

Female Identity and
the Etiology of Eating Disorders

By Frayda C. Wiesenthal

A thesis submitted to the
Faculty of Graduate Studies
in partial fulfillment
of the requirements
for the degree of
MASTER OF EDUCATION
UNIVERSITY OF MANITOBA
September, 1991



National Library
of Canada

Bibliothèque nationale
du Canada

Canadian Theses Service Service des thèses canadiennes

Ottawa, Canada
K1A 0N4

The author has granted an irrevocable non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of his/her thesis by any means and in any form or format, making this thesis available to interested persons.

The author retains ownership of the copyright in his/her thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without his/her permission.

L'auteur a accordé une licence irrévocable et non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de sa thèse de quelque manière et sous quelque forme que ce soit pour mettre des exemplaires de cette thèse à la disposition des personnes intéressées.

L'auteur conserve la propriété du droit d'auteur qui protège sa thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

ISBN 0-315-76984-X

Canada

FEMALE IDENTITY AND THE ETIOLOGY
OF EATING DISORDERS

BY

FRAYDA C. WIESENTHAL

A thesis submitted to the Faculty of Graduate Studies of
the University of Manitoba in partial fulfillment of the requirements
of the degree of

MASTER OF EDUCATION

© 1991

Permission has been granted to the LIBRARY OF THE UNIVERSITY OF MANITOBA to lend or sell copies of this thesis, to the NATIONAL LIBRARY OF CANADA to microfilm this thesis and to lend or sell copies of the film, and UNIVERSITY MICROFILMS to publish an abstract of this thesis.

The author reserves other publication rights, and neither the thesis nor extensive extracts from it may be printed or otherwise reproduced without the author's written permission.

IN MEMORY OF MY GRANDMOTHERS:

ROSE STEIMAN

FRAYDA WIESENTHAL

Acknowledgements

I wish to extend my appreciation to those individuals who each helped in her or his own unique way as I worked on this thesis. Richard Carreiro, as my advisor, offered valuable guidance. I would like to thank Bill Schulz for being a part of my thesis committee and providing me with meticulous feedback. I am grateful to Ruth Rachlis, who, as a member of my committee provided me with insightful comments and emotional support.

My feelings of gratitude also extend to my wonderful friends, colleagues and family members for their support. While they are too many to name, there is one woman who stands out. She is someone whose presence in my life has informed my way of being and knowing in the world, as no one else has. Her influence in my life has, I believe, led me to write this thesis. This woman is my mother, Evelyn Wiesenthal.

Abstract

In this study, female-centred psychological research and theory was examined in order to develop a conceptualization of the identity issues in females with eating disorders that is grounded in the study of female life. The cultural pressure for women to be thin, the cultural valuation of separation and autonomy and the cultural image of the ideal woman were examined for their role(s) in these identity difficulties. It was thought that a female-centred conceptualization of these identity issues that takes into account relevant social forces might lead to suggestions for therapy that could be particularly valid for females with eating disorders. It was found that identity issues in females with eating disorders centre around a failure in the elaboration of an identity that is embedded in relational connection. This failure in the elaboration of a relational self was found to originate within problematic primary attachments in which self development was hindered. The cultural pressure for women to be thin, the cultural valuation of separation and autonomy, and the cultural image of the ideal woman have been identified as unsupportive of female identity development. The convergence of these cultural forces with failed relational self development was found to put women at risk for developing eating disorders. Relational strategies in which female, identity development may be fostered appear to be valid for

providing therapy to females with eating disorders. The implications of these findings for therapy and prevention are discussed.

Table of Contents

CHAPTER	PAGE
Acknowledgements	i
Abstract	ii
Table of Contents	iv
Introduction	1
Statement of the Problem	1
Background and Significance of the Problem	2
Rationale	16
Scope of the Thesis	16
Overview of the Thesis	18
1 Female Identity	21
The Failure of Prevailing Psychology to Address Female Experience	21
Focussing on Female Experience	29
The Role of Culture	33
Two Ways of Being in the World	36
The Development of a Relational Sense of Self	37
Empathy and Identity	54
Differentiation and Autonomy in the Context of Relationship	56
Conclusion	62

2	Identity as an Issue in Females with Eating Disorders	66
	The Need for a Shift in Prevailing Conceptualizations of Identity Issues in Females With Eating Disorders	66
	The Mother-Daughter Relationship	70
	The Family Context	93
	Summary	103
3	The Significance of Culture in the Rise of Eating Disorders	105
	Introduction	105
	The Cultural Pressure for Women to be Thin	110
	The Cultural Image of the Ideal Woman and the Cultural Valuation of Separation and Autonomy	114
	Cultural Forces in the Denial of the Relational Self	116
	Pursuing Thinness: A Culturally Supported Path to Connection	118
	The Conflict Between the Relational Self and Contemporary Western Culture: Female Vulnerability to Eating Disorders	119
	The Role of Cultural Forces in Identity Issues of Females With Eating Disorders	125
	Conclusion	142

4	Summary, Conclusions and Recommendations	145
	Summary	145
	Conclusions	146
	Recommendations	151
	References	179

INTRODUCTION

Statement of the Problem

Recent research and theoretical formulations in the area of female psychology point to the tendency in females to develop a more fluid sense of personal identity than males, (Baker-Miller 1977; Bograd, 1987; Chodorow, 1978; 1989; Gilligan, 1982; Salzman, 1990; Steiner-Adair, 1990). It is suggested that this developmental, gender-related disposition arises out of a particular social context, which is described as patriarchal, (Baker-Miller, 1977; Chodorow 1978; 1989). In this paper the following questions will be addressed:

1. How can we conceptualize female self-concept as an etiological factor in eating disorders relying on what female-centered psychological research and theory tell us about female psychological identity?

2. Various reports suggest a major increase in the incidence of eating disorders among females of the western world over approximately the last twenty-five years, (Bruch, 1979; Schwartz, Thompson and Johnson, 1982; Steiner-Adair, 1990; Streigel-Moore, Silberstein and Rodin, 1986; Wooley and Wooley, 1984). Three cultural forces are identified as contributing to this increase. These are (a) the cultural pressure for women to be thin, (Bruch, 1979; Schwartz,

Thompson and Johnson, 1982; Steiner-Adair, 1990; Streigel-Moore, Silberstein and Rodin, 1986; Wooley and Wooley, 1984); (b) the cultural valuation of separation and autonomy, (Steiner-Adair, 1990; Streigel-Moore, Silberstein, and Rodin, 1986); and (c) the cultural image of the ideal woman, (Steiner-Adair, 1990). What roles do these cultural factors play in the identity struggles typically experienced by females with eating disorders?

3. Are there any suggestions for therapy that appear to have validity for women with eating disorders?

Background and Significance of the Problem

A major increase in the incidence of the eating disorders anorexia nervosa and bulimia, reported almost exclusively in white females of the developed western world over approximately the last 25 years has been observed, (Bruch, 1979; Schwartz, Thompson and Johnson 1982; Steiner-Adair, 1990; Streigel-Moore, Silberstein and Rodin, 1986, Szekely, 1988).

Anorexia nervosa is commonly identified by the following clinical features:

- (i) an intense fear of weight gain and of becoming fat, despite reaching a severely low body weight, and in the face of continuing and willful weight loss;
- (ii) a distorted body image through which the individual perceives her body to be fat, while in fact it is in a state of emaciation;

- (iii) the continuing refusal to regain weight to a healthy level;
- (iv) the absence of medical reasons that would account for the extreme weight loss;
- (v) a loss of at least 15% of one's normal body weight;
- (vi) the cessation of menstruation for at least three consecutive months (DSM III, 1980; DSM III-R, 1987).

Standard diagnostic criteria for bulimia is identified as follows:

- (i) recurring binge-eating involving the ingestion of unusually large amounts of food within a relatively short time, at least twice a week over a minimum three month period;
- (ii) a feeling of being unable to control the bingeing behaviour, along with an awareness of this behaviour as abnormal, and a fear of being unable to control or to stop it;
- (iii) a persistent concern with body weight and shape;
- (iv) the presence of feelings of depression and thoughts of self-deprecation following the binges;
- (v) the absence of medical factors that would account for the bulimia;
- (vi) at least three of the following symptoms:
 - the consumption of high calorie, easily ingested food during binges;
 - secretiveness concerning the bingeing behaviour;

- the termination of a binge only by outside interruption, abdominal pain, sleep and/or self-induced vomiting;
- repeated attempts at weight loss or at preventing weight gain by extreme restrictive eating, use of diuretics, vomiting and/or vigorous exercise (DSM III, 1980; DSM III-R, 1987).

Despite differences in the clinical features between the two "disorders", they are not altogether separate and distinct phenomena (National Eating Disorders Information Centre [NEDIC], 1988). Both are characterized by an extreme preoccupation with body weight and image and a related preoccupation with food. These preoccupations are underlined by a strong desire to be thin and a powerful fear of becoming fat. As well, in both "disorders" we typically see low self-esteem, and a profound sense of personal ineffectiveness with consequent struggles around control (NEDIC, 1988). Often, the eating disorder reflects the lack of a sense of identity (Coniglio, 1989).

Various etiological factors of eating disorders are cited throughout the literature, (Garner and Garfinkel, 1982), such as dysfunctional family patterns (Minuchin, Rosman and Baker, 1978), a history of childhood abuse (Coniglio, 1989; Curtois, 1988), intrapsychic conflict and disturbed ego functioning (Sours, 1985) and sociological factors (Szekely, 1988). Also included among the frequently

discussed contributing factors to the emergence of eating disorders in individuals is a diffuse psychological identity (Bruch, 1973; 1979; Minuchin, et al., 1978; Conger and Peterson, 1984; Garfinkel and Garner, 1982).

Typically, clinical descriptions and theoretical formulations portray sufferers of eating disorders as lacking in a clear sense of psychological identity; that is, an identity which is rooted in a sense of self as a separate and autonomous individual. Hence, a separate, autonomous self is seen as a sign of psychological health and maturity. Conversely, a more fluid, diffuse identity is viewed as immature and problematic.

According to Bruch (1973) and Sours (1979) for example, anorexics are characterized by a distinct lack of a sense of self as a separate individual who is able to assert independent decisions, accomplishments and control over her own life. Bruch (1973) points out that feelings of exploitation and of being unable to live for themselves are common to girls and women with anorexia. Struggling to appear perfect, particularly in the eyes of others, the individual with anorexia tends not to experience herself as a clearly autonomous and separate person.

As a manifestation of diffuse identity, the person with an eating disorder is excessively focused on external cues and controls from others, and so is often described as unable to recognize and appropriately respond to her own

physiological and psychological cues (Bruch, 1979; Garfinkel and Garner, 1982). Thus, it is not surprising to observe that individuals with eating disorders are very watchful of others watching them. This watchfulness is generally attributed to individual pathology or to the pathological functioning of the family of the person with the eating disorder (Bruch, 1979; Minuchin, et al., 1978; Sours, 1979).

Various writers observe that influential theories of developmental psychology point to separation, autonomy and the achievement of firm psychological boundaries as crucial goals of normal development (eg. Bograd, 1987; Chodorow, 1978; Gilligan, 1982; Josselson, 1990; Steiner-Adair, 1990). For example, Freud's psychosexual theory of development holds emotional detachment from one's parents to be a necessary task of adolescence that must be negotiated on the path to adult maturity (Freud in Muus, 1982). Erikson's psychosocial theory of development stresses individuation and autonomy as necessary in the progression toward the formation of a mature, healthy, adult ego identity. Moreover, Erikson tells us that in the course of normal development, the formation of identity precedes the capacity for intimacy (Erikson, 1968). In both of these theories on human psychological development, development means separation, and separation is viewed as a necessary and integral component of the process of achieving a clear sense of identity. Thus, the developmental ideal is conceived of

as an identity that is grounded in separateness.

Family systems theory and therapy have also developed concepts to discuss identity issues and development. These concepts, "fusion" and "enmeshment" have come to be used almost interchangeably, despite the fact that each originated from a different family systems theorist. While fusion is intended to describe an individual with a diffuse identity, enmeshment refers to a relationship between two or more persons that is defined by diffuse interpersonal boundaries, such that the members of that relationship are constrained from becoming autonomous individuals, each with a sense of self that is clear, and separate.

" Fusion" was adopted by Bowen as part of his conceptualization of healthy human development. In this model, Bowen conceives of individual development on a continuum. At one end of this continuum is the differentiated self who, having developed clear ego boundaries, is able to sustain relative separation of emotion and intellect. Such an individual functions primarily on the basis of logic rather than intense emotion and relationship demands. As Bowen describes, this individual acts autonomously. This differentiated, autonomously functioning self is presented as the ideal standard for human development (Bowen, 1971; 1978).

At the opposite end of this continuum stands the fused individual. Lacking a clear sense of self as a separate,

autonomous person, this individual is motivated predominantly by feelings and intuition as opposed to consistency of reason. As well, such an individual is viewed as overly relationship oriented, being too responsive to others, and inappropriately concerned with receiving approval from others. This orientation to other is seen as being a reflection of diffuse self/other boundaries. According to Bowenian theory, then, the fused individual is in need of moving toward greater differentiation in order to achieve optimum psychological health and maturity (Bowen, 1971; 1978).

"Enmeshment" derives from Minuchin's structural family therapy. He focuses on familial interpersonal transactional patterns as determinants of whether an individual's functioning is healthy or dysfunctional (Minuchin, 1974; 1981). Thus, in his research on persons with anorexia, the difficulties of these individuals are examined in the immediate family context in which they occur, and are understood as an integral and purposeful part of that family's interactional process (Minuchin, Rosman and Baker, 1978). Minuchin et al. (1978) define enmeshed personal boundaries as a key characteristic of the overall functioning of a family of a person with anorexia, and hence of the individual with anorexia.

In the enmeshed family system, interpersonal boundaries are poorly differentiated and easily crossed.

Overinvolvement among family members is high, and so individuality and differentiation are discouraged for the sake of the family system (Minuchin, 1977).

The individual in the highly enmeshed family is lost. The diffuse interpersonal boundaries seriously hinder the development of individual autonomy and identity. Lack of privacy and over-emphasis on sharing and togetherness at the expense of individual differentiation is also said to typify the family of a person with anorexia (Minuchin et al., 1978). Intrusion on each other's thoughts and feelings, and poorly differentiated perceptions of self and of each other are also held to be characteristic of this family (Minuchin et al., 1978).

It is generally within the family system that individual identity develops. The way in which the family functions affects and defines the child's growth, particularly in terms of autonomy and identity. As the child grows and her/his needs change, familial patterns of functioning must adapt to these changes if the child is to become more able to govern her/himself through increasingly independent decision-making and self-control.

According to Minuchin et al. (1978), the child with anorexia has developed within a highly enmeshed system, facing powerful family forces which act to suppress the growth of autonomous, individual identity. In such a family, emphasis is on closeness in interpersonal contact,

with loyalty and protection superseding autonomy and self-realization. The self is subordinated, and the person with anorexia learns that the main reward from any activity or interpersonal contact is approval.

Typically dependent on parental assessment and approval, the individual with anorexia shows great loyalty to family values, and lacks in the development of her/his own. Family expectations are extremely important; failure to meet these results in guilt and shame as part of parental punishment (Minuchin, et al., 1978).

The young girl/woman with anorexia tends, then, to seek proximity as one of the most important elements in relationships with others. She learns to subordinate herself for the more esteemed aims of loyalty and protection. Her primary motivation in learning and seeking new areas of competence and skills is love and approval, rather than knowledge and autonomy, (Minuchin, et al., 1978). Thus, a person whose identity is enmeshed with others sacrifices individual autonomy for the sake of connection. The choice of connection over autonomy is thus viewed as dysfunctional.

It seems evident, then, that established theories of developmental psychology and family systems theory share the position that separation, individuation and autonomy are central to the development of a healthy, mature identity, and that connection and dependence threaten such

development, and indeed indicate developmental failure or dysfunction. It is therefore not surprising that established and apparently influential perspectives on the issue of identity in eating disorders, such as those cited above, view the identity struggles in eating disorders as pathological, resulting in part from a failure to separate and individuate, and evidenced by over responsiveness to others as well as diffuse (or fluid) self/other boundaries.

In view of this, it is interesting to note that commonly, descriptions of females in the clinical setting abound with such labels as "enmeshed boundaries", "diffuse identity" and "poor personal boundaries". These terms are used more frequently to describe females, and at best connote an undesirable, if not downright pathological quality (Bograd, 1987). Moreover, the nature of one's psychological identity and self-concept that is suggested by these labels has traditionally not been examined in relation to the larger context in which such an identity develops. While it may be argued that family systems theory does indeed focus on eating disorders in context, in fact this perspective is limited in scope as it tends not to take serious consideration of context beyond the immediate, seemingly idiosyncratic functioning of the family. A more comprehensive examination of the psychosocial context in which eating disorders and their accompanying identity issues emerge should take place if a more complete picture

of the etiology of this predominantly female phenomenon is to be achieved.

In more recent years, work in the area of female psychology suggests that what is often called "fusion," "enmeshment," "diffuse identity" or "diffuse personal boundaries", is in fact a relational tendency that is common amongst females and moreover tends to be central to female identity in patriarchal cultures (Baker Miller, 1977; Bograd, 1987; Chodorow, 1978, Gilligan 1982; Steiner-Adair, 1990).

Baker Miller (1977) finds the field of psychology lacking in its representation of female experience and development. She sees female development as different from that of males as a result of the patriarchal structure of society in which females are subordinate to males. It is this social order which gives rise to differential developmental experience, and consequently to a female sense of self that is centred in affiliation and in serving the needs of others. Female maturity, unlike that of the male, does not mean a separate and autonomous sense of self; Baker Miller proposes that more permeable ego boundaries are part and parcel of what constitutes a healthy sense of self in females.

Chodorow (1978), elucidates how the preponderance of enmeshed females with diffuse identities can be understood by examining family structure which functions as a microcosm

of the society of which it is a component part. Through careful examinations of object-relational events in a child's early developmental years, she shows how the potential for a less firmly differentiated identity and the enmeshed relational style which reflects this identity, arise from, and are inherent in female psychological development in the context of present social arrangements in which women assume the role of primary nurturer and caretaker. As a result of this social order, female children develop within a context of care and connectedness, as their primary caretaker is their same-sexed parent. In order to develop their female identities, they identify with mother in an ongoing, fluid relationship; they remain connected and individuation takes place within a relational framework of connectedness. Male children on the other hand, assert their male identity through separation which involves "... a more defensive firming of ego boundaries" (Chodorow, 1978, p. 167).

Gilligan, (1982) too, examines female identity, and in contrast to Erikson's stage theory of development in which the achievement of identity precedes the capacity for intimacy, finds that in women identity and intimacy are inextricably linked. In her study of moral development and self-concept, she finds that women's self-descriptions are infused with concern for connection and caring (1982). Even women who are successful in the professional arena do not

refer to their career achievements in their self-descriptions, except at times to express a sense of conflict between the importance of relationships and responsiveness to others on the one hand, and the demands of career on the other. In contrast, she finds that men's self-descriptions reflect a more clearly differentiated sense of self that is defined primarily through individual activity and achievement, and under which the theme of connection is subsumed (Gilligan, 1982). Again, a more diffuse sense of self is found to be central to mature female identity.

From her research on differences in identity development among women, Josselson (1990), delineates four pathways to identity achievement, each of which arrives at a different identity status. Still, she, too, finds that regardless of the status of identity, connection prevails over separateness as being central to the self-concept in women. While the differences between the four identity groups "... rest on the continuum of separation-individuation (Josselson, 1990, p. 169)," separation is conceived of as the task of simultaneously becoming different and maintaining connection, rather than merely a problem of becoming separate and different.

Steiner-Adair (1990), finds that where adolescent girls have a sense of self rooted in connection to self and to others, and where additionally they value that connected self and envision it as a model of adult maturity, then

these girls are significantly less likely to develop an eating disorder. This research lends credence to the view that a more fused identity, centred in connection with others is characteristic of normal identity development in women.

Taking these observations into account, the case can then be made that an enmeshed identity and its accompanying enmeshed relational style in females may be more of a social fact than a clinical disturbance. This is not to discount that an identity that tends toward enmeshment or fusion does not hold the potential for personal difficulties. However, given our psychosocial context, the incidence of highly enmeshed identities in females with eating disorders may speak more of the nature of our culture rather than indicate a pathology whose genesis is somehow located within the individual.

If the context of individual development is of import in the shaping of that development, then an understanding of the problem of identity in females with eating disorders ought to incorporate an analysis of significant social forces which function both to shape female identity as well as to present it with particular dilemmas and conflict. As a dramatic rise in eating disorders is specifically occurring at this time in history, and as the lack of a differentiated psychological identity is frequently observed to be a feature of eating disorders, the question of how

contemporary pressures for women to be thin may be related to the rise in eating disorders and to the characteristic identity struggles seen in these disorders presents itself. Moreover, if female identity is indeed centred in connection, it may then be most relevant to consider the cultural valuation of separation and autonomy as a significant factor in the etiology of eating disorders. Finally, the cultural pressure to be thin and the cultural valuation of separation and autonomy are identified as two central features of the cultural image of the ideal woman (Steiner-Adair, 1990; Szekely, 1988). Therefore, this contemporary cultural ideal of womanhood may play a significant part in the identity issues of females who develop eating disorders.

