the traditional Western view on females. Ambiguous cultural messages are being sent, as women are expected to provide their families with nutritious and delicious meals, yet are expected to remain slim. Subsequently, eating inevitably becomes an arena laden with

emotional and interactional dynamics of an extremely complex nature. They are constantly exposed to contradictory overt and covert messages, which may lead to a sense of confusion, fragmentation, and self-doubt (Colebrook, 1981; Gordon, 1990; Lask & Bryant-Waugh, 2000).

Education forms an imperative part of any adolescent's functioning, and has become more demanding as the developed world requires higher levels of attainment. This contributes to the demand placed on children and adolescents, which results in higher levels of competition between peers (Lask & Bryant-Waugh, 2000). It has been proven that competitiveness and comparisons amongst peers serve to aggravate the susceptible individual's already fragile self-esteem, influencing her poor body image (Erickson & Gerstle, 2007).

Anorexic adolescents tend to be over-achievers, seemingly obedient and polite. However, they tend to become isolated from their peers, withdrawing as their condition progresses. A discernible lack of self-esteem and an experienced difficulty to be assertive, which either precedes the condition or develops as an element of anorexia, may amplify and reinforce the adolescent's sensitivity to criticism, interpreting any comments as a personal attack (Lask & Bryant-Waugh, 2000). Being teased at school often precedes the development of eating disorders. The result of this being constant ridicule and possible verbal bullying, aggravating her already persistent fear of rejection (Lask & Bryant-Waugh, 2000). Exposure to media that portrays a thin ideal has been implicated as an influential factor in shaping adolescents' perceptions regarding the ideal weight, subsequently giving rise to the prevalence of eating disorders, as illustrated in following sections.

Media exposure.

The number of articles published on dieting and exercising is on the rise, confounding the increase in eating disorders (Bruch, 1973; Colebrook, 1981; Davison & Neale, 2001;

Dohnt & Tiggeman, 2006). Upon being questioned as to the reason why women want to be thinner than they are, most cited the influence of the media and models, implicating Western cultures where exposure to media is extensive (Guillen & Barr, 1994; Harrison & Hefner, 2006; Rich & Evans, 2005; Spurgas, 2005).

A study conducted by Hargreaves and Tiggeman (2003) proves that both electronic as well as printed media exposure are associated with a desire to obtain a thin ideal. Many female adolescents, regardless of race or ethnicity, are frequent readers of magazine articles addressing topics like weight loss and dieting. A content analysis of a magazine which focuses on the adolescent market revealed that articles relating to nutrition emphasised weight loss, often providing weight loss plans. Studies prove that adolescent females who read such magazine articles are more inclined to engage in weight control behaviour. It has been found that frequent exposure to magazine articles which relate to dieting are associated with increased levels of psychosocial agony amongst adolescents (Dohnt & Tiggeman, 2006; Utter et al., 2003).

Television exposure increases from two to four hours during adolescence, subsequently augmenting coverage with regard to thin ideals, and proves to be a stronger predictor of poor body ideals as well as disordered eating than printed media (Hargreaves & Tiggeman, 2003; Harrison & Hefner, 2006). It was further established that television exposure predicted disordered eating, linking it to subsequent increases in eating pathology. These results held regardless of race, age, initial body ideals, perceived body shape, and disordered eating scores. Gardner et al. (1980) investigated the effect of Playboy centrefolds as well as Miss America Pageant contestants on women's ideas of beauty, and discovered that there was a simultaneous increase in dieting related articles in popular women's magazines during these periods. This relates back to an increase in negative dieting behaviour during these times, as indicated by the sudden rise in published articles on dieting (Colebrook, 1981).

During the period of adolescence, one forms views about oneself as well as socio-cultural beliefs. Views such as these are greatly influenced by bodily changes which occur during adolescence. A growing body of evidence proves that Western media images have a negative impact on how adolescents see themselves. Controlled studies during which participants were exposed to particularly thin models found a negative impact on body satisfaction, self-evaluations of own attractiveness, as well as a personal sense of desirability (Clay et al., 2005).

Adolescents are being socialised to reach unattainable ideals, seeing as the average body size of females in the media is often 20% underweight, which exceeds the diagnostic criteria for anorexia. The unrealistic nature of these images are confounded further by means of digital alteration, airbrushing, and cosmetic surgery, factors that the general adolescent might not consider (Clay et al., 2005; Gordon, 1990). Fashion dictates what individuals should wear, and by obeying these rules, they are bowing to society's powerful constraints about their self-presentation, as well as how their behaviour, attitudes, and identity should be interpreted by others. Over time, fashion has become considerably more revealing, as is evidenced by the short tops and miniskirts worn by adolescents, adding to the pressure to be thin in order to look presentable in such clothing (Fallon et al., 1994).

The aesthetic ideal in Western society is to be extremely thin, and represents acceptance, self-control, beauty and success. Anorectics tend to be particularly vulnerable to cultural messages, as these proclaim that by means of body alteration, one will have control over one's life. Klaczynski et al. (2004) found that the relationship between self-esteem and the belief that weight is controllable was influenced by the extent of internalisation. The unrealistic images portrayed by the media form part of the context within which body image develops, which proves to be detrimental (Colebrook, 1981; Gordon 1990; Hargreaves & Tiggeman, 2003; Uys & Wassenaar, 1996).

Internalisation of this ideal inevitably leads to a struggle, as it contributes to constant conflicting emotions. The intense desire to attain a thin ideal, yet being unable to do so,

may lead to body dissatisfaction, subsequently leaving them with a feeling of failure (Simpson, 2002; Steiner-Adair, 1986; Ziebland, Robertson, Jay & Neil, 2002). Internalisation has long been implicated as a significant risk factor in the development and maintenance of disordered eating patterns. The concept of internalisation in this regard refers to the extent to which a person accepts societal standards of beauty as her own standard on a cognitive level, and behaviourally engages in acts enabling her to meet those standards. We are thus dealing with an external locus of self-image/body image control. This concept proves to be of importance, as it acts as a mediator between weight and body esteem (Clay et al., 2005; Harrison & Hefner, 2006; Klaczynski et al., 2004). However, awareness of the standards as prescribed by society may act as a precursor to internalisation, and should thus receive sufficient attention, seeing as both these factors appear to be predictors of body dissatisfaction. It should be noted that the ideal body image has proven to be far from static, and has changed numerous times over the years, necessitating a discussion of such changes.

A changing ideal body shape.

Even though the female body itself has not changed historically, what is regarded as the ideal body shape has indeed been altered. During the romantic (Victorian) period, thinness was considered ugly, and a sign of misfortune. During the late 50s, early 60s, Marilyn Monroe gained popularity based on her shapeliness. This view was modified in the late 60s, as it changed dramatically to a slim waist with small breasts, portrayed by Twiggy, which led to bare boned, gawky adolescents (Fallon et al., 1994; Gordon, 1990; Raphael & Lacey, 1994; Simpson, 2002). The standards for the ideal body set by society have varied greatly throughout history. In the 17th century, paintings displayed nude women who would, judged by modern standards, be viewed as overweight. The ideal shape changed in the 19th century, when the hourglass figure was maintained by means of a corset, in order to measure up to attractive standards at the time.

Advertisements during the 1970s displayed curvaceous bodies as desirable, only to make way for the current ideal of a thin body shape, void of curves and softness. There has been a steady progression toward increasing thinness, as evidenced by contestants in beauty pageants becoming considerably thinner throughout the 80s, while the Barbie doll became a role model for many girls. During the late 80s, broad shoulders and discernible breasts on an emaciated body became the preference; a preference that many women still desire today (Raphael & Lacey, 1994). Subtle as these changes may be, there is no denying that the shift of a society determines the ideal body shape (Ziebland et al., 2002).

Society has, since then, become increasingly more health and weight conscious. The number of individuals who diet to lose weight has increased significantly. In 1950, 7% of men and 14% of women were dieting, which increased to the amount of 29% of men and 44% of women in 1999 (Davison & Neale, 2001). These values were once again transformed more or less at the turn of the present century, as this was the time when slenderness came into fashion. Weight-loss techniques dominated, and became a natural part of life. This theme later developed into another variation, and great emphasis was now placed on exercise and fitness. So-called health food served only to fuel the existing dieting craze (Fallon et al., 1994; Lask & Bryant-Waugh, 2000). It has been established by the United World Organization that a daily intake of 1000 calories classifies as on the border of semi-starvation. However, diets in today's modern society often recommend less than the minimum intake (Fallon et al., 1994). This obsession with obtaining the ideal weight serves as a profound statement concerning the nature of our society at present.

Conceptualising anorexia with regard to over-internalisation of prescribed beauty standards and the urgency of dieting is not sufficient when attempting to understand how our cultural, socio-economic, and political contexts are implicated in the maintenance of the condition. Anorexia cannot be viewed simply as an adherence to cultural prescriptions, as this conviction fails to take the many complex facets of culture and society into consideration. Rather, it should be perceived to be constituted by and within the numerous discursive contexts of the contemporary Western culture (Malson, 1999).

Cultural factors

A single definition of culture is highly improbable. Some have attempted to define culture as consisting of explicit and implicit patterns of behaviour, and described the essential core of culture as the presence of traditional ideas, and, more importantly, the values attached to these ideas (Brislin, Lonner & Thorndike, 1973). Others define culture as the sum total of knowledge that is being passed on from one generation to another within a specific society, which entails norms of behaviour, language, social structures, as well as culture-specific expectations (Castillo, 1997).

Certain terms need to be defined for clarification purposes, as the terms ethnicity and culture differ vastly in their denotation. Many societies can be described as multi-cultural, due to the existence of a variety of ethnic groups. Ethnicity refers to certain aspects that are shared by one group. These include patterns of social interaction, social customs, values, perceptions, behavioural roles, and language usage. It also includes various other concepts, such as ethnic patterns and ethnic socialisation (Canino & Spurlock, 1994).

Ethnic patterns can be described as differences in attitudinal, affective, and behavioural patterns in diverse cultures. They emphasise cultural dimensions that have a tremendous impact on the socialisation of children; these being the importance of responsibility and nurturance versus dependence and dominance. Responsibility and dependence appear to be problematic where anorectic families are concerned, as their independence and sense of responsibility is sacrificed in order to maintain the homeostatic balance (Canino & Spurlock, 1994; Lask & Bryant-Waugh, 2000). Ethnic socialisation can be defined as the various developmental levels and processes by which perceptions, attitudes, values, and behaviours of an ethnic group are acquired by children. It also includes the group members' perceptions of themselves and others within the group (Canino & Spurlock, 1994; Miller & Pumariega, 1999).

South African context.

A wide variety of cultures exist side by side in South Africa, offering the opportunity to explore socio-cultural factors. The increase with regard to social integration following the eradication of previous apartheid legislation, may cause young South Africans to be exposed to diverse belief systems which may consequently modify their personal belief systems concerning their desirable body size (Rich & Evans, 2005; Rieger, Touyz, Swain & Beumont, 2001; Uys & Wassenaar, 1996).

Previously labelled a culture-bound syndrome, implying that the disorder is unique to a particular culture, it now appears to be influencing susceptible individuals due to a culture change (Gordon, 1990; Rich & Evans, 2005; Shuriquie, 1999). A study conducted by Rich and Evans (2005) proved that abnormal eating attitudes were present with equal severity in mixed, black, and white adolescent schoolgirls. The possible existence of a school culture could potentiate or protect against the development of anorexia, based on peer influences. Societal pressures may develop within a multi-ethnic context in a school environment, as peer influences and competitiveness may serve to disintegrate a protective barricade that consists of traditional values of beauty (Rich & Evans, 2005).

As early as 1974, Selvini Palazzoli determined that anorexic patients often came from families that were in the process of cultural conversion, implying that eating disorders seem to have become an expression of the dilemmas faced by individuals amidst a period of considerable cultural transition (Gordon, 1990; Selvini, 1988/1988). It has been hypothesised that perhaps it is the difference between two cultures with divergent experiences and beliefs that contribute to the development of eating and body image disturbances. Thus, the collision between a culture that has been adopted and a customary culture may exacerbate the symptoms in a susceptible individual (Lask & Bryant-Waugh, 2000; Simpson, 2002; Soh, Touyz & Surgenor, 2006).

There is evidence that anorexia nervosa has a strong association with modern Western culture, as the illness has been virtually unknown outside the developed West (Hardin, 2003b; MacSween, 1995; Romney, 1998). Minority groups tend to adapt to the culture of the dominant group in a country, as a country's laws and culture is shaped by the elements of religion and social institution of a dominant culture (Davison & Neale, 2001). The question of acculturation, thus adopting another's culture, has been hypothesised to be a great contributor to eating disorders. Thus, over-identification with the Western culture seems to be involved in the development and maintenance of anorexia (Davison & Neale, 2001; Hardin, 2003b; Simpson, 2002; Soh et al., 2006).

It is plausible that Non-Western nations, as they become increasingly affluent, will be at an increased risk of eating disorders, irrespective of cultural background or ethnicity (Gordon, 1990; Soh et al., 2006; White & Grilo, 2005). According to Colebrook (1981), no cases of anorexia have been reported in the black culture in 1977, as excessive slimness has not become a focus of attention as yet. When white upper to middle class values permeated black society, the prevalence of anorexia started to increase. This has become evident, seeing as prior to the 1980s, there was hardly any existence of eating disorders in Non-Caucasian populations (Colebrook, 1981).

Striegel-Moore, Schreiber, Pike, Wilfley, and Rodin (1995) found that black girls were more concerned with a drive for thinness than the white girls in the same study. This is in direct contrast with other studies, such as the research conducted by Hoek (2006), which concluded that anorexia nervosa is rare among the black community. Caradas et al. (2001) as well as Wassenaar et al. (2000) found that abnormal eating attitudes are equally prevalent in South African female adolescents from diverse ethnic groups. As illustrated, a discrepancy exists in the literature, supporting the need for the current study.

Cross-cultural studies focus on the relationship between culture and various psychological variables. Thus, cultures have different experiences, which inevitably lead to predictable differences in their behaviour and beliefs (Brislin et al., 1973; Rieger et al., 2001; White &

Grilo, 2005). An attempt should be made to explore the variations of psychological processes due to certain cultural influences. The developmental history of the patient influences the initial onset of the disorder, which is in turn embedded in a cultural context (Gordon, 1990).

Food has many connotations to it, and has culturally and historically formed an integral part of the diverse complexities found within religion, ideologies and human value systems. Thus, the cultural context which influenced the individual's behaviour should be taken into account. Various prescribed rituals in many cultures centre around food or rely on voluntary abstinence, and are viewed as an effort of purification of body and soul, as well as to release oneself from materialistic and selfish concerns. This implies that food is permeated with symbolism and socially constructed to a large extent (Bruch, 1973; MacSween, 1995).

The focus of this research is on exploring the insufficiently documented experience of anorexia in individuals living in the context of a South African coloured community. Thus, the possibility that anorexia may present differently across cultures should not be ignored, but rather examined. This could possibly be due to differing family structures, cultural values, and the social environment (Simpson, 2002; Spurgas, 2005; White & Grilo, 2005). Even though weight concern presenting as a fear of fatness is not a necessity for an eating disorder to develop and be maintained, it is more prone to be conveyed in cases where the patient has received significant exposure to Western society and culture (Soh et al., 2006). The aforementioned aspects are considered imperative in the quest to gain a deeper understanding of anorexia. However, the disease may be fatal due to biological complications, and even though these aspects cannot be examined in the present study, it should receive sufficient attention in order to obtain a complete picture of the disease.

Biological context

It is a complex task to attempt to disentangle biological aspects that are primary to anorexia (thus predating the onset), from those which are secondary or consequential to starvation, bingeing, purging, or dehydration. There exists a strong genetic factor, as research proved that first degree relatives of anorectics are approximately four times more likely than the general population to have anorexia. A genetic influence is further implied by twin studies, as there is a higher concordance rate in monozygotic than dizygotic twins (Davison & Neale, 2001). However, even though there is no doubt in terms of the importance of biological factors as part of the etiology, this research study will not touch on this dimension, but rather focus on secondary physiological implications of the condition.

Self-starvation and purging methods may consequently cause physiological deterioration, as is evidenced by the severe disruption of electrolyte levels, as well as metabolic complications. Altered levels of electrolytes such as sodium and potassium are consequential, and low levels of these ionized salts can lead to cardiac arrhythmias, tiredness, weakness, and even sudden death (Crisp, 1980; Davison & Neale, 2001; Mitchell & Crow, 2006). Except for menstrual and reproductive abnormalities as well as osteoporosis, which include a decline in bone mass and nails becoming brittle, most of the physiological functioning return to normal levels upon weight restoration (Davison & Neale, 2001; Gordon, 1990; Stierlin & Weber, 1989).

The dangers and possible fatality of the disorder need to be emphasised. Eventual breakdown of the immune system which previously functioned in a compensatory manner occurs, accompanied by kidney and gastro-intestinal complications, as well as dehydration-hypokalemia. This is common in cases of laxative abuse, which can ultimately result in cardiac arrest. Full peripheral circulation and reproductive potential is sacrificed, as is evident in the fluctuating hormone levels. Amenorrhea and underlying hormonal mechanisms cause the body's energy expenditure to fall by about 10% (Bruch, 1973;

Colebrook, 1981; Crisp, 1980; Davison & Neale, 2001; Gordon, 1990; Mirror-mirror, n.d.; Mitchell & Crow, 2006; Stierlin & Weber, 1989).

There appears to be a discrepancy in the literature where temperature regulation is concerned. Certain studies show that various somatic symptoms, such as a susceptibility to cold, and the development of lanugo (fine, soft hair on their bodies) are considered to be the result of malnutrition (Bruch, 1973; Crisp, 1980; Davison & Neale, 2001). Contrary to these findings, other studies indicate that anorectics display an extreme insensitivity to cold, pain, fatigue, and disease, as the state of emaciation affect their immune system (Colebrook, 1981).

The hypothalamus is a key element in regulating hunger and eating. Various hormones, such as cortisol, are regulated by the hypothalamus, and it has been found that there is an abnormality in these levels in patients with anorexia. However, this abnormality is not a causative factor; rather, it is a result of self-starvation, as evidenced by the fact that normal levels are attained upon weight gain (Davison & Neale, 2001). The body produces endogenous opioids, substances which enhance mood, reduce pain sensations, and suppress appetite. These are released during self-starvation, and may account for the euphoric state observed. Excessive exercise displayed by anorectics increases the opioid level, and is thus a reinforcing factor (Davison & Neale, 2001). Extended periods of wakefulness occur (particularly during the second half of the night) as well as a major reduction in REM sleep (Crisp, 1980). Research has shown that serotonin is a key element in promoting satiety, and it is postulated that there is a deficit in the levels of serotonin, as is evident in the appetite and satiety dysregulation (Colebrook, 1981; Davison & Neale, 2001).

The physiological impact of anorexia on the health of the individual is unquestionably dangerous and potentially lethal in the long term. The US gymnast Christina Renee Henrich, better known as Christy, became one of the first faces of anorexia in the sport domain (Reid, 2005). She struggled with this devastating disease for a period of eight years, and eventually died of multiple organ failure, not too long after her 22nd birthday.