Rationale for Approach

The difficulties around identity that are found to characterize females with eating disorders have been conceptualized largely on the basis of psychological theory which has evolved from research into male life. As eating disorders has been found to be a predominantly female phenomenon, the development of a conceptualization that is grounded in female-centered psychological research and theory is warranted.

Scope of the Thesis

As females comprise approximately 90% of those with eating disorders (NEDIC, 1988), they are the population of

concern for this study.

Given that varying degrees of concern with one's weight and body shape seem to be present in most girls and women, eating disorders such as anorexia nervosa and bulimia may be seen as existing on the far end of a continuum of weight preoccupation in women. From this perspective, anorexia nervosa and bulimia are but extreme manifestations of weight and body-image concerns, (Brown, 1990). While this study is directed at these extreme forms of weight preoccupation, the writer recognizes that in responding to the questions around which this thesis is centred, the issue of weight preoccupation is to some degree, although not wholly, being addressed.

Being that eating disorders are largely a phenomenon of the last 25 years or so, and as they are united by common primary features, this writer proposes the legitimacy of examining them as a whole, through their commonalities, for the purposes of this paper.

In this thesis, the works of authors who emphasize the importance of understanding female psychological development through focusing on the study of female life will be highlighted. These authors are seen as additionally relevant as they consider the sociological context in which development takes place to be significant in determining gender-related developmental differences between males and females.

For this study "self concept" is understood as, "one's concept of oneself in as complete and thorough a description as is possible to give" (Reber, 1985, p. 677). This fits Gilligan's grasp of the term which is captured in her use of the research interview question, "how would you describe yourself to yourself," (Gilligan, 1982, p. 78), which she uses to illuminate individual self-concept. Self-concept, then, can be understood as a conscious expression of one's identity, which is described as "... a person's essential, continuous self, the internal, subjective concept of oneself as an individual" (Reber, 1985, p. 341).

It is this definition of identity which informs the use of the concept, "identity" throughout this paper. While this thesis will address the issue of identity in eating disorders, the multiplicity of contributing factors involved in eating disorders' etiology is acknowledged. However, this thesis is not intended as a comprehensive analysis of what causes eating disorders.

Overview of the Thesis:

Chapter 1: Female Identity

This chapter will begin with a discussion of how the field of psychology has failed in its treatment of girls and women. It will then describe psychological research and theory in the area of female development. The focus here will be on what these works reveal about female identity and

self-concept. The research and writings examined here will be those which are based on the recognition that the developmental path for females tends to differ from that of males, and that therefore females should be studied, and indeed are more truly appreciated through seeking to understand them in their own terms.

Chapter 2: Identity as an Issue in Females with Eating Disorders

In this chapter, the writer will examine the relationship between eating disorders and female self-concept in light of what feminist psychological theory and research (as discussed in the preceding chapter) reveal about what normal female identity entails. The main purpose here is to draw upon feminist psychology in order to develop a conceptualization of the issue of identity in females with eating disorders that is grounded in the study of female psychological experience, and that is therefore more accurately reflective of that experience.

Chapter 3: The Significance of Culture in the Rise of Eating Disorders

This chapter examines the three western cultural forces identified as being related to the dramatic rise in eating disorders. These cultural forces are identified as:

- (i) the cultural pressure for women to be thin;
- (ii) the cultural valuation of separation and autonomy;

(iii) the cultural image of the ideal woman.

Chapter 4: Summary, Conclusions and Recommendations

This chapter will summarize the major findings concerning the research problem. Recommendations for providing therapy to females with eating disorders will be formulated on the basis of these findings. Similarly, suggestions for advocating for preventive measures will also be based on the outcome of this thesis.

CHAPTER 1:

Female Identity

The Failure of Prevailing Psychology to Address Female Experience

Developments in the area of female psychology have been precipitated by and led to criticism of the field of psychology for its way of viewing women (Carlson, 1972; Baker Miller, 1977; Gilligan, 1982). Based on a critical review of established theories of human development, and on her research into female self-concept and moral development, Gilligan pointed out that prevailing psychological theory has failed to consider the differential experience of female life. As prevailing psychological theory has evolved from research on mostly or exclusively male subjects, female experience is found to have been largely missing from the construction of psychological theory (1979; 1982). To the extent that major themes of female development have been addressed, the tendency has been to view these themes as evidence of developmental failure when they depart from the path of male development. Josselson (1990) observed the persistence within the psychoanalytic tradition to construct a theory of human development in terms of male development, either ignoring female development, appending it as an afterthought or treating it as if it ought to follow the

same path as male development. A new model of development, based on studying female subjects is needed, particularly as existing models do not account for, nor lead to the valuation of the centrality of interpersonal connectedness and relationships in women's lives (Baker-Miller, 1977; Surrey, 1985a).

The fact that the field of psychological research has been male-dominated may also be seen as contributing to an inherent male bias in psychological theory. Gilligan argues that the perspective of the observer of human development plays a critical role in the formulation of theory. By virtue of gender-related social and psychological differences, observations by men will differ from those made by women. The predominance of males in research and theory building is thus seen as having contributed to the failure of psychology to capture female experience. Where the observer of human life is male, and his subjects primarily male, then conceptualization of the human life cycle and judgement as to what or what is not of value will tend to differ from conceptions of development construed from the perspective of a female observer (Baker-Miller, 1977; Belenky, et. al., 1986; Chodorow, 1978; Gilligan, 1982; Gilligan, et. al, 1988; Josselson, 1990; Stiver, 1984).

The language of established psychology also receives criticism, as it distorts female experience in its representation of that experience. For example, autonomy

and separation, which are central to male development tend to be cast in a positive light, while attachment is viewed negatively. In neglecting the importance of human interconnection, prevailing theory has failed to incorporate psychological characteristics born of relational activity and experience into its delineation of the developmental process - characteristics primarily associated with femininity.

In developmental theories such as those put forth by Freud (in Muus, 1982), and Erikson (1968), and in systems theories such as those of Bowen (1971; 1978) and Minuchin, (Minuchin, et. al, 1978) separation is established as a developmental ideal and positively connoted. We are encouraged to look for and support signs of separation and individuation. On the other hand, continuing attachment, portrayed as an obstacle to this goal, is framed as problematic. The necessity of human relatedness and the reality that all growth occurs within the context of relationship, seems largely missing from theory.

Gilligan, et. al (1988) argue that in prevailing perspectives in psychology, values are masquerading as psychological norms, and judgement belies psychological and scientific language. Moreover, inasmuch as the language of psychology and its norms and ideals for human development are grounded in male experience and perspective, and inasmuch as these ideals and norms prevail within the larger

culture, how the individual comes to frame, understand and value her/his experience is significantly determined by the language used to describe development. Hence the predominance of a language of separation in psychology and the absence of a language of connection means that psychology does not provide the means for the articulation of female experience.

Family systems theory may also be criticized for being male-biased, as it favours behaviours traditionally attributed to males, with its use of constructs such as "firm psychological boundaries" "separation", "autonomy" and "independence" to depict healthy functioning, and its tendency, at the same time, to negatively connote characteristics that are more closely associated with being female such as "attachment" ("enmeshment"), "caring" and "nurturance" ("over involvement"). Through its negative framing of female relational activity, systems theory fails to acknowledge the importance of female experience born of motherhood and daughterhood, and further fails to appreciate the psychosocial forces which give rise to and perpetuate differential female experiences, behaviours, ways of relating and indeed identity (Libow, 1985). Thus, the developmental process of the relational self, and the necessity of relationship and connection throughout the entire life cycle appear to be largely overlooked in existing models of development (Baker-Miller, 1984). Surrey

(1985a) postulates a new model of development which captures the centrality and continuity of relationships throughout female life.

As male life in developmental and family systems theory has typically been accepted as the norm for all of human development and behaviour, women have typically been measured against this norm as if it represented all of humanity (Gilligan, 1982; Libow, 1985). The result of such bias in observation and evaluation has led to equating women's developmental difference with developmental failure (Gilligan, 1982).

The problem of bias in prevailing research and theory lies not only in the fact that scales of development are based on data drawn from predominantly male subjects, but is also seen in the prevalence of a male perspective on development, as research and theory building have been largely the domain of male researchers and theoreticians (Gilligan, et. al, 1988). Both of these factors are helpful toward understanding how it is that male behaviour has been equated with the norm for human behaviour, despite the fact that females have been largely absent as both researchers and subjects.

The danger of bias posed by the recurring tendency to generalize research findings derived from male subjects to the lives of girls and women has implications for how female life is depicted. Where research and theory does attend to

the study of females, the attention appears to be directed at discerning ways in which females do or do not fit male-based models of development. Inasmuch as psychology does reveal women's reality, it is limited to our persistent failure to be like men (Carlson, 1972).

Patterns and characteristics that are more consistent with male life are looked for, valued and highlighted in models of healthy development. Thus, we have learned much about the development of autonomy, independence, abstract thought and the morality of rights and justice. Far less has been studied of the development of interdependence, caring, intimacy and contextual thought (Belenky, et. al, 1986). In this way cultural assumptions of the inferiority of female traits are supported and perpetuated.

Baker-Miller (1977) has argued that in order to develop a theory of psychology that more accurately reflects female experience, women need to be understood in terms of their sociocultural milieu, which, she maintains, determines their psychological growth and experience, and which significantly contributes to the creation of psychological differences between men and women. This differential developmental experience is seen as arising out of a patriarchally structured society in which females are subordinate to males and in which women are typically assigned the role of nurturing and primary caretaking (1977). As a result, females tend to develop a sense of self that is centred in

interpersonal affiliation and in attending to the needs of others. Thus, women's position of inequality and relative powerlessness, and their focus on the needs of others need to be considered in developing a psychology of women, as their social context creates a psychological experience, and presents psychological issues which differ from those of males.

The position of women in patriarchal society is reflected in an intimately intense way in the family unit, the immediate context for the formation of the human psyche. Established theory in family systems appears to have neglected to take into account that family exists as part of a larger system. This failure to validate the contribution of culture to female experience often leads systems theory to pathologize stereotypically female behaviour. For instance, frequently observed relational styles among women seen in the clinical setting are often identified as enmeshed. This supports a denigration of the female self which the culture, and hence the family structure have created and supported. It reflects a failure to appreciate that culture gives rise to relational styles in women as a result of present social arrangements in which women generally take on the role of primary nurturer and caretaker (Bograd, 1987; Chodorow, 1978).

As the self is gendered, we must begin our efforts for understanding it by recognition of its embeddedness in body,

relationships and culture.

Since human cultures are largely male creations and disproportionately represent men's lives, since sex is a difference that makes a difference in terms of social and economic status and perspectives, and since human relationships typically follow different patterns for male and female children, we would expect to find sex differences writ large in personality theory and the differences in the lives of women and men illuminated in terms of psychological development. That this is not the case presents a problem. (Gilligan, et. al, 1988, p. 4)

In the search for universal norms, psychology has come to speak of human development as if individual persons exist and develop in a vacuum, and as if gender and culture make no difference to how one experiences and relates to her/his world. If we reinstate the self in context - in gender, relationships and culture, we find that prevailing psychological theory has glossed over the importance of internalized cultural beliefs to the formation of identity - cultural beliefs which are gender - related. For instance, girl children are encouraged to focus on the needs of others and to "feel as the other feels" (Baker-Miller, 1984, p. 4). On the other hand, separateness and autonomous functioning that is more independent of relationship is encouraged in boys in our culture. Thus, we see socially constructed psychological experience, as female children develop an identity centred in relationship and males develop an identity based in separation. That female identity has come to be described as problematic or pathological, seems to be largely the result of both a failure in psychology to trace

a developmental line centred in connection, as well as a neglect of the impact of cultural beliefs, injunctions, and social roles on identity formation and development in general.

In view of the male-bias found to be pervasive in psychology at both the research and theoretical levels, and the consequent inadequacy in illuminating female development in general and identity specifically, it seems reasonable to look to evolving theories of female psychology which focus on female experience, assume the importance of context in shaping that experience, and base their thinking on studies of female subjects.

Focusing on Female Experience

As demonstrated, prevailing thought on the process of identity development and on what ultimately constitutes a healthy, mature identity tells us that these are centred in separation - in a sense of self as a person clearly differentiated from others. Autonomous functioning and self-reliance are emphasized as integral to this healthy self. Yet, evidence suggests that female life has a different story to tell. It appears that women's developmental context gives rise to a sense of self rooted in interpersonal connection, rather than in separation. Caring for others and relationships are found to be central to the development of women' self-definition (Peck, 1986). Thus, it is suggested that what is often called "fusion,"

"enmeshment," "diffuse identity" or "diffuse personal boundaries" is in fact a relational tendency that is common in females, and moreover tends to be central to female identity in patriarchal culture (Baker-Miller, 1977; Bograd, 1987; Chodorow, 1978; Gilligan, 1982; Steiner-Adair, 1990).

Recognizing gender-related differences in psychological experience as well as the role of culture in the creation of these differences, various women in the field of psychology have centred their research and theoretical efforts on female research subjects and their social milieu, in attempting to discern and articulate female psychological experience. These efforts have led to a growing body of work in recent years on the nature of feminine identity - that is, on what is the norm for female identity in our culture.

Gender-related differences in psychological development are seen as arising out of a patriarchal social structure in which women are subordinate to men (Baker-Miller, 1977). It is this social order that frames the family configuration in which women are the primary nurturers and caretakers, and that produces differential psychological experience (Chodorow, 1978). Consequent to women's position within the social order and their role within this order, the female sense of self tends to be centred in connection to others, and is therefore expressed and validated through serving the needs of others (Baker-Miller, 1977; Chodorow, 1978).

This is unlike the male self which tends to be centred in separation and autonomy and to develop firm ego boundaries. It is maintained that more flexible ego boundaries are integral to what constitutes healthy identity in females (Baker-Miller, 1977; Chodorow, 1978; Jordan, 1984).

As identity is one's continuous, internal, subjective sense of self (Reber, 1985), it determines an individual's way of being in the world. Thus it colours and is reflected in how one defines, evaluates and resolves moral questions (Gilligan, 1979; 1982), how one makes choices and orders priorities in life's activity, how one learns (Belenky, et. al, 1986), and from where one seeks validation of self-worth. It gives rise to personal beliefs and values. Thus, identity - our inner experience of self, is expressed and validated through opportunities of choice, behaviours, activity, priorities and perspective. Moreover, as one's sense of self is framed by one's developmental context, and shaped by experiences within that context, and as the primary context for the development of the female self is relational, findings revealing that themes of caring for others, interpersonal connection and orientation toward other predominate throughout female life are not surprising.

While concerns for individual achievement and recognition, and the capacity for detached, abstract thought are not altogether absent in females, issues of care and

connection appear to take precedence over questions of principle or career (Gilligan, 1982). Problems, decisions, values and career choices seem to be centrally infused with and guided by concerns around giving care to others, building and sustaining relationships, responsiveness to others' feelings and needs and the injunction not to hurt others (Gilligan, 1982; Josselson, 1990).

In a longitudinal study tracing the path of female identity development, relationships appear as the primary force in the emergence of the female self (Josselson, 1973; 1990). Josselson finds that her research subjects commonly employ relationships in the development of a sense of self. This sense of self, strengthened through relationship, is in turn used to deepen the relationship. Intimate relationships in fact seem necessary for self-validation as interpersonal competence emerges as central to female identity formation.

In general, Josselson's work indicates that in contrast to male development, identity development in women centres much more on what kind of person to be in relation to others, rather than on individual occupational or abstract ideological choice. Interpersonal attributes subsume concerns for achievement. Women reveal themselves to be far more reliant on responses of significant others for identity confirmation. Nurturance is held as an ideal, and it is suggested that this ideal comprises the core of

both achievement and affiliative needs (Josselson, 1990). Helping others or working with others is found to be centrally important in both the personal and paid work spheres. In general, women's career goals are usually related to helping others (Gump, 1972; Josselson, 1990). Female desire for achievement is motivated primarily by the wish for an opportunity to impact in a positive way on others.

Surrey (1985a) emphasizes relationship rather than separation as the basis of female identity development, and defines the basic goal of development as increased relational capacity and competence. Hence, other aspects of the self such as autonomy develop within the context of relationship. Separation or detachment from relationship are found to be unnecessary for the development of the self.

The Role of Culture

The female role as caretaker and nurturer of others involves not simply attending to the needs of others. As bearers of children, and the ones still primarily responsible for child-rearing, they are focused in a very intimate and intense way on the growth and development of others. Indeed, from an early age they are encouraged to be concerned with how the other feels (Baker-Miller, 1984). Their validation of worth is derived to a significant degree from attending to and caring for the needs of others - often to the neglect of their own needs. Hence, self-sacrifice

frequently appears as an expression of the female self (Baker-Miller, 1977; Gilligan, 1982). As their sense of self is embedded in connection, they come to be primarily concerned with affiliative issues and concerns. The social construction of female psychological experience by a patriarchal social order may thus be seen as engendering ego boundaries in females which tend to be more permeable than those of males, and moreover, as producing an identity in females that is centred in relationship. It follows then that for females, self is validated in a primary sense through attention to others.

The immediate context of psychological development is the family, which functions as a microcosm of the larger social structure, and serves to mediate cultural messages. Although in recent decades social change has led to expanding roles, responsibilities and rights for women, including increased participation in the paid labour force and more varied family structures, the fact that women continue to hold and to be expected to hold the primary responsibility for parenting and for sustaining emotional ties has endured (Chodorow, 1978). It is within the context of this family configuration, with mother as primary and intensely engaged caretaker, and father as primary breadwinner and in a more emotionally disengaged position, that children are raised and develop a sense of self and a sense of self-worth.

The patriarchal family structure with its sexual division of roles and responsibilities may be viewed as an integral part of a larger social order in which women are still largely perceived, and come to perceive themselves as subservient and devalued in relation to men. Moreover, as a component of this social order, the family ensures the transgenerational continuation of culturally induced psychological gender differences.

The transgenerational transmission of woman's primary function of nurturer and caretaker from mother to daughter is ensured through psychological processes induced by the patriarchal family structure. The sexual division of labour and responsibilities within the family in which fathers are relatively emotionally disengaged, and in which women mother and are more involved in interpersonal, affective relationships, produces a division of psychological capacities in sons and daughters (Chodorow, 1978). Moreover, the centrality of nurturing, taking care of others, self-sacrifice and connection is critical in terms of how females are defined socially and psychologically by themselves and others.

Chodorow (1978) says that shared early experiences of members of a given society contribute to "...the formation of typical personalities organized around and preoccupied with certain relational issues" (p. 51). Inasmuch as males and females develop within differing interpersonal

frameworks, they will develop differently and be preoccupied with different issues. In this way, differential relational needs and capacities between the sexes is created within the family structure and through family practices.

Two Ways of Being in the World

The use of narratives of moral conflict to illuminate self-concept leads to the delineation of two basic modes of self-definition in relation to others. One of these modes of self-definition was found to be used primarily by males, while the other was found to be used primarily by females. Exploring the relationship between self-concept and how an individual construes and tackles moral dilemmas, Gilligan interviewed male and female subjects. She found these two modes of self-concept emerging in individuals' considerations of moral conflict. Female concerns, she discovered, tend to be centred on care and response to others, so that they often feel caught between caring for others and caring for self. Such concerns determine how they define, evaluate and resolve moral issues. Moreover, Gilligan found that these concerns are related to a self-concept centred in relationship in which the individual's world is of relationships and psychological truths from which the awareness of connection between people leads to the recognition of interpersonal responsibility as well as a perception of the need to be responsive to others (Gilligan, 1982; Gilligan, et. al, 1988).

The self-descriptions of Gilligan's research subjects indicate that for women identity and intimacy are intricately linked. Asked to describe themselves, all of the women describe a relationship (Gilligan, 1982). Moreover, these women judge themselves primarily in terms of their responsiveness and care toward others. Listening for language in the voices of her research subjects, Gilligan noted that females tend to use verbs which convey relational attachment. Males, on the other hand, describe themselves as more separate. They speak more of individual achievement and activity and tend to judge themselves more on these terms (Gilligan, 1982; 1988). This research suggests that female identity is tied to relationship. It also illuminates a connection between sense of self - as separate or as connected, and how one perceives and seeks to resolve or come to terms with moral questions. We see how the self must draw upon her or his experiences, unique inner resources and view of oneself in the world. Finally, Gilligan's efforts highlight that gender differences in identity lead to two different ways of being in the world.