What is interesting about her death is that the severity of the physiological deterioration eventually led to her being asked to leave the gym, and still she did not heed the obvious warning signs of her condition. Christy, being a metaphorical face for this disease, then affirms not only the possible biological impact of anorexia, but also raises the bar on the psychological severity of the control issue, allowing an individual to weigh 47 pounds (roughly 21, 3 kilogram) at death, experiencing all the subsequent biological failures, and still find it hard to eat (Reid, 2005). Such questions are intricate, and require an in-depth look at various areas as they relate to an anorectic's functioning. The focus of attention will now shift to familial influences in the development of anorexia.

Familial context

Interestingly, the verb “to eat” holds the same meaning as the verb “to be” in various languages such as German, Latin, and Russian (Colebrook, 1981). This may act as a metaphor for the pure existence of human nature, as sufficient nourishment is imperative for survival. According to structural family therapy, anorexia nervosa is a reflection of early mother-child interactions, and can be judged as an idiosyncratic response to environmental and internal pressures, reflecting family dynamics psychosomatically. Needless to say, a child's deliberate refusal to eat arouses deep concern within the family system (Colebrook, 1981).

The current view of many regarding the “typical” anorexic family remains stereotypical in some sense. It should be reiterated that not all of the factors to be discussed necessarily applies to every single individual, as there is no such uniformity in the human race. According to Rumney (1983) as well as Wallin and Hansson (1999), anorexia nervosa originates from within, and is perpetuated by a variety of characteristic family dynamics. The research conducted by Minuchin (1984; 1991) has proven to be a valuable contribution, which concluded that there are specific patterns in the family of the anorexic that has played a contributing role to the development of anorexia.

Families of anorectic members are dedicated to family cohesion, and self-sacrifice inevitably takes place. Over or under-involvement of the parents may cause a susceptible daughter to ignore her own needs and become more concerned with parental approval. Her individuality is not being acknowledged, subsequently leading to a fragile self-esteem and a sense of a lack of control (Yager, 1982). Eating is an emotionally laden personal and societal issue, and has become a weapon in the search for autonomy. Successful individuation, however, can only be achieved if the individual first maintains a close relationship with her parents, where her needs are met, which creates an atmosphere of protection and stability (Colebrook, 1981).

The adolescent should be encouraged to distinguish her own desires, needs, and values from those of her parents, ultimately leading to independence and individuation (Stierlin & Weber, 1989). Some degree of separation has to be achieved prior to the formation of an efficient self-image (Crisp, 1980; Stierlin & Weber, 1989). In non-anorectic families, members should achieve individuation by becoming more autonomous and independent, yet at the same time maintain a certain level of relatedness within the family. The anorectic family's insistence upon family cohesion hampers individuation, and if one deviates from the norm, it is usually accompanied with feelings of profound shame and guilt (Stierlin & Weber, 1989). Pleasing compliance is favoured over reliance on their own inner ideas, resources, or autonomous decisions. The welfare of the family as a whole is emphasised, which denies the individual's personal desires and needs. Families with anorectic members tend to have rigid homeostatic systems, and would go to great lengths to maintain the status quo (Bruch, 1973; Lask & Bryant-Waugh, 2000; Stierlin & Weber, 1989).

Families are in a constant process of change, and these adaptations are necessary in order to survive. When faced with major stresses, families need to adjust in order to cope. Each member's state of adjustment to the arisen situation inevitably impacts on the other family members. A family can be described as functional if it achieves success in coming to terms with foreseeable and unforeseeable changes, which would inevitably reshape their circumstances and relationships (Stierlin & Weber, 1989; Yager, 1982). In the case of an

anorexic family, stability is achieved by means of restrictiveness, and subsequently change is not handled well. Interactional patterns in the family inevitably undergo marked changes, with anxiety and concern progressively on the rise, alongside resentment and annoyance, leading to a sense of a loss of control (Bruch, 1973; Stierlin & Weber, 1989).

The children experience the need for control over internal and external stressors, stemming from being overprotected and controlled by their parents, particularly their mothers (Colebrook, 1981; Gordon, 1990; Mirror-mirror, n.d.). They grow up in a family where emphasis is placed on performance and achievement, yet simultaneously the child is deprived of opportunities for self-initiation as a means of gaining mastery. This, in turn, inhibits the child to cope with the demands of adolescence, as this requires a great deal of independence and autonomy (Gordon, 1990).

In a study conducted by MacSween (1995), the need of the participants to exert control over their environment was a dominant theme which came to the foreground. The women involved in the study felt that power, success, and mastery will be gained through obtaining control, and this would be evident to the dominating parties. When considering this form of presentation, one should keep in mind that control is perceived and expressed differently across cultures. Thus, the customary associations between the construct of control and eating disorders should be culture specific (Soh et al., 2006).

The family's homeostatic resistance along with the patient's denial of her physiological condition has proven to be a central problem in treatment as well as diagnosis. There exists a strong psychosomatic double-bind, as the message is conveyed that everything will be all right if only they would eat, yet this is in direct contrast to the status quo maintenance being emphasised. This once again emphasises the ambiguous nature of their interrelationships.

Ambivalent messages from parents serve to exacerbate the confusion experienced by the child, which contribute to a feeling of not being in control. The family displays

contradictory demands, as success in various areas are emphasised; yet it is not independence, but rather compliance through which success might be gained, that is promoted (Lask & Bryant-Waugh, 2000; MacSween, 1995; Stierlin & Weber, 1989). An example of this would be that the parents encourage the child to have peer relations, yet find that no one is good enough, particularly those of the opposite sex. Mothers often harbour ambivalent feelings, and act in an enmeshed, yet rejecting manner. They might give the impression that they would be better off without the child (Stierlin & Weber, 1989). The family is the heart of an individual's development of communication skills, identity, and sense of self. However, there is a fundamental disturbance in communication, as is evidenced by the ambiguous messages (Colebrook, 1981).

The anorectic family takes the level of closeness to the extreme. This is evident in the extremes of proximity and intensity of family interactions, as they tend to be over-involved (Lask & Bryant-Waugh, 2000; Rumney, 1983; Wallin & Hansson, 1999). It has been established that distorting feeding experiences occur simultaneously with a distortion in verbal communication. Seeing as the anorectic family tends to be enmeshed, they might proceed to decide on the child's behalf what he/she is feeling and thinking. Thus, a child's needs and experiences are mislabeled (such as being hungry or experiencing cold). Consequently, the child develops mistrust in the legitimacy of his or her own experiences or feelings. A sense of competence and a clearly differentiating body scheme is thus prevented from developing, as the child accepts these distorted conceptions (Bruch, 1973).

Boundaries are often blurred and diffused, which results in an inability of the child to separate her needs and feelings from those of others, resulting in feelings going unspoken, as the child is not acknowledged or respected (Colebrook, 1981; Lask & Bryant-Waugh, 2000; Rumney, 1983; Sadock & Sadock, 2003). They tend to voice each other's assumed thoughts, and may even finish the other's sentence. A lack of boundaries also manifests on a physical level, such as the tendency to leave doors open (Stierlin & Weber, 1989). However, it should be taken into account that what is perceived by one culture as overbearing may be experienced differently in another (Colebrook, 1981; Soh et al., 2006;

Stierlin & Weber, 1989). During the course of major stresses, families may present with exaggerated responses. Families may subsequently appear extremely enmeshed, possibly in an attempt to improve cohesion, yet may disengage after a while due to burn-out (Yager, 1982).

Extreme enmeshment within the mother-daughter relationship occurs, particularly if she is an only child, as the mother now only has one chance to prove herself as caring and protective. Mothers often had to sacrifice their careers in exchange for motherhood, as was expected at the time. Thus, their over-involvement may be a result of their own social circumstances (Gordon, 1990). Sibling relationships are generally marked with strong rivalry and competitiveness, and tend to be tension-laden. There appears to be a great deal of competition involved, which leads to her succeeding attempt in becoming a lovable child again. By arresting her growth into adulthood, she conquers not only her body and the presentation thereof, but also manages to focus the attention of the family on herself, whilst competing with her siblings (Lask & Bryant-Waugh, 2000).

Parents often have unrealistic perceptions of their children, and consequently fail to see their distress (Bruch, 1973). When a child's withdrawal or distress goes unnoticed by the parents, or the behaviour is incorporated into the family system, the strong possibility exists that the anorectic stance becomes a modus operandi, not just for the individual, but also for the entire family. The presence of the condition now serves a function within the family. Also, the struggle over food might cause the family to avoid other underlying struggles, which may have even greater disruptive potential (Bruch, 1973; Colebrook, 1981; Lask & Bryant-Waugh, 2000; Stierlin & Weber, 1989).

When weight gain does not result in better relationships and becoming more attractive, but instead leads to social withdrawal or isolation, it should be viewed as a warning signal. The condition might serve the purpose of reuniting the family, specifically if the pseudo-mutual relationship of the parents is regarded to be in jeopardy, as the parents now need to work together towards a common goal (Colebrook, 1981; Stierlin & Weber, 1989). The

distraction of the child who needs attention serves to diffuse the conflict present in familial relationships, and subsequently the symptoms are rewarded, reinforced, and sustained, inevitably becoming embedded within the family. The symptoms are viewed as effective, and the continuation thereof keeps the family together. Studies show that some parents experience more depression and anxiety when their child is improving, offering irrefutable support of this stance (Yager, 1982).

Conformity is expected, as is the need to “look good” in order to be desirable. As great emphasis is placed on appearance and achievement, the individual feels the need to live up to the high expectations of others, hence the “perfect child” image that is portrayed. Most anorectic families are focused on upward mobility and some have a history of economic insecurity. The patient may aim to achieve on various grounds in order to please others, where others’ approval determines her sense of self-worth. She subsequently does not experience any pride or worthiness, and is in actual fact her own worst critic. The patient seeks to gain approval on a constant basis, specifically from her mother (Gordon, 1990; Mirror-mirror, n.d.; Stierlin & Weber, 1989). She is usually described as having been free of problems and difficulties to an unusual degree, and is viewed as having been obedient, compliant, dependable, and excelling in school. However, adolescents are confronted with a need for self-reliant independence, consequently causing an insoluble conflict, which is in complete contrast to previous behaviour (Bruch, 1973; Colebrook, 1981; Crisp, 1980; Thompson, 2003).

There is usually an existing preoccupation with food, fitness, and physical appearance, as parents tend to be overly critical and perfectionistic, placing great emphasis on exemplary academic or occupational success (Colebrook, 1981; Crisp, 1980; Stierlin & Weber, 1989). It has been found that in many anorexic families, other family members, most often the mother, are heedful about their weight, with the emphasis on slimness. On a superficial level they come across as a very healthy family, even though this might be due to the intense focus on putting up a façade of being a perfect family. This emphasis on the need

for perfection exacerbates the vulnerable child's already crushing sense of inadequacy (Bruch, 1973; Gordon, 1990; Rumney, 1983).

The family appears to be stable and supportive, but investigation will reveal subtle disturbances. Only intensive therapeutic work would reveal the tensions and distortions that underlie this façade of normality. Systemic family therapists argue that below the surface picture of harmonious complementarity, lurks sacrificial symmetric intensification in a competition for self-denial (Bruch, 1973; Colebrook, 1981; Selvini, 1988/1988; Stierlin & Weber, 1989).

A mother may over-identify with her daughter based on her own disappointment in her marriage. This concern goes unarticulated in order to maintain the harmony in the family (Gordon, 1990). It has been determined that unaddressed issues between the parents exist. These tend to give rise to an over-involvement from both sides; mother with her children, and father with his work, hence the enmeshed mother and so-called absent father (Yager, 1982). It has been pointed out that most anorectic families have apparent marital harmony, and many anorectics view their parents' relationship as loveless, perhaps one of convenience.

It has been determined that 41% of parents experience sexual dissatisfaction, and the focus on the anorectic child relieves the pressure on the relationship. The parents live according to traditional role fulfilment, and define their roles around being a parent, not a partner to his or her wife or husband. This is particularly true of mothers, who tend to be dominant and overbearing. Internalised helplessness and rage are manifested by mothers, who are overtly and covertly dominant. Deep disillusionment is concealed, as both parties view themselves as totally devoted and giving. A sacrificial competition is secretly being carried out, each attempting to sacrifice more than the other. Consequently, they transfer blame and responsibility to the other partner for everything that goes awry. This, in turn, places the child in the middle. When the illness manifests, it is viewed as externally imposed, and

not due to the contradictory or excessive demands of the parents (Bruch, 1973; Colebrook, 1981; Lask & Bryant-Waugh, 2000).

According to Colebrook (1981) and MacSween (1995), these families usually have a matriarchal control system. The core of female development has been postulated to be that of developing and maintaining meaningful relationships. In the case of perceived rejection, the child will seek to make amends, and if necessary, sacrifice her own needs by becoming compliant (Lask & Bryant-Waugh, 2000). The mothers are usually career women who place great emphasis on their children's achievements. It has been postulated that this is perhaps a form of overcompensating for their own shortcomings, thus living vicariously through their children (Bruch, 1973; Colebrook, 1981). This would be evident if one considers the child to be fed according to the mother's needs, and not the needs of the child. Subsequently, this may hamper the development of the child's trust in her own experiences (Colebrook, 1981). When using a systems approach as an explanation base for etiology, the father is viewed to contribute via his detached role from the family, which in turn serves to provoke an enmeshment between mother and daughter (Bruch, 1973; Rumney, 1983).

There is a constant power struggle, and even though subtle, this has an ongoing presence. Family interactional theorists view anorexia as a power strategy within a family system, one that has a perceived function (MacSween, 1995). The struggle that ensues upon the adolescent's deliberate refusal to eat is often symptomatic of a power struggle that has been latent from earlier on, although it has remained repressed up to date (Gordon, 1990). It exists in early mother-child conflicts about autonomy, and even though it seems as though the mother had won, it resurfaces with a vengeance in adolescence. The child's tyranny might provoke a role reversal, and as her condition becomes the topic of conversation and preoccupation within the family, they reign autocratically over the family. The mother sometimes acts like another sibling, and the child may take on a parental role. Dysfunctional hierarchical organisation may ensue, with coalitions forming across generational boundaries (Wallin & Hansson, 1999).

It should also be noted that by keeping the attention focused on her, she is relieving pressure from her parents' relationship and taking on responsibility, subsequently placing herself in the role of the parent (Bruch, 1973; Colebrook, 1981). This also occurs if there is no leadership within the parental sub-system. One parent tends to side with the child, blaming the other parent for being too strict and insisting that the child is incapable in some or other sense. Thus, not only are power relations ill-defined, the child is (once again) being paralysed (Bruch, 1973; Colebrook, 1981).

As the severity of the condition progresses, the patient's dependency on and control of the family members increases alongside it (Colebrook, 1981; MacSween, 1995). Since her needs, behaviour, impulses and feelings have been discredited for such a long period, she tends to feel out of control. The patient might perceive her mind to be weak, but her body to be strong if she succeeds in maintaining her obsessive refusal to eat. However, with the commencement of the binge-purge sequence, feelings of ineffectiveness and inadequacy are exacerbated, as well as the experience of not being in control. In contrast, however, she also experiences a fear of being strong, as evidenced by her reluctance to take responsibility. Thus, if she was weak, she could accept everybody's help without feeling guilty. There appears to be a secondary gain during her quest to gain control, as the powerful response that she evokes in others is in direct contrast to her familiar experience of being discounted (Bruch, 1973; Colebrook, 1981; Gordon, 1990).

Conclusion

One prominent issue that has become evident from the above-mentioned research is that there is a multitude of explanations that enable people to understand anorexia from different angles. However, the generalised application of these theories and depictions are limiting, as individuals are unique in their own right. That being said, and considering the large amount of data that research has produced across various cultures, one can easily fall prey to the reductionism that aims to define anorectics across the world.

Transferring this knowledge to a cultural group such as the coloured community would erase all uniqueness and individuality. One should ask the question, in the event of applying these theories generically across all anorexic individuals, whether they get stripped from their individuality once again, reducing them to mere statistics. Clinical representations vary widely, and it seems idealistic to assume that any one of these hypotheses can succeed in offering a sufficient explanation on all of the documented cases. Ultimately, this being the reason and purpose of the focus on this specific cultural group, one should allow for the possibility to add to or broaden the scope of contexts within which the theories on anorexia can be applied. An attempt will be made to broaden the understanding within the coloured community by means of thematic analysis, the method of which should receive adequate attention.

CHAPTER THREE

RESEARCH METHODOLOGY

Introduction

Throughout this chapter the reader will be provided with a thorough description of the research design, data production strategies, as well as the method of analysis which will be employed. The premise of such will be discussed, granting a framework within which the analysis will occur. Ethical issues are considered an important consideration, and will receive warranted attention.

Research method

Research design

Quantitative research focus on precise measurement of variables and testing hypotheses that are causally linked, thus following a linear path. Qualitative researchers, on the other hand, rely more on interpretive data, and follow a non-linear research path. Qualitative work tends to make use of interviews and discursive methods, and is concerned with a comprehensive account of a specific event (Crabtree & Miller, 1999; King, Keohane & Verba, 1994; Neuman, 2003). Thus, when considering the complexity of anorexia, a disease that is embedded within an individual's family, culture, and social values, to name a few, it would seem reasonable to conclude that it cannot be explained by means of a simplistic linear path.

The utilisation of qualitative methods has increased considerably throughout the social sciences over the last decade (Boyatzis, 1998; Braun & Clarke, 2006; Marshall &

Rossmann, 1999). Qualitative research used to be marginalised and subsequently limited to the exploratory stages of research, its true value being overlooked. However, domains traditionally employing more positivistic methods are recognising the worth of qualitative research in more recent studies. There has been a significant increase in the application of qualitative methods, enabling researchers to gain in-depth knowledge of social phenomena and the complex dynamics involved (Attride-Stirling, 2001). Further justification for the choice of a qualitative research design is that the focus in this particular study is on determining themes. The exploratory and explanatory nature of qualitative research enabled researchers to move towards a more in-depth understanding of social phenomena, as well as associated dynamics (Attride-Stirling, 2001; Neuman, 2003).

Participants

Coloured females with anorexia nervosa were approached to participate in this study. This was made possible by means of working in close contact with the psychiatric ward of a well-known hospital. Consent was obtained from the participants as well as the institution by means of distributing letters of informed consent. An example of such a letter of informed consent is attached as Appendix A. These included consent that the interviews be tape-recorded for transcribing purposes. Once consent has been obtained, tape recordings were used as a medium from which the researcher conducted her analysis.

Data production strategies

In the context of this study, research participants are viewed to be individuals within their own right, functioning within a broader context. It would thus be limiting to focus exclusively on either the individual or the context, and would defeat the purpose of attempting to determine the extent of the reciprocal influence of both.