The Development of a Relational Sense of Self

The beginnings of the female relational self are placed in the earliest mother-daughter interactions (Baker-Miller, 1984; Chodorow, 1978; Jordan, 1984; Surrey, 1985a). Under present social arrangements in which women assume the role of primary nurturer and caretaker, and because of the

intensely intimate involvement between mother and child, female children, under the care of their same-sexed parent, develop in a context of care and connectedness, identifying with mother (or another female who assumes a mothering role) in a continuous relationship in which boundaries remain more permeable. They need not separate in the same way that boys do in order to assert their identity. Male children, on the other hand, must separate in order to assert their male identity, which involves "... a more defensive firming of ego boundaries" (Chodorow, 1978, p. 167). Thus, girls need not deny their primary attachments as boys do in order to develop a sense of self. Indeed, attachment becomes central to girls' continuous sense of who they are, so that loss or denial of attachment constitutes a threat to, or denial of self. On the other hand, boys develop defenses to protect them from the same sort of intensely intimate attachments that would threaten the male sense of self as separate and "apart from".

It is within the context of this early interactive attachment involving a continuing identification with mother, that females begin to develop complex relational skills which may be seen as expressing an identity centred in care and connectedness, as how they come to know and perceive themselves is within the context of a primary relationship framed by care and intimate connection (Chodorow, 1978; Baker-Miller, 1977; Surrey, 1985a).

The most important feature of early development for girls, then, is that it occurs in relationship usually with mother, and almost always with the same-sexed parent. The core beginning of the early relational self lies in the early mother-daughter relationship, and girls continue to develop in relationship through an ongoing and evolving process of interaction with mother and, over time, with other significant people in their lives.

As the primary caretaker and nurturer for girls is the same-sexed parent, girls need not separate in the same way as boys. However, the female self does evolve in complexity through, and becomes more enhanced by experience in relationships (Baker-Miller, 1984). Surrey (1985a) elucidates three key aspects of the mother-daughter relationship and the formation of the relational self. The first involves ongoing interest and emotional desire for connection with mother; this is present in all children, but curtailed in boys. According to Surrey, attention to and exploration of the feeling states of the primary parenting person is more encouraged in girls. A simultaneous interest of the mother in emotional connection and sharing with her child leads to an orientation toward and attentiveness to other through feelings in the developing girl. This process constitutes the start of practising as a being-in-relationship, as well as the beginnings of empathic development.

Being "present with other" (p. 4) validates girls' sense of self. "Being with means 'being seen' and 'feeling seen' by their other and 'seeing the other' and sensing the other 'feeling seen'..." (Surrey, 1985a, p. 4). This is described as the experience of mutual empathy which is inherent to the relational process that develops between mother and daughter. Mutual empathy thus allows for the ability to see through the eyes of the other, and to speak in the other's voice. By virtue of the fact that boys are usually encouraged toward emotional and psychic separation, the process of mutual empathy is encouraged far more in girls. There is also the cultural expectation that females be more empathic.

The second key aspect of the mother-daughter relationship is the child's increasing ability to engage in a mutually empathic relationship within a matrix of emotional sharing, understanding and recognition. As the mother tends to be more open to emotional and personal learning and exploration in her relationship with her same-sexed offspring, the sense of connection between mother and daughter deepens. Surrey stresses that this experiencing of connection becomes the framework within which the later process of differentiation will occur, suggesting here that for girls differentiation occurs within an ongoing relational context, and not through a process of separation.

The notion that a sense of mutual understanding and

connection grows out of this process of mutual sharing is crucial. As a relational stance of connection and identification with mother is fostered in girls, females come to expect that psychological growth comes through sharing personal experience in the context of relationship. They come also to expect and to know that the path to self knowledge occurs through the experiencing of psychological connectedness with another.

Mutual empowerment is identified as the third key element of the mother-daughter relationship. Here Surrey proposes that the development of the relationship over time leads to increasing ability to attend to and respond to each other's feelings. The mutual interest of both mother and daughter to be understood and cared for by each other, the girl's awareness of her mother's nurturing and caretaking role and her identification with that role, motivate both to continue in mutual responsiveness and caretaking.

Thus, the early mother-daughter relationship motivates the daughter to continued connection. Remaining connected, she comes to develop a continuous, inner subjective sense of herself as a self-in-relationship (1985a). Moreover, it can be seen how this relational process, begun at infancy, creates more fluid ego boundaries in girl children. The female relational self is thus reproduced, transmitted from mother to daughter, from generation to generation; the endurance of the mother as the primary nurturer and

caretaker ensures this.

Woman-centred models of development depict an identity embedded in relationship, and describe an evolving process of self-in-relationship which becomes increasingly sophisticated and complex over time. The female self is consistently viewed in relational context. This context facilitates and enhances the growth of the female sense of self. As the self grows in relationship she sees herself as connected to others. Hence separation would appear as a negation of her core sense of self, rather than a strengthening force in her development of identity.

Gilligan's work (1982) points to changes in female identity over time and suggests that its development involves increasingly sophisticated thinking about the nature of relationships between people. She describes the female self as progressing from a selfish orientation concerned primarily with one's own survival, through a position in which self-interest is redefined in terms of attachment and connection to others and in which the self becomes validated by adopting societal values. Self-worth, or one's own sense of being good is measured primarily on the basis of the ability to sensitively respond to and care for others; feminine goodness is equated with self-sacrifice, and so the female tends to place the needs of others before her own. From here the female moves into a third position in which the woman is able to acknowledge her

self-worth. At this point, then, there is a conciliation between responsibility to self (selfishness) and the responsibility to care for and respond to the needs of others.

Two transitions are identified in this developmental process. The first transition, appearing between the initial and second self position, is a shift from selfishness to responsibility. A redefinition of self evolves to incorporate attachment and connection to others. The second transition occurs between the second and third self positions, and involves a questioning of the ideal of self-sacrifice. Self-worth is re-evaluated in terms of the relationship between self and other. The woman comes to question whether it is selfish to include the needs of the self in considerations of care and responsiveness to others.

Thus, female identity development may be seen as the evolving process of a relational self which is reflected in a deepening and broadening understanding of the psychological logic of relationships, and a growing awareness of problems in relationship which centre particularly around problems of inclusion and exclusion in a context of relationships. This context is not limited to the immediate interpersonal or familial realm, but rather becomes broadened as part of a vision of the web of connection tying one to family, community, society and generations past, present and future (Gilligan, et. al,

1990).

Gilligan highlights adolescence as a vulnerable juncture of development. Adolescence is commonly noted as a critical time in the process of identity development. Increasing separation and movement toward autonomy are generally understood to be critical to healthy identity formation. While Freud and Erikson note the girl's tendency to passiveness at this point, they tell us that she will wait to be fulfilled through a man. Gilligan, however, speaks of "the lost voice of adolescent girls" (1982). She finds that eleven year old girls are generally able to convey clear opinions from which they do not readily relent. However, by about age 13, girls begin to appear less sure, as if they have lost their wisdom or their voice. It appears as if as they approach adolescence, they are suddenly faced with a disjuncture between a world of certainty in childhood, in which opinions and ideas are clear and articulated, and the larger world of western culture which they are about to enter. It is suggested that this loss of sure ground is a confrontation with a male-defined world in which woman's self, her way of perceiving and acting in the world, are not valued, and her criteria for judgement and action are not the rules which guide the world.

The dilemma for the growing girl seems to become one of how to be herself in Western culture. As her personal

knowledge and wisdom are submerged, she experiences uncertainty. As well, she buys into the cultural devaluation of women. This dilemma is seen as a typical struggle for females at the juncture of adolescence. How this struggle is resolved is seen as crucial to an adolescent girl's development in this culture (Gilligan, 1990).

These incongruities between self and culture experienced at adolescence appear as personal doubts which challenge or put into question the girl's sense of self, so that her ability to trust in and to act on her perceptions is compromised, and so that she loses touch with her source of empowerment through creating and relying on mutually empowering relationships. The incongruity at adolescence between the early relational, connected experience of self and societal definitions of maturity as independence, separation and self-reliance may leave the adolescent girl disconnected from the self, distrusting the relational self as a source of wisdom; in addition she may be disconnected from a sense of personal power found through being in relationship (Surrey, 1987).

All growth occurs in a relational context, which involves ongoing mutual attending and responding to the other. This process takes place within a framework of emotional connectedness, and begins at infancy. While both sexes have their earliest experience of self in this

context, the sense of self as a "being-in-relationship" is encouraged much more in girls (Baker-Miller, 1984).

It is in early life that the child begins to identify with the primary caretaker who is almost always the mother or another primary female figure. This identification process includes an identification with mother's relational and caretaking activities, such as relating, attending to another at an emotional level, and looking after another being. Thus, the infant begins to develop an internal representation of herself as a being-in-relationship. This relational process facilitates the beginnings of empathy which involves a beginning capacity to pick up on the feelings of the other. As well, the child begins to develop a sense of self as one who can impact on, and effect change in the emotional interplay of the relationship (Baker-Miller, 1984).

Thus, the creation of a sense of self as connected begins at infancy, growing out of dynamic, mutual self-other relational patterns between the child and primary caretaker, in which there is mutual attentiveness to each others mental and emotional states. Girls are more encouraged in the continuance of this intimate interplay. They begin to internalize representations of self as relational beings. Moreover, the ongoing development of the self within this connected, mutually attentive and responsive, relational context facilitates the development of the capacity in girls

to "feel as the other feels" (Baker-Miller, 1984, p. 4).

As girls come to know their selves through connection with others, as they are supported and validated primarily for their relational capacities, and as they develop a sense of self as effective through emotionally touching and impacting on others by way of caretaking, nurturing and empathic activity, self-esteem in females comes to be based on being part of relationships and being effective in relationships. This sense of effectiveness grows in all subsequent ages (Baker-Miller, 1984); it contrasts with a sense of effectiveness arising primarily from independent action and thought. Connection, then, is empowering for women.

Despite that the female self tends not to become more separate, it does become more complex as a relational being. Baker-Miller offers a sketch of female development in which, within the context of ongoing relational activity, and along with increasing physical and mental capacities, new relational skills and opportunities for enhancing those skills facilitate the development of the self(1984).

Early childhood is portrayed not as a time of increased separation. Rather, increased physical and mental capacities open up possibilities which allow for a broader and more complex degree of perceptions. With those developed capacities the child is enabled to incorporate new relational configurations, and so develops a more complex

knowledge of relationships. Hence, she develops a more complex sense of self-in-relationship, as she is enabled to participate in more complex relationships and to become part of a growing web of connections with others.

While the girl has already begun her identification with her mother's gender and relational activity, in early childhood the mother-daughter relationship remains largely asymmetrical as the mother is the one who is "done for" her daughter. However, around this time, with increased powers and opinions, the girl begins to assert her opinions and her capacity to do for others, as her sense of her enhanced capacities and her increased ability to effect her views allow her to. Still, her identity as a being-in-relationship means that she has a sense of acting and asserting in relation to others.

During early childhood, in the stage that is sometimes known as the oedipal period, girls are observed to turn away from their mothers in favour of their fathers (Baker-Miller, 1984; Freud, 1959). According to Freud, this behaviour is motivated by anger, as a young girl discovers that she lacks a penis, becomes aware that this makes her inferior, and holds her mother responsible for failing to provide her with this seemingly coveted object. Baker-Miller proposes an alternative explanation for the girl's turning from her mother at this time. She says that it is at this time that we can see the impact of the cultural devaluation of women,

as the devaluation of mother and the greater importance of father enters her awareness. While the relationship between negative cultural attitudes toward women and the reported turning away from mother may require further documentation, this does seem a plausible explanation, as research does bear out that children adopt prevailing cultural attitudes by preschool age (Harris, in Wooley and Wooley, 1984).

This period is said to be followed by one of intense involvement in relationships, particularly with other girls. The development of the relational self continues as relational skills are elaborated in these intense involvements.

Addressing adolescence, like Gilligan, Baker-Miller notes that this is a period often observed to be one in which girls shut down and become passive. She points out that contemporary young women often internalize strong cultural messages concerning their sexual needs, feelings, and desires which attach negative meaning to these such as "bad" or "dirty". Thus, the young woman may internalize a sense of herself as shameful. As she seeks to express her sexuality in relationships she faces opposition and devaluing messages. She may reconcile to becoming passive and submissive. However, in so doing she is faced with omitting her own inner sense of herself from the relationship. Her sense of herself as agentic in relationships is seriously challenged here as she faces

societal messages which tell her that being an active participant in relationships, particularly, though not exclusively as this involves her sexuality, is wrong. She has incorporated an awareness throughout her development that she must restrain herself to please others. In adolescence, this message is conveyed very strongly (Baker-Miller, 1984).

While Baker-Miller focuses on the aspect of sexuality, there are other aspects of the female self that are devalued (Gilligan, 1982; Steiner-Adair, 1990). In general, at adolescence, the young woman's sense of self as an active, effective being-in-relationship is altered by a sense of self who must defer to the needs and wishes of others. Thus, adolescence may be seen as a juncture in female development where the relational self is under increased pressure to defer. The budding woman faces conflict with societal forces which act to silence her.

Baker-Miller (1984) observes that most girls deal with this conflict by opting for sustaining relationships. Thus, they choose to deny important aspects of the self, and to become more passive and submissive in order to maintain relationships. As female identity is centred in relationship, this is understandable. Nevertheless, as caring, responsiveness, and sustaining and being agentic in relationships is the source of the female self's power, this option must in effect leave the adolescent girl experiencing

herself as ineffective.

Thus, Baker-Miller also sees female identity as centred in relationship. She offers us an elaboration of how this identity develops, placing this process not only in the context of primary relationships, but within the broader context of culture and its impact on the developing female self.

Surrey's model of the development of the relational self in women also highlights the centrality and continuity of relationships in women's lives, and focuses on the processes of mutual relationship, mutual engagement, mutual empathy and mutual empowerment as fundamental to the learning and growth of the relational self (Jordan, Surrey and Kaplan, 1985; Surrey, 1985a).

Empowerment is defined as the "motivation, freedom, and capacity to act purposefully, with the mobilization of the energies, resources, strengths, or powers of each person through a mutual, relational process" (Surrey, 1987, p. 3). In the context of the mother-daughter relationship in which the relational self has its beginnings, through both parties' capacities to know and hear each other, be responsive to each other and mutually engage in interactions, the sense of self in mother and daughter is validated and enhanced. Thus, both are empowered as relational selves within a mutually beneficial relationship.

Moreover, as a result of the mutual processes of the

relationship such as empathy and responsiveness, mother and daughter develop the ability to hold a continuous sense of the reality of the other, and hence to take the other into account in all activities, even in the other's absence. There is, then, an ongoing, growing capacity to consider the other's needs, feelings and perceptions, that extends beyond momentary activity, as the girl internalizes the capacity to act in relationship (Surrey, 1985a; 1987).

Ideally, the girl's growing empathic competence is validated by her mother. Through such validation, the daughter is empowered, as mother is helping her develop a sense of self as competent. This continuing mutual process of connection and empathy facilitates the development of relational and caretaking skills in the female child that will carry into other relationships as her life unfolds (Surrey, 1985a). Thus, the girl develops a positive sense of self as one who can perceive, respond and relate to the feelings and needs of another person. Through this process she is empowered. She experiences herself as an agentic person-in-relationship who not only is impacted on by others, but who is able to impact on others. Through this she develops a sense of self-in-relationship as effective and competent. Other areas of competence such as achievement and self-assertion develop within this relational context. The ability to connect with and respond to the other is a very important aspect of the development

of female identity. The sense of self-in-relationship informs future learning, joy, self-esteem and personal growth (Surrey, 1985a; Bograd, 1987; Jordan, Surrey and Kaplan, 1985).

Kaplan, et. al (1985) address adolescence as one phase in an ongoing process of relational development. While adolescence necessitates change in the mother-daughter relationship, clinical evidence suggests that it does not call for a lessening of connections or emotional separation. In their study of late adolescent girls, Kaplan, et. al (1985), find the change in the mother-daughter relationship revolves around how to individuate within a relational context. In particular, these young women seek a way to come into their own values and beliefs which may differ from their parents', and to broaden extra-familial relationships yet still remain connected with their parents. It is suggested that flexibility on the part of parents is necessary for successful resolution of this conflict. The ability to sustain connection with parents and at the same time develop outside relationships with peers leads to a sense of self as competent and effective, as the young woman is validated in her sense of self as a relational being who is effective in and capable of building and sustaining relationships. Conflict between parent and adolescent girl is ideally resolved in the context of continuing care and an ongoing commitment to sustaining the parent-child

relationship. Moreover, the resolution of conflict through intense interpersonal engagement allows for the practice of important interpersonal resolution skills for later adult life.

Empathy and Identity

Empathy is central to the development of relational capacities in women and therefore central to female identity (Jordan, 1984; Jordan, et. al, 1985; Surrey, 1985a). The basic assumption here is that female identity develops through relational interaction. Moreover, the increasing capacity for mutually empathic engagement is identified as a developmental goal for females.

For females, the fact that the primary caregiver is her same-sexed parent significantly impacts on the capacity for empathy. Jordan elucidates how the empathic bond between mother and daughter is central to the elaboration of an identity centred in connection in the girl (Jordan, et. al, 1985). In addition to the empathic capacity which grows out of the ongoing experience of self-in-relationship, girls are socialized to be empathic. They are encouraged from an early age to tune into the feelings, thoughts and needs of the other, through a primary identification process with their same-sexed parent, and to develop the ability to perceive the response or reaction of others to them. The characteristics involved in empathy are adaptive to the activities involved in caretaking and nurturing - eg.

mothering.

For accurate empathy to occur a high level of development and ego strength are said to be essential. One must have a strong sense of one's differentness as well as the ability to perceive both the differentness and the sameness of the other; indeed these are inherent in the capacity for accurate empathy (Jordan, et. al, 1985). Moreover, mutual validation of the differences between self and other and sensitivity to changing and increasing abilities of the developing individual are said to be crucial to the development of accurate empathy (Surrey, 1985a).

The process of empathy can be said to be motivated by the wish for relatedness. It is a process that entails both affective surrender and cognitive restructuring, as well as ego boundaries that are sufficiently flexible. It is a process that involves entering into the experiencing of the other and feeling as the other feels.

The fact that the development of empathic capacity originates within the early mother-daughter relationship - a relationship characterized by a strong attachment that is particularly encouraged in female children - and the fact that mother tends to experience her daughter as more like and continuous with herself, facilitate the growth of a relationship which is characterized by an increasingly complex capacity for empathy over time (Jordan, et. al,

1985). Thus, females tend to develop an identity in which they define themselves in relation to others, an identity arising out of a growing refinement of the capacity to enter the subjective experiencing of the other.

Differentiation and Autonomy in the Context of Relationship

The coexistence of the motivations of autonomy and connection is proposed (Jordan, 1984). Internalized representations of the self as separate with clearly differentiated boundaries may exist along with self-representations in which there is more overlap between self and other. Both connection and separation are seen as meaningful lines of development throughout the lifespan (1984). Stern (1990) challenges the dichotomous way in which depictions of identity development speak of separation and connection, where the move toward an individuated identity implies a severing of early, and in particular parental attachments. While adolescence is considered a time of separation from attachments to parents, the maintenance of relationships appears to be central to female identity. Rich (1990) distinguishes between, "separation" and "individuation". She defines differentiation as the development of one's own voice within the context of relationship. For example, she find that adolescent girls can differentiate within the framework of their relationships with their mothers and at the same time remain connected.

As female identity is centred in connection, the use of "separation" as a concept to describe psychological growth in females may lead to confusion. Moreover, "separation" may imply a negation of connection, which is at the core of the female sense of self. Therefore, Rich's distinction between "separation" and "individuation" to describe the clarifying development of female identity within a relational context is useful. It seems that "individuation" may be a more accurate description of identity development in females. Moreover, the centrality of connection throughout female life is validated in Rich's use of "individuation" as well as in her choice of this concept over "separation" to articulate female experience. "Individuation" would also help account for the development of the capacity for accurate empathy; separation would be an obstacle to this capacity.

The term "relationship-differentiation" appears helpful as a way of conceptualizing female development in contrast to the developmental path of separation-differentiation typically observed in males (Surrey, 1985). Relationship-differentiation is used to describe a process of increasing levels of flexibility, choice and complexity within a relational context in which all parties to the relationship are encouraged and challenged to sustain relational connectedness and to be responsive and adaptive to the needs and growth of the other(s). In this way, the growth of the

self is fostered and reaches increasing levels of complexity as a being-in-relationship, through increased and broadened relational experience, skill and capacity.

The readiness to be challenged by conflict, take risks, express difficult feelings and respond to the need to adapt to changing individual and relational requirements by altering internal images, patterns and interpersonal proximity, allows for growth within a relationship. Surrey asserts that "relationship authenticity" allows the participants of a relationship to take on these challenges. Here she refers to the capacity to feel emotionally connected, clear, honest and purposeful in relationship.