Individual interview

The interviews were semi-structured in order to ensure comparability as well as to guarantee that particular areas are covered. The researcher made use of systemic principles and questioning techniques to enable an in-depth exploration. Room for distinctive feedback was created, which enabled the researcher to explore more exceptional and personal meanings of each of the participants. This can also be referred to as a focused interview, which entails that a specific subject is examined in-depth without a fixed order. Open-ended interviewing enabled the researcher to elicit responses that were not constricted by predetermined categories, resulting in anticipated as well as emergent themes (Burck, 2005; Hardin, 2003a; Neuman, 2003; Smith & Manning, 1982; Ziebland et al., 2002).

In order to encourage the participants to disclose personal information, it was of great importance to provide a facilitating context during the course of the interview. Open-ended questions served to aid the researcher in her quest to encourage a personal account. The questions, prompts and probes were used as a guide in the flexible interview, and were not followed rigidly (Crabtree & Miller, 1999; Hardin, 2003a). The researcher aimed to be flexible, with regard to content as well as time frame, ranging from past and present through to the future (Jenkins & Asen, 1992). An example of the interview guide is attached as Appendix B.

Repeated storylines aided the researcher's understanding of anorexia, and also served the purpose of shedding light on the participants' cultural awareness, as well as on the complexity of the connectedness between collective and individual experiences (Hardin, 2003a, 2003b). The interview aimed to investigate anorexia in relation to family and community living and the shared culture represented by these.

Data analysis

The interview data was transcribed in order to enable the researcher to conduct a thematic analysis (Aronson, 1994; Attride-Stirling, 2001; Braun & Clarke, 2006). The transcriptions were verbatim accounts, including verbal and non-verbal expressions, which were verified against original recordings for precision.

Thematic analysis was subsequently employed, with the thematic networks acting as a presentation method. This form of analysis is perceived as an accessible and flexible approach, providing a detailed, rich, yet intricate description of data. It serves as a method for recognising, scrutinising, and describing themes within the data, thus, searching across data sets (a certain number of interviews) to find repetitive patterns (Aronson, 1994; Braun & Clarke, 2006; Fereday & Muir-Cochrane, 2006).

The networks will act as an illustration, summarising the main themes which constitute a section of the text. Text was broken down and reduced, explored, and, finally, integrated (Attride-Stirling, 2001). There was no definite preconceived hypothesis in mind, due to the fact that analytic induction inevitably caused questions to be altered, and novel ones to emerge. However, it was inevitable that the chosen features for further analysis were linked to the researcher's evolving research question, as well as the theoretical position (Clandinin & Connelly, 1994).

Thematic networks

Thematic networks form part of many approaches in qualitative analysis (Attride-Stirling, 2001; Boyatzis, 1998), and it is therefore important to determine the conceptual foundations specific to this method. The aim of thematic networks is to explore an issue or idea in depth, which would lead to a better understanding, therefore enabling the researcher to organise ideas for analysis. Thematic analysis attempts to discover the themes prominent

in a segment of text, and these networks seek to aid the configuration and representation of these themes.

Themes were determined based on whether they encapsulated an important aspect of the overall research question. Thus, it acted as a means of representation, aiding the researcher to move from text to interpretation (Attride-Stirling, 2001; Braun & Clarke, 2006). Thematic networks are graphical representations, aimed at removing a conception of hierarchy, but rather providing flexibility to the themes, subsequently accentuating the interconnectedness throughout the network. It should be noted, however, that these networks are not the analysis in itself, but rather a support tool. The purpose of the networks is to act as a categorising code and an expressive tool in the interpretation of the text (Attride-Stirling, 2001).

The extraction of basic, organising, and global themes was subsequently systematised (Attride-Stirling, 2001; Braun & Clarke, 2006). These were symbolised in a web-like map portraying the relevant themes at the various levels, as well as exemplifying the relationship between each level. The basic themes are the most fundamental derivative; premises that are attributes of the data. In order to be meaningful, they need to be grouped, which represents an organising theme when viewed together. Organising themes perform two functions simultaneously: they assemble core ideas proposed by basic themes, as well as scrutinise main underlying assumptions of a broader theme that appears to be significant in the sum total of the texts. Together, these organising themes form global themes, which are conclusive in nature. These act as a summary of previously determined main themes, as well as divulge interpretation of the text. More than one global theme may emerge, depending on the complexity of the data. Subsequently, an analysis may produce several thematic networks (Attride-Stirling, 2001). An example of the thematic network is attached as Appendix C.

Thematic analysis

Thematic analysis was used in the coding of qualitative information. This process required explicit codes, which are subsequently presented as themes. A theme is best described as a pattern which emerged from the information being studied, describing observations and ultimately interprets certain aspects of the phenomena (Boyatzis, 1998). Themes can be identified at the manifest level, which is directly observable when scrutinising the information, or they can be at the latent level, which underlies the phenomena. Thematic analysis enables researchers to understand information in a systematic manner that enhances the sensitivity and accuracy when interpreting observations. It can be viewed as a bridge in translation between various methods of research, enabling the researcher to communicate results effectively, making it accessible to all (Boyatzis, 1998).

A basic framework was made use of, based on the aforementioned concepts. Certain steps of analysis were identified, and acted as a guideline. The analysis process can be categorised into three wide-ranging stages, which include the reduction and exploration of the text, followed by the integration of the aforementioned phases. The process is recursive in nature, with the necessary moving back and forth between phases as the need arises (Attride-Stirling, 2001; Braun & Clarke, 2006). The analysis commenced only after data collection and transcription have been completed. As the data was collected through interactive means, some knowledge as well as possible analytic interests was gained prior to the analysis. Active reading commenced, during which the researcher searched for patterns and meanings. These were marked for subsequent coding phases (Boyatzis, 1998; Braun & Clarke, 2006).

Next, the material was coded. This process forms part of the analysis, as significant groups are being constructed by organising the data (Boyatzis, 1998; Braun & Clarke, 2006; Neuman, 2003). In order to reduce the data, the text was dissected into meaningful segments, by means of a coding framework. The partitioning of such a framework was

done based on the theoretical issues guiding the research questions, as well as prominent and recurrent issues that emerged from the text. These codes were then applied to the text as a means of dissection. Codes have clear definitions in order to reduce confusion and enhance the focus on the object of analysis. However, accounts that differed from the dominant story were retained and coded, to enhance an overall conceptualisation (Attride-Stirling, 2001; Braun & Clarke, 2006).

After this process has been completed, themes were identified, forming part of the interpretive analysis of the data. Codes were sorted into themes by means of abstraction from the coded segments of text. These were re-read in order to extract the significant themes, as well as detect underlying patterns. The identified or extracted themes were refined into themes that are precise enough to be non-recurrent, yet extensive enough to encompass a set of ideas enclosed in various text segments. Some joined together, fell away, or were divided into separate themes (Attride-Stirling, 2001; Braun & Clarke, 2006; Neuman, 2003).

Networks were then constructed, accumulating the themes into sound, corresponding assemblages. Thus, basic, organising, and global themes were obtained, and illustrated as thematic networks, which were then verified and refined (Aronson, 1994; Attride-Stirling, 2001; Braun & Clarke, 2006). Being the first part of the analysis stage, a further construction was reached during the description and exploration of the networks. The contents of the networks were described, whilst being supported by text segments (Attride-Stirling, 2001; Braun & Clarke, 2006). Exploration followed, which led to the discernment of the appearance of underlying patterns. Returning to the original text, it was now read by means of the themes identified. The interpretation and the data were then brought together, serving as an elaboration of the analysis (Boyatzis, 1998).

Ethical considerations

The rights of the participants were protected by obtaining written consent from the participants, as well as by ensuring anonymity (Smith & Manning, 1982). Prior to conducting the research, written approval was obtained from the organisation involved in the study. The consent forms included information as to the purpose of the study, as well as the procedures that will be made use of.

The participants were informed of the voluntary nature of the study, thus, that they are free to withdraw at any time (Health Professions Council of South Africa [HPCSA], 2004). Confidentiality was discussed, and the involved parties were informed about the exceptions to the requirements of confidentiality. The study conducted respected the identity of those participating, and information that may be linked to an identifiable person was disguised (HPCSA, 2004).

The researcher remained cognisant of the fact that the questions may be experienced as an intervention. This raised ethical questions as to whether a participant can indeed give informed consent. Researchers are faced with the complex issue of having to distinguish between responding as a researcher, and responding as a therapist. These two roles involve distinctive tasks, which necessitate diverse types of permission; even if it is true that research interviews can have therapeutic consequences (Burck, 2005). The researcher had to remain aware of these complicating factors at all times.

Conclusion

Qualitative research methods were considered an appropriate research design for this study. It relies on interpretive data, aiding the researcher to gain in-depth knowledge. Thematic analysis lends itself to comprehensive research, employing thematic networks

not only as a method of presentation, but also as a supportive tool of analysis. A summary of these thematic networks will be presented in the following chapter, depicting the main themes and characterising patterns. The core emergent themes during the description phase will be summarised, after which the surfacing patterns of the exploration phase will be made explicit, subsequently enhancing the interpretation. These patterns will then be interpreted, by returning to the original research questions and the underlying theoretical interests, which will then be dealt with. These will be addressed by means of arguments based on the patterns that surfaced during the exploration of the texts (Attride-Stirling, 2001).

CHAPTER FOUR

ANALYSIS

Introduction

The exploration of the personal accounts of the participants will be presented within this chapter, to offer the reader a glimpse into the world of the coloured anorexic patient. The inclusion of relevant theoretical constructs will be integrated within a representation of the original text. In order to give the participants a voice, direct quotes will be made use of throughout the exploration of text.

Thematic networks enabled the researcher to explore the representations in depth, leading to the subsequent organising of themes for further analysis. Various emerging themes will be discussed, integrated and contrasted in order to provide the reader with a deeper understanding of the participants' experiences. However, a range of themes did not coincide, adding to the uniqueness of each participant's experience and the richness of the discussion. It should be noted that the themes are not considered mutually exclusive, as relevant experiences may be pertinent to more than one theme. The titles awarded serve as tools in the process of theme identification and categorisation. The thematic network representing each global theme will be presented subsequent to the exploration of these.² Please find attached a complete thematic representation according to which the text was analysed (Appendix B).

It was deemed necessary to introduce the reader to the life context of each participant. A brief introduction to each will commence, where pseudo-names are used in order to protect their identities and maintain confidentiality. The term participants will be used

² Figure 1 represents the global theme of familial impact and patterns on page 77
Figure 2 represents the global theme of control on page 108

interchangeably with their pseudo-names when making reference to their depictions and related experiences. Subsequent to such a preface, the analytical discussion will ensue.

Participants

Natasha is a 28 year old female, who received the diagnosis of anorexia nervosa during the month of February 2007, after which she was admitted to the psychiatric in-patient ward at the hospital. Her restrictive eating commenced several years prior to her admittance, during which cessation ensued. She was discharged in June 2007 as an in-patient, and has since been consulting the psychiatrist at the out-patient unit on a regular basis. Natasha displayed enthusiasm at the prospect of partaking in the study, and appears to be committed to and invested in her recovery. She communicated with ease, and displayed insight into her diagnosis and associated aspects.

Lameez is a 35 year old female, and was being treated as an in-patient. Her restrictive patterns were present for several years, of which complete cessation proceeded for a period of one and a half years. She was admitted to the ward two months prior to the time that the study was conducted. Her attempted suicide resulted in her being admitted, with intermittent periods of intravenous feeding. She received the diagnosis of anorexia nervosa merely weeks prior to being interviewed, which may have affected her level of readiness. She admitted that she was cautious of being involved in the study, as she found it painful to share personal information. She displayed intense emotion throughout the interview, corroborating her statement.

Analysis

The organising themes that constitute both the global themes represented two categories that serve to explore the functioning of the participants. Themes proved to either form part

of a larger system of structural or process constituents. In order to familiarise the reader with these constructs, it was deemed necessary to offer a short description of each of the constituents involved. Structure constituents indicate the composition within which the participants and their families function, referring to the roles that members fulfil within the system, as well as the influence that certain ways of behaving have on the remainder of the family. Process constituents are characterised by changing and developing relationships, encompassing a facet of interpersonal relatedness. Patterns develop within the system, affecting each member's reaction to various elements that constitute the functioning of the system (Becvar & Becvar, 2003).

Global themes are explored in terms of these categories, which serve the purpose of investigating the organising themes that represent the respective global themes. It should be noted that structure and process constituents are not considered organising themes, but rather a framework according to which the actual themes were analysed. Subsequently, both global themes will be explored within this framework respectively, providing the reader with a thorough account of the participants' experiences. Two global themes emerged from the text, the first of which was identified as "familial impact and patterns". Sufficient attention will be awarded at the outset to the analysis of the global theme of familial impact and patterns, consisting of organising themes of relational positioning and interactional processes. These are supported by a variety of basic themes, all of which serve to enhance the understanding of the organising theme. Upon the completion of the analysis of the primary global theme, the exploration of the second global theme of "control" will ensue.

Familial impact and patterns

Two organising themes that supported the global theme emerged; relational positioning and interactional processes respectively. In turn, several basic themes emerged from the text, all of which were related to the familial system. These include the representation of

boundaries, enmeshment, absent parents, and an apparent role reversal. These basic themes form part of a greater organising theme of relational positioning and will be discussed as an aspect of structural constituents. Another set of basic themes include discussions of feedback, communication, and rules of behaviour. These collectively comprise an organising theme of interactional processes, which will be discussed as a component of process constituents. These organising themes can be grouped together as a global theme of familial impact and patterns, all of which will be analysed in-depth in order to provide the reader with an understanding of the inner workings of the family life of these participants.

Structure constituents

Relational positioning.

As a theme, relational positioning captures the dynamic nature of how relationships move closer and further according to the structure of the system. Members relate to one another based on their position within the system, with boundaries, enmeshment and absenteeism in the specific being the focus of this section.

Structural constituents refer to various aspects relating to the arrangement within the family, including the concept of boundaries, which can be defined as the amount and type of contact between family members. Boundaries are categorised under three groupings, which include clear, rigid and diffused boundaries (Becvar & Becvar, 2003), some of which will be explored in successive text. The functioning within the family as well as the behaviour of family members when interacting outside of the familial system is influenced by the nature of boundaries. These manifesting interactional patterns prove to have a circular effect on all involved, as seen in subsequent discussions.

Boundaries

The theme of boundaries presented itself repetitively throughout the text in both participants' accounts. When assessing the boundaries that were present in Natasha's family, it seems as though these were relationship specific. With regards to an overall look at the relationships within the family as a whole, it would appear as though the boundaries are rather rigid. Upon being questioned as to the level of closeness within the family, Natasha replied:

“(Pause) In a certain way (pause) it's almost as if there is this barrier, that you get this close, but you don't get any closer”.

It seems apparent that Natasha felt as though her perception of what she refers to as barriers prevented her from getting close to her family members. It should be noted that boundaries may differ between various family members, at times functioning on the opposite side of the continuum. This appeared evident when exploring Natasha's relationship with her father, where the boundaries appeared to be of a diffused nature. He expressed an expectation of her that she look after her younger siblings, which included disciplining them, yet would undermine the role that he had awarded her when he arrived home. It appears as though these double-binds caused some confusion as to where she stood with her father:

“... he'd given me that authority, but as soon as he comes home he takes it away after he gave it to me, so it was a very frustrating thing, you know, like what do you actually ...”

This citation serves to represent her experience of the unclear boundaries within her relationship with her father. The observed blurred boundaries may have contributed to a

degree of distance between them, as there appeared to be an omnipresent theme of absent parents in both participants' accounts, as will be explored in following discussions.

Enmeshment

When the question “is there a certain relationship in the family that does not have that³ boundary?” was asked, Natasha responded with “my mother”. She was probed further as to the status of their relationship, after which a long silence followed, with one single word uttered when she did speak: “enmeshed”.

Upon inspection it seems as though the relationship between Natasha and her mother functions within enmeshed boundaries, with her mother getting involved to such an extent that she felt that “I’m trying to move away from her!”

Her mother’s involvement in Lameez’s life was presented as a constant occurrence since childhood, to such an extent that she would only realise that this has occurred after the incident has been resolved. In the context of discussing her mother’s involvement in her life, she mentioned that:

“... she would get involved in my marriage. She’s always gotten too involved, she still does. Sometimes I only realise it after”.

These excerpts contribute to the perception that they experienced their mothers to be over-involved, at times perhaps becoming domineering. It should be noted that though their relationships with their mothers are presented as enmeshed, this does by no means indicate emotional availability from their mothers’ side, as seen from the following section.

³ The “that” refers to the barrier that she made reference to when describing relationships within her family

Absent parents

In the text, the nature of parental absence presents itself in diverse ways, as both their fathers' absence is on a physical level, whereas Natasha's mother in specific seems to be emotionally unavailable. It seemed that the participants tried in vain to get their fathers' attention; their fathers abstained from getting involved in the participants' lives, even though covert messages were being sent that their attempts were inadequate. Their fathers' observed detachment may have served to enhance their sense of inadequacy, possibly contributing to the development of an insatiable need to please. In Natasha's representation, she had to step up as the eldest and take care of the younger children, due to their father not being at home. In the context of a discussion regarding her father's involvement in various areas of her life, she responded that:

“He was very absent in those areas, but I (pause) I mean (sigh) ... he ... didn't much ... we would show him our report cards and things but he wouldn't really go on about it, he never outwardly said that he knows that (pause) ... and he never said that he was proud of us ...”

“... it was never specifically about school or specifically ... about anything, it wouldn't be because you didn't perform in a certain area ... so it was very hard to pinpoint, it was just like his perception of you as a person ...”

Lameez's account represents her father as an absent parent, with a clear reference to her mother being the one who takes responsibility for the family. When questioned as to her father's role in the family, she replied that:

“... he's a very uninvolved person. The only person (pause) the only voice I hear is my mother's. She set down the rules; it's always been like that”.

Whilst Lameez was discussing her perception of others as being too involved in her life and exerting pressure on her, her mother was primarily the person she directed her comments at. At first glance it may appear as though her mother accepted an involved role in her daughter's life. However, upon further inspection, there is no indication that her relationship with her mother provided her with a sense of support and involvement. The involvement she refers to appears to be one-sided, as her mother appeared to get involved in her personal life, taking control on various occasions. She mentions that "she kind of always knows what's going on, she's always in control".

Contrary to the previous depiction, Natasha personified her mother as a person who depended on her a great deal for emotional support. It should be noted that even though their enmeshed relationship is situated within a systemic framework, indicating the circularity of their relationship, her mother expressed an expectation to receive support, yet was unwilling to provide it. Her depictions gave the impression that she felt that her mother was taking advantage of her, as she did not appear to have the desire or strength to support her daughter in the same way. Her mother's apparent tendency to depend on her may have exacerbated her sense of responsibility with associated experiences of being pressured, as will be demonstrated in following text. Whilst discussing her relationship with her mother, she became reflective, commenting that:

"I think unconsciously, and unintentionally, my mother used me as her support for a long time. I have never felt like I could talk to her about the deeper issues that I have unless I've sorted it out to a certain extent, so I can't come to her with the raw stuff. Whereas my mom would often vent and talk about things to me ..."