"Relationship-differentiation" is helpful in the perspective it offers of female identity development. For example, at adolescence young women enter a critical time in which they are faced with changing needs and the demands to adapt to changes engendered by growth. The challenge lies not only in facing and responding to these changes, but doing so within a relational context. The failure of the adolescent-parent relationship to allow for changing needs such as the young woman's desire to become more engaged in extra-familial relationships, may lead to a sense of low self-worth as the players in the relationship have failed in mutual understanding, sharing and responsiveness. These relational capacities of mutuality are necessary so that the young woman's identity may continue to grow and

differentiate within the context of relationship and without the threat of separation. Similarly, "relationship authenticity" is useful in articulating developmental needs. One of the requirements of the developing girl is the need to feel that it is safe to reveal herself within her primary relationship and to know that despite the possibility that conflict may arise, the relationship will endure. Where such relational conditions exist, the self experiences acceptance and validation, and change is encouraged in the safety of a continuing, supportive relationship.

The idea that for females differentiation and autonomy can, and ideally do occur within the context of primary relationships is supported by research findings.

In her study of the mother-daughter relationship at adolescence, Rich's (1990) findings suggest that in struggles around change and differentiation, girls' developmental challenge is to sustain connection while allowing for change and differentiation. Failure in this regard may lead to a sense of self as a failure.

Independence, often hailed as a universal goal of development and a sign of mature identity, seems to be conceived of in the relational context by Rich's subjects. These young women speak of making their own choices and taking action on their own. Yet, in cases where a mother conveys to her daughter a lack of trust in the latter's ability to take care of herself, the daughter exhibits

difficulty in trusting herself (Rich, 1990). This indicates the importance of the relationship for the growth of a healthy sense of self. The development of a healthy identity appears to be inhibited by the absence of validation and support from significant others. The relationship between female self-concept and how one perceives that others perceive her seems apparent also.

Rich also finds that as daughters speak of their needs for becoming independent, they describe a need to be interdependent with their mothers. Total independence is associated with a lack of connection. The wish for ongoing connection that adapts to the changing needs associated with the move toward adulthood, appears as an ongoing and central theme in the lives of the girls interviewed.

Conflict emerges as a way of expressing difference in the context of the primary relationships described by Rich's interview subjects. The ability to cope with and resolve conflict within the relationship appears to validate and empower the girls as worthy, effective and competent beings-in-relationship (1990).

Stern's findings also support the view that for females, identity develops without relinquishing connectedness (1990). She uses interviews to explore how adolescent girls deal with the contrary striving of separation and connection. Her findings suggest that the coexistence of connection and differentiation signals a

healthy resolution of the conflict posed by the seemingly opposing strivings of connection and differentiation. Adolescent girls are found not to choose one over the other, as major developmental theory would have them do in order to achieve a clear sense of identity. Rather, connection and differentiation are conceived of as two compatible aspects of the self's needs which interact to elaborate each other. The ability to become more independent and take care of oneself more ably is seen as enhancing one's ability to see the other - specifically the mother - in her own terms as someone with needs, rather than as someone who's main reason for being is to be a caretaker. This ability to see the other in turn widens the adolescent girls' capacity to respond to the needs of others, such as their mothers. At the same time, relationships are experienced as essential in the sense that they provide support for one's development. These girls seem to use increased individual skills and capacities to enhance their relationships with their mothers. Stern's work suggests that differentiation involves an evolving ability for responsiveness and connection within the context of a continuing relationship.

As female identity is centred in a continuous sense of one's relatedness to others, female identity is interpersonally oriented. As it develops within a context of interdependent relationship, the female comes to know herself as someone who is continuously connected to others.

Her sense of herself in the world is as someone who lives interdependently. It follows that independence, with its common meaning of one who stand and acts alone and is self-reliant, may appear as a threat to the identity of women.

Conclusion

Based on the recent female-centred body of work pertaining to female psychological identity we may say a number of things about the nature of this identity.

As it tends to develop within a relational context of care and connectedness rather than through a process of separation, female identity is embedded in connection and may be more accurately described as a "self-in-relation". The challenge and aspiration of development becomes a highly evolved relatedness, rather than a journey toward separation. Through the ongoing experience of the self-in-relation, identity maturation is marked by increasingly complex relational skills, a broadening sense of connection to others and the ability to achieve differentiation and simultaneously sustain connection within primary relationships. Thus, interdependence rather than independence is a developmental goal.

As female identity is embedded in connection, caring and the capacity to be responsive to others, it may be said to be "other-oriented". The developmental experience of females leads them to become more concerned with the feedback from others for validation of self. Moreover, a

sense of self as effective (empowerment), and a sense of self worth occur primarily through relationship.

For females, development involves a mutually interactive process within a relationship in which participants are mutually empowered, and in which it is equally important to make oneself known as well as to be known. This suggests that for women, identity and intimacy are inextricably linked. Indeed, the need to understand the other is essential throughout female life for self-esteem and for a sense of effectiveness, as it is integral to female identity.

The central importance of sustaining relationships to identity in females is further substantiated by Salzman, (1990). She interviewed a group of adolescent girls identified as having problematic relationships with their parents - particularly their mothers. Most of these girls were children of parents who underwent highly conflicted divorce. The families' interactional patterns generally reflected an inability to resolve conflict.

These young women's stories reveal that even under such conflicted circumstances with the primary people in their lives, the centrality of attachment to their experience of self persists. All the girls spoke of continuing emotional attachment to their mothers. For the most part, these girls chose to persist in their relationships with their mothers despite their awareness that these relationships failed to

fulfill their personal needs. While one girl in the sample did appear to deny attachment with her mother, her need for attachment was realized in another relationship. Thus, that these girls chose problematic attachment over non-attachment may be testimony to the centrality of relationship to the female adolescent.

Unfortunately this choice may also signify the silencing of the self, as relationship authenticity, which permits conflict within the safety of a continuing relationship, is largely absent. Identity development is therefore inhibited. The self receives the message that she must be silent, and must neither change nor express difference, on threat of loss of the relationship. Even if the adolescent girl attempts to express difference, she may not be heard. In either case, the self is not validated as relationally competent. Nor is the self empowered through a sense of effectiveness in the relationship. The young woman must choose between relinquishing an unfulfilling relationship or sustaining a connection that fails to meet important personal needs. The choice appears as sacrifice of the relationship or self-sacrifice. Salzman's findings suggest that most girls might choose self-sacrifice. This makes sense in light of the crucial importance of sustaining relationships to female identity, and in light of the internalized cultural expectation that good women put others' needs before their own. This attests as well to the

orientation - toward - other of female identity.

We can at least begin to see how the connected, relational identity that tends to predominate in females may lead to certain kinds of difficulties. In the next chapter we will explore how a relational identity in females may be construed as an etiological factor in eating disorders, relying on women-centred psychological research and theory such as that just discussed in this chapter.

CHAPTER 2

Identity as an Issue in Females with Eating Disorders
The Need for a Shift in Prevailing Conceptualizations of
Identity Issues in Eating Disorders

There is now sufficient research and theory generated on female psychology to enable us to conceptualize female identity issues in eating disorders in women's own terms (Josselson, 1990; Surrey, 1985b). There appears to be much agreement that care and connection constitute the primary framework for female growth, and that females tend to develop a sense of self-in-relationship (Baker-Miller, 1977;1984, Carlson 1972, Chodorow, 1978;1989, Peck, 1986, Gilligan, 1982, Jordan, 1984, Josselson, 1990, Surrey, 1985a). The idea that a mature identity for females in our culture is embedded in connection, necessitates a critical shift in prevailing conceptualizations of the identity struggles among females with eating disorders, in which the failure to separate is highlighted (Steiner-Adair, 1990). Therefore, in this chapter feminist psychology is drawn upon in order to develop a conceptualization of the issue of identity in females with eating disorders. Justification for basing an understanding of this identity problem on woman-centered research and theory lies in the fact that this growing body of work is grounded in the study of female

life, whereas prevailing psychological theory is found to be inadequate in accounting for the psychological experience of girls and women.

While prevailing literature casts problems concerning identity in females with eating disorders as a failure to develop a sense of self-as-separate, and a sense of personal ineffectiveness, difficulty in perceiving and identifying one's own physiological and psychological sensations and feelings, and dependency and over-reliance on others for personal validation are portrayed as symptoms of this failure (Bruch, 1973; 1979; Minuchin et.al, 1978; Sours, 1979) evolving women-centered research and theory urges a shift in perspective on the nature of identity issues in eating disorders (Steiner-Adair, 1990).

Separation and the establishment of a clear sense of self as a separate, autonomous, self-reliant individual are highlighted as the signs of mature identity achievement, and are the standards by which identity problems in eating disorders are measured against. Yet, woman-centered psychology has shown that these standards are male-derived and therefore not valid indicators of female growth (Baker-Miller, 1984; Gilligan, 1982). Instead, recent developments in the psychology of women have suggested that healthy female identity is characterized by a sense of self as someone who is continuously connected with others, by complex relational capacities involving the building and

sustaining of relationships, and by caring and responsiveness to others. The growth of the female self in patriarchal culture, in which the norm is that women mother their same-sexed children, tends to be a growth of self-in-relationships. Thus, the development of the female's continuous ongoing sense of herself is through relationship (Baker-Miller, 1977; 1984; Chodorow, 1978; Gilligan, 1982, Jordan et.al. 1985). Female identity is embedded in connection. It follows that the healthy female self develops the ability to function interdependently, rather than independently (Baker-Miller, 1984; Stiver, 1984; Surrey, 1985a). Indeed, it appears that interdependence is the developmental goal in females.

The capacity for empathy, growing out of the ability to feel as the other feels and less firmly differentiated self-other boundaries, is also identified as an important developmental goal for women (Chodorow, 1978; Baker-Miller, 1984; Jordan, 1984; Jordan, et.al, 1985; Surrey, 1985a). This capacity is framed by emotional connection, and grounded in a primary developmental, relational context. In its mature form, empathy has evolved to include the ability to experience the world of the other and then to step back into one's own world and integrate the other's experience by employing one's elaborated cognitive and emotional capacities, so that one may respond sensitively to another (Jordan, 1984).

As the female's identity is embedded in relationship, validation of self and of self-worth occurs primarily within a relational context for her relational skills and capacities. In other words, females come to know themselves as valuable persons for their capacities of caring, nurturing, responsiveness to others and empathy (Josselson, 1990; Baker-Miller, 1977; Gilligan, 1982). Thus, the self is validated foremost within an interpersonal context, rather than through individual achievement. Furthermore, as female identity tends to be realized through sustaining connection rather than through separation, it may be speculated that for females separation is not only unnecessary, but also threatens the relational self. Separation may be experienced as a negation of one's identity where that identity is centered in relationship.

In light of the view that female identity is informed primarily by the experience of self-in-relationship, it appears that the conceptualization of identity problems in females as being grounded in a "diffuse" or "enmeshed" sense of self is misguided. While these terms generally connote pathology, they refer to an experience of self said to be common to females in our culture (Bograd, 1987). Given their developmental experience, it is normal that females tend to develop less rigid ego boundaries than males (Chodorow, 1978). If this is so, the question is not how is it that young women with eating disorders are unable to

separate and function autonomously; rather, it seems more appropriate to ask, what problems or obstacles are in the way of the further development of the relational self at that particular time of life in which a young woman takes on an eating disorder?

The Mother-Daughter Relationship

As the mother-daughter relationship is identified by various woman-centered writers as the core context for the development of female identity (Baker-Miller, 1984; Chodorow, 1978; Jordan, et.al, 1985; Kaplan, et.al, 1985; Salzman, 1990; Surrey, 1985a) then this relationship is critical to understanding identity struggles in females with eating disorders. The ongoing intimate attachment of this key relationship is framed by emotional connectedness.

While the overinvolved mother is identified as a factor in the development of an eating disorder in the literature (Minuchin et.al, 1978; Garfinkel & Garner, 1982), woman-centered theory demonstrates how mothers are socialized to be primarily concerned with connection, caring, nurturance and a high level of sensitivity to the needs and feelings of others. Moreover, culture encourages a high level of mother-daughter intimacy as well as the relational capacities and styles that grow out of it (Baker-Miller, 1977; Chodorow, 1978). These relational styles are referred to as "enmeshed" or "overinvolved" (Bograd, 1987). While overinvolvement and enmeshment refer to a lack of

separateness between individuals and are portrayed as undesirable or pathologic qualities, Chodorow shows us that mothers tend to experience their daughters as more like, and continuous with themselves, as a result of patriarchally created psychological experience. Thus, the ongoing connection of the mother-daughter relationship is supported by culture and is the basis for how a female comes to know, experience and define herself. Indeed, feminist psychological research indicates that the continuation of intimate involvement between mother and daughter through adolescence into early adulthood, is critical in order for the daughter to develop a healthy sense of self - that is to say, a healthy sense of self-in-relationship (Kaplan, et.al, 1985; Mendelsohn, 1990; Rich, 1990; Salzman, 1990). Moreover, it appears that even where the mother-daughter relationship is not supportive and validating to a young woman's sense of self, she generally chooses to continue in her efforts to sustain rather than sever this relational connection (Rich, 1990). Thus, there is evidence that being in relationship and sustaining relational connection, particularly with mother, is central to the female sense of self. Still, such a choice may in turn mean that within a relational context that is so crucial to a young woman's identity development as a relational self, she is not validated, supported or encouraged in her sense of self. In this way, a daughter's attachment with her mother, on the

one hand so crucial to her sense of who she is, may at the same time be problematic, particularly in terms of her identity. Thus, we may speculate that identity issues in females with eating disorders may arise out of problematic attachment, rather than a failure to separate. If a female's identity is informed by her relationship with her mother and therefore embedded in connection, then "fusion" or "enmeshment", cited as signs of a lack of separation and a clearly differentiated and autonomous sense of self, may be more appropriately framed as problematic attachment: Whereas the terms "fusion" and "enmeshment" generally imply a need to separate, woman-centered psychological research and theory propose that for females healthy development requires ongoing attachment. Thus identity issues in females with eating disorders may have more to do with difficulties around sustaining an important relationship, than with a need for separation.

It seems that the question of a young woman's difficulty with identity, such as what is observed in sufferers of eating disorders, is not how a daughter fails to develop an identity centered in separateness, but how she fails in her development of an identity embedded in connection. What does a girl/woman need in order to continue to develop a healthy sense of self within a relational context? Conversely, what may hinder this development?

Adolescence and young adulthood, considered critical periods for the formation and consolidation of identity, are reported to be a high risk period for the development of eating disorders (Surrey, 1985b). Hence, this period of development may represent a major juncture in the emergence of the relational self, and eating disorders may signify obstacles to female identity development. Female identity development occurs through relationship, and enhancement as a relational self is proposed as a primary developmental goal (Surrey, 1987). Through relationship, through the ongoing practice of empathic relating, caring and responding, the female is enabled to develop increasingly sophisticated and complex skills and capacities in the interpersonal realm of connection. She requires the relational context in which to practice these skills, and she needs support for, and encouragement and validation of herself as competent and effective in her relational capacities. Her sense of self as competent and effective occurs foremost through relationship (Baker-Miller, 1984). For the adolescent girl, the key relationship here for her identity development is with her mother (Kaplan, et.al, 1985; Surrey, 1985a).

Encouragement, support and validation may be implicit or explicit. Mother may say, "thank-you for caring, I feel better." Alternatively, daughter may sense the impact of her own responsiveness to mother through her (daughter's)

developed capacity to tune into another's experiencing. In these ways, the daughter is validated as a competent self-in-relationship. Thus, ideally the developing female receives a continuing supply of approval for, and confirmation of her relational identity, and is thereby simultaneously encouraged to continue to grow along relational lines (Surrey, 1985a). She is encouraged in the relationship and by cultural stereotypes of femininity to continue to grow as a relational being (Baker-Miller, 1984). Thus, she is motivated to develop a connected identity, rather than one that is grounded in separation.

Part of what facilitates the development of a relational, connected identity is the capacity for conflict within relationship. Indeed, difficulties around allowing conflict to emerge and around dealing with conflict within the mother-daughter relationship appear to hinder the development of a healthy relational self in the daughter at adolescence (Rich, 1990; Salzman, 1990). Particularly during this period of growth, a young woman appears to experience more conflict with her parents. However, this does not signify a need to separate for the adolescent female. Rather, it is proposed that what she does need is to individuate. That is to say, her developmental task is to become more different within the relationship (Surrey, 1985a; Rich, 1990). "Relationship - differentiation" appears to be a more accurate reflection of the adolescent

girl's experience than "separation - individuation" (Surrey, 1985a). The developmental task, then, at this point is not to separate in order to develop a healthy, mature, and clear sense of self as separate. Instead, it centres around the challenge of individuation without separating and without loss of connection to primary attachments which tend to be so central to the continuing sense of self in females. As female identity is centered in connectedness, and as a healthy identity is defined as a continuous, ongoing, subjective experience of self, (Reber, 1985), then it can be postulated that for females separation would tend to constitute a rather sharp discontinuity of experience of self. Thus, for females separation may be a process of losing touch with self, that is, with the relational self.

Conflict within a relational context, specifically in the mother-daughter relationship, occurs where there is a sense of assurance that the expression of difference will not threaten the continuation of the relationship (Surrey, 1985a). Such conflict precipitates and facilitates differentiation within the context of an ongoing primary relational attachment. This suggests that where the developing adolescent perceives that conflict may lead to a severing of connection, particularly in her relationship with her mother, she may avoid conflict, and thereby sacrifice her developmental needs to express difference and to differentiate. The importance of conflict to female

identity development suggested by Surrey (1985a) and others (eg. Rich, 1990; Salzman, 1990), particularly during adolescence, offers new light to a conceptualization of identity issues in females with eating disorders. As previously stated, conflict avoidance is observed to be characteristic to these young women. It may be better understood as a way of ensuring one's identity as a connected self in the face of emotional detachment.

The importance of expressing difference and of allowing for conflict to emerge within the primary relationship seems to be very important to the healthy development of a growing young woman's identity as a relational being. Facing and working through differences allows the adolescent to develop and deepen her perceptions of herself as an individual, albeit an individual-in-relationship. It is important to bear in mind that conflict is experienced, expressed and resolved in relation to other(s). The young woman expresses and asserts her opinions, feelings, values and beliefs to someone with whom she is in relationship. In this way she gives voice to her needs as a being-in-relationship. Through such self-expression she develops a more sophisticated and articulate sense of herself. Thus, identity is clarified and elaborated through relational activity. If the female is disallowed or hindered in some way from giving voice in this way, she may silence herself rather than allow for the relationship to disintegrate. In

this way, she may choose self-sacrifice over separation. Self-sacrifice, cited as a feature of females with eating disorders (Bruch, 1979; Minuchin, 1978), thus may be seen as an attempt by the relational self to resolve a dilemma posed by the conflict between taking care of the needs of the developing relational self on the one hand, and alienation on the other. As relational beings oriented toward caring for and responsiveness to others who live in a dominant culture which encourages women to sacrifice personal needs for the needs and wishes of others (Baker-Miller, 1977), this spirit of self-sacrifice, cited as a pathological feature in the literature on eating disorders, can hardly be considered an anomaly in females. Gilligan (1982), proposes that while self sacrifice is inherent to an identity centered in care and connection, the psychological maturation process leads to the capacity to take oneself into account as well. We may therefore further postulate that females with eating disorders, hindered in their identity development, are impeded in their capacity to reconcile responsibility to self (selfishness) with responsibility to others, particularly within the context of primary attachments.

Self-in-relation theory states that the relational self needs to participate in relationship in a mutually beneficial and enhancing way. Again, in focusing on development, the mother-daughter relationship is stressed

here. This ongoing relating is framed by emotional connection. In terms of development, this emotionally framed relating involves a process of increasingly mutual empathy, caring, responsiveness and empowerment (Baker-Miller, 1984; Surrey, 1985a, 1987). Through validation and approval of the girl's increasing relational capacities, she develops a sense of self as competent. Through her capacity to impact on others by caring and responding, she develops a sense of self as effective. This is to say she is empowered through relationship.

The safety of knowing that her primary attachment with mother will withstand conflict, particularly at the critical juncture of adolescence, allows the young woman fulfilment of needs for personal expression and growth, and permits her to continue to feel validated as a competent, relational self. This is so because she can continue to sustain a very important relationship while engaging in healthy expression of difference and conflict. This relational process enables her to individuate (Surrey, 1985a).

Thus, she requires support and validation within the relationship in order to develop a sense of self as worthy, competent and effective. To achieve this, she must perceive that it is permissible to give voice to her needs, values, beliefs and feelings without fear of losing a relationship which has been essential to her sense of self-in-relationship. If she cannot do this, not only will she

sacrifice her own needs and the relational process which would facilitate increasing articulation of her identity, but, as well, she may be in danger of losing touch with herself. Individuation, then, takes place through relationships rather than through separation. However, problems in relationship, particularly with the mother who in most cases is so central to her identity formation, may hinder the relational processes necessary for nurturing and facilitating individuation in developing young women.

Established perspectives characterize identity issues in eating disorders as a failure to develop a sense of self that is rooted in separateness with clearly differentiated ego boundaries. This separate sense of self is characterized by autonomous functioning, self-reliance and an overall sense of personal effectiveness. Thus, it is generally said that females with eating disorders have a diffuse sense of self as a result of a failure to separate, and that this diffuse identity is marked by poor self-other boundaries, dependency, over-reliance on others for personal validation, a strong sense of personal ineffectiveness, an inability to function independently, and marked difficulty in identifying one's own feelings (Bruch, 1979; Garfinkel & Garner, 1982; Minuchin et. al, 1978).

Baker-Miller (1984) reported that at adolescence a girl's awareness of her mother's lack of power and value in society is heightened. From early life a girl has

identified with her mother's relational activity and style (1984). At adolescence, a high risk time for the development of eating disorders in females (Surrey, 1985a), they tend to become acutely aware that relational activity and the way of being that is associated with this activity is devalued. It follows that if adolescent girls have not perceived that their mothers value themselves as relational selves and if they are also not valued by other significant people such as their fathers, there is little, if anything existing within their immediate developmental context to counter or offset the cultural devaluation of the skills and capacities associated with being female. Inasmuch as the female child's sense of self is experienced so intimately in relation to her mother, it is likely that the adolescent daughter will experience her sense of self as devalued, and moreover, will feel betrayed by, and angry with her mother for her lack of power and value. It would therefore appear that the cultural devaluation of women combined with mothers' internalization of this devaluation as well as the incorporation of this devaluation by other significant people, put young women at considerable risk for developing a poor self-concept, particularly during adolescence. As a young woman experiences her relational self as devalued and lacking in power, then she would most likely describe herself as someone who is not worth much and has little of

value to offer. She would experience herself as powerless or ineffectual.

We may therefore speculate that the sense of personal ineffectiveness observed in the literature on females with eating disorders arises in part out of a heightened sense of self as devalued, as a result of both prevailing cultural values concerning women and a rather undiscerning internalization of those values by mothers and others with whom these young women are most intimately connected.

As females develop a sense of self as competent and effective through relationship, their sense of personal effectiveness grows out of, and occurs primarily through relationship (Baker-Miller, 1984; Surrey, 1987). Through a female's empathic capacity and abilities to respond to and care for others and to build and sustain relationships, she impacts on others. She develops a sense of self as powerful and effective through the capacity to impact on others within the context of relationship. It may therefore be postulated that where this source of empowerment or personal effectiveness is somehow inaccessible to her, she would then experience herself as not being able to have an impact on her world. Thus, it can be further postulated that not only does the sense of powerlessness in females with eating disorders relate to a powerful internalization of the cultural devaluation of women, but that it also concerns a

disconnection with their core sense of self and hence an incapacity to experience personal effectiveness.

As stated earlier, empowerment through relationship derives from increasing relational capacities such as empathy. As the maturation of empathic capacity requires a high level of relationship-differentiation, and as relationship-differentiation is facilitated by adaptiveness to developmental needs for change which are manifested in relational conflict, then conflict plays an important part in the elaboration of empathic capacity. In turn, empathic capacity engenders an increased sense of empowerment through relationship (Baker-Miller, 1984; Jordan, 1984). Therefore, empowerment through relationship is related to the importance of conflict for the growth of the relational self: Where the developing adolescent female perceives that giving voice to the changing needs spurred by growth and expression of personal difference threaten relational disconnection, then she is significantly limited in experiencing herself as having a meaningful impact on others - particularly her mother. Hence, she is likely to experience herself as powerless or ineffective.

In a mother-daughter relationship in which giving voice to conflict is permissible, particularly in that conflict is not perceived as leading to disconnection, then the adolescent girl's individuation - within - relationship is facilitated as the relationship is adaptive to the changing

needs of development. In addition, the developing adolescent is empowered through this adaptiveness because it allows her to experience herself as having a meaningful impact on others within an ongoing relationship which has been the foundation of her identity formation. Thus, she is enabled to experience herself as having an impact on what happens to her.

Conversely, it can be reasonably predicted that the adolescent daughter will experience herself as powerless where conflict is submerged, as under such circumstances she is denied valuable opportunity to experience herself as a competent and effective relational self. This may explain the sense of personal ineffectiveness observed in females with eating disorders. While this sense of powerlessness has been related to a failure to develop a separate sense of self, (Bruch, 1973; 1979; Minuchin, et.al, 1978; Sours, 1979), it may instead be understood as a failure to deal with interpersonal conflict, particularly within the context of the primary relationship. Thus, self-in-relation theory allows us to postulate that the female with an eating disorder's experience of self as ineffective and not in control arises from problematic attachment, usually with her mother. Hence, her sense of powerlessness may be at least in part seen to derive from obstacles within her primary relational world which function to prevent expression of conflict and difference and increasing articulation of self.

Such expression is necessary for the elaboration, development and affirmation of a developing young woman's identity (Rich, 1990; Surrey, 1985a; Kaplan, et.al, 1985). As she is hindered from the articulation of her own needs, opinions, values, beliefs and indeed differences within her primary relational world, it becomes difficult for her to differentiate in relation to her mother, as she is silenced. Rather than receiving encouragement to differentiate-in-relationship, she is discouraged from knowing herself. As she is silenced, she may fail to develop the ability to identify her own needs and feelings. With this in mind, the depiction of the inability of females with eating disorders to identify their own psychological and physiological cues changes. Rather than signalling a failure to develop a sense of self as separate, this difficulty in relation to their own needs and feelings alert us to obstacles to both relationship-differentiation and empowerment through relationship.

As interdependence is a major developmental goal of the relational self, (Rich, 1990; Surrey, 1985a), then conceptualizations of females with eating disorders as overly reliant on others may also be misguided, as these renderings suggest that these young women must learn to assert themselves as autonomously functioning individuals. As the development of autonomy in females is framed by the development of a connected identity (Bograd, 1987;

Josselson, 1990; Mendelsohn, 1990), the problem of dependency may be more accurately described as a fear of self-assertion within a relational context due to the threat of disconnection and isolation.

As females' experience of self is primarily in relation to others, descriptions of their identity in the literature on eating disorders as "fused" or "enmeshed" are problematic in that they devalue that which is the norm for female identity. Moreover, these descriptions imply that females should develop a male-like identity in order to mature and achieve a reasonable level of mental health and adult functioning. As the primary experience of self in females tends to be through relationship, it appears more useful to construe problematic identity in females with eating disorders as difficulty in continuing in the development of the relational self.

In order to appreciate this problem of relationship differentiation, it is helpful to consider the importance of empathic development to female identity. The capacity for accurate empathy requires flexible self-other boundaries. It involves the ability to experience the subjective world of the other, and then to re-enter one's own experiencing and be able to differentiate between the experience of self and the experience of other. Thus, a high degree of differentiation is required here. Yet, this differentiation occurs within a relational context, and indeed it must occur

within relationship if advanced empathic capacity is to develop. Mutuality is critical here. For example, if there is a lack of mutual validation of experiencing then a developing female's experience of self is not validated. In this case, her differentiation is not encouraged or facilitated. Thus, developing empathic capacity, involving an increasing ability to experience the other as if the other were oneself, comes also to include awareness and acknowledgement of one's own experiencing (Jordan, 1984). This latter capacity implies differentiation of self in relation to another rather than apart from another and it is encouraged through mutual validation. Thus, the difficulty with relationship-differentiation in females with eating disorders may be understood as involving obstacles to the development of mature empathy, where the growing female self's experiencing within relationship is not validated by her significant other (eg. her mother). In this way, failure in the development of empathic capacity can be seen to impede the elaboration of the relational self in females with eating disorders. Given the requirements for the development of an identity embedded in connection, how can a young woman continue to grow as a relational self in a situation in which on the one hand she needs to be able to express her self/relational needs within an ongoing relational attachment, and yet on the other hand to do so threatens the severance of that relationship?

Research indicates that ongoing parental support for the expressing of the self is critical to the maturation of a young woman's identity (Kaplan, et.al, 1985; Rich, 1990; Salzman, 1990). Validation within an ongoing attachment with the mother is generally understood by woman-centered psychology as particularly critical for increasing articulation of the self in developing females (Baker-Miller, 1984; Chodorow, 1978; Jordan, 1984; Surrey, 1985a).

As the daughter experiences a strong identification with her mother and with her mother's relational activity, where her mother fails to value and be considerate of her own needs, or indeed has sacrificed her care of self for care of others such as her family members, then the daughter, too, may lose touch with her own needs. In this case, the daughter internalizes a self-representation as self-sacrificing. She internalizes the message that she must silence her needs and her individual voice as the needs and voices of others are more important and deserving of attention than her own. Thus, the daughter may lose touch with her self - her own voice and needs, and her own emotional and physiological cues. This sort of self-sacrifice is supported by the larger culture as an expected and desirable trait in women (Baker-Miller, 1977). As caring for others is central to female identity to begin with, the choice of self-sacrifice such as described in the

literature on eating disorders may be seen as an expression of an identity that is in its essence relational.

Gilligan's (1982) model for the development of the connected self serves to illuminate the intricate connection between self-sacrifice and identity in females. As described earlier, she traces a progression from selfishness to self-sacrifice and finally to a position in which the individual, having reached a highly elaborated sense of self as intricately related to others in an expanded web of connection, and having undergone a transitional period in which she re-evaluates her selfless position, arrives at a position in which she considers both the needs of self and other. This suggests a highly developed sense of self-in-representation, involving an awareness that as someone who exists and moves in a world of relationships, considerations of care and responsiveness must include the self. This shift in perspective also points to highly developed cognitive capacities, as the young woman moves from either/or thinking to the capacity for complex thought that is required for the ability to approach each context of experience in its uniqueness (1982; Gilligan, et.al, 1988). Moreover, the failure to move out of the selfless position and to be able to include the self is found to be accompanied by psychological distress such as eating disorders (Gilligan, et.al, 1988). This finding lends further support to the view that issues of identity in

females with eating disorders centre around a failure in the development of a connected identity rather than an identity based on separation. Gilligan's paradigm suggests that the characteristic spirit of self-sacrifice in females with eating disorders represents an entrenchment in the selfless position. As periods of crisis are found to precipitate the growth of the capacity to include the self (Gilligan, 1982), it may be that obstacles to relational conflict prevent as well the emergence of the capacity to consider self.

As the experiencing of conflict within the primary relationship appears to be critical to the elaboration of a connected identity, then in relationships where conflict is submerged, the developing female is discouraged from expressing personal needs and differences, and from practising valuable relational skills through dealing directly with interpersonal conflict. In this context she is denied important aspects of the relational experience necessary for furthering the development of her relational identity, and enabling her therein to learn to include self in considerations of care, responsiveness and connection. Thus, the primary relational context, which for a female in patriarchal culture is usually the mother-daughter relationship, may contribute to the difficulty in identifying emotional, mental and physiological states that is observed to be typical of females with eating disorders. Further, it can be postulated that if a mother has been a

self-sacrificing caretaker to her daughter and has failed to give voice to her own needs, values and beliefs, then her daughter, through identifying with what mother is doing, may assume a self-sacrificing mode and fail to differentiate. Thus, the daughter may fail to progress from a selfless position to one which includes articulation of and responsiveness to her own needs, feelings, beliefs and wishes. Moreover, while healthy development of a self-in-relation requires such a shift, this is not a shift supported by a culture which encourages women to be selfless, and frowns upon women who assert their own needs (Baker-Miller, 1977). Thus, for some women, support for the differentiation and articulation of the relational self lacks from within and without.

In sum, while connection, caring and responsivity to others are central to female identity, the attainment of mature identity involves the capacity to care for and respond to oneself (Gilligan, 1982). The shift to this relational position occurs through a process of differentiation-within-relationship, as this process involves increasing awareness and articulation of individual needs, feelings and perceptions (Surrey, 1985a). This growing self-awareness and expression increases the potential for relational conflict. Yet allowance for overt expression of conflict functions as a critical facilitative

factor for the process of differentiation-within-relationship (Kaplan, et.al, 1985; Surrey, 1985a).

Conflict, especially within a relationship which has been the primary context for the development of a girl's identity, arises from the need to differentiate. It is precipitated by developmental strivings at a critical point in development at which a major developmental task is identity formation (Josselson, 1990; Surrey, 1985a). Through self-articulation within a relational context, a young woman is enabled to take into account her own needs, feelings and perceptions as well as those of others.

This woman-centered theory on the importance of conflict to the articulation of self in females (Rich, 1990; Surrey, 1985a) provides the basis upon which to postulate that the apparent propensity for self-sacrifice in females with eating disorders may signal submerged interpersonal conflict within a primary relational contest. In avoiding conflict, young women with eating disorders avoid valuable opportunity for the articulation of self-in-relationship. In this sense their identity development is hindered. Through conflict avoidance, difference is denied and personal needs, values and wishes are sacrificed. However, the issue of self-sacrifice in females with eating disorders is not simply about being unable to allow primacy to the needs of self. As female identity grows out of and is centered in relationship, the problem is more likely that

females who have eating disorders are unable to reconcile the needs of self and the needs of other.

Similarly, the observation that females with eating disorders are characteristically watchful of others watching them (Bruch, 1979; Minuchin, et.al, 1978; Sours, 1979) may speak of the orientation toward other of the relational self, rather than indicate individual (Sours, 1979) or familial pathology (Munuchin, et.al, 1978), or an overreliance on others for a sense of identity (Bruch, 1973). Woman-centered psychology informs us of the orientation toward other that grows out of a relational self (Jordan, et.al, 1985; Josselson, 1973; 1990; Baker-Miller, 1984; Surrey, 1985a). The female comes to know and define herself interdependently rather than independently. Her need to please others, and to be responsive to their needs is inherent to her sense of self. It follows, then that this reliance on others for validation of identity reported in the literature on females with eating disorders is not a pathological aberration. Rather it is the norm for females whose identity is embedded in relationship. However, it may be that where this other-orientation is accompanied by a disconnection from self, such as in a situation in which a young woman is discouraged from acknowledging and responding to her own needs and wishes, then she is disabled in terms of adapting to developmental change. In this way, it may be tentatively concluded that her high level of sensitivity and

responsivity to others in the absence of sensitivity and responsivity to self, may become problematic. This imbalance may arise from problematic attachment, where increasing differentiation is perceived by mother and daughter as threatening disconnection (Salzman, 1990).

The Family Context

While family systems formulations of eating disorders may have failed to take into account cultural factors and the gender differences which arise from them (Libow, 1985; Steiner-Adair, 1990), their conceptualization of the familial interpersonal patterns which are said to typify the family of a female with an eating disorder may be reconsidered in light of the woman-centered psychological theory and research presented in chapter one.

As has already been pointed out, the traditional family constellation reflects the larger patriarchal social order, especially in that males are more valued and ascribed more power than females. This valuing of males over females is found to be internalized by both genders (Baker-Miller, 1977; Libow, 1985). Despite social changes in recent decades, women continue to be the primary nurturers and caretakers responsible for the physical and psychological growth of children, and generally continue to be devalued by the larger culture to varying degrees. In turn, families, as mediators of culture, may be said to internalize these perceptions of female worth to greater or lesser degrees.

It follows that some females will internalize a stronger sense of self-as-devalued than will others. The degree to which young women devalue themselves likely depends to a significant degree on how much their mothers devalued themselves, given the centrality of the mother-daughter relationship to female identity formation.

Moreover, the picture of the "overinvolved mother" and "disengaged father" said to indicate family dysfunction and identified as producing a child with an eating disorder (Minuchin, et.al, 1978), is in fact a normal family pattern in patriarchal culture in which males are encouraged to be emotionally separate, and females are encouraged to experience themselves in relation to others and to be emotionally attuned to and take care of others. Therefore, we may conclude that as women develop a sense of self-in-relation, and as they are devalued, then they are at risk for devaluing aspects of themselves which are basic to their identity. Furthermore, we can postulate that the poor self-esteem that appears to be characteristic of females with eating disorders (NEDIC, 1988), arises in part from a devaluing of the relational self which is supported by both culture and family.

If the family constellation identified as typical to sufferers of eating disorders is typical of our culture, how is it that not all daughters of such a family develop an eating disorder? Other key factors identified in this

family system are enmeshed boundaries, particularly between the mother and the daughter who has an eating disorder, conflict avoidance, and triangulation of the child into parental conflict.

Again, using female-centered theory allows new insights into the identity struggles in young women with eating disorders and into the role of family in these difficulties. To begin with, we may say that mother's "overinvolvement" is a style of relating which expresses her sense of self-in-representation. Given a mother's position as primary caretaker, it is normal that she experiences herself as more like and continuous with her daughter, and that she desires to be intimately involved with her (Chodorow, 1978; Jordan, 1984). Furthermore, as one whose identity is embedded in relationship, the mother's primary source of validation and empowerment is through emotionally connected caring and responding within the context of ongoing relational connection (Surrey, 1987). The more emotionally disengaged her husband is, the less she will receive validation as a relational self through her marital relationship. Thus, more than in other families, and perhaps particularly if the mother is additionally isolated from other relational sources of empowerment and validation, she may then come to rely too heavily on her same-sexed offspring, with whom she has been in an intimate relationship all along, for the fulfillment of her relational needs. Moreover, she may feel

threatened by her daughter's striving toward individuation and the conflict this entails, construing these as efforts of separation or disconnection. Thus she may be afraid of isolation and of failing to sustain a relationship. As connection and sustaining relationships are central to female identity, disconnection may lead to a sense of self as failure in the mother. Hence, we may postulate that it is not the mother's intense caring and relational activities vis a vis her daughter per se that are problematic, as family systems theory proposes; separateness is not a part of the solution to this "overinvolvement". Rather, it may be a lack of fulfilment of mother's needs as a relational being in the face of relative social isolation and a disengaged marital relationship that fails to affirm her identity, which lead to problematic attachment with her daughter who has an eating disorder.

The triangulation of the daughter who has the eating disorder into the marital dyad is depicted in systems literature of the "anorectic family" as an inappropriate attempt by the daughter to unite her parents and thereby protect them from their own marital discord (Minuchin, et.al, 1978). This may instead be understood as an effort by the daughter to express her relational self as a sustainer of relationships and thereby experience a sense of self as competent. However, in so doing, the daughter has the precarious task of submerging her own needs for growth

through ongoing dialogue and through expression of difference and conflict, in order to engage her parents. In this roundabout way, she can be seen as trying to have her mother's relational needs met. Unfortunately, this young woman's needs for growth and individuation as a relational self are thereby neglected. Self-sacrifice over-rides self-care for the sake of connection. The elaboration of the daughter's connected sense of self is curtailed. She is hindered from the process necessary to attain the developmental position of a relational self that would include consideration of self as well as others.

The relational self found to characterize females may also illuminate the high level of loyalty to the family found to characterize females with eating disorders: In not expressing dissent, these young women are not simply being overly compliant in order to avoid conflict and keep the family unit from coming apart, but they are choosing connection over disconnection. Sustaining connection is central to female identity and a primary source of personal empowerment. It appears that certain family forces may in effect act to deny the necessary relational adaptiveness that would enable and encourage these females toward increasing relationship-differentiation and the resultant capacity for inclusion of the self. In the context of the family, this lack of adaptiveness to the developmental needs of these young women may be understood as arising from a

highly stereotypic marital arrangement in which mother is emotionally cut off from her husband and additionally has few or no other sources of relational validation and empowerment. Thus, it is not simply the mother-daughter relationship that gives rise to identity problems in females with eating disorders, but it is also the broader relational context in which this relationship unfolds and the traditional marital arrangement which can be seen as playing a significant role in the identity struggles that we see in females with eating disorders.

In a family in which conflict is submerged, it can be very difficult to feel that one can impact on others through caring and responsivity, and to have a sense of oneself as participating in mutually empowering relationships. This may contribute to the sense of personal ineffectiveness found in females with eating disorders, (NEDIC, 1988). In a mutually empowering relationship women develop a sense of personal effectiveness through impacting on others. Through impacting on others, they receive validation as competent relational beings, and support and responsiveness to their changing needs as developing individuals-within-relationship. Permission within the relationship for conflict to emerge and the readiness to attempt to resolve it are found to be crucial here, because conflict indicates a need for change and the willingness to allow it to emerge and to deal with it signify adaptiveness to change and to

changing needs. This openness to relational conflict facilitates relationship-differentiation and it facilitates interdependence, two key developmental goals of female psychological development.

Again, healthy identity development in females involves increasingly complex relational skills which result in a growing capacity to be different and together at the same time. This means relationship-differentiation rather than separation-individuation; and it means the ability to function interdependently. The family which hinders this kind of development in a daughter thereby disallows healthy development of the female relational self. Thus, contrary to assertions made in some family systems theory, namely, that the family system of a young woman with an eating disorder prevents the development of her independence, it is her capacity for interdependent functioning that may be hindered.