"... it just always seems too much for her to handle, whereas it seems (pause) maybe it's not an intentional exploitation of her, but just for the mere fact that she's venting ... you know, I feel like there's that expectation that I have to be strong for her and be able to handle these things".

Her mother is presented as being emotionally unavailable to her, absent in that sense. Her absence may have contributed to not only a sense of confusion within their relationship, but almost forced Natasha to take on the parental role of emotional availability. Double-bind messages appear to be present, as she was expected to provide her mother with support, yet received messages that she was not to expect the same in return. The concept of having to offer support and take responsibility may cause the roles to become reversed.

Role reversal

This is applicable in Natasha's situation in specific, as she reflected that "... it feels like a reversed role ...". She expands on her perception that they have exchanged roles by commenting on her father's expectation that she:

"... stand up and take responsibility, especially during the time that my mom was depressed, he would expect me to make sure the younger ones were sorted, and even, like, if, they needed to be disciplined, I needed to do that as well ..."

She proceeded to take on the role of supportive parent, taking responsibility for the entire family:

"... I think I found it (pause) growing up was difficult ... I (sigh) I felt the responsibility to (pause) to sort of be there and to (pause) ... support my parents in a way".

"I was very aware of having to be there for my younger brother and sisters".

Throughout the text it became evident that Natasha did not form part of the sibling sub-system. Rather, she functions outside of any sub-system, seemingly taking over the role of

the parent, yet not forming part of the parental sub-system either. The way in which the family system was structured impacted the way in which they related to others. This interactional contact, or the absence thereof, seems to influence their future behaviour, not exclusive to the family, but extending beyond the system. It should be taken into consideration that processes both internal and external to the system contribute to the interactions depicted above. It is thus considered imperative that such processes receive sufficient attention.

Process constituents

Interactional processes.

Processes within the family are forever changing, impacting the system continuously. Consequential reactions to such input are illustrated by the nuances of interactions and accompanying motives. These interactions are governed by various deeper dynamics related to the process of anorexia. The deeper dynamics predominantly refer to the relative interactional positions between the anorexic patient and significant others. Themes of feedback, rules of behaviour, and principles of communication presented themselves as basic themes, and will be discussed in following text.

Feedback

The feedback that the participants received did not exclusively relate to the family, but extended to various areas of the participants' functioning. Upon being questioned on the impact of feedback that she received from the environment, Natasha reported that she did not perceive the feedback as either positive or negative, but rather with a sense of disbelief. Consequently, she opted to reject the feedback that she received from the environment:

“... getting that feedback from other people that you’re thin, was, it didn’t always make sense to me at the time, you know”.

“I just kinda thought (pause) what you talking about?”

“... I kind of waved ... (pause) people who see me everyday I kind of just waved them to the side”.

She did, however, accept feedback from those whom she had not seen over a period of time, even though this feedback is perceived as neither positive nor negative, but a neutral fact:

“I remember the time leading up to where I’d seen the dietician for the second time. I met one or two people I hadn’t seen in a while, like a span of a few years from the time that I was (pause) and they saw me at that stage, and they said that I am thin and I think that really gave me a shock because to me I hadn’t changed, I hadn’t lost any weight ... I was still the same, and here there’s people that had seen me at an earlier stage, and then say to me ‘Wow! You lost weight!’ and for them to be able to say that, not having seen me for so long, they often (pause) well, my perception was if you haven’t seen someone for a long time, unless there’s drastic change, you wouldn’t really notice it”.

Ultimately, the feedback, even though it was accepted as true, did not alter her eating patterns, resulting in a rejection of the input. The information was not incorporated into the system, possibly in an attempt to defend the established balance.

On a familial level, the feedback was not directly related to her eating pattern and subsequent weight loss. Natasha comments on the criticism she received from her father

about her as a person, but does not make reference to his reaction regarding her weight loss. Her younger siblings did not provide her with any feedback in this regard either, but remained neutral, seemingly following the unwritten rule in the family to not speak of family matters. This can possibly be viewed as them acting as a closed system, not allowing new information to upset the status quo, but opting to maintain it:

“... (pause) I made a point of being honest, but it’s a little more difficult with the twins ... because they sort of, actually we all sort of, because I don’t know how they’re going to react, they don’t say much, and you know, there’s not a lot of feedback ...”

The feedback Lameez received from her family may have left her with feelings of ambivalence. Perhaps she is trying to make sense of their comments by viewing it as concern, yet expressed the effects thereof negatively, to such an extent that she expresses a degree of resistance to their concern. This may be in an attempt to maintain the homeostasis within the family, even though negativity relating to the way that she perceives her family’s feedback became apparent. There does not seem to be a distinction between the feedback she perceives from within and outside her family system, possibly contributing to the negativity with which she views their comments. She reports that the feedback she receives from her family is:

“The same as every other person, that I should get help (pause) you have anorexia ... (pause) you’re gonna die, they were probably trying to (pause) getting the message across, ‘If you don’t eat, then (pause) catch a wake-up, hey’ ”.

“They only want to hear (pause) I’m sure some of them are concerned, genuinely concerned but ... (pause) they just want to (pause) I’m not gonna eat just because they are concerned”.

Upon being questioned with regard to feedback that Natasha received from her environment that might have reinforced her restrictive eating, she responded that she did not perceive feedback in such a way. Rather, she reflected on her experience that others were concerned, but not that their concern had any impact on her eating patterns, subsequently not allowing their feedback to impact her behaviour:

“... not really, I actually did come across a lot of concern. If I go home, at that stage I wasn’t staying with my parents, and if I go home, my mom would always ask me if I’m eating okay, you know, or she’d always say something about me eating more”.

“... and my mom always shows concern about how much I eat”.

The feedback that Lameez received from the environment with regards to her appearance seems to have been perceived as exclusively negative. This may have had an effect on her emotionally, but has yet to influence her behavioural patterns. She expressed herself with emotion, where her tears would at times hinder her from communicating coherently. She reflected on the feedback that she interpreted as negative, conveying the message that:

“They tell me that ‘you look sick, you’re gonna die. What’s wrong with you? Why don’t you eat? You must’ (pause) I hear negative things, all the time. ‘Are you on drugs?’”

“They are always saying ‘Look at yourself! What are you doing to yourself?! You need to eat that stuff’ ”.

Feedback from the environment may stretch as far as messages received from within larger systems of societal and cultural influences, including messages from the media. Both participants reflected that even though they were aware of being subjected to messages from the media with regards to the acceptable weight alongside the pressure to be thin, it

did not have a conscious effect on their eating pattern. Their restriction presented itself as related to internal struggles, rather than external influences from the media. An increased awareness of such influences was present, however, as Natasha reports on recently becoming more aware of messages from the media as well as the appearances of those around her. The question may thus be posed whether such increased awareness might be related to the recovery period, as it appears to have been absent in the development and maintenance of anorexia. She reported that:

“... there might have been an unconscious influence, probably, because I know (pause) like I’m aware I’m being bombarded with certain images of what I should look like, but I’ve never consciously taken note of those things ... it sort of gotten worse over the recovery period (laughs), maybe because I’m aware of picking up weight and my body is changing shape and things like that ... I’ve become more aware of how people look, and body shape, and what would be considered fat and thin, and, that kind of thing, but ... before I came into H11,⁴ I wasn’t really taking that much notice, it was always just looking at myself, and just feeling too big and too fat”.

It became apparent that the impact of the media and associated messages did not serve to reinforce their restrictive eating patterns, as the messages were not perceived as positive. Rather, messages received by Lameez served to aggravate her already fragile view of her body, instead of reinforcing her to restrict in order to attain the portrayed perfect image. When questioned as to her perception of the messages from the media, she responded with the following statement:

“(Silence) That I look gross, that I am too thin. There’s evidence of what’s gonna happen if I don’t gain weight, I have to get fatter (pause) I’m anorexic (pause)”.

⁴ H11: This is the pseudo-ward number for the in-patient psychiatric unit at the hospital

Though they did not perceive messages from the media to influence their behaviour, the family seems to have played a fundamental role in the impact that they exerted, however subtle.

Rules of behaviour

Rules of behaviour presented itself as embedded within the system, rules according to which members govern their behaviour. Upon inspection, certain familial rules emerged from the text, such as having to look after your younger siblings and setting an example for them as the eldest, as noted by Natasha's previous depictions as well as Lameez's reflection that:

“It is supposed to be different. I'm supposed to guide them; I'm supposed to set the example ...”

In Natasha's family, it was unheard of to discuss personal matters openly, even within the family, but rather attempt to portray the image of the perfect family. Another unwritten rule was that you do not stand up to your parents, but respect their authority and their methods of behaving. Natasha reflected on this, stating that:

“... I remember I confronted him about it⁵ once, and he gave me a good *klap*⁶ (laughs), you know, ‘cause you don't confront your father”.

Even though these messages are rarely clear, they serve to reinforce one of the principles of communication, which is that one cannot not communicate (Becvar & Becvar, 2003). The importance of the above principle became evident when considering that even though Natasha's father did not overtly express any expectations of her, she felt pressured to

⁵ The “it” referring to her father awarding her responsibility and then taking it away

⁶ The “klap” referring to her father slapping her

perform, to succeed on various grounds. The absence of communication on his behalf may have served to strengthen her view of not being good enough, subsequently setting very high goals for herself. She commented that:

“... he never outwardly said that he knows that (pause) ... he never said that he was proud of us ...”

Communication principles

This excerpt contributes to the observation that communication in this family is rather limited, as they refrained from communicating openly with regards to various family matters. Even though she attempted to maintain open levels of communication, the text serves to illustrate limited communication within the system. Whilst discussing her diagnosis of anorexia, she mentioned that:

“... so they are aware that there’s this problem, but there’s not a lot of interaction about it ... although I try and be, I’m trying to show it’s okay to talk about it ... I’m doing my best not to keep it under cover (laughs), and that they should do it as well ...”

It was observed that a degree of double-bind messages were prevalent, such as the message that Natasha was to provide her mother with emotional support, but was not allowed to expect the same support in return. She further received the message that she was to take care of the younger children, yet when she did, it would often happen that her father would not only take this responsibility away, but also undermine her authority:

“The frustrating (laughs) part though was that if I’d disciplined my siblings for some reason or other ... he would often come home and like ‘Aahhh!!

Why are you going to bed early, what's the problem?' and you know, sort of make it out to be nothing ...”

Lameez received messages of concern from her family on a regular basis, yet the origin of these messages seems to have been interpreted by her as concern for their own wellbeing, subsequently refuting the purpose of the messages. When questioned as to what she believes her family is trying to tell her, she responded with the following statement:

“That I must think of what I'm doing, I'm thinking of myself only ... I'm not thinking of anybody else. 'What am I doing? What is it that I want?' That I'm punishing myself, but they are the ones suffering”.

Communication is of fundamental importance when considering the interaction that ensues between members. The rejection or acceptance of feedback received either from within or outside of the family impact the members and their associated behaviour. Each member's reaction to such processes influences all other members reciprocally, causing a change within the system.

The above-mentioned themes and associated discussions serve to support the theoretical literature on the importance of the familial system in the development and maintenance of anorexia nervosa. Processes occur within the structure of the familial system, with reciprocity noted between these elements. The participants' behaviour developed within such systems, influencing the manner in which they approach life within and beyond the system.

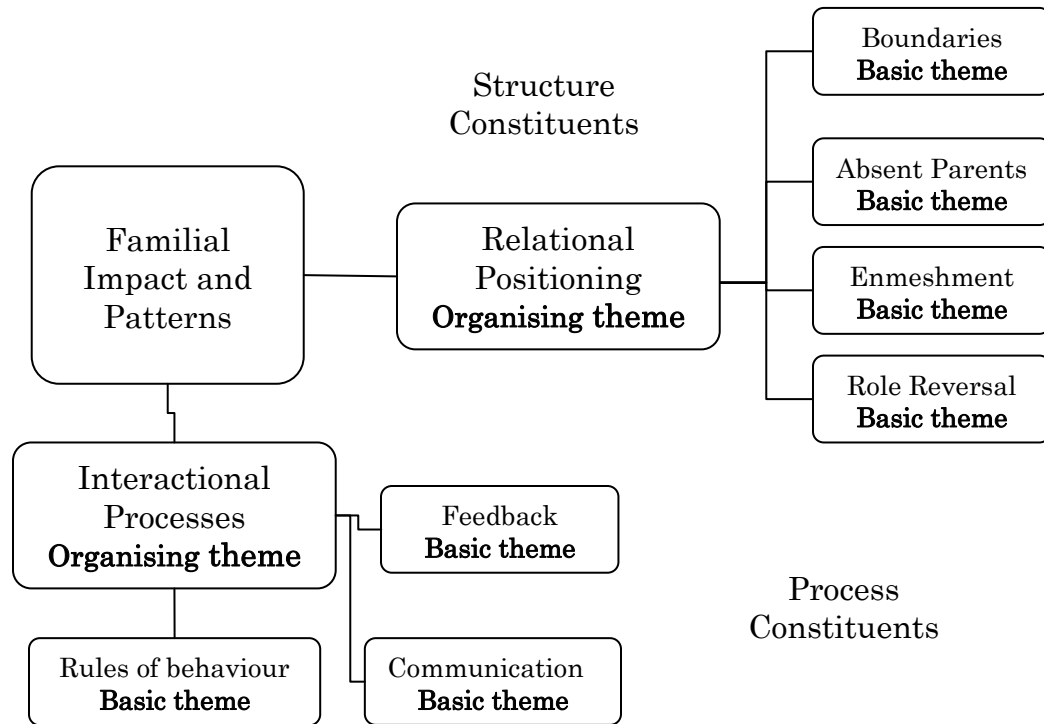


Figure 1: Thematic network representing the global theme of familial impact and patterns

The importance of familial impact and patterns has to be viewed in conjunction with the created culture of expectations and various internal emotional states. A need for control on various levels of their functioning was discovered to be resultant, as will be discussed in the following section on the global theme of control.

Control

In order to familiarise the reader with the global theme of control, it is again necessary to discuss both structure and process, though these are by no means mutually exclusive. Reciprocity was evident within and between categories, proving to influence each other in a circular manner. The structure constituent warrants primary focus, providing the reader with a foundation of the familial system. Succeeding discussions will explore the complex

processes that exist within such systems, serving as an embodiment of Lameez and Natasha's experiences. It should be noted once again that structure and process constituents do not represent organising themes, but rather provide a framework for the analysis.

The structure constituent will be explored through the organising theme of expectations. The following basic themes support the larger theme of expectations: being pressured, having to portray the perfect family, and perfectionism. These will be discussed in order to set the foundation for subsequent explorations. Process components consist of the organising theme of internal emotional states, which will be explored in order to embody the participants' experiences.

Structure constituents

Expectations.

Themes of being pressured presented itself in a recurring fashion, highlighting the participants' need to comply. The portrayal of the perfect family was noted to be of importance, possibly contributing to a tendency of the system to lean toward perfectionism. It can be argued that the response to such stressors would be an intense desire for control, as thus far the locus thereof presents itself as external in nature. The concept of being in control of their own decisions and feelings emerged as central not only to the maintenance of restrictive eating, but also related to the recovery thereof.

The concept of having to live up to another's expectations emerged throughout the text, albeit in a diverse set of representations. In certain instances the theme presented itself in a direct sense, with reference being made to the expectations of others. Whilst discussing her role in the family, Natasha expressed conflicting emotions, stating that she experienced:

“... conflict between being the good girl and doing what I really wanted to do ...”

The experience of having to conform to what others wanted was noted to be a prevalent presence, a constant requirement since childhood for both participants. The composition within their families apparently contributed to this perception, with as an element of importance. Different categories became evident with regard to the nature of such expectations, indicating varied forms of expectations. Natasha’s father expressed the expectation that she takes responsibility in a physical sense, as illustrated by the following statement:

“I know his expectations, and (pause) the one thing that he did sort of expect me to do as the eldest was to stand up and take responsibility, especially during the time that my mom was depressed, he would expect me to make sure the younger ones were sorted, and even, like, if, they needed to be disciplined, I needed to do that as well (pause) ... he really (pause) ... that was one thing that he expressed as an expectation of me”.

When analysing Natasha’s representations, it became evident that her role in the hierarchical system was above that of her mother, placing an expectation of responsibility on her. Her mother, even though possibly unintentionally, called for emotional assistance, covertly expecting Natasha to support her. Whilst discussing her relationship with her mother, Natasha stated that:

“... maybe it’s not an intentional exploitation of her, but just for the mere fact that she’s venting ... you know, I feel like there’s that expectation that I have to be strong for her and be able to handle these things”.

Her choice of the word exploitation indicates the intensity of her emotional experience regarding her mother. She gave the impression that she viewed such expectations as inevitable, leaving her without the choice of refusal and subsequent limited control. She was awarded responsibility for her younger siblings, indicating the way that the family was structured in this regard. Instead of forming part of the sibling sub-system, she accepted the role of a parent, placing her outside of the sub-system. It is unclear whether the expectation of having to set an example for them was expressed overtly by an outside individual, yet she has taken on that role, though not without resistance:

“... and because I’m the eldest and I had to set an example for the younger kids, you know, there was all that kind of pressure of ... (pause) I have⁷ to (pause) even though I didn’t want to”.

“I was very aware of having to be there for my younger brother and sisters And it very much felt like I needed to tow the line so that they had an example to follow (pause) a good example to follow ...”

A strong relationship was noted between what others expected of Lameez and her subsequent experience of being pressured. These two aspects are viewed as entwined, influencing each other reciprocally. When asked to reflect on the time when she feels most pressured, she made the following remark:

“When I think about all the things that still need to change, all that still has to happen (pause) what everyone expects of me”.

⁷ She placed emphasis on the word “have”

Pressure

The theme of others' expectations was at times more subtle, presenting itself in the form of perceived pressure, and, seemingly in resistance to that, the desire to be in control. The theme of being pressured proved to be dominant, for Lameez in particular. She expressed great emotion when disclosing information in this regard, not without observed negativity. She gave the impression that her experience of being pressured by others and their expectations of her is consequently leaving her with a feeling of suffocation. Upon being questioned as to what she would prefer them to do, her response was definite:

“Back-off! ... Because it has been going on for many years ... okay, sometimes there are people who are genuinely concerned, but they are continuously telling me what to do (pause) I can't breathe, I'm tired, and just (pause) sometimes, like yesterday, I feel 'just leave me alone!' If I deal with my feelings, maybe then I'll eat again. Everyone is watching me”.

Seemingly in contrast with Natasha's position in the hierarchical system in her family, Lameez found herself in the lower section of her family's hierarchy. Even though she was the eldest of four siblings, she felt that they were placing her within the lower ranks, treating her like they would a child. It does not seem as though she formed part of the sibling sub-system, nor any other sub-system, placing her outside of the sub-systems that exist within the family:

“It is supposed to be different. I'm supposed to guide them, I'm supposed to set the example, but, according to them, I am still a child ...”

However, it should be noted that this was not necessarily the case in the past, as her current behaviour contributed to a changing system, impacting each member. Her reaction to the pressure that she perceived others to exert on her is viewed as forming part of a circular

cycle, as her behaviour inevitably influenced the reactions of the remainder of the family system. Her attempt to push them away may have the opposite desired effect, as they may in turn attempt to move closer to her, especially when considering her perception that they treat her like a child.