Given the centrality of connection to female identity and the consequent importance of interdependent functioning and of relationships to healthy development, the problem of the family of a young woman with an eating disorder becomes centered in the perceived threat of disconnection which results in the choice to avoid interpersonal conflict, rather than in togetherness and interpersonal responsiveness: Ongoing connection and a healthy capacity for conflict are necessary for relationship-differentiation,

the ability to relate interdependently, and the development of accurate empathy—a capacity which involves both being able to intimately enter the experiencing of another and the ability to be in touch with one's own experiencing (Jordan, 1984).

The capacity for accurate empathy requires relationship-differentiation as well as flexible interpersonal boundaries (Jordan, 1984). Thus while Minuchin et.al (1978) find that easily crossed boundaries are a key characteristic of families of young women with an eating disorder, woman-centered psychology suggests that flexible interpersonal boundaries are characteristic of female identity, and are necessary for the development of a healthy sense of self in females.

Moreover, the conflict avoidance relational patterns found to characterize families of females with eating disorders (Minuchin et.al, 1978), may reflect rigid, rather than diffuse family boundaries. Flexibility implies adaptiveness to change. As the functioning of these families appears to involve a significant degree of conflict avoidance, the needs for growth and change are thereby denied. Therefore, a lack of relational flexibility or rigid boundaries appear to be more accurately descriptive of these families.

Flexibility of personal boundaries is found to be a major component of normal identity development in females

(Chodorow, 1978; Jordan, 1984). It is proposed here that the interpersonal boundaries within the families described by Minuchin et.al, (1978) are in fact overly rigid, as these families fear, and so avoid, conflict, since conflict implies disconnection and isolation. For the disengaged male members, such as the father, whose sense of self is grounded in separateness, conflict would likely imply threatening emotional engagement. If these families' boundaries, particularly those between the mothers and daughters, were sufficiently flexible, then differences between self and other would be allowed to emerge. This would engender the continuing growth of the connected self in the daughters who have an eating disorder. However, as long as these daughters' fathers require emotional separateness, and inasmuch as their sense of self is threatened by intimacy, the mothers are likely to have a much more difficult time risking disconnection from their daughters. Moreover, as a daughter's relationship with her mother is critical to her identity (Baker-Miller, 1984; Chodorow, 1978; Jordan, 1984; Surrey, 1985a), the daughter will make efforts to sustain this relationship, even when it is an obstacle to the elaboration of her identity (Salzman, 1990). Therefore, it can be hypothesized that by submerging her needs and sustaining her relationship with her mother in a static manner, the daughter with an eating disorder is protecting her mother from isolation and moreover, in so

doing is responding as a relational self to her mother's needs.

Thus, theory and research on female psychological experience allows a reframing of what constitutes diffuse interpersonal boundaries. In family systems theory, diffuse boundaries refer to a lack of differentiation between self and other. Yet, woman-centered psychology points to the need for flexibility in order for adaptation and change in response to individual needs for psychological growth to occur. In light of this need for flexible self-other boundaries, the boundaries which are described as enmeshed in systems literature on eating disorders, may instead be seen to be rigid in nature, in that these boundaries appear to prevent growth and differentiation of self within the context of relationship.

As well, the sense of sameness between self and other implied by the use of the term "enmeshment" may itself not be problematic as it may instead be indicative of one whose identity is embedded in connection. Additionally, this sense of sameness between self and other enables the growth of complex relational capacities. Therefore, we can postulate that the problem of interpersonal boundaries in the family of a young woman with an eating disorder is one of insufficient flexibility which precludes a balance between the need for ongoing attachment and the need for individuation. In this way a young woman's growth as a

relational self beyond a position of self-sacrifice in which the focus is almost exclusively on the needs of others to a position in which she is enabled to identify and respond to her own needs as well is obstructed (Gilligan, 1982; Gilligan, et.al, 1988).

Summary

In summary, as the family structure and its division of roles and responsibilities along gender lines provides the primary context of development, and as this developmental milieu produces an identity in females that is centered in relationship, so it may provide the circumstances which lead to obstacles to the development of a healthy connected identity such as problematic attachment. While the mother-daughter relationship is crucial for the developing experience of the relational self, both mother and daughter, for whom connection is central to sense of self, are intimately connected to a larger emotional system - the family. In turn, the family is both product and reflection of the culture of which it is a component part. It follows that to understand identity and problems with identity it behooves us to examine how culture may contribute to identity. As patriarchal culture gives rise to differences in identity along gender lines, then it must also engender different identity struggles. Hence, given cultural forces will affect the identity of females differently than the identity of males. The following chapter will identify

specific cultural forces and explore the relationship of these to identity issues in females with eating disorders, as conceptualized in this chapter.

CHAPTER 3

The Significance of Culture in The Rise of Eating Disorders

Introduction

While some literature has placed the identity issues of females with eating disorders in a failure to separate (Bruch, 1973;1979; Minuchin, et. al, 1978), this writer has suggested that these difficulties arise primarily as a result of failure in the elaboration of an identity that is centred in connection. This failure is seen as arising largely out of problematic primary attachments, usually with mother, in which the threat of disconnection is perceived to be present. As the female relational self is other-oriented, a young woman involved in such a relationship is likely to sacrifice the needs of self for the sake of sustaining the relationship. As this chapter addresses the question of what roles the cultural forces of pressure for thinness in women, valuation of separation and autonomy and the image of the ideal woman have in the identity issues in females with eating disorders, the focus will be on the part these cultural forces play in a young woman's failure to articulate her relational self. These cultural forces are identified as having a part to play in the reported increase in eating disorders in females (Bemporad, et. al, 1988;

Schwartz, et. al, 1982; Scott, 1987; Streigel-Moore, et. al, 1986; Surrey, 1985 b). Therefore it is possible that these forces have a significant role in the identity problems which appear to be a central component in the etiology of eating disorders in females.

As identity formation occurs through an ongoing process of relating with others, then it seems reasonable to assume that cultural forces, inherent as they are to the context in which human development takes place, will impact on that development, and will play a part in determining how the developmental process unfolds. Perhaps this is especially so for females in patriarchal culture who tend to come to know themselves through others, and who are therefore more reliant on others for confirmation and valuation of identity. (Streigel-Moore, et. al, 1986). Thus we may speculate that females are particularly attuned and responsive to cultural values and expectations regarding women.

As various experts on the topic of eating disorders agree that an increase of this problem primarily in girls and young women has occurred in recent decades (Bruch, 1981; Schwartz, et. al, 1982; Steiner-Adair, 1989), it may be that there are forces operating in our culture which impact particularly on girls and women and which have precipitated the rising incidence of females who are engaging in dangerous behaviours in their pursuit of thinness. It

appears that for many women in our present culture, the achievement of a thin body has become of the utmost importance.

Steiner-Adair (1989) says that today young women are at risk for developing an identity exclusively in terms of body image, suggesting a link between eating disorders and identity in females at this particular time in history. There may then be cultural forces that are developmentally disabling to females (1990).

As not all females with identity-related difficulties, nor all women who desire thinness, develop an eating disorder, (Steigel-Moore, et. al, 1986) cultural forces may interact with certain psychological issues or traits. The relevance of social phenomena to the identity issues of females with eating disorders is further indicated, as the three social forces identified above are said to be represented in a prevailing identificatory role model for women in contemporary western society (Schwartz, et. al, 1982).

As the cultural context in which development takes place plays a significant role in identity development (Baker-Miller, 1984, Chodorow, 1978, Gilligan, et. al, 1988), then an examination of cultural forces in order to more fully appreciate identity issues in females with eating disorders is warranted. Schwartz, et. al (1982) review established etiological theories of eating disorders and

conclude psychodynamic, family systems and organic perspectives each on their own fail to account for the apparent increase of eating disorders in the female population. They suggest that eating disorders express underlying psychological stress and that social phenomena affecting women, in particular the cultural pressure for women to be thin, may be the factor which determines the choice of the relentless pursuit of thinness as a way of coping with various underlying personal difficulties. In this sense the cultural pressure for women to be thin may be the etiological factor which accounts for the rise in eating disorders. While individual and familial factors may play a role in determining predisposition to an eating disorder, these factors alone fail to illuminate the particular symptomatology which characterize eating disorders, particularly the fear of fat and the relentless pursuit of thinness. Nor do these factors explain the increased incidence in eating disorders in recent times. Instead, it is proposed that early developmental factors may combine to make an individual more prone to developing an eating disorder. Moreover, it is suggested that the symptomatology of an eating disorder is a culturally acceptable and supported way of adapting to psychological distress for females (Schwartz, et. al, 1982; Bemporad, et. al, 1988).

The contemporary phenomena of eating disorders may be compared to the apparent "epidemic" of hysteria in women in

the age of Freud. Just as this hysteria may be understood as a culturally mandated mode of resolving conflicts presented by adulthood in an era when the ideal image of woman was someone who was weak, "dumb", compliant, submissive and flirtatious, eating disorders may be seen as a culturally approved way for contemporary women to cope with experienced conflict between cultural expectations of women and individual needs and values (Bemporad, et. al, 1988). Thus, eating disorders may be a manifestation of experienced conflict between the female self and a culture which is not supportive of that self (Bemporad, et. al, 1988; Steiner-Adair, 1990).

The constellation of behaviours, concerns and thinking which characterize eating disorders, may be seen as an exaggeration of the independent, goal-oriented, self-reliant, "superwoman" role model valued in contemporary western culture which incorporates thinness as a major symbol of success, achievement and beauty (Bemporad, et. al, 1988; Szekeley, 1988). Thus, thinness is tied to an identificatory role model for women. It is suggested that eating disorders may be a way of resolving conflicts concerning female identity in the context of a social milieu which offers developing girls and women a constrictive and unrealistic identificatory role model (Schwartz et. al, 1982; Steiner-Adair, 1990). Viewed in the cultural context in which they occur, eating disorders may appear as less

pathological, and more as an adaptive response to growing up female in a culture that teaches women to be dissatisfied with their bodies, to aspire to become like men and to deny the needs and values of their relational selves. We can speculate that developmental issues and individual family experiences may converge with cultural forces and lead to the development of an eating disorder in young women (Steiner-Adair, 1990).

The Cultural Pressure For Women To Be Thin

Contemporary western society values thinness in women. Societal pressure to be thin is identified as a contemporary cultural force that is directed primarily at women and that has an influential role in the increased incidence in eating disorders in the female population (NEDIC, 1988; Wooley and Wooley, 1985).

An increasingly thin female body as the beauty ideal for women is found to coincide with an increase in the promotion of weight loss dieting that is directed mainly at women, (Garner, et. al, 1980). Indeed, weight concerns and dieting in women is the norm (Streigel-Moore, et. al, 1986; Surrey, 1985b). Through mass media in our culture, young girls and women are bombarded daily by images of women's bodies and messages concerning women's bodies which promote a narrowly defined body-ideal for women (Szekeley, 1988; Wooley and wooley, 1982). The message is conveyed that deviation from this thin body-ideal is unacceptable.

Moreover, failure to achieve this ideal is equated with failure in being feminine (Streigel-Moore, et. al, 1986). For women, thinness is equated with success, happiness, autonomy, achievement, femininity and sexual attractiveness. To be fat is to risk alienation, rejection and being unloved in a culture which holds up obesity as immoral (Steiner-Adair, 1989).

We live in a society in which prejudice against fat people is the last socially acceptable prejudice against persons on the basis of appearance (Fitzgerald, 1981; Steiner-Adair, 1989). The demand for thinness in women in particular is accompanied by a multi-billion dollar diet industry which holds out the promise of achieving a thin body (Schwartz, et. al, 1982). It is estimated that 95% of the clients in weight-loss programs are women (Szekely, 1988). In the United States approximately 80% of women are dieting in an effort to reduce their weight (Steiner-Adair, 1989). Most do so for cosmetic rather than health concerns (Schwartz, et. al, 1982). In a study of college women, Schwartz and Thompson found that among women exhibiting anorexic-like behaviours, all reported constantly dieting. The average age of the first diet in this group of women was 13.8. Among the women in the study who did not show anorexic-like behaviours, many also reported "always" dieting. The mean age of the first diet in this group was 15.1. "Normal" dieting attempts are found to precede the

development of an eating disorder in almost all cases (NEDIC, 1988). Just as most dieters are female, so, too, about 90% of those with an eating disorder are girls and women.

Despite mounting scientific evidence that dieting is ineffective as a measure for long term weight loss, health care professionals continue to prescribe it. Moreover, research indicates that obesity may be more of a moral problem than a health risk (Fitzgerald, 1981), that there may be health advantages associated with fatness, and that thinness may be more of a hazard than obesity in many instances. Risk of early death is found to increase in only extremely overweight and underweight women, while the weight of the 80% of women in between was found to have no adverse impact on health (Keys in Wooley & Wooley, 1984). Wooley and Wooley's review of the literature on obesity and associated health risks lead them to conclude that the need to medically treat most obese patients is questionable.

The failure rate of weight-loss diets, estimated to be 95% (NEDIC, 1988), may be explained by "set point theory" for which there is a growing body of supportive evidence. Basically, this theory holds that each person's body has a genetically predetermined weight range that is normal for that individual's body. When individuals diet, they alter their set point as they lower the rate at which their bodies metabolize calories. For instance, if a person's original

weight range is between 130-140 pounds, and that person then diets, she lowers her metabolic rate and raises her set point so that instead of 130-140 pounds, her set point becomes, for example, 135-145 pounds. When this dieter returns to normal eating she will likely gain weight, because her dieting has depressed her metabolic rate, and therefore her body now burns calories less efficiently. Thus, dieting ultimately leads to weight gain. In order to sustain a reduced weight, individuals often must resort to extremely restrictive eating, thus subjecting themselves to periodic or chronic states of starvation (Wooley & Wooley, 1984). Research indicates that efforts to maintain weight loss in the face of overwhelming appetite puts one at high risk for developing an eating disorder (Wooley & Wooley, 1985). This is said to be particularly true for those genetically predisposed to being "overweight", as their bodies are not meant to be thin (NEDIC, 1988).

It is therefore understandable that many girls and women, in a society which judges them by their physical appearance and communicates through various media that physical attractiveness is their most valuable achievement, resort to extreme weight-loss strategies such as those which are seen in eating disorders. Weight preoccupation in women is fostered by film, advertising, magazines, television, books and school curricula (Szekely, 1988). The societal intolerance of obesity-especially in women - often makes

life as a fat woman quite painful. Research of obese adolescent girls finds that they exhibit the behaviours of oppressed minorities in their passive acceptance of the dominant cultural values which view obesity as immoral (Fitzgerld, 1981).

The pressure for women to be thin is perpetuated in part by medical professionals who continue to view fatness as a disease despite mounting scientific evidence to the contrary (Ernsberger and Haskew, 1987; Wooley & Wooley, 1984).

Wooley and Wooley (1982) reviewed a best-selling diet book and find that it teaches thinking and behaviour that is identical to that which is found to characterize women with anorexia nervosa. They conclude that anorexia nervosa, a potentially life-threatening lifestyle, is marketed for the purpose of weight control. This diet is viewed as a symptom of a culture that is obsessed with weight.

It seems reasonable to assume that the cultural pressure to be thin, as it is directed more forcefully at women, contributes to the rise in eating disorders in which the major features are a fear of being fat and the relentless pursuit of thinness.

The Cultural Image of the Ideal Woman and the Cultural Valuation of Separation and Autonomy

The pursuit of a thin body is identified as a significant component of the prevailing cultural image of

the ideal woman (Steiner-Adair, 1990; Szekeley, 1988). This female role model is described as having a "perfect", thin body, and exhibiting a high degree of autonomy and success in career and relationships. She is portrayed as self-reliant and as not dependent on relationships. For her, career, body, family and social life are under control. She is the role model offered to girls and women to emulate in contemporary western society. As the ideal of womanhood embodied by this "superwoman" (Steiner-Adair, 1990) image is impossible to achieve, females who buy into it wholly are bound to experience themselves as failures.

Intrinsic to this culturally idealized model of womanhood is the valuation of independent achievement and autonomous functioning and the absence of the emotionally framed relational values of caring, interpersonal responsiveness, connection and interdependence (Steiner-Adair, 1990; Szekeley, 1988). Just as the field of psychology values traits which are found to be characteristic of males and reflects a failure to appreciate psychological characteristics associated with being female, so, too, the cultural image of the ideal woman appears in effect to be a man-made woman in her embodiment of male values and behaviours and her apparent disavowal of values and ways of being found to be the norm in females.

Thus, the relentless pursuit of thinness, that is a hallmark feature of eating disorders, is associated with a

highly valued female role model in our culture in which male values are highlighted and from which female characteristics are strikingly absent. The absence of interdependence, caring and connection from the superwoman role model may lead one to conclude that in order for a woman to participate in society beyond the traditional bounds of home and family and to be deemed successful, she must become like a man.

Cultural Forces in the Denial of the Relational Self

The cultural pressure to be thin is linked to identity development in females. Garner and Garner (1980) stress the impact of media images in establishing identifiatory role models for women. Steiner-Adair (1989) maintains that cultural expectations of thinness constitute more of a force in female identity development than in that of males. She states that in contemporary western society women are at risk for developing an identity exclusively in terms of body image.

Pursuit of the thin body ideal in women may represent an attempt to cast out bodily aspects of oneself that represent femaleness (Steiner-Adair, 1989, 1990). Current standards for female beauty abhor fat. However fat is not only necessary to sustain human life, but essential to female reproductive capacity. For example, severe reduction in body fat in women leads to the cessation of the menstrual cycle. Moreover, in significantly reducing her weight a

woman is likely to lose or markedly diminish visibly female aspects of her body such as hips, thighs and breasts. At one time in history, and still today in less affluent cultures, the rounded, fleshy female body represented affluence, fertility, power and female values of relatedness and interdependence (Neumann, 1955). Thus an interesting symbolic relationship can be seen between the fear of fat and willful self-starvation on the one hand, and living as a female in a culture that devalues that which is central to female identity and at the same time extols values and characteristics associated with being male (Steiner-Adair, 1990). Thus, it may be that via the superwoman identificatory role model which incorporates and emphasizes the pursuit of the thin body ideal, females in contemporary western society are conveyed the message that they must silence their relational selves and become like men in order to be accepted, valued and credible in a world which continues to be predominantly defined by male values (Baker-Miller, 1984; Schaefer, 1985). While contemporary society offers women roles and opportunities previously considered the sole domain of men, it appears that girls and women are also taught that in order to be accepted and to participate in these roles, they must relinquish or suppress that which is integral to female identity. They are encouraged to embrace values of separateness, independent achievement, competition and self-reliance; values of interdependence,

caring, relational connection and responsiveness are posed as obstacles to maturity and to success (Belenky, et. al, 1986; Gilligan, 1982; Steiner-Adair, 1990). Inasmuch as this is true, then girls and women are supported in denying that which tends to be central to their identity. We may therefore reasonably speculate that young women who pursue the cultural ideal of superwoman and the thin body ideal that is integral to this role model, do not value, and moreover deny aspects of themselves which are found to be central to female identity.

The relentless pursuit of thinness and the cultural image of the ideal woman (and aspiration toward this role model) may represent a casting out of culturally devalued aspects of the female self. As the cultural valuation of separation and autonomy and concomitant denigration of a relational way of being are part and parcel of the superwoman role model, the cultural image of the ideal woman as an identificatory role model for females, teaches girls and women to deny their relational self.

Pursuing Thinness: A Culturally Supported Path To Connection

The relentless pursuit of thinness found in the contemporary female population may arise from a primary need for sustaining connection in order to validate an identity embedded in connection. As feeling connected to and valued by others, and having a sense of self as able to please

others are central to female identity, then life-threatening efforts to lose one's body fat may represent a desperate attempt to mitigate against isolation and experience of oneself as ineffective in responding to others, in a world which fails to value female relational capacities and to provide sufficient outlet for the expression of relational needs. In this sense, the relentless pursuit of thinness may be seen as functioning to express the fundamental need for connection in a cultural context in which women learn that in failing to achieve the thin body ideal they risk relational disconnection and alienation. It may therefore be that some young women perceive that thinness is the only path available to them for meeting their primary need for validation as a relational self. That girls and women choose life-threatening paths such as anorexia nervosa and bulimia may well reflect a choice of connection over isolation.

The Conflict Between the Relational Self and Contemporary Western Culture: Female Vulnerability to Eating Disorders

The particular vulnerability of females to develop an eating disorder at adolescence may be related to the emphasis in our culture on autonomous functioning and independent achievement (Steiner-Adair, 1990). It is at adolescence that young women characteristically experience a disjuncture between these values and the values and way of being of the relational self (Baker-Miller, 1984; Gilligan,

et. al, 1988). Healthy expression of their need for connection comes up against a culture that values separation and autonomy over relational values and capacities. Thus, at this point of their development, young women are challenged with shifting from an approach to life that is primarily relational to one which centres on autonomy and independence. It is thought that such a shift may be quite problematic in terms of identity where independence and autonomy are associated with relational disconnection (Steiner-Adair, 1990). A young woman may find the prospect of becoming an adult too threatening. Alternatively, she may silence her relational self, in an attempt to participate in and feel valued in the larger culture. Thus, as young women face a culture that is fundamentally dissonant with their basic sense-of-self, they may seek to negotiate this conflictual experience in ways which discount the relational self. Aspiring toward the superwoman role model in which thinness is strongly associated with success and personal worth, and from which relational values are absent and values rooted in separation and autonomy are highlighted, may be seen as a culturally supported way of resolving this conflict.

According to Surrey (1985b), a fundamental way in which the female self is out of sync with culture lies in a major inconsistency between relational self development and contemporary cultural values which stress self development

through self-sufficiency, competitiveness and autonomy. Surrey has pointed out that the cultural image of the ideal woman is a woman who is in charge of all aspects of her life, and who, can manage it all by herself. This image conflicts with the developmental path of the relational self in which personal competency and effectiveness derive primarily through mutual relating, caring and responsiveness, in which growth occurs foremost through relationship, and where interdependence and emotional sharing are goals of development.

Major cultural institutions such as the workplace and educational settings are still largely dominated by values of autonomy and independence, (Belenky, et. al, 1986; Schaef, 1985) where female relational needs are not valued and are hindered from expression (Belenky, et. al, 1986; Kaplan, et. al, 1985).

Educational institutions are found to emphasize independent achievement, competition and self-reliance, and to discourage interdependent functioning and learning within a framework of ongoing emotional sharing, connection and care. It is observed that the absence of relational values in learning discourages many girls and women from trusting themselves - trusting their sense of knowledge and truth which grow out of a relational experience of self in the world. In this way, educational curriculum discount crucial aspect of female identity.

Such settings may contribute to women losing touch with their inner selves as they become isolated, unsupported and invalidated (Surrey, 1985b). Adolescent and young adult women may be particularly vulnerable in this regard as they are at an age which tends to be critical for identity development, and must grapple with the incongruity between the relational world of childhood and the values of the culture at large.

As female identity tends to be a sense of self-in-representation, as this self is elaborated and articulated in a relational context, and moreover as it is through ongoing mutual relational processes that a female comes to know herself, then the absence or deemphasis of a relational context means the lack of opportunity for increasing clarification and ongoing validation of identity. We may speculate that if a young woman has not resolved a problematic primary relationship in which she has silenced her relational needs for the sake of preserving that relationship, and if she is further urged to silence these needs in other significant relational contexts such as school or the workplace, then her sense of self as devalued, incompetent and ineffective is further reinforced. Opportunity to articulate and hence develop her identity is then likely not afforded her in any of the major spheres of her life.

The cultural values which prevail in major institutions in our society are major features of the superwoman image which is grounded in a mode of separateness and autonomy. In this sense, the cultural image of the ideal woman may be seen as embedded in major cultural institutions. As healthy identity development for females entails ongoing attachment in which they may express their relational needs and values, and through which they are enabled to develop a sense of self as competent and effective, and as the way of being in the world promoted by the superwoman image precludes the centrality of relationships, then females are discouraged from participating in activity which fosters healthy identity development.

As females tend to attain self-knowledge and validation of identity primarily within a relational framework, and as they come to value themselves foremost through their capacities of empathy, caring, emotional connection and responsiveness to others, then the superwoman ideal with its emphasis on self-reliance and independent achievement may be seen as devaluing female identity and the relational skills and capacities rooted in the female experience of self. The cultural image of the ideal woman as the prevailing identificatory role model for girls and women in contemporary western culture lacks the values, skills and capacities which are central aspects of female identity. Moreover, the values, skills and capacities associated with

success, happiness, and with being loved and accepted in the superwoman image may be perceived as threatening to and devaluing of female identity. The threat lies in the superwoman's association of success, love and happiness with self-reliance, competition, independent achievement and standing alone at the top. Thus to become adult means to become disconnected and isolated. Competition, as the primary path to success, rules out interdependence and connection. The mode in which the superwoman operates is primarily rational and detached, whereas female behaviour tends to be informed primarily by an ongoing need for and valuing of connection. The absence of relational values from the superwoman image and the emphasis in this cultural role model on values which represent male life may be seen as an example of the devaluation of female experience and capacities in the culture at large.

The apparent prevalence of the superwoman ideal may help to explain the uncertainty observed in girls as they approach adolescence. Looking to their future, they encounter a societal ideal of womanhood which is striking in its lack of relational values and activity which are crucial to their identity development. Through the idealization of the superwoman, the culture tells young women that their relational activity is of little worth. Thus the promotion of the superwoman as an identificatory role model for girls and women fosters a devaluation of the relational self, and

may well contribute to adolescent girls' heightened awareness of this devaluation observed by Baker-Miller (1984). Where a young woman has internalized a devalued sense of self by way of identification with her primary caretaker, then the conflict she faces as a relational self entering the dominant culture may be more difficult to negotiate, particularly as she lacks in a relational sense of self as valued, and this poorly developed identity is reinforced by the world upon which she is now embarking. As she has been discouraged from listening to her inner voice in her primary developmental context, she is hindered in the ability to articulate and validate the needs of the relational self and to respond to these needs. The inability to be in touch with one's relational needs is found to be associated with eating disorders in women (Gilligan et. al, 1988; Surrey, 1985b). This makes sense inasmuch as the lack of clarity of sense of self would render one severely hindered or unable to challenge external demands and expectations (Scott, 1987).

The Role of Cultural Forces in Identity Issues of Females with Eating Disorders

In a culture which emphasizes independence and self-reliance, young women, particularly at adolescence, are faced with the problem of how to value themselves as relational beings for whom interdependence and caring are central to their identity. If indeed the identity issues in

females with eating disorders may be understood as centred in a failure to articulate and develop the relational self primarily as a result of perceived threats of disconnection, then the cultural valuation of separation and autonomy and the embodiment of these values in the idealized role model for girls and women may further deter articulation of identity in females. Our culture appears to offer little support for the expression of the needs and values of the relational self. Not only is our culture found to be lacking in sufficient outlet for articulation of relational concerns, but girls and women are encouraged to devalue their relational capacities. Broverman et. al, (1972) find that by adolescence sex role stereotyping of male and female identities is established in boys and girls. Moreover, their findings reveal that in boys, girls and mental health professionals masculinity is equated with independence; men are valued for their rationality, independence and ability to contain their emotions. Typically female characteristics of dependence, emotionality and responsiveness to others are rated negatively by all subjects in the study. While female concerns tend to be focused on establishing and sustaining relationships, it appears that their concern is neither valued nor supported by professionals or the culture at large. Educational curriculum is criticized for ignoring the relational needs, values and capacities of female students and stressing the importance of rational, objective

knowledge, independence, and competition (Belenky et. al, 1986). While female identity is embedded in care and connection, adolescent girls on the brink of entering the adult world are confronted with pressures and expectations to silence their relational needs and devalue their relational concerns and capacities in the face of a culture which highlights separation and autonomy as the path to maturity and success.

Moreover, as the culture at large does not support or appreciate an interdependent way of being, young women may come to experience themselves as isolated and powerless, as the primary source of their sense of self as competent and effective derives from emotionally framed interdependent functioning, caring and responsiveness. Conversely, separation and autonomy may be perceived as threats to fulfillment of the need for ongoing connection.

Where a young woman has not been supported and validated in her relational identity in the context of her most important primary relationship(s), and is further confronted with a culture which fails to appreciate and value that which is central to her relational identity, then her difficulty in articulation and elaboration of that identity may be seen as reinforced by that culture.

It is maintained that an eating disorder is a way of having an identity, particularly for young women who grow up in families which suppress the expression of conflict and

difference (Conniglio, 1989). Where a young woman in the primary context of her development does not receive ongoing support for and validation of her relational self and is hindered in the necessary process of relationship-differentiation, the development of a healthy identity is impeded. Thus she may fail to develop a clear sense of self-in-relationship. Moreover, as she has likely learned that she must silence her relational needs, she fails to develop a sense of self as valued. It may be that this kind of experience which renders a young woman unable to articulate and to value her relational self also makes her prone to taking on an eating disorder, an exaggeration of the superwoman image (Bemporad, et.al, 1988), as a way of having an identity and feeling valued. As problematic attachment leads to detachment from a young woman's own relational needs, to an experiencing of self as ineffective, and to devaluing those aspects of herself which are central to her identity, we may speculate that such a young woman lacks the psychological strength inherent in an articulated, differentiated sense-of-self that would enable her to resist prevailing cultural messages regarding how to be a valued woman in contemporary culture.

Hypothesizing that the increased incidence of eating disorders in adolescent girls has resulted from an over-emphasis on autonomy in women, Steiner-Adair (1990) studied a group of adolescent girls to explore the conflict between

the relational aspects of female identity and the culturally idealized superwoman image, with the goal of discerning nonsymptomatic indicators of eating disorders. Her findings reveal that those young women who are unable to critically reflect upon the societal image of the ideal woman, and who envision this "superwoman" as a role model to aspire to in adulthood are at risk for developing eating disorders, according to their scores on the Eating Attitudes Test (EAT). Young women who express a rejection of the superwoman image and envision connection to others and self as central to their image of what they want for themselves in adulthood all scored in the non eating disordered range of the EAT. That all the girls in the study show some degree of concern with food and weight substantiates the observation that it is normal for contemporary adolescents to be concerned with their weight. However, the results of this study suggest that when young women associate thinness with an image of womanhood that both stresses autonomy and self-reliance and that lacks an emphasis on relational connection, then they are at risk for developing an eating disorder. Steiner-Adair concludes that the cultural image of the ideal woman is unsupportive of central developmental needs of adolescent females. It appears that when a young woman is unable to discern external societal values which do not validate her development as a relational self, and she

moreover identifies with the role model which embraces these values, then she is at risk for an eating disorder.

As the inability to articulate and value the relational self is found to put female adolescents at risk for eating disorders, it is valid to speculate on the mother-daughter relationships of Steiner-Adair's subjects, particularly in light of findings which highlight the importance of the mother-daughter relationship to the development of a connected identity and the capacity to value that identity in females.

The inability to discern the needs of the relational self and critically evaluate external societal expectations may arise from poor relationship-differentiation in the mother-daughter relationship in which conflict is avoided, thus denying a young woman opportunity to articulate and develop her identity. In this case, as the young female encounters the larger culture, she lacks the ability to challenge the wishes and demands of others. As she has had to forsake her own needs in order to preserve her primary relationship, she has likely failed to develop the capacity to include the needs of self. Thus she is ill-equipped to reject strong cultural expectations of women.

The capacity for reflective thought was found to be missing from the group of young women in Steiner-Adair's study who were identified as at risk for eating disorders (1990). These young women were unable to stand back and

critically reflect upon and make wise choices regarding societal values in relation to their own values and needs. We may postulate that their underdeveloped capacity for reflective thought may arise from conflict avoidance within their primary relational context by which they were discouraged from articulation and elaboration of personal values, beliefs and difference. Moreover, if conflict and expression of difference were submerged as a means of sustaining a primary relationship, conflict avoidance has thereby become associated with sustaining relational connection. Thus, young women with this primary relational experience may embrace the culturally mandated role model for women rather than challenge it, particularly as they have learned to silence the needs of self in order to protect themselves from disconnection. Conflict avoidance and compliance at the family level for the sake of connection are relational patterns which are transferred to the level at which these young women interact with the larger culture as they grow toward and into adulthood. Healthy relational skills involving the capacity for facing and resolving conflict would enable one to critically encounter cultural values which neither support individual needs for growth nor one's core sense of self. It may be that the subjects in Steiner-Adair's study, lacking in fulfilment of the relational self's developmental needs for articulation, validation and valuation, have come to lose

touch with that self; in short, the process of relationship-differentiation has been hindered such that they have failed to develop a clear sense of identity. Not being in touch with the self, they are unable to respond to the needs of self. Facing an adult world where the importance of and need for interdependent relationships is minimized (Surrey, 1987), and where this devaluation is represented in the superwoman ideal hailed in contemporary western culture, these young women may be seen as particularly susceptible to aspiring toward an ideal of womanhood in which values of interdependence, caring and connection are absent.

As female identity is embedded in connection, girls and women who aspire toward the cultural image of the ideal woman may be doing so out of the need for sustaining connection that is fundamentally validating to their core sense of self, as refusal to achieve this ideal brings the risk of devaluation and rejection.

As it is central to the female's sense of self to respond to other's needs and expectations, and to avoid disconnection and isolation, then young women in our culture who reject the superwoman image for themselves and who deviate from the contemporary thin body-ideal risk denigration. Failure to function independently and to keep one's emotional and relational needs in check are largely held to be signs of weakness and immaturity (Surrey, 1987). Additionally, cultural prejudice against fat people, which

is directed more strongly at women than at men, further mitigates against women feeling accepted and valued by others, and hence against accepting and valuing themselves.

Surrey maintains that loss of connection to self is a key factor in the etiology of eating disorders in females (1985b). While women's developmental experience means that they develop a sense of self-in-relationship that is oriented toward pleasing others and responding to others' expectations, healthy psychological maturation involves the capacity to include the needs of self (Gilligan, 1982). However, increasing demands on a young woman to respond to others at the expense of her own needs, values and beliefs may lead to a dimming awareness of and failure to attend to her own inner self (Surrey, 1985b). While responsiveness to others in females grows out of their developmental experience in our culture, where it takes precedence over listening and responding to the needs, values, feelings and beliefs of self, then a woman may have great difficulty in resisting the pressure to conform to rigid, idealized standards concerning values, life aspirations, behaviour and body weight and shape. The failure to develop the capacity to include the needs of self may initially result from a lack of support within the primary context of development. In turn, cultural demands on women which do not support female traits, further discourage the growth of this capacity. Thus individual experience converges with

culture. This convergence may be ultimately what produces the particular symptomatology which comprise eating disorders.

Female developmental experience may be seen as making girls and women particularly responsive to cultural expectations of them. As they tend to be more dependent on external referents for confirmation of identity, then they are amenable to the cultural pressure for women to be thin, the cultural valuation of separation and autonomy and the superwoman role model as they seek identity confirmation. Therefore, female responsiveness to culturally mandated standards for women may be seen as normal. However, when such responsiveness supersedes attentiveness to self, a young woman, focused externally rather than turning inward to listen to her own inner needs, feelings and sensations, may lose touch with her sense of self. In this sense, losing touch with the self in females is facilitated by particular cultural expectations of women. As girls and women engage in chronic dieting and submit themselves to starvation, and as they seek to meet and embrace culturally mandated values, their energy is focused on listening to the voices of others. The time and energy spent on listening to self diminishes. It is then understandable that the lack of a clear sense of self is a key characteristic of females with eating disorders. As these women focus their attention externally, concentrating on societal expectations of them

which neither support their psychological nor physical needs nor validate their identity, they lose touch with their psychological and physiological cues and needs. It may be postulated that, while responsiveness to the needs and expectations of others is central to identity in females, when there is a lack of balance between attentiveness to the needs of self and responsiveness to external values and expectations, then a female's psychological health is at risk and she may develop an eating disorder (Surrey, 1985b). This suggestion is substantiated by Gilligan's model for female development, in which maturation entails the growth of the capacity to balance both needs of self and others (Gilligan, 1982; Gilligan, et. al, 1988). Again, it is maintained that the inability to strike this balance may lead to an eating disorder (Gilligan, et. al, 1988).

As the prevailing cultural role model for contemporary women sets up unrealistic expectations for achievement, the pursuit of thinness may come to represent the single manageable aspect of this ideal image, albeit at great cost. As advertising for the diet industry frequently associates thinness with success in relationships, career and beauty, then it is likely that a young woman who lacks in an articulated and valued sense of self-in-relationship and has not developed the capacity to critically reflect upon and challenge societal messages and expectations, (both capacities which are fostered through relationship-

differentiation), may come to internalize the messages which link thinness to being valued as a woman. Just as a young woman in a problematic primary relationship may silence the needs of the growing self for the sake of connection (Salzman, 1990), in her relationship with culture she may neglect her needs in order to feel accepted and experience a sense of relatedness to others. That young women who relentlessly pursue thinness tend to have very low self-esteem (NEDIC, 1988) points to the failure of achievement of a thin body and embracing of the cultural image of the ideal woman to ultimately engender in women a sense of feeling valued. This may be due to the cultural devaluation of aspects of the self which are central to female identity - a devaluation that is built upon a personal experience of a self-in-relationship-as-devalued in the primary relational/developmental context.

Where women are unable to critically evaluate cultural expectations to conform to the societal image of the ideal woman in terms of whether these are appropriate for themselves, and where they have been discouraged from valuing their relational capacities, their vulnerability to eating disorders is heightened. While it may be argued that most women pursue thinness and autonomy, and express wishes to be superwoman to some degree, not all women go after these cultural ideals in exaggerated fashion in the way that is represented in females with eating disorders (Bemporad,

et. al, 1988). Thus, many women are able to balance between responsiveness to others and attending to self. Where this does not occur, in the face of choosing between self and others, and out of a fundamental tendency to validate self in relation to others, these women are likely to choose to concentrate on pleasing others, inasmuch as alienation may represent an invalidation of identity and conformity has become a path to a sense of connection.

Just as the threat of disconnection and the fundamental other-orientation may lead young women to sacrifice their own developmental/relational needs and focus on responding to those of their mothers, the threat of not feeling valued by the culture and the risk of social alienation may lead young women to become disconnected from the needs of the relational self due to their primary need for sustaining connection, and because for them validation of identity and self-worth is largely dependent on external referents.

The cultural image of the ideal woman may be seen as a powerful image of self-restraint which acts to intensify the message internalized by females in our culture that they must restrain themselves in order to please others. In the cultural idealization of the superwoman as an identificatory role model for females, girls and women are told that they must restrain their bodies and their relational needs in order to please others. The nature of the relational self makes females vulnerable to responding to this demand while

repressing the needs of the inner self, in order to please others and to experience the self as connected. As females tend to develop a highly attuned capacity to perceive the responses and reactions of others to them, (Jordan, 1984), and as for them a sense-of-self-as-valued and as effective are in a core sense determined by others' perceptions of and responses to them (Surrery, 1985a), then it is reasonable to assume that they would be acutely sensitive to the demands represented in the cultural pressure for thinness, the cultural values grounded in separateness, and the cultural image of the ideal woman.

Another aspect of female identity worthy of consideration is the more flexible ego boundaries which characterize the relational self (Chadorow, 1978). Particularly where a female is hindered from articulation of self in her primary relationship(s), then it is likely that this characteristic makes her more prone to difficulty in differentiating between self and cultural ideal images.

If an eating disorder is a way in which females seek to establish a sense of self that is particular to western culture in the last few decades, it can be postulated that this occurs as developmental deficiencies and cultural identificatory role models for women converge. Impediments to a young woman's identity development within her primary relational context may discourage in her the growth of skills and capacities for creating and participating in

relational activity through which self-knowledge and development occurs. This will likely result in a sense of emptiness - in the pain of not experiencing a sense of self. Therefore it is valid to postulate that an eating disorder may represent a desperate attempt to establish a sense of self via pursuit of the identity which contemporary western culture offers females in the form of the superwoman image that is physically highlighted in the thin body-ideal. If women in our cultural are valued primarily on the basis of appearance, then we may speculate that those women who have not come to know and to honour their relational self are particularly vulnerable to succumbing to the cultural belief in which thinness is associated with being valued. As becoming thin is in many instances only achievable through self-starvation and drastic purging methods, then those who have not articulated and been validated in a sense of self may develop an eating disorder as a way of having an identity - and moreover as a way of having an identity that is valued by others.

As a daughter's sense of self is experienced as more continuous with, rather than apart from, her mother (Chodorow, 1978), young women may become concerned and dissatisfied with their bodies inasmuch as their mothers have internalized the cultural devaluation of women's bodies and relate to their own bodies in self-loathing ways. Thus, through a mother's active dissatisfaction of her own body

and her ongoing efforts to alter it to conform with narrowly defined cultural standards, and through her basing of her self-worth on her appearance, her daughter may identify with this behaviour and so develop undue concern for and hatred of her body, and link her appearance to her self-worth. For both mothers and daughters this kind of relationship with one's own body is widely supported by continuous cultural messages which teach women to be dissatisfied with their bodies, and encourage them to focus a great deal of time and energy toward altering and camouflaging them, in order to be pleasing to others, and hence in order to feel valued. Moreover, through this kind of relationship with her body, a daughter, in identifying with her mother's way of relating to herself, may come to develop an identity exclusively in terms of body-image.