Her perception of their concern is viewed as yet another experience of being pressured, having to live up to their expectations. This includes the process of her admission, as she did not perceive it to be her own decision to initially seek treatment, but the expectation and pressure of others. She displayed intense emotion upon disclosure with regard to her experience of being pressured, pronouncing that:

“Everyone keeps telling me ‘you need to do this, you need to, you need to’ you know, and (pause) I’m still trying to fit in. Fit in, as in, just trying to feel comfortable”.

“(Cries) Everyone just puts so much pressure on me, so I think it’s the pressure from other people that I’m feeling”.

“Do this, don’t do that!”

At times, the pressure that she perceived others to exert resulted in a reaction of defiance. When the question was posed to reflect on her experience of the feedback she received from her family, she responded that the consequence was that:

“... sometimes I thought (pause) they’re actually guiding me, to be thin, ‘cause no one could make⁸ me eat”.

“...there are so many people that’s forcing me, and pushing me, and it’s not about what they want, it’s what I⁹ want”.

⁸ She placed emphasis on the word “make”

It can be argued that Lameez is experiencing a sense of not being acknowledged, as though her experiences are not of importance. This perception is validated when considering the hierarchy within her family, as the other members seem to set certain rules and expectations. She expressed great distress at the perception of being pressured, feeling the impact of their communicated messages without a doubt.

However, messages may be subtle at times, though the impact may be just as powerful. This is even more so when such feedback has been given over a period of time, specifically during formative years. The messages Natasha received from her father with regards to performance and achievement were not overt. Perhaps it was the absence of clear messages that exacerbated her sense of having to achieve. He did convey messages that her performance was not good enough, which may have served to further enhance her desire to please her father. Whilst discussing her father's role within the family and her perception of such, she responded that he was very absent, explaining that:

“... I mean (sighs) ... (pause) he didn't much (pause) we would show him our report cards and things but he wouldn't really go on about it, he never outwardly said that he knows that (pause) it wouldn't be because you didn't perform in a certain area ... so it was very hard to pinpoint, it was just like his perception of you as a person ...”

It became apparent that both participants have been experiencing pressure from their families since a young age. High expectations posed by others became generalised to such an extent that both participants not only set near to unattainable goals for themselves in subsequent years, but also refrained from discriminating between various areas of their lives with regard to self-induced pressure. The pressure Natasha perceived as a result of such high expectations appears to have influenced a range of her areas of functioning. Whilst discussing her views on her body and the associated pressure of having to gain weight, she reflected that:

⁹ She placed emphasis on the word “I”

“I put myself under a lot of pressure. I think I expect a lot of myself, more than I think I’m able to give. I think it’s partly because of what I experienced from my father, and his expectations were always so high”.

“I find that, even in therapy, I would expect myself to reach certain points of progress and meaning, before I’m really ready to kind of get there ...”

Lameez’s goal setting extends to her expected recovery date; she has given herself a deadline. This marks the end of her hospitalisation period, which is in another month. It can be argued that she is striving to control her recovery, setting a time limit. Studies conducted within the Western culture show that even though approximately 70% of participants recover eventually, recovery generally takes up to seven years, with the presence of episodic reoccurrences (Colebrook, 1981; Davison & Neale, 2001; Uys & Wassenaar, 1996). When such research findings are taken into consideration, the goals she has set are viewed as extremely high, as she expected herself to not only have improved by the date of discharge, but to be healthy and well-functioning again. Some obstacles in this regard were observed; the deterioration of her health for one, as she has stated that “... my organs aren’t functioning properly, my kidneys and lungs ...”

It can be argued that even though improvement of her health is possible within due time, a specific time frame is unlikely, specifically if the time allocated is the short period of three months collectively. Another hindrance may be her difficulty to trust, as it is imperative for this component to be present in a therapeutic relationship. As will be demonstrated in succeeding explorations of text, Lameez’s trust has been damaged, affecting her ability to enter into a trusting relationship, subsequently requiring more time. The possibility exists that the goals she has set for herself and her recovery may have just the opposite effect, and once again the experience of pressure reigns supreme. Her awareness of this constant presence became evident, as she reflected that:

“It’s too short (pause). At eight weeks I haven’t achieved much, that’s even too short, that’s how I feel. And I have a deadline which is next month, end of the month, I’m supposed to leave”.

“There must be something that is starting to make sense by now; I’ve been here for eight weeks”.

It was observed that she is struggling to meet the goal that she has set for herself, a continuation of the expectations of others. This may serve to epitomise her apparent inability to distinguish her own needs from that of others, setting goals for herself that others would like her to achieve. Her placement within the family presents itself as an important influence in this regard, as she struggles to distinguish between her own needs and those of others, as a child would. When questioned as to her distinction between the goals she has set for herself and the expectations of others, she responded that:

“A part is my own perception, and I think lots to do with what other people want”.

The tendency of others to make decisions on the participants’ behalf developed within the system, the origin of which seems vast. Even though the extent thereof could not be determined by the chosen research intervention, the pressure of having to portray an image of the perfect family was observed to encompass most areas of both participants’ family life.

Perfect family portrayal

Family secrets were not only hidden from those external to the family, but were also not discussed openly within the family. Sub-systems did not allow such discussions, let alone within the larger system of the family. Natasha commented that:

“I made a point of being honest, but it’s a little more difficult with the twins, because ... because they sort of, actually we all sort of, because I don’t know how they’re going to react, they don’t say much, and you know, there’s not a lot of feedback, so they are aware that there’s this problem, but here’s not a lot of interaction about it ...”

The possibility exists that this may occur in an attempt to maintain the status quo within the family, in order to not upset the homeostatic balance, representing the presence of concealment within the family. Throughout the interview Natasha reflected that there were times during which they had to keep up appearances, mentioning that:

“... growing up, if dad’s been drinking (pause) was out drinking last night, you don’t mention it, it was as if it never happened. The next morning everything was hunky-dory, we kind of portrayed the ‘perfect family’ ”.

The family, even though being aware of problems within the system, opted to ignore such evidence. It was observed that Natasha attempted to portray her family in a positive light by means of some of her representations, perhaps not being fully aware that she was doing so. This depiction serves to emphasise the limited communication within and between sub-systems, as she states that:

“... maybe this is a thing that happens in most families, because there aren’t times that anybody really knows the next person. I mean right now I don’t feel I know much about my younger brother and sister ... and there’s certain things we just don’t talk about ... you know, like my dad’s drinking”.

Perhaps she is attempting to normalise their familial circumstances, referring to the likelihood that this occurs in most families. She continues to state that:

“... but you know, there’s the normal disagreements and arguments, and stuff within the family”.

“... so as far as I’m concerned, the family supports me as much as they can (pause) as much as they feel capable of, and I appreciate that, because ... (pause) I feel I know their capacity (laughs), you know, so ... I am aware that they are supporting me as much as they can”.

Both participants displayed a tendency to contradict themselves in order to present the family in a more positive sense. Comments that may be perceived as negative were more often than not followed by either a justification of their behaviour, or an expressed improvement of the aforementioned characteristic. This may be an attempt to once again portray the family in a more positive light. A comment about the drinking habits of Natasha’s father would, for example, be followed by:

“Things have recently changed; my dad’s become more open about his problem ...”

She would make this statement even though she would express on several occasions that the topic of her father’s drinking is not open for discussion within the family. It came across as though an effort was being made by Lameez to give some form of credit to her family, possibly in an attempt to justify their reactions. However, preceding or subsequent remarks often served as a contradiction to her statement:

“... I’m sure some of them are concerned, genuinely concerned but (pause) they just want to tell me ...”

“... they were probably trying to (pause) getting the message across, ‘if you don’t eat, then (pause) catch a wake-up, hey!’ (pause) They’re also suffering, it’s not easy; especially the youngest one”.

Upon being questioned with regards to the family's level of closeness, Natasha hesitated to answer. She sat in silence prior to the following response:

“(Hesitant) I think we get along well ... (pause) we can (pause) we more than just tolerate each other, I think we do (pause) (sighs) enjoy each other's company”.

In previous depictions, she mentioned that there was not a great deal of interaction within the family, yet when questioned about it directly, she attempts to portray them as closer than she did in previous sections.

Having to portray the perfect family serves to exacerbate experiences of being pressured, contributing to a sense of unvarying tension. Both participants gave the impression that they felt pressured to portray their families as perfect, even though it became apparent that this was not their experience. These apparent attempts to present the family as a perfect unit may have become generalised to other areas of perfectionism.

Perfectionism

A certain degree of perfectionism and cleanliness became apparent, specifically regarding Natasha's father, once again acting as a possible contributor to her experience of being pressured. When reflecting on her experiences in her familial system, she commented that:

“... my father was very like (pause) when he came home everything had to be spotless and in place and not a dust ball must be anywhere (pause) kind of thing, otherwise he would go off about it, and go on for hours and hours about one little speck that was out of place ... so I think that kind of ... that pressure can do a lot to ... (silence)”.

The possibility exists that this tendency may have influenced her behaviour and attitude towards her own body and its perceived imperfections, as well as put pressure on her to once again live up to his expectations.

The significance of the structure within their families became evident upon inspection. The manner in which members relate to each other is greatly influenced by the type and amount of contact allowed, in turn affecting the way in which members behave. Their view of themselves is influenced, with a related behavioural reaction, extending beyond the familial system.

These aforementioned concepts are bound together by a thread, which is the perceived external influence of others and an associated need for control. The expectations and pressure that they perceived others to exert on them may have influenced their emotional functioning. Ultimately, having to comply with other's expectations and related occurrences seemed to have shaped the way in which certain emotions are experienced. The organising theme of internal emotional states will be explored in the following discussions within the larger context of process constituents.

Process constituents

Internal emotional states.

The internal emotional states of the anorexic participants manifested in various interactional processes. This dynamic is reciprocated, with the interactional processes being a powerful determinant of emotional experiences. Their emotional experiences are thus inextricably related to their functioning within the system, where the effect of incidents impacts their emotional experiences. Occurrences within the system coexist with the dynamic nature of the system within which the anorexic participants' experiences are grounded.

The basic themes that comprise the larger organising theme consist of the concepts of concealment, trust, emotional states, abuse and body/self-image. When attempting to gain a deeper understanding of anorexia and the experiences of the participants in relation to such, it was considered incomplete to not include an exploration of their emotional conditions.

Upon inspection, concealment presented itself as a frequent occurrence, possibly originating from within the system. Both participants relayed a destruction of trust, though the nature of such was considered vast. The lack of trust in their interpersonal relationships seems to have impacted their functioning on both a behavioural and an emotional level. Their emotional experiences share a direct link with their restrictive eating, presenting itself as the most difficult obstacle to conquer. The environments within which they function were considered contributory not only to the infinite impact of emotional experiences, but also to their self-perception, consequently affecting their body image to a large degree.

Concealment

Whilst analysing the participants' representations, the theme of concealment became prevalent, albeit in diverse contexts. Natasha displayed concealing behaviour such as attempting to hide food from others, and pretending to have eaten already. She found this difficult while still residing with her parents, especially if her perception of having to set an example for the younger children is taken into consideration. A pre-existing desire to restrict is displayed, prior to the onset of severe restriction in subsequent years. She relays her concealing habits when commenting that:

“... someone will say to me, I never see you eating, and I would say ‘I eat a lot (laughs) you know, you just don’t see me’ ”.

“She¹⁰ didn’t (pause) she wasn’t exposed to my eating patterns at that time, obviously, ‘cause I wasn’t staying at home ...”

“... I think, growing up I’d always kind of try to restrict what I eat, but not getting it that right that much (pause) being at home, and you know, we’d have family meals and things like that, my mom would put lunch in, so it wasn’t that easy to kind of sneak lunches away and things like that”.

The ability to conceal was observed to be a skill that had to be developed in order for her to be successful in this regard. She does not display pride at the occurrence of concealing rituals, as she went to great lengths to disguise her restriction. As depicted in previous sections of the text, it becomes apparent that the family attempted to present an image of the perfect family, which serves to be emphasised by the representation of them sitting down for a family meal, perhaps attempting to maintain a sense of normality. This segment serves to affirm the apparent controlling nature of her mother, packing lunch for all her children, regardless of their age. The type of interpersonal relationship that she had with her mother may have influenced her need to conceal, perhaps contributing to Natasha’s need to not trouble her mother with her personal concerns. It was observed that she opted to rather carry her concerns and associated methods of weight control alone.

However, her apparent inclination to engage in concealing eating rituals may have been influenced by other aspects of her life from which concealment may have originated. A theme of concealment was considered prevalent in her familial relationships and interactional processes, especially when considering that Natasha’s anorexia and her father’s drinking was never discussed. She became the one who had to cope with her father’s drinking and her mother’s depression, without being able to depend on support. Perhaps it was due to this pattern of behaviour within the family that she felt she could not confide in them about her being sexually abused.¹¹ The messages conveyed were related to

¹⁰ The “she” refers to her mother

¹¹ The theme of abuse will be discussed in following sections

being able to cope on your own, and not to talk about such things at the possibility of risking the status quo of the family. The interactional processes between her and her parents present itself as significant when regarding her apparent tendency to conceal, as illustrated by the following segment:

“... because they both (pause) my mom went through a period of depression, my dad was drinking and being emotionally abusive, and ... most of that happened during my teenage years, I’d been sexually abused just prior to that, and I hadn’t told anyone about it, not a soul ... so I was sort of carrying that unconsciously”.

An additional theme of abuse became evident when exploring this excerpt. In successive analysis, sufficient attention will be awarded to the participants’ exposure to abusive situations, though when examining this citation, the theme was considered to involve other members of the family as well. Her father can be viewed as engaging in excessive, abusive drinking habits, consequently taking his frustrations out on the remainder of the family by becoming emotionally abusive. The depression that is viewed to have overwhelmed her mother presents itself as crippling, as most forms of abuse are. The constant presence of such negative impacts comes across as uncontrolled, contributing to Natasha’s tendency to gain control by being in charge, indicating the extent of the influence of interactional patterns within the system. The presence of concealment possibly implies limited trust in most areas of the participants’ functioning, specifically within their interpersonal relationships.

Trust

The participants’ observed lack of trust emerged in a variety of contexts, presenting itself as something to be evaded, yet desired. Natasha’s perceived lack of trust was possibly due to prior experiences, both outside and within the family, a perception that is considered to

be rather continuous. She associates her difficulty to trust primarily with her mother, implicating the circularity within the process of their early mother-daughter relationship:

“It’s very difficult for me to let her kind of ... let her hold me sort of, because of my experience with her, and ... often it’s not so much the eating that I’m dealing with, that’s a little bit more simple to hold, it’s the actual stuff that’s going on underneath ...”

“(pause) (sighs) From my side the pattern’s that bad because I don’t trust her with my emotional stuff, when I explain to her something I do, she kind of freaks out My mom came with me to the first interview with the psychiatrist downstairs, (pause) and I still didn’t feel like I could really sort of let it off my chest, but her physical presence was ... (pause) a big thing for me”.

The statement of underlying issues serves to reiterate the concealment, as nothing is what it seems. The interpersonal relatedness occurring within their relationship may have influenced Natasha’s experience of not being able to confide in her mother. The system can be viewed as uncontrollable, as the mother would “freak out” at the sign of any disclosure from her daughter’s side, serving to aggravate Natasha’s need to be in control. Even though this impacted her to such a degree that she refrained from opening up to her mother, a desire for support prevails, indicated by her statement of her mother’s presence being of importance to her.

The presence of concealment and the absence of trust were observed to have been prevalent for several years. For Lameez, this continuity was considered to be a contributing factor to the onset of her disordered eating, her need to restrict gradually developing to a point of complete cessation. She identified a specific trigger that elicited her restrictive eating, marking the onset of her anorexia. Her trust was damaged by a significant other, resulting in a generalised scepticism towards others and their motives, as indicated by her

statements that “somebody hurt me, (pause) ... someone really close (pause)”, and subsequently “... I have lost my trust in people (pause)”.

Her associated regret and apparent self-blame has thus far hindered her from fully trusting another, exacerbated by her perception of letting herself down in the process:

“My husband had an affair (pause) ... I had to do what I thought was best at the time, because (pause) my values (pause) I let myself (pause) in a way I let myself down, I mean, I changed my whole value system, my principles, what I believe in (cries). And ... the result (pause) it wasn't fair (pause) my regret was (pause) I didn't do what I was supposed to do, which was, I just had to move away (pause) that's what I would do now, I didn't make the mistake, but yet I'm the one who's suffering. And the reason why - because of me how can a woman accept something like that? How do you trust again? It's so close to you ...”

Her observed hesitancy to trust may influence her therapeutic healing, as she has admitted that she struggles to take people into her confidence. When being questioned as to her experience within the ward, she became emotional, reflecting that:

“The thing is, in here I don't feel that I can trust, that someone will catch me when I fall. I need time and I wasn't willing yet, to trust completely (cries)”.

It can be argued that she has reached a point where her associated blame is related to her acceptance of her husband's affair, instead of the occurrence of the affair itself. Her self-blame may be an attempt to gain control, as it is more probable to control her reaction than controlling her husband's actions. The fact that she changed her values to accommodate the incident appears to have influenced her to a large degree, possibly contributing to her current need for control, an aspect that she views to have been absent in the past. Her

observed difficulty to trust may have a reciprocal effect on her emotional state, contributing to a sense of despair, anxiety, stress and periods of depression.

Emotional states

When focusing on Lameez's emotions and associated behaviour, regret emerged as a prevalent theme. Her related behaviour was observed to be that of self-punishment, as she feels partly responsible for the situation that broke her trust in others. Her tendency to accept responsibility in the family presents itself as the foundation for her response to her husband's affair, with an associated sense of guilt and regret:

“It wasn't fair (pause) my regret was (pause) I didn't do what I was supposed to do I didn't make the mistake, but yet I'm the one who's suffering The punishing yourself was (pause) is like (pause) for me, I would advise anybody who goes through that (pause) I didn't want it (pause) if you want to leave, it's okay ... I made the wrong decision, and chose this (gesturing to her body) don't do that to yourself”.

“I would've let go and sort out my emotions, just (pause) just deal with what happened like I was supposed to, and not punish myself”.

Lameez's sense of punishing herself may have been related to a sense of despair, prevalent to such a degree that it contributed to her being admitted to the emergency psychiatric ward, as she admitted that “I tried to commit suicide. Overdose”.

These feelings are viewed as ever-present; loneliness, a sense of hopelessness and confusion whilst attempting, or perhaps just contemplating, to deal with her inner struggles:

“I feel confused. Everyday. I don’t know what to do. I just can’t go on like this, all by myself, that’s how I feel”.

“It’s so difficult, dealing with all of these emotions, and dealing with all of the influences (cries) I’m lonely all the time (pause)”.

The onset of Natasha’s disordered eating is presented as related to the period of time when she moved out of her parents’ home. It comes across as if the interpersonal processes within the household have contributed greatly to her observed difficulty to deal with her own inner struggles. The sudden absence of expectations and what she describes as abuse enabled her to face the aftermath of emotional damage that she has apparently been ignoring for such a long period of time:

“.... I’d also just gone through a very difficult period of time, ‘cause I’d blocked off all the abuse ... it happened at home, so ‘til I moved out those really started coming back, and I became very depressed ...”

“... because they both (pause) my mom went through a period of depression, my dad was drinking and being emotionally abusive, and most of this was during my teenage years ... I’d been sexually abused just prior to that, and I hadn’t told anyone about it, not a soul (pause) so I was sort of carrying that unconsciously”.

When the time came for her to start dealing with the emotional impact of her life’s experiences, the impenetrability thereof appears to have been vast. It was observed that she embarked on a journey filled with capricious emotional experiences, possibly contributing to a loss of control. An either/or choice had to be made by both participants, especially during the initial phases of therapy. This decision was between either eating, or dealing with their emotions, as these could not occur simultaneously at the time. Subsequently, the

choice had to be made in order to maintain a level of control, as reflected in their respective reflections:

“... during the times that I was dealing with the emotional stuff, I found it extremely hard to eat. So it was either I shut off my emotions and I don’t eat, or I eat and I struggle to deal with the emotions to come. I couldn’t do both, and I’m learning slowly, and it’s still a bit of a process to be able to do both at the same time. And it is still sometimes very difficult”.

“Somebody hurt me ... someone really close (pause) ... and the only way of dealing with it, at the time, was by not eating”.

It became evident that their only way of dealing with such emotions was by the cessation of eating, which indicates a possible perception that were they to deal with associated emotions, healthy eating would ensue, as illustrated by Lameez’s statement that “if I deal with my feelings, maybe then I’ll eat again”.

They appeared to be of the opinion that if they were to deal with their emotions, they would be able to heal themselves, subsequently conquering their anorexia. However, it should be taken into consideration that this task may not be so simplistic, as Lameez has admitted to not trusting easily, yet expresses a desire to deal with her emotions. She conveys her view that she will be “getting rid of all the hurt ... by talking about it”.

The ever-present process of attempting to deal with their emotions serves to influence not only the onset of disordered eating, but also the maintenance thereof. Natasha attributed her restriction as well as the total cessation of eating to her continuous difficulty in dealing with stress. Whilst discussing triggers of restriction, she mentioned that:

“Every now and again it¹² will pop up in counselling, and we’ll talk about it, and you know, I do see the psychiatrist on a regular basis, you know ...We often focus on my issues, because you know, what triggers it basically is stress, so we basically focus on those things ...”

“So as I got a little bit better, and started dealing with these issues, it was still there, the restricting was still there, and was often triggered by stress, you know, like something happened during the day that made me feel bad, so I would punish myself”.

This statement presents itself as contradicting, as she mentions that she would punish herself by not eating, yet describes her restriction as a relief in other respects. Perhaps this is an indication that she is attempting to portray what she believes is the perception of others with regard to cessation, assuming that others view not eating as a form of punishment. Both participants’ emotional states were presented as directly linked to the amount or absence of food ingestion, implicating the process of emotional wellbeing as imperative when focusing on the recovery period.

Natasha struggled to connect on an emotional level with her family, especially her mother, when regarding the limited trust between them as typified in previous discussions. When being questioned as to the interactional relatedness and associated level of closeness within the family, she responded that “... sometimes I do feel emotionally distant ... (pause) from my family ...”

It is unclear whether she felt a connection while supporting her siblings on an emotional level, or whether she felt that she was fulfilling her role as the eldest. The latter seems to be more likely, as she mentioned in previous depictions that there has never been a close relationship between her and her siblings, at times leaving her with the feeling of not really knowing them. She stated that:

¹² The “it” referring to the acceptance of her diagnosis

“... my eating problems started as well so I was very aware of having to be there for my younger brother and sisters ... very much more on an emotional sense than in a physical or a practical sense”.

Lameez’s emotional condition has come to involve behavioural aspects of her functioning, possibly in an attempt to deal with the immensity thereof. Her experienced hyperactivity occurs in relation to her emotional state, in her attempt to deal with her experiences of anxiety by means of physical activity. Paradoxically, it should be noted that excess exercise should be monitored in order to avoid reinforcing her desire to lose weight:

“When I’m anxious (pause) I’ll go for a walk or a jog. I went through a phase of exercising rigorously, it also happens when I feel pressured”.

Throughout the text, Natasha would start laughing, especially when discussing an emotionally upsetting incidence or experience such as the sexual abuse or her father’s drinking and associated emotional abuse. The possibility exists that this may be part of her process of dealing with such emotions, as the reality thereof may still be too hurtful for her to face. The observed intensity of her emotional difficulties occurs within the realm of abuse that she was exposed to throughout her childhood years.

Abuse

The prevailing theme of abuse emerged on various domains. It should be taken into consideration that all forms of abuse impact the individual, regardless of their origin. Natasha suffered sexual abuse during her childhood years, even though it is not clear who the perpetrator was. Throughout her childhood and stretching into adolescence she endured emotional and verbal abuse from her father. She expressed these factors as contributory to her bouts of depression in following years. It can be argued that her self-image suffered at the hands of the abuse that she endured, ultimately affecting her body image. These

experiences are considered to have left deeply engrained emotional scars, affecting her to this day, as reflected in her statement that:

“... it’s actually gone back, way back ... I think a lot of the way that I view myself has been since childhood ... my father was emotionally abusive and I’d also been sexually abused as a child ...”

“... he did say quite a few times (pause) (laughs) when he would call us names like ‘blockhead’ you know, and made you feel really stupid ...”

It can be hypothesised that her experienced abuse, prior experiences relating to the way she views her body, as well as the pressure to be perfect, have had an inextricable influence on not only her body image, but her self-image as well, seeing as the two are intertwined.

Body/Self-image

Both participants displayed body image concerns, viewing themselves to be overweight, with Natasha making direct reference to her thighs. Their anxiety with regards to the possibility of gaining weight was evident, seemingly regardless of the phase of their treatment. The way in which they view their bodies form part of the process of previous influences, particularly those that are interactional in nature, indicating the extent of the effect of their relationships.

Natasha’s body image is viewed in such a negative light that the desire to disappear is unmistakable. This desire serves to personify her view of herself, to such an extent that a complete disappearance in every sense of the word might be the ultimate embodiment of such a wish. Her response to the enquiry as to how she views her body was definite, stating that:

“... I had a very (pause) when I came in here ... it was then that I said, look, I don’t want a body, if I could live without a body (pause) that’s what I’d do, and I (pause) I didn’t realise that I was unconsciously trying to do that, and also in a sense trying, dying slowly as well, and wanting that”.

“One of the feelings that I’ve had to dealt with was the feeling of wanting to be invisible the conscious desire that I could just disappear, and not be seen”.

Her self-image is presented as inextricably linked to her body image, each representing a reciprocal influence on the other, as exemplified in her statement that:

“... the thing was that sort of influenced me when I decided not to eat, was a lot to do with (pause) in the early days, how I feel about myself at that point”.

Natasha’s desire to disappear was generalised to include her actions, where behaviourally she displayed a tendency to physically try to hide, to become invisible to those around her:

“... I think my fatness was more about *flip*, if I’m fatter, people are (pause) not going to look past me easily, I can’t hide behind a pillow or (laughs) ... and I mean, it’s actually the first time that I’m thinking of this, and I’m just aware now of (pause) I had a best friend, the lady that I lived with, and she’s quite a big girl, and I often had this sense of hiding behind her, we would go into a group meeting or something, and I’ll make sure that I’m standing behind her, rather than next to her or beside her (pause) very much, you know the conscious desire that I could just disappear, and not be seen”.

However, her desire to become invisible failed to be realised in most areas of her life, as she reflects that:

“... the sense that I got is that people (pause) and even looking back at my life, cause the staff always used to say to me: Natasha, people notice you! (laughs) ... so looking back now, I can see how people always did notice me, and even before coming to H11,¹³ I always ended up in leadership positions, even though I never wanted to be. I just kind of found myself there somehow, somehow, very naturally, but, not by me working myself into that position intentionally. So, it used to frustrate me, ‘cause all I wanted to do was disappear! (laughs)”.

This citation emphasises ambivalence, as even though she had the intense desire to disappear, she became visible to others in most areas of her life. As her treatment progressed, a shift regarding her body perception occurred. Initially, the idea of having to look at herself in the mirror was considered unfathomable, the act only occurring when absolutely necessary. She would assess her body, however briefly, whilst bathing, usually with reactions of disgust. Whilst discussing her view of her body, she responded that:

“... I didn’t always consciously thought of myself as overweight; I would have certain periods where I would look at (pause) but not in the mirror, because I wouldn’t look long enough to assess what I look like it would just be a quick glance, and that’s it, I wouldn’t really assess. So often it would be like, in the bath or whatever, I will look down at my thighs and think ‘Gross!’ (laughs)”.

She conveyed that her perception of her body has changed, with her being able to look at herself in the mirror, naked even. This may have contributed to a shift that altered her self-image in a positive sense; the disgust seems to be diminishing:

“... but a lot of that has changed and I’ve (pause) I actually (pause) I mean I can look at (pause) in the mirror now and appreciate what I see, whereas

¹³ H11: This is the pseudo-ward number for the in-patient psychiatric unit at the hospital

before I couldn't even look in the mirror, you know, I'd glance quickly to see that, you know, the hair is neat and tidy and everything is in place, but I wouldn't look¹⁴ in the mirror, look and see what there is to see. But now, like, sometimes I'd even stand in front of the mirror naked (laughs)".

"(Silence) I don't know why this is embarrassing to say, but I do see a beautiful person ... I think last year my perception was changed a lot (giggles)".

It should be noted that even though she portrayed her body image as improving, she expressed a fear of gaining weight regardless of such an improvement. Subsequently, the deduction cannot be made that an improvement of her body image indicates a decrease in her fear of gaining weight, as highlighted by the following statement:

"... it's a place of tension, because on the one hand I still struggle with ... sometimes eating properly, and worrying about losing weight rather than gaining, so I at least try to maintain a certain weight, and I'm comfortable at that place. On the other hand I'm terrified of gaining more weight, even though I know that I need to. I'm still kind of below ... a healthy weight for my height, I know that I need to gain more weight, but, you know, I am sort of willing, and that really just kind of ... it waxes and wanes (laughs), and it's hard work ... sometimes it's hard work just hanging in there, and sometimes, it's hard work thinking about gaining some more. There's ... a lot of tension ..."

Natasha makes reference to a great deal of tension being present with regard to her being aware of having to gain weight, yet contradicts herself by stating that she is comfortable there. Her choice of words are viewed as significant, as she states that she is "sort of willing" to gain more weight, indicating her reluctance, regardless of the observation that she appears to be aware that weight gain is necessary. It is almost as if the place of tension

¹⁴ She placed emphasis on the word "look"

is related to her apparent simultaneous fear of gaining and losing weight, having to maintain that balance.

Tension is furthermore present in Lameez's experience, though the origin of such tension is considered dissimilar to Natasha's experience. The fear of gaining weight is analogous, with the opposing pole of tension being her desire to survive her current ordeal. Upon being questioned as to her experience within the ward, Lameez responded that:

“Honestly? It's been okay (pause) it's not easy to (pause) to let go of this (pause) I struggle to get used to it”.

When requested to explain what she was referring to when making reference to letting go, she replied:

“By eating again ... it's not easy (pause) cause (pause) I struggle (pause) I'm so used to (pause) not eating (pause) it's just really hard to (pause) to give it up, but at the same time I want to get better”.

“... I want to live, but in a way I just want to give in completely (long pause) I suppose I want to eat, but I keep thinking what if I get fat, what if I gain weight”.

Even though a sense of disgust was prevalent when Lameez relayed her perception of her body, the origins thereof is presented as contrasting. She reflected that she views herself as overweight on most days, yet also feels disgusted when looking in the mirror due to the visibility of bones, as illustrated by these two seemingly contrasting statements:

“I think when I've overdone it, when I've eaten too much, I just (pause) feel bloated and when I look at myself in the mirror I think that I got fat”.

“(Silence). Disgusting. I just look at the bones, the skin (pause) you can see my breast bones”.

A degree of ambivalence is evident, illustrating the ambiguity with which they view their bodies. It should be taken into consideration that the participants have been exposed to certain interactive patterns and associated ambiguous messages since early childhood, possibly affecting their seemingly ambivalent behaviour. The way in which they viewed their bodies seemed to be resultant of such reciprocity, in turn affecting their perception of themselves as individuals functioning within a larger system. Such perceptions as well as the process of interpersonal relatedness appeared to have left them with the impression that they should live up to the expectations of others, surrendering to the pressure placed on them to comply.

An associated desire to have more control might have occurred in response to the perception that their control has been taken away, with a subsequent sense of retaliation in order to re-install a balance. Their need for control presents itself as a global theme, an element of this being present in the above illustrations.

Control

Their perceived lack of control over their bodies, environments and decision-making capabilities became evident throughout the text. Even more so, their desire to have control over their lives was considered to be one of the main motivating factors behind the cessation of eating. The concept of control presents itself as two-fold, as they not only have the desire to be in control, but also seem to fear losing control. When reflecting on the time prior to the onset of complete cessation, Lameez admitted that “... I felt a loss of control, and that was my main focus”. It can be deduced that she needed to gain control, with her chosen strategy being total cessation, as she admits that “... the only way of dealing with it, at the time, was by not eating”.

When expressing these emotions, both participants became passionate about being in control, about being able to make their own decisions. Upon being questioned as to what they are gaining from not eating, Natasha and Lameez responded respectively:

“... it was very much about the fact that I could control how much I ate ... and no one else could tell me, no one else had the right¹⁵ to tell me how much I can and cannot eat”.

“(pause) I don’t know, emotionally, I would say I’m actually gaining satisfaction, that I’m in control (pause) I feel I am in control, I have the willpower, no one can tell me what to do (pause) because they keep on trying to”.

Lameez’s family and the associated patterns within the system were considered to be a strong contributor to her experience of having limited control, resulting in possible resistance. Upon being questioned as to where in her life she most feels the need to have control, she responded after a long silence:

“I’m not certain (silence). I think with some of the people that are close to me (pause) and they tell me I should eat, and I’m sort of willing, but just because they say it doesn’t mean that I’m gonna do it”.

“Especially with my mother. She always knows what is going on in everyone’s lives, especially mine. Always getting involved. My mother is the one who’s in control, she’s always been”.

“No one could make¹⁶ me eat”.

¹⁵ She placed emphasis on the word “right”

¹⁶ She placed emphasis on the word “make”

Together with such an intense need to prove that they are individuals within their own right, a sense of relief and freedom becomes evident when they realise that they are, indeed, individuals who possess the ability to make their own decisions. In light of discussing their personal gains as related to cessation, both expressed the same view, as reflected in their respective statements:

“Umm, and it actually (pause) thinking back, it was quite a relief (laughs) in a sense, to be able to do that ...”

“... being in control of myself is ... just that feeling of knowing I can make up my own mind, my own decisions (pause) ... it’s a big relief, a big relief”.

Natasha reflected on the period when she moved out of her parents’ home, commenting that:

“And because there wasn’t my mom, there wasn’t anybody standing behind me saying you have to eat, and I didn’t have to please anyone by eating, I just thought ‘Yeah! Freedom! (laughs) Finally!’ (laughs) all of a sudden I had this freedom of doing what I felt like and what was (pause) what I really wanted to do, rather than trying to please other people ... and trying to fit in with their expectations”.

“... I had a friend ... and she would often say to me ‘No, you have to eat’ and ‘You need to eat more’ and whatever, and I just thought ‘Whatever! You’re not my mom! You don’t have to tell me! I’ll do what I want to do, it’s my life!’”

Her relief is evident, possibly resulting in a sense of defiance, rejecting input from others that may interfere with her newfound freedom. At one stage she commented on “... the conflict between being the good girl and doing what I really wanted to do...”, which might

have decreased in intensity when considering her discovered sovereignty to do what she desired. Her desire for freedom presents itself in an opposing manner when considering her tendency to comply for the greater part of her life, especially when taking the above depiction into consideration.

It should be noted that the concept of control was developmental in nature, growing in importance as the stages of anorexia progressed. During the initial phases of development, both participants displayed the habit of bestowing their control upon others. Lameez expressed what can be viewed as an external locus of control with regards to the onset, even though she managed to identify the incident that triggered the commencement of her restriction:

“It just happened, I wouldn’t say it was a conscious decision I made to stop eating. It just (pause) happened”.

The thought of having control is considered to be not only an apparent source of increased emotional satisfaction, but also a basis for regret, if it had only been present in the past. It can be argued that Lameez’s regret for certain choices she made in the past served to fuel her desire for control in the present and future periods of her life:

“I feel that if I had control then,¹⁷ this would not have happened, I wouldn’t have ended up in hospital”.

Their need for control is presented as directly related to the cessation of eating, making it an imperative matter to consider. Perhaps an increase in the perception of control may influence their willingness to ingest increasing amounts of food, as the locus of control will be internal in nature, and not situated in external elements.

¹⁷ She is referring to her husband having an affair

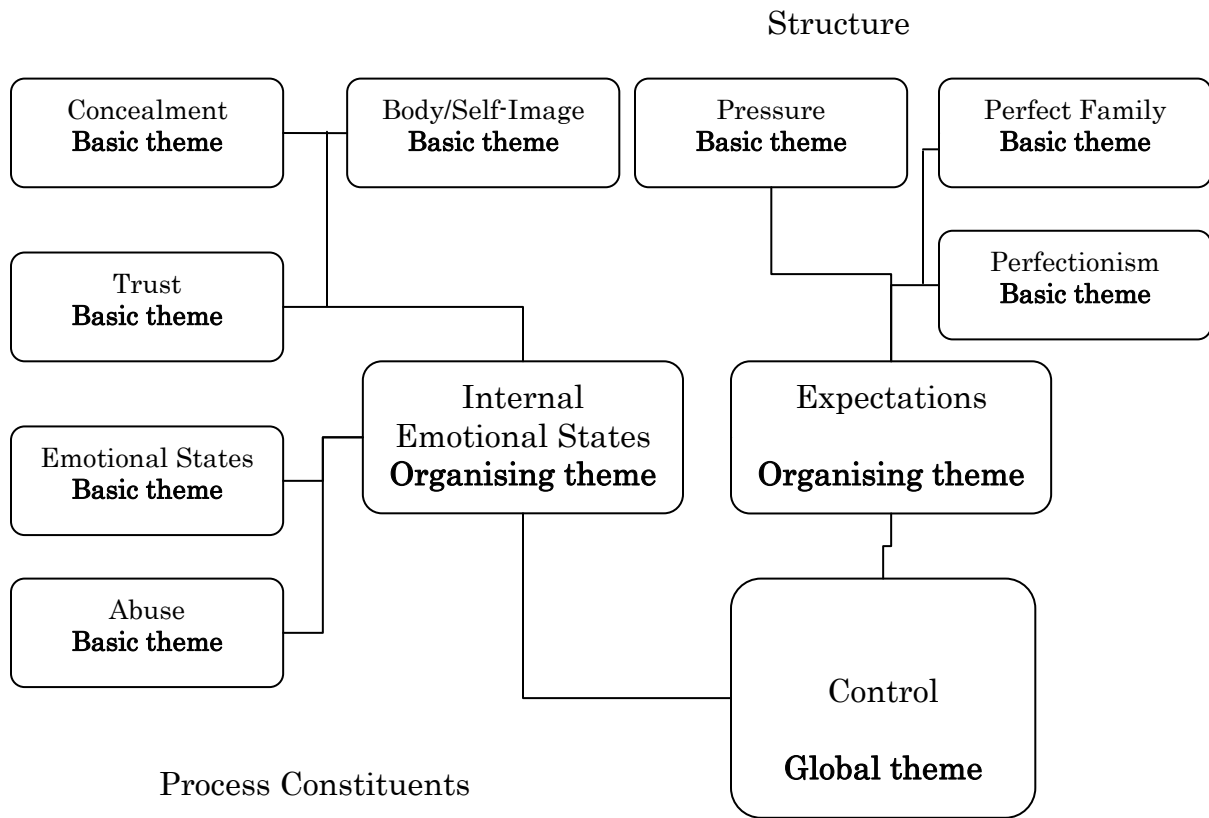


Figure 2: Thematic network representing the global theme of control

Conclusion

By means of the global themes of familial impact and patterns as well as the theme of control, a multitude of factors presented themselves as significant, situated within the larger presentation of anorexia nervosa. These exert a reciprocal influence on each other, enhancing the understanding of the experiences of those within the coloured community. The themes depicted throughout the text served to personify their representations, adding to the richness of each participant's unique experience. Though various emergent themes were consistent with existing literature conducted within Western societies, distinctive

themes also added to the richness of their experiences. In order to discuss the accumulative information gathered, the study will be concluded with an integrative discussion of data and literature.

CHAPTER FIVE

DISCUSSION OF RESULTS

Introduction

The exploration of anorexia nervosa as experienced within the coloured community will be brought to a close within this chapter, providing the reader with a comprehensive account of such experiences. In order to succeed in this endeavour, it was deemed necessary to reflect on the preceding discussions within this study. The findings that emerged from the thematic analysis will be deliberated within the context of existent literature, aiding the researcher to determine those themes that are represented in existing studies. In addition, novel themes that arose serve to enrich the understanding of anorexia within a coloured community and the participants' experiences as they relate to anorexia.

Integrative discussion of findings

It was observed that knowledge reflected in existent literature proved to be incomplete, with limited relevance to the South African context (Caradas et al., 2001). Such observations served as motivation for the current study, aiming to explore the unique experiences of the coloured anorexic individual, subsequently contributing to the field of research and providing a foundation for future studies.

It has been hypothesised that anorexia may present differently in varied cultures, due to the intricate psychological and social factors contributing to the progression of such behaviour (Szabo & Allwood, 2006; Thompson, 2003; White & Grilo, 2005). This appears to be true for the participants, as both presented with experiences that were in opposition with existent findings, implicating the possibility that certain facets within anorexia cannot be

generalised across cultures. Conversely, various sections of the participants' depictions concurred with existing literature, indicating that there are certain aspects of anorexia that may be universal across various cultures. Suffice it to say that the vast amount of existing studies did not account in itself for the complex experiences of these individuals.

Whilst analysing the text, it became evident that the familial context provided the foundation for the development and maintenance of anorexia. Such findings coincide with existing literature, where it has been determined that anorexia nervosa originate within the family and is maintained by a variety of dynamics within the system (Gurman & Kniskern, 1991; Rumney, 1983; Stein, 1974; Wallin & Hansson, 1999). However, it should be noted that based within a systemic frame of reference, anorexia is viewed as existent within a larger network of familial, social, and cultural contexts (Becvar & Becvar, 2003). These constructs cannot be viewed in isolation, and attention should be awarded to the way in which these impact the individual and her related behaviour.

Whilst investigating the text in search of such varied themes, structure and process constituents provided a framework within which the analysis transpired, enabling the researcher to explore the discovered themes. It has to be said that the relationship between the structure and process constituents is not linearly causal, but rather integrative with the combined effect being more powerful than the mere sum of its parts. To conclusively integrate the familial structure and familial processes, the structure and processes within the system have to be viewed collectively.

Structure constituents

Structure within the system refers to the constitution of the family and associated interactions. Boundaries exist between members, and are governed by relationships between sub-systems. The concept of a hierarchy of systems is embedded in the structural basis of a system, influencing the nature of the interaction between members. It was observed that neither one of the participants perceived themselves to form part of a sub-

system within the family. Natasha functioned within a parental role, subsequently extracting herself from the sibling sub-system, though not in exchange for affiliation with the parental sub-system. Lameez experienced herself as external to the sub-systems, where her experiences are related to the hierarchical structure within her familial system. She found herself amongst the lower section of her familial hierarchy, a structural component that has influenced her behaviour, subsequently strengthening this arrangement within the system. It is unclear whether the system adapted to the presence of anorexia, or whether the hierarchical positioning existed prior to the onset.

Various illustrations within the text serve to exemplify the importance of boundaries and the associated impact thereof. Relationships within and between sub-systems proved to differ with regard to the type of boundary present. A range of excerpts contribute to the perception that they experienced their mothers to be over-involved, at times becoming domineering. Natasha described her relationship with her mother as enmeshed, stating that she has a desire to distance herself from her.

The representations with regard to their relationship with their mothers coincide with current findings within the Western culture, as it has been discovered that anorectic families tend to maintain enmeshed relationships within diffused boundaries, specifically regarding the mother-daughter relationship (Bruch, 1973; Lask & Bryant-Waugh, 2000). Lameez's experience of her mother being in control corresponds with such findings, as it has been determined that anorectic families usually have a matriarchal control system.

Boundaries may become blurred, which may result in the inability of the anorectic patient to distinguish between her own needs and those of others, developing mistrust in the legitimacy of her own experiences and feelings (Bruch, 1973; Colebrook 1981; Lask & Bryant-Waugh, 2000; MacSween, 1995; Sadock & Sadock, 2003; Stierlin & Weber, 1989; Wallin & Hansson, 1999; Yager, 1982). This became evident when considering Lameez's depiction of her uncertainty regarding her own desires and experiences; displaying frustration when attempting to discern between her needs and those of others.

When considering the systemic nature of such an occurrence, the reciprocal nature of interactions within the family serves to impact the behaviour of the anorectic patient. The enmeshed nature of her relationship with her mother may in turn serve to aggravate her mistrust in her own experiences, resulting in her becoming more dependent on her mother. Conversely, signs of increased dependency may exacerbate her mother's need to control, subsequently intensifying the enmeshment.

Their relationship with their fathers presents itself on the other side of the continuum, where it was observed that the fathers' uninvolvedness was ubiquitous. These experiences concur with studies that represent the father in a Western anorectic family as maintaining a detached role, refraining from getting involved on a meaningful level (Bruch, 1973; Rumney, 1983; Wallin & Hansson, 1999; Yager, 1982). When describing this from a systemic perspective, the father is viewed to contribute via his detached role, igniting the enmeshed relationship between mother and daughter. Subsequently, as the relationship between mother and daughter increases in intensity, the father's uninvolvedness may be exacerbated in turn, setting the cycle in motion once again. The absence of their fathers within the family appears to have set the foundation for their mothers to take responsibility for the family, resulting in the possibility that other members may experience the mother as controlling.

Though she did experience her mother as over-involved, Natasha's representation did not depict her mother as controlling. Rather, she was the one who took control, as she expressed the perception of having to offer support and take responsibility on her parents' behalf. She proceeded to exchange roles with her parents, as not only did she have to act as the disciplinary parent when left alone with the younger children, she also had to take care of them on other domains such as feeding them, caring for them, and supporting them emotionally. In every sense of the traditional word, she was taking over the role of the parent. It was expected of her to run the household in her father's regular absence, ensuring that everything was to his satisfaction. She further proceeded to trade roles with her mother, as she felt that she had to be the strong one, setting aside her own emotional

troubles in order to support her mother with hers. She was taking the responsibility for the entire family's wellbeing into her own hands.

The presence of a role reversal between Natasha and both her parents is consistent with findings situated within the Western culture of anorexia. It has been determined that the mother may proceed to take on the role of a sibling, resulting in a role reversal with the daughter acting as the parent (Bruch, 1973; Colebrook, 1981; Wallin and Hansson, 1999). Her parents' behaviour shaped her, contributing to her sense of having to take responsibility for the family. It can be argued that her taking responsibility proved to her parents that she was capable of doing so, in turn confounding their tendency to depend on her. Her sense of having to take responsibility and live up to the expectations of others is an attribute which was observed to have been crucial in the development of her disordered eating.

The apparent insatiable need to live up to and surpass the expectations of others presents itself as one of the core aspects of the origin and maintenance of their anorexic symptoms. Their need to comply with others' expectations has become generalised to various areas of their life, in turn exacerbating the pressure placed on them. Such perceptions go beyond the exerted pressure of others, and have come to include their own demands. Their awareness of what others expect of them may result in internal conflict, as what they want may not be in accordance with others' needs and desires. Both participants expressed great emotion in this regard, giving the impression that they have the desire to defy such expectations and to oppose compliance.

It should be noted that transactional patterns within the familial system shape the members' behaviour. Subsequently, tension between what others expect and the need to rebel against it was observed, contributing to the aforementioned internal conflict. The participants' apparent desire to portray their families in a positive light is viewed as an attempt to maintain the status quo within the family, exacerbating the pressure to comply with the rules of the system.

These findings are concurrent with existing literature that indicates a high prevalence of the need of a perfect family portrayal within Western anorexic families. Research conducted by systemic family therapists dispute that even though the family presents the outside world with a picture of harmony, that tension and distortions underlie this façade (Bruch, 1973; Colebrook, 1981; Selvini, 1988/1988; Stierlin & Weber, 1989). It should be noted that the chosen research strategy did not lend itself to an in-depth exploration in this regard, as will be typified in subsequent reflections.

A need for perfectionism may have been exacerbated by the pressure of a perfect family portrayal. Natasha's perception of having to display a degree of perfectionism on her father's insistence is consistent with current literature, proving that parents tend to be overly critical and perfectionistic (Colebrook, 1981; Crisp, 1980; Stierlin & Weber, 1989). Such perceived pressure to maintain a certain standard may serve to influence the way in which they view themselves and their functioning within a larger system.

The combination of these dominant structural foundations underlining the family's co-existence can be interactionally linked with the dominant processes within the anorexic familial system. Observations relating to the reciprocal influence of structure and processes within the system indicate that processes within the system amplify behavioural patterns through cycles of feedback and communicated rules of behaviour.

Process constituents

The system determines the amount of change that will be accepted into the system without a loss of identity. Subsequently, whether input from the environment will be rejected or accepted is dependent on whether such input will change the system within which members function. The anorectic familial system has been proven to attempt to maintain the homeostatic balance, rejecting feedback that may alter such a balance (Lask & Bryant-Waugh, 2000; MacSween, 1995).

Feedback can best be described as the ongoing process of information that is being fed back into the system in a circular manner. When the system accepts feedback, it has the ability to adjust future behaviour, initiating change within the system (Becvar & Becvar, 2003; Smyth, 2002; Stein, 1974). However, it was observed that the families of the participants as well as the participants themselves rejected feedback. The impact of the behaviour on the system and the subsequent response of the system are under scrutiny in the following sections.

Both participants displayed a tendency to attempt to maintain the status quo within the familial system. Even though they expressed negativity with regards to the reaction of their respective families, it comes across as though they do not wish to upset the balance by expressing such experiences openly, as this may affect the system considerably. This phenomenon corresponds with existing research, as studies prove that anorectic families within Western cultures are resistant to change, seeking to maintain the homeostatic balance within the family. Compliance is preferential and autonomy is rejected, denying the individual's personal needs with an associated sense of a loss of control (Bruch, 1973; Crisp, 1980; Lask & Bryant-Waugh, 2000; Stierlin & Weber, 1989; Yager, 1982).

Though both participants appeared to be aware of feedback from the environment with regards to their appearance, it proved to have a limited effect on their disordered eating. Messages that they did not attribute as being positive or negative proved to have no effect on their behaviour. Feedback containing negative content affected Lameez on an emotional level, possibly strengthening her resolve to restrict. Comments focusing on their weight loss served to reinforce their disturbed eating patterns, exerting external pressure on them to lose more weight for future encounters with the person that made the initial comment. They feared that prospective interactions will not elicit the same response, possibly indicating that they have gained weight.

It should be emphasised that feedback extends beyond the system, subsequently including messages from larger societal contexts. According to Schwartz et al. (1982), the influence

of social factors should not only be considered an important part of the etiology of eating disorders, but rather *the* part that can offer the best explanation for the rise in incidence. Numerous studies conducted show that anorexia is embedded in cultural and societal views, subsequently promoting the societal idealisation of the thin female body. Within such a context, messages from the media appear to encourage women to maintain a slim body presentation, which may contribute to a subsequent emaciated appearance (Caradas et al., 2001; Clay et al., 2005; Dohnt & Tiggeman, 2006; Klaczynski et al., 2004; Malson, 1999; Miller & Pumariega, 1999; Utter et al., 2003).

This observed phenomena, however, appears to be culture specific, as the participants disclosed that the media did not have a conscious effect on their restrictive behaviour. Both commented that perhaps they were being influenced on an unconscious level, but expressed that their restrictive patterns were unrelated to the perceived pressure to be thin in order to be desirable. Natasha mentioned that since being discharged, she has become increasingly aware of messages from the media alongside a tendency to compare herself with others. Perhaps her increasing awareness is related to the recovery period, as she is expected to gain weight.

Contrary to existing research, their disordered eating was presented as unrelated to messages of having to be thin to be desirable. Rather, the focus is on internal struggles, concerns relating to a number of experiences within their familial system and an associated desire for mastery over their lives. Suffice it to say that the messages from the media were not perceived by them to have impacted the development and origin of their restrictive patterns.

Even though messages from the media did not serve to influence their restrictive eating patterns, messages from within the familial system were considered influential. However, these messages are rarely clear, serving to reinforce one of the principles of communication, which is that one cannot not communicate (Becvar & Becvar, 2003). The participants' experience of having to live up to others' expectations were not explicitly

communicated, but rather subtly insinuated, however unintentional. This phenomenon is of importance when considering that even though Natasha's father did not overtly express any expectations of her, she felt pressure to perform, to succeed on various grounds. The absence of communication on his behalf served to strengthen her view of not being good enough, subsequently setting very high goals for herself. These implicit, unwritten rules within their family systems relate to literature with regards to the concept of transactional patterns that develop over time, strengthened by the interactional sequence that ensues (Becvar & Becvar, 2003).

The importance of the impact of communication in the creation of familial structure and relating processes should be emphasised, as the ability to communicate presents itself as fundamental to human interaction. Interpersonal relatedness has been proven to be essential when considering the processes that ensue, influencing each member's reaction reciprocally, causing a change within the system. The communication levels within their familial system appear to be insufficient, ultimately impacting their ability to communicate their experiences to others.

There appears to be a presence of double-bind messages within the familial systems of the participants, contributing not only to a sense of frustration, but also serving to exacerbate their confusion as to their roles in the family. Systemically it appears as though the ambivalent messages being sent aggravated their confusion, which in turn strengthens their need to comply in order to gain acceptance. These findings coincide with existing research, considering that literature proves that there is indeed an elementary disturbance in communication in anorexic families, as is evidenced by ambivalent messages within the system (Colebrook, 1981; Lask & Bryant-Waugh, 2000; MacSween, 1995; Stierlin & Weber, 1989).

Ambivalent messages may have contributed to their view of their bodies, as confusion was noted in this regard. A sense of disgust was observed when Lameez viewed her body, the origins of which present itself as contrasting. She views herself as overweight on most

days, yet also feels disgusted when looking in the mirror, due to the visibility of bones. The latter is in contrast with literature, as literature proves the existence of a body image disturbance, indicating that an anorexic patient observes an overweight person when looking in the mirror (Clay et al., 2005; Erickson & Gerstle, 2007). It can be deduced that certain anorexic patients may view their emaciated appearances with revulsion. However, further exploration of these observations is deemed imperative prior to generalising such findings.

Even though Natasha mentioned that her body image has improved, she expressed on several occasions that she still fears gaining weight, an aspect that is considered essential, as it forms part of the diagnosis of anorexia within the Western culture. Literature proves that anorexic patients experience an intense fear of gaining weight, a fear that persists even in the face of significant weight loss. Subsequently, the concept of an ideal weight is foreign to them, an impossibility (Barlow, 2001; Davison & Neale, 2001; Sadock & Sadock, 2003; Stierlin & Weber, 1989; Thompson, 2003).

Though an improved body image has been documented to be imperative when considering recovery (Erickson & Gerstle, 2007; Gordon, 1990; Uys & Wassenaar, 1996), the deduction cannot be made that an improvement of body image and a decrease in fear of gaining weight are simultaneous occurrences. Rather, they should be considered as separate entities, the one influencing the other no doubt, yet by no means exclusively.

It can be argued that their exposure to ambivalent messages within their familial system served to be contributory to their observed ambiguity, confounded by the pressure to live up to others' expectations. This may have exacerbated their already fragile self-image, as they became increasingly aware of their own imperfections. Their body image concerns coincide with findings that anorexic patients of all researched ethnicities, races and cultural backgrounds display a distorted view of their bodies, viewing themselves as being overweight (Bruch, 1973; Clay et al., 2005; Colebrook, 1981; Erickson & Gerstle, 2007; Gordon, 1990; Jones et al., 2007; Szabo & Allwood, 2006; Uys & Wassenaar, 1996).

It should be emphasised that body image concerns have been equated with feedback received, specifically messages from peers and the media (Erickson & Gerstle, 2007; Uys & Wassenaar, 1996). However, the system within which the participants function and associated processes implicit to such a system, presented itself as the dominant influence. Their observed difficulty to communicate effectively originated within their familial system, influencing their ability to relate to others on an emotional level.

According to literature, anorexic patients tend to present with a limited ability to identify a wide variety of emotional states, the blunting of their emotions being consequential in most cases (Bruch, 1973). This appears to be true for both participants, as they were faced with the intricacy of having to deal with their emotions that have been ignored for extended periods of time. The only way in which they found it possible to deal with their emotions was by not eating, ultimately enabling them to further ignore their emotional difficulties. Though cessation provided them with an initial sense of relief, it can be argued that their observed struggle to deal with their emotions was exacerbated by exactly that.

The specific triggers that they identified with regard to the onset of anorexia are considered to be entwined with their emotional experiences. As noted in literature, specific triggers may be present, though it should be noted that the trigger in itself cannot account for the extent of the subsequent preoccupation (Crisp, 1980; Gordon, 1990). Their experiences during their earlier years within their familial system were observed to be directly related to what they identified as triggers and contributory factors with regards to subsequent restrictive eating patterns.

Both participants displayed a pre-existing desire to restrict, a wish that persisted throughout their adolescence. It can be argued that anorexia was latent during their adolescence, only fully manifesting in subsequent years. This finding proves to be inconsistent with current literature, as adolescence is implicated as the age of onset in numerous studies (Colebrook, 1981; Crisp, 1980; Davison & Neale, 2001; Hargreaves & Tiggeman, 2003; Hoek, 2006; Lock et al., 2001; MacSween, 1995; Stierlin & Weber, 1989).

It was observed that the onset of anorexic symptoms for Lameez was when she suffered a loss of trust during the time that her husband had an affair. This contributed to a perceived inability to deal with such intense emotions; hence the cessation of eating. Natasha, on the other hand, admitted that she has been exposed to various forms of abuse; those of an emotional and sexual nature proving to be prominent. The full effect thereof is considered to have been dormant, as complete cessation occurred as soon as she was removed from the circumstances of emotional abuse. Her abusive history is consistent with existing literature, as it has been discovered that there is a high incidence rate of sexual misconduct and the prevalence of anorexia. It has been proven that unwanted sexual contact affects an individual's perception of her body alongside the acceptance thereof. According to literature, self-starvation may be an attempt to avoid developing a curvaceous body that could possibly be attractive to men, opting rather for a skeletal appearance (Colebrook, 1981; Gordon, 1990; Lask & Bryant-Waugh, 2000; Lock et al., 2001; Stierlin & Weber, 1989). Such findings coincide with Natasha's choice of bodily presentation, as she was controlling her appearance by not eating.

The control dynamic

Control was presented as a dominant theme throughout the depictions of the participants. Their perception of control was considered to be central to their disordered eating and emotional wellbeing, implicating the concept thereof as crucial when attempting to understand anorexia within their realm. These findings are concurrent with existing literature within Western cultures, as a feeling of not being in control has been identified as one of the main influences of the origins of anorexia (Barlow, 2001; Davison & Neale, 2001; Lask & Bryant-Waugh, 2000). As soon as the perception of being in control manifests, the symptoms are maintained in order to sustain such an experience. The powerful response that they evoke in the remainder of the family appears to be in direct contrast to their prior experiences of being disregarded, reinforcing their need for control.

A sense of defiance became evident throughout the depictions relating to control, possibly developing out of resistance to the expectations placed on them by others. It was observed that the cessation of eating was enabling them to be in command of their own lives, making their own decisions as they saw fit. A new gained assertiveness manifested, empowering them to take a stand against years of submitting to the demands of others. These observations coincide with existent literature, as the presence of anorexia may lead to an increase in anxiety and concern within the family, causing possible resentment and annoyance in the patient with an associated sense of a loss of control (Bruch, 1973; Stierlin & Weber, 1989; Yager, 1982).

The enmeshed relationship between the participants and their mothers may have exacerbated their sense of mistrust in their own experiences, in turn contributing to their desire to have control. However, due to the desire for familial homeostatic balance, increased control is considered a threat to the system, and the repression of any sign thereof may be promoted. The participant may respond with resistance, posing a further threat to the system, in turn exacerbating their mothers' attempt to act in a controlling manner. Subsequently, even though the desire for control is ever-present, they also seem to experience a fear of being strong, as evidenced by their reluctance to take responsibility. Thus, if they are weak, they could accept everybody's help without feeling guilty. It seems as though the cessation brought with it ambivalent emotions, as on the one hand they felt empowered by their restriction, with their emotional burdens becoming almost bearable. Yet their tendency to comply with others may cause guilt, as they are now deviating from what has been considered the norm in their families.

It can be argued that by attempting to maintain the status quo within the familial system, they were attempting to control the situation. Some of their familial patterns were a certainty; considered to be predictable, thus more controllable. By complying with her father's expectations of perfectionism and cleanliness, Natasha appears to be controlling the situation, as she knows how her father will react, adding to a sense of expectedness. It was observed that Natasha in particular gained a sense of control when taking charge of

uncontrolled circumstances within the familial system, including her father's drinking pattern, her mother's depression, and taking responsibility for her younger siblings.

It should be noted that even though the aforementioned concepts are related to the concept of control, they prove to be external in nature. The concept of control is presented as progressive in nature, as internal control is viewed as the ultimate embodiment of their desire, to such an extent that it appears to have become central to the maintenance of their restrictive eating patterns. Initially, both participants presented with an external locus of control, where they would bequeath their control unto others. Lameez argued that "it" happened to her, refraining from taking control over her anorexia. Neither Natasha nor Lameez perceived themselves to be in control of their lives prior to the onset of their anorexic symptoms, emphasising the external nature of their locus of control.

It became evident that by not eating, the participants are gaining control, yet deny it when others tell them that they do not eat enough, attempting to hide their restriction. It can be argued that they are once again denying themselves control over their situation by contradicting others' observations, opting to maintain the levels of concealment. The presence of concealment corresponds with current literature, where such behaviour is a common anorexic behavioural trait within the Western culture (Bruch, 1973; Colebrook, 1981; Stierlin & Weber, 1989). Whilst attempting to conceal, limited control is present, increasing as the participants became more skilled at their concealing habits. Perhaps control increased when they were successful in hiding their disordered eating from others, enhancing a sense of mastery.

Upon inspection their apparent difficulty to trust may be perceived as an attempt to maintain control, as it can be argued that by trusting another they would be giving partial control over to that individual. Lameez proceeded to partly take responsibility for her husband's unfaithfulness, as the possibility of controlling her reaction is more probable than controlling her husband's actions. However, it should be noted that her experience

was that she had no control, though the possibility exists that she was attempting to gain control in this manner.

They expressed the opinion that if they were to deal with and control their emotions, they would be able to heal themselves, subsequently conquering their anorexia. However, it should be taken into consideration that the participants admitted that thus far, eating and the ability to deal with their emotions fail to co-exist. These observations are further exacerbated by their desire to eat again, with the stipulation that weight gain should not commence thereafter. This may be yet another desire to comply with the expectations of others, as eating again would no doubt affect their perception of control.

The exemplified behavioural oppositions emphasise a conflicting scenario, as their ambivalence with regard to the discussion seem to centre around either maintaining control, or giving it up, whether it be to peers, family, or even therapists. They seem to equate freedom with control, exacerbating their need to maintain both. Lameez made a powerful statement in this regard, stating that she is struggling to “give it up”, referring to not eating. However, it can be argued that the underlying concept that will ultimately be given up, is her control.

Returning to the thematic nature of this inquiry, it should be noted that certain themes were not equally prevalent in both participants’ depictions. Natasha showed a strong sense of having to take responsibility on various levels, reflecting on her relationships within her familial system and the associated impact thereof. Her representation was very much focused on her experiences as they relate to her family and the effect of such interactions on her functioning. Lameez was predominantly focused on the pressure that she perceived others to exert on her, with the extent of the perceived pressure affecting her to such a degree that she struggled at times to shift her attention to other concerns.

Prior to the final conclusion, the researcher identified certain limitations pertaining to this study. These reflections will prove to be valuable for future studies relating to the field of anorexia nervosa.

Reflections and limitations

A great difficulty was encountered when attempting to locate diagnosed coloured anorexic individuals, with the consequence of a limited sample size. A letter from the institution involved is attached as Appendix D. White individuals are presented as the majority when considering those seeking treatment, placing coloured individuals in the minority. The limited accessibility of coloured persons diagnosed with anorexia nervosa should be taken into account, as this may limit results and contribute to the difficulty in generalising to other cultural groups. It was discovered that limited research exists within the South African context, with the current study offering itself to an expansion for future research. Future studies are considered imperative in order to increase knowledge based within the South African cultures.

Another consideration is the stage of treatment within which they find themselves, as this was considered to have impacted the findings. Natasha has been discharged since last year June, with the consequence of her displaying insight into her situation. She has been consulting a psychiatrist for over a year, with the implication that she shared personal information freely. She came across as comfortable with the notion of being interviewed, expressing a desire to help others in the same situation as herself. This indicates that she has reached a stage in her treatment where she is able to focus on others, instead of being focused solely on her own process. Her reflections proved to be insightful, contributing to the depth of the information that the researcher gained.

Lameez, on the other hand, was being treated as an in-patient, which affected her willingness and level of comfort with which she shared. Though she did share information

of a personal nature, it appeared as though she has not yet reached a stage where she was comfortable in doing so. She expressed on numerous occasions that she felt pressured to comply with others' expectations, an experience that may have occurred when requested to consent to the study. This may have affected her attitude with regards to the study, which may have had a reciprocal influence on the information gathered. She has not yet reached a point where she has dealt with some of the difficulty that she is faced with, especially when considering her limited ability to trust. The recommendation made is that future studies focus on those that have already been discharged, adding to the richness of these prospective studies.

The researcher was aware that the participants may perceive some of the questions as threatening; subsequently, close attention was awarded to the phrasing of questions in an attempt to reduce the possibility of perceived threat. Qualitative interviews that focus on highly sensitive dynamics, such as those found in anorexia, always pose the problem of having to maintain a balance between the depth of the questioning and the maintenance of the ethical dimension of not causing any form of harm to the participants. This balancing dynamic was evident within this research project, and the possible limitation of more detailed descriptions is duly acknowledged. Long-term follow-up sessions could aid in strengthening the researcher-participant relationship, and subsequently allow for more in-depth data.

The chosen research design did not lend itself to intensive probing, as this would be considered guiding the interview. Though the researcher requested the participants to expand on certain statements, specific questions could not be asked. Subsequently, valuable information was lost in the process. Considering their tendency to protect the homeostatic balance within the system, it was deemed inappropriate to explore the familial processes in-depth, as they might experience this as intrusive.

The personal contact of the interviews may have affected the results, as certain information may have been too personal to discuss face to face. The recommendation is made that

future studies include open-ended questionnaires, in conjunction with in-person interviews. In addition, the use of such questionnaires prior to the interview process can aid the researcher in constructing a more effective process.

According to Hardin (2003a), the possibility exists that individuals might tell the researcher what they think he/she wants to hear, even more so in the case of anorexia, where acceptance plays a very important role. It can be argued that participants act according to what they believe others expect, even when what they portray is not a true representation of their experiences, leading to behaviour that may seem ambiguous at times. Natasha attempted to portray the image that she has improved a great deal since her date of discharge. Without invalidating her statements, contradictions were prevalent when exploring these. The perception of having to improve, yet not wholly wanting to, may lead to such oppositions, being exacerbated by her observed need to surpass the expectations that she perceives others to have.

Conclusion

Findings yielded varied results, where certain depictions proved to be concurrent with existing literature, indicating the universality of certain elements of anorexia nervosa. The development and maintenance of anorexia presents itself as embedded within the familial system, with processes inherent to the system demonstrating reciprocal influences on the behaviour of the participant. The circular impact of such interactional processes became evident when considering the reaction of the system to the changes that the presence of anorexia brought about. This, in turn, impacts the participant, with behavioural adaptations proceeding. It should be noted, however, that anorectic families attempt to maintain the status quo, with the implication that change will only be tolerated if this does not imply a change in the system's identity.

Themes that proved to be dominant were related to enmeshed maternal figures, absent fathers, limited communication within the system, as well as the rejection of feedback, and can be related to the South African coloured person's dynamic experience of anorexia. Themes that did not coincide with existent literature were related to body image, where Lameez expressed disgust at the emaciated appearance of her body, though not in exclusion to her perception of being overweight. The implication that messages from the media as being central to the body image of anorexic patients were refuted, as both participants claimed that such messages had little or no influence on their restrictive habits on a conscious level.

Potentially, considering the very deep seated systemic nature of anorexia as we understand it, the cultural experiences of acceptance and regaining control might be more similar than different across cultures. The reciprocal nature of familial involvement maintains its power within the data from this study, ultimately verifying the inherent nature of human beings to find some way to move themselves toward an experience of being in control of their lives.

It should be considered that the struggle for personal autonomy takes many forms. To achieve a sense of self in a world continually measuring human functioning on both deeper and more superficial levels requires a sense of control and mastery. A sense of loss of control increases this desire, and was implicated in the text of this study as an unvarying factor of importance, presenting itself as central not only to the maintenance of the symptoms, but also to the recovery thereof.

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APPENDIX A

LETTER OF INFORMED CONSENT

Dear participant,

Title of study: A thematic inquiry into the dominant cultural and familial factors in South Africa coloured people's experience of anorexia nervosa: A qualitative study.

1. I am Leatia Stemmet, a student in the Department of Psychology, at the University of Pretoria.
2. I am inviting you to take part in a research study because I am trying to learn more about your experience of anorexia as a coloured female.
3. If you agree to be a part of this study, I will have an individual interview with you, which will be recorded.
4. This might help you to understand anorexia and the effects on your life better.
5. If you decide to participate, you may later change your mind, without any consequences.
6. You can ask any question, and if you later think of a question that you did not ask now, you can phone me on 082- 498 8434 or my supervisor on 012 420-2329.
7. If you agree to be in the study, please sign your name at the bottom. A copy will be given to you to keep.

Name of Participant

Age

Signature

Date

Researcher: Leatia Stemmet

Supervisor: Dr. E. du Preez

APPENDIX B

EXAMPLE OF INTERVIEW GUIDE

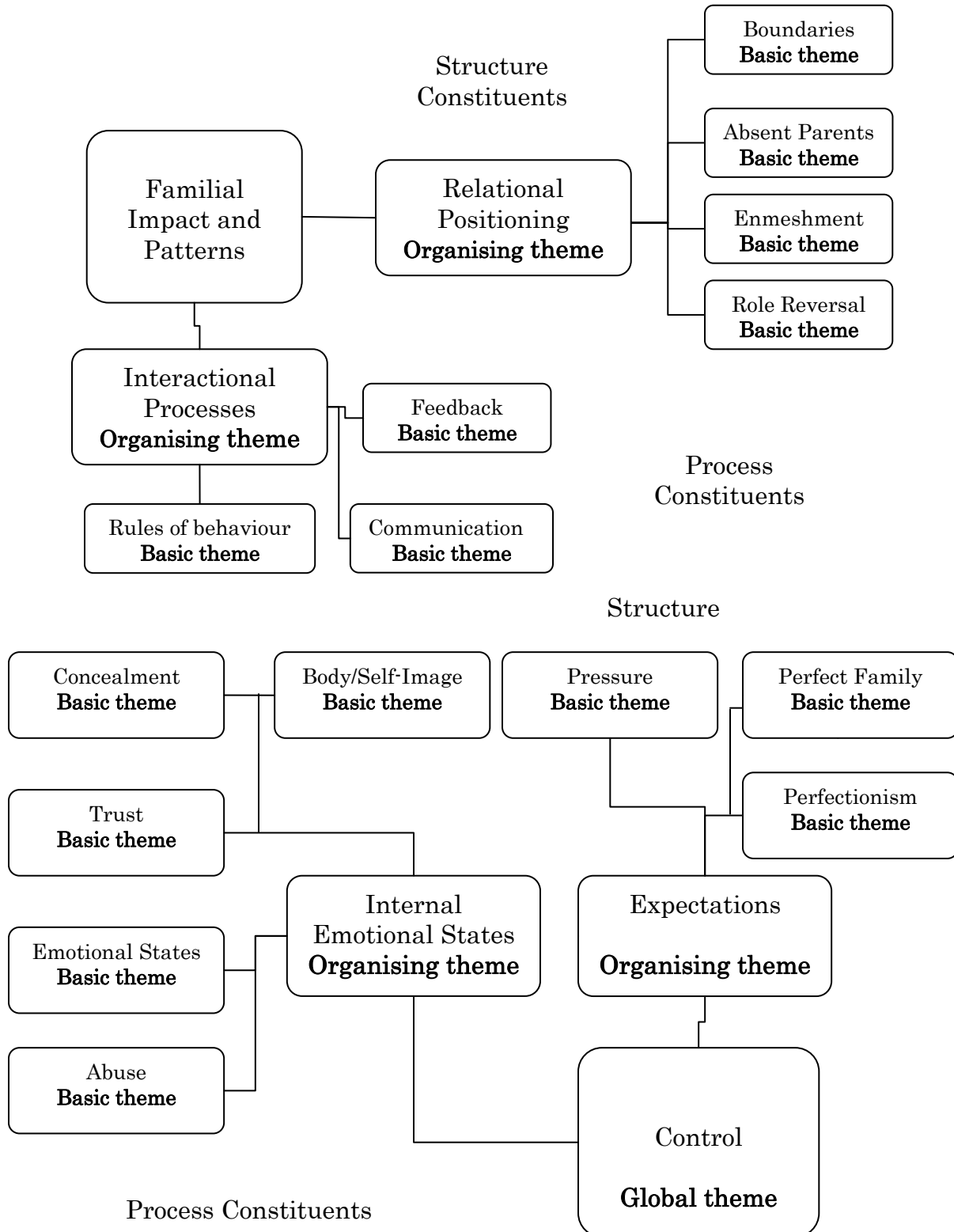
1. Why do you think you have been admitted to this hospital?
 - How often do you come here/how long have you been staying here (out/inpatient)
2. What does/did the treatment mean to you? (Depending on in/outpatient)
3. Do you know what your diagnosis is?
4. What does the diagnosis of anorexia nervosa mean to you? (Depending on the answer given in question 5).
5. How do you see your body?
6. What kind of feedback do you receive about your current appearance?
7. What about this do you perceive as positive?
8. Where do you mostly receive it? E.g. Neighbourhood, school, sport, family, community, and so forth.
9. Would you tell me more about this?
 - Explore cultural themes if applicable, based on the current conversation.
 - Explore role-players, different messages concerning body image from various role-players, focus on situational as well as societal influences.
10. What about this do you perceive as negative?
 - Explore the experience in more depth, equivalent to the route taken above.
11. Where does this occur?
12. Would you tell me more about this?
 - Attempt to determine (if present) the difference between the messages received from different role-players, as well as the influence of this discrepancy.

14. What is your direct family's view on your appearance?
 - And your extended family?
 - What do they think of you being here?
 - Do they support your being here?
15. Are there any other family members that have experienced what you are going through?
 - What did they say about all of it?
 - What does that mean to you?
16. What about your situation do you find the most difficult?
17. What do you find worthwhile about your current appearance?

The method of questioning was determined by the participants' capacity to understand and express themselves. Thus, the questions were altered according to the participants' linguistic capability. The interview guide will act as a mere guideline for the remainder of the interview. Each question will be explored as the interview develops and unfolds in an attempt to obtain as much information as possible, relating to the different cultural messages within the diverse contexts which the participant is subjected to.

APPENDIX C

THEMATIC REPRESENTATION



APPENDIX D

LETTER FROM THE INSTITUTION

To whom it may concern:

Re: Research conducted by Ms Leatia Stemmet

During the period June 2007 to April 2008 we attempted to identify appropriate patients for Ms Stemmet's study. However, due to the nature of her inclusion criteria, we were only able to identify 2 patients. We see relatively few coloured and black patients with eating disorders, and most of these patients have prominent bulimic symptoms.

Yours Sincerely,

Dr Bavi Vythilingum
Senior Specialist, Eating Disorders Program
Dept of Psychiatry
UCT