Steiner-Adair (1989) asserts that mothers and daughters are encouraged to be intimate through their shared concern and hatred of their bodies. Thus it is likely that where a daughter perceives the possibility of alienation from her mother, she may intensify her focus on her body as a way of sustaining connection with her mother, and hence also as a means of experiencing validation of her relational self. This process is facilitated by the mother's focusing on her daughter's body as she teaches her the socially acceptable ways of being a woman in our culture (Surrey, 1985b). Surrey points out that mothering adolescent girls involves

teaching them to restrain their needs and drives and to be concerned with physical attractiveness as important tasks for adult women. The concern and hatred of their bodies shared by mothers and daughters is a socially sanctioned statement of connection (Steiner-Adair, 1989). One does not have to carry out formalized research, particularly if one is female, to see that body image dissatisfaction is a common means by which females in general connect with each other. Attentiveness to everyday conversations among women friends and co-workers will confirm this.

As females tend to be highly responsive to others expectations of them, particularly others with whom they have an important relationship, it can be hypothesized that in situations where mothers convey to their daughters their desire that their daughters conform to societal ideals such as the thin body-ideal, and if in these relationships the needs of the relational self are submerged out of fear of difference and conflict and identity development is hindered in efforts to sustain the relationship, then a daughter may intensely pursue the rigid cultural standards set out for women. She may do this in order to meet with her mother's approval and sustain relational connection with her, particularly as her mother is a central relational figure in the development of her sense of self-in-relationship. In this way daughters, in problematic relationships with their mothers, who develop an eating disorder, may be seen as

using the eating disorder to sustain connection with their mothers. At the same time, in their pursuit of the images and values which are associated with female adulthood in our culture, the daughters may also be attempting to become adults. As these cultural standards are concerned in a major way with a particular image of physical attractiveness that is unrealistic for most women, and with a way of being that is fundamentally incongruous with the relational self, and as these young women have lost touch with their inner relational self, it is likely that they are particularly at risk for eating disorders: Their other-orientation which is embedded in their primary experience of self combines with these factors so that their identity becomes based on external cultural criteria.

Conclusion

The cultural pressure for women to be thin, the cultural valuation of separation and autonomy and the cultural image of the ideal woman appear to interact with the difficulty in articulation of the relational self to produce the symptomatology that characterizes an eating disorder. Schwartz et. al, (1982) propose that the demand for thinness in women may be the factor which can explain the relentless pursuit of thinness in eating disorders. Steiner-Adair's research (1990) indicates that while the contemporary pressure for thinness has led to a desire for thinness in females being the norm, when a desire for

thinness is associated with a strong aspiration toward the superwoman image which models a way of being grounded in the valuation of separation and autonomy, and from which values rooted in the need for care and connection are absent, then she is at risk for developing an eating disorder. Her inability to attune, and give voice to her relational self is exacerbated by the culturally mandated superwoman identificatory role model. The strong desire in some women to pursue this role model may have its roots in these women's primary relational experience in which the development of the relational self has been obstructed such that these individuals lack the psychological skills and capacities that would enable them to critically evaluate and resist the cultural forces represented in the cultural image of the ideal woman. Moreover, as a result of the fear of relational disconnection in their primary relationships, they have learned to sacrifice self for connection; their other-orientation is not tempered by the capacity to include the needs of self.

As the need for connection is fundamental, and as expressing resistance has come to be associated with disconnection, the relentless pursuit of thinness may also be indicative of a powerful fear of rejection and isolation in a culture which sanctions prejudice against fat individuals, most especially when these individuals are women.

The cultural pressure for thinness in women, the cultural valuation of separation and autonomy and the cultural image of the ideal woman do not support identity development in females, and indeed may often function to further discourage this growth. Contexts that give credence and precedence to relational needs and values appear to facilitate female identity development. In such contexts we may find the key to healing for girls and women who have an eating disorder.

CHAPTER 4

Summary, Conclusions and Recommendations

Summary

A major increase in the incidence of anorexia nervosa and bulimia, almost exclusively among white females of the developed western world over approximately the last 25 years, has been observed (Scott, 1987; Steiner-Adair, 1990). Various writers have identified the failure to develop an identity that is grounded in separation and autonomy as an etiological factor of eating disorders (Bruch, 1979; Minuchin, et. al, 1978). Models of developmental psychology and family systems theory depict a mature, healthy identity as being rooted in a sense of self as a separate, autonomous individual (eg. Bowen, 1978; Erikson, 1968). Conversely, these models suggest that connection and dependence threaten the development of such an identity, and that they may be indicative of developmental failure. However, woman-centred research and theory in the field of psychology reveal that identity in females tends to develop through an experience of self-in-relationship. (Chodorow, 1978; Gilligan, 1982; Surrey, 1985a). This experience of self is found to differ from that of males, for whom identity develops through a process of separation. These gender differences in identity are found to arise largely out of a patriarchal social

context which engenders, differential psychological experience between males and females. The finding that female identity is centred in relationship points to a need to re-evaluate conceptions of the identity struggles in females with eating disorders which cast these struggles as a failure to separate. The significance of cultural milieu to experience of self indicates the need to identify and examine cultural forces which have a part in shaping these struggles (Chodorow, 1978; Gilligan, et. al, 1988; Steiner-Adair, 1990).

Conclusions

In this thesis the author has relied on recent developments in the field of female psychology in order to present a conceptualization of the identity problems typically experienced by females with eating disorders that is grounded in the study of female life. In addition, the cultural pressure for women to be thin, the cultural valuation of separation and autonomy and the cultural image of the ideal woman have been examined in order to discern their role in these identity issues. A conceptualization of these issues that is based on the study of female psychological experience and that takes into account the three cultural forces identified above may point to therapeutic strategies that are particularly valid for females who have eating disorders. The following conclusions have been drawn:

1) Identity issues in females with eating disorders centre around a failure in the elaboration of a sense of self that is embedded in relational connection, rather than in a failure to separate.

2) The failure of females with eating disorders to elaborate a relational identity usually originates within the mother-daughter relationship which is the core context in which female identity has its origins and unfolds. While the continuance of the mother-daughter relationship throughout the process of psychological development is central to healthy identity formation in females, females with eating disorders are unable to find a way to simultaneously sustain this relationship and differentiate. The centrality of this relationship to their core sense of self leads them to choose to sustain the relationship over responding to their needs for growth. This choice arises out of obstacles to differentiation within the mother-daughter relationship: In this relationship, particularly at adolescence, females with eating disorders have not received the necessary support for, and validation of their developing relational skills, capacities and needs. As well, they are discouraged from expressing conflict and difference and from articulating their changing relational needs, values and beliefs. This discouragement is a result of their perception that the expression of conflict and difference will lead to relational disconnection. This fear of disconnection arises, in part, from their mothers' fears

concerning the daughters' growth: These mothers' primary source of validation as a relational self is through their relationship with their daughters, and they feel threatened by their daughters' increasing differentiation, for fear that this will lead to separation. It may be that these mothers do not have their relational needs met within their marital relationship, and further lack other validating relational contexts. Thus, females with eating disorders have failed to receive the ongoing support for self-expression and exploration that is needed for the growth of a healthy sense of self-in-relationship. As a result, these young women have lost touch with their inner selves, and have come to be overly focused on the needs and expectations of others.

3) Females with eating disorders appear to be faced with choosing between responding to and articulating their needs for growth as a relational self on the one hand, and sustaining a relationship on the other. As they have failed to develop the capacity to reconcile the expectations and needs of others with the needs of self, they construe this choice as one of either/or. As continuance of primary attachments are core to their sense of self-in-relationship, their resolution to this dilemma is to sacrifice their own needs for the sake of connection. This choice of self-sacrifice should also be seen in light of an other-orientation that is basic to the relational self, as well as

in light of a culture which encourages females to be highly attentive to the needs of others.

4) The loss of touch with self and over-responsiveness to others at the expense of personal needs in females with eating disorders, have rendered these women unable to resist cultural forces which are unsupportive of, and detrimental to, the healthy development of an identity that is centred in relationship.

5) The cultural pressure for women to be thin, the cultural valuation of separation and autonomy and the cultural image of the ideal woman are the three main cultural forces represented in a prevailing identificatory role model for women in contemporary western society. This role model is unsupportive of healthy identity development in females as it does not incorporate, and appears to denigrate relational values and capacities. Young women who have been discouraged from expressing and valuing their relational selves as a result of problematic primary attachments, are further discouraged from doing so by a culturally mandated role model. In this way, culture offers these women a way of having an identity that is counter to their developmental needs. Without having learned to stand in conflict and to maintain one's sense of difference in relation to others without the fear of becoming alienated, these young women are ill-equipped to critically evaluate the cultural expectations pressing upon them. Instead they

incorporate these expectations in an effort to have an identity that is valued by others and that does not have attached to it the risk of disconnection.

6) Females from problematic primary attachments which have suppressed their relational self development may be enabled to resist unhealthy cultural expectations if they can establish and participate in other meaningful relationships which support their developing relational needs.

7) It may be that the existence of a culturally approved female role model that is syntonic with the needs and values of an identity that is centred in relationship could serve to mitigate against or compensate for the identity problems that some females experience in their primary attachments. We might then see a decrease in the incidence of females with eating disorders.

8) As healthy identity development for females occurs through relationship, and is enhanced and validated primarily within relational contexts, and as identity problems in females with eating disorders are centered in a failure to develop a sense of self-in-relationship that arises out of problematic relational contexts, the need for developing relational strategies for therapy is indicated. Such strategies should take into account both the needs of the relational self as well as the relational and cultural factors which mitigate against its healthy expression and

development, and should be directed at fostering relational self development.

Recommendations

There may be a need to challenge established notions concerning what constitutes healthy identity development among mental health caregivers responsible for treating female clients in general, and females with eating disorders in particular. Therapists should be educated in female-centred psychological research and theory in order to better understand and meet the needs of female clients. Those therapists who have been schooled in developmental, psychodynamic or family systems theories which construe the attainment of a healthy, mature identity as the result of increased psychological separation, may do harm to female clients whose core self-structure is grounded in an experience of self-in-relationship. In working with female clients who have eating disorders, therapists may be encouraging these clients to further deny their relational selves by challenging them to adopt a style of relating and a set of values that are based in an experience of self-as-separate. In this way, therapists may be unwittingly setting up and reinforcing obstacles to healthy identity development in their clients. This may lead to resistance on the part of clients for whom separation is associated with isolation and loss and represents a negation of their core sense of self.

The findings of this thesis point to the importance of supportive relational connection for females with eating disorders. Thus there is a need to develop modes of therapy for these young women that is built on a foundation of understanding of the psychology of women. Fundamental to such understanding is an acknowledgement of the core significance of ongoing relationship to female identity. The failure of therapists to recognize the importance of relational connection in female life may result in a failure to help female clients toward psychological growth (Baker-Miller, 1984). Instead, there is a need to develop therapeutic contexts which are conducive to the expression of relational needs and values, and the practice and elaboration of relational skills and capacities. Recognition that female identity grows through an ongoing experience of self in mutually empathic relationship points to the need to create relational contexts as the basis upon which any therapeutic strategies for females with eating disorders are built. Therapeutic interventions that are directed at ongoing validation and increasing articulation of relational needs and values, and at the enhancement of relational skills and capacities are needed.

Individual Therapy

Baker-Miller, (1984) has proposed the creation of a mutually empathic client-therapist relationship as a major therapeutic goal. In view of the centrality of emotionally

framed, mutually empathic relationship for female identity growth, therapists should be attentive to their own needs and values, and be committed to being clear, open and honest with their clients. Sharing their own personal experiences and feelings with their clients can enrich the therapeutic process, ensuring mutuality within the client-therapist relationship, and thereby establishing a relational context in which the elaboration of the relational self in clients can take place. Thus, clients in therapy can participate in growth-promoting relational activity through which their capacity for connection and empathy is enhanced, and through which their sense of self-in-relationship may be increasingly articulated.

The client-therapist relationship as a relational context may be an important starting point for young women with eating disorders in which they can begin to speak as a relational self. With the ongoing help and support of a female-centred therapist, these clients may come to know, express and validate their own relational needs and to appreciate their relational skills, through their therapeutic relationship. As therapists challenge clients to express themselves, they should also be sufficiently comfortable in allowing conflict and difference to emerge, such that clients may experience conflict and difference within a framework of ongoing connection.

Females with eating disorders who present to therapy with a diffuse sense of self may be best served by therapists attuned to the developmental needs of the relational self. Therapists could then focus on validating these clients' relational needs, skills and capacities and supporting them in the elaboration and articulation of these. As well, clients should be affirmed in their efforts at sustaining relational connections. Thus, females who have eating disorders can be helped to reclaim their core experience of self with which they have lost touch.

One therapeutic strategy that may prove helpful involves being very attentive to the relational behaviour, concerns and values of a client. The therapist could highlight her observations of these relational manifestations in the form of feedback to the client, and validate the client in her relational needs and values. As well, the therapist can reframe the client's relational skills as strengths and her relational values as life wisdom. Signs of a need for ongoing connection in the client could be reframed as signs of sensitivity and responsibility toward others. Discussion could be initiated by the therapist around how relational values and capacities are signs of maturity.

Encouraging clients to attend to their own needs within the relational context of therapy may help them to develop the capacity to articulate and consider their own needs

within the context of an ongoing relationship; the therapist should provide clients with continuing positive affirmation for doing so. As well, it is important that therapists convey approval to their clients for their uniqueness and for expressions of conflict, and that they demonstrate that such self-expression is permissible and will not lead to the therapist discontinuing therapy. In this way, client-therapist relationships become relational contexts which support clients' self development. The ongoing nature of these relationships becomes the essential vehicle for the growth and development of an identity that is embedded in connection, as clients express their inner selves, come to know themselves and are validated within an ongoing and supportive relational context.

Signs of a strong other-orientation in clients should be openly commented on by therapists and framed in a positive light. For instance, if a therapist finds that a client disagrees with the therapist's viewpoint, but is fearful of expressing her disagreement for fear of alienating the therapist, the therapist should praise the client for her sensitivity and consideration of others, and for her recognition of the importance of relationships. However, the therapist should also express sadness or concern that the client is excluding herself from the relationship. The therapist may explain to the client that if she were to share herself more openly, then the therapist

would feel even more enriched by their relationship. Showing clients appreciation for their relational strengths, concerns and sensitivity to others may be an important step before challenging them to bring their caring and responsiveness to bear upon themselves. As well, demonstrating such appreciation to clients may help them to internalize a sense of self as relationally competent (Surrey, 1987). By staying focused on genuine feelings and perceptions of both clients and therapists and by empathically relating with the client in their experiencing, therapists can help clients to listen and respond to self (Stiver, in Surrey, 1987).

According to Surrey (1985a), the therapeutic process should include encouraging the broadening of relational ties. As clients' development is facilitated, therapists should encourage them to carry their articulated sense of self and their elaborated relational skills and capacities into other relationships, so that clients can learn to establish growth-enhancing relationships. Encouraging clients to become part of other relational contexts should also help to alleviate the dependency of clients on the therapeutic relationship. Moreover, the establishment of growth promoting relational contexts as an important part of clients' lives may help diminish the impact of the cultural valuation of separation and autonomy on their sense of self,

as well as erode the importance of thinness that is tied to this valuation.

Therapy with females with eating disorders must include helping these women to resist cultural forces which do not support their relational self development. Mutually empathic therapeutic relationships which allow clients to articulate and develop a clear sense of their relational self, and which encourage them to enhance their relational skills and capacities, help prepare them to stand in conflict with and challenge values and expectations which negate their identity and are unsupportive of their identity development.

As clients are enabled through the therapeutic relationship to reclaim their relational self, and to express this self in increasingly complex ways, and as they develop the capacity to respond to both external expectations and the needs of self, they then develop the capacity to express difference, face conflict and reject expectations which are fundamentally unsupportive of their relational self needs.

Steiner-Adair, (1989) has said that girls and women need to be actively encouraged to resist the prevailing cultural ideals that are embodied in the superwoman role model. Therapists' work with clients with eating disorders should be informed by awareness of cultural forces which contribute to the identity struggles characteristic to

females with eating disorders. Therapists should be able to identify the superwoman role model which includes the thin body-ideal for women and the goals and values which are grounded in separation and autonomy, and should help their clients to critically evaluate these ideals in terms of their own needs, values and personal visions for the future. As well, information concerning the unrealistic thin body-ideal and the unhealthy consequences of a relentless pursuit of thinness should be made available to clients.

A therapeutic strategy that the therapist might use to help strengthen a client's capacity to resist unhealthy cultural forces would be to ask the client to describe her own vision of adult womanhood as well as society's image of the ideal woman. This exercise could help facilitate and strengthen her ability to discern external influences and demands which do not resonate with her relational values and needs for growth, and to carefully consider not only how to respond to these outside pressures, but to also take her own needs into account and to articulate her values. It would be important for the client to be able to identify specifically the cultural values of autonomy and independence, the cultural pressure for women to be thin and the cultural image of the ideal woman, and to critically evaluate these ideals in relation to her own needs, values and aspirations.

Therapy With the Mother-Daughter Relationship

The role of the mother-daughter relationship in the identity issues typical to females with eating disorders and the importance of sustaining this relationship to these young women's core sense of self suggest a place for conjoint therapy with mothers and daughters as a way of helping to facilitate identity growth in young women who have eating disorders. Helping mothers and daughters to relate to each other such that the daughters may continue to differentiate within an ongoing relationship with their mothers should be a major therapeutic goal. Working with this relationship should be based on sensitivity to the needs of both the mothers and the daughters. Thus, attention to the mothers' relational self needs is just as significant as concern for the daughters' needs. It is important, then, that therapists encourage mothers to create and become involved in other relational contexts, and that they help them to feel validated, competent and effective within the therapeutic relational context as well as within other relational settings.

Affirming a mother's relational qualities and skills throughout the course of therapy has been cited as a valuable therapeutic strategy for working with a young woman with an eating disorder who has silenced her relational self (Steiner-Adair, 1989). By positively framing the mother's relational behaviours and values, the therapist validates

the mother's core sense of self. Moreover, use of this strategy may encourage a perceptual shift in the daughter, such that she may begin to see her mother as valued in her core relational capacities and skills. The daughter may then be able to begin the process of reconnecting with her relational self, as she internalizes a valued self-representation as a result of her identification with her mother. Helping both mother and daughter to acknowledge the mother's valuable relational strengths and the impact of these capacities on the lives of others can further deepen their appreciation of their relational qualities and enhance their sense of self as competent and effective.

As mothers' and daughters' sense of connection with each other is enhanced through a deepened sharing of relational concerns, growth and differentiation may begin to appear as less threatening.

Exploring a mother's and daughter's shared concern for and dissatisfaction with their bodies may also be a vehicle for enhancing their experience of connection with each other. This may be a relatively easy topic to begin with, as it is a sanctioned theme of connection for women in contemporary western culture. Steiner-Adair (1989) has suggested encouraging mothers and daughters to talk about their bodies and to draw each others's bodies. This exercise could be used as a vehicle for discussing shared experiences as women in a culture that devalues women and

teaches them to be dissatisfied with their bodies. As well, the use of this exercise could lead to increased mother-daughter empathy. Mothers and daughters may also make use of this topic to explore and to speak to each other about ways in which they are similar to each other and ways in which they differ.

Helping mothers and daughters to establish ways of connecting that are based on ongoing self-expression and dialogue with openness to conflict and individual differences appears to be essential to facilitating the process of relationship-differentiation. This process is essential for the growth of a sense of self-in-relationship and the concomitant elaboration of relational capacities (Surrey, 1985a).

Therapists should encourage daughters to reconnect with their relational concerns and values and to openly express these to their mothers. As the daughters are sharing with their mothers, the therapist can support the mothers' capacity to listen to their daughters and to validate what their daughters are expressing, even as their daughters differ from their mothers. This sharing process should be reversed, to encourage mutually empathic relating between daughters and their mothers. In this way a daughter may become increasingly able to articulate herself in relationship. By helping mothers to support their daughters, and by having established in previous therapy

sessions ways in which mother and daughter are connected, the threat of relational alienation may diminish. The therapist could help to ensure that this process of self-articulation within the context of ongoing relationship is sustained by identifying areas of conflict within the mother-daughter relationship, and helping the mother and daughter to face, accept and explore ways to resolve the conflicts. A perceptual shift in the clients may then evolve so that relational conflicts come to be seen as opportunities for growth and deepening connection.

Another therapeutic strategy that may function to alter and deepen the mother-daughter connection would be to ask a mother and daughter to share with each other their concerns around growth and conflict. Such dialogue encourages openness and honesty and enhances empathic capacity. This kind of open sharing may also precipitate conflict. The therapist should affirm both mother and daughter for openly expressing differences. Their sharing of common concerns should also be highlighted as ways in which they are connected, even as they have differences. In this way, a mother and daughter can become aware of the possibility of sustaining connection in the face of change, difference and conflict.

Directing a mother and daughter to create a ritual of connecting (Steiner-Adair, 1989), can also be a helpful way of affirming their connection, particularly as they begin to

face change in the relationship. The establishment of such a ritual may help them to acknowledge and reaffirm their connection in the face of conflict and fears around growth and differentiation. Such a ritual may be as simple as setting aside a time every week to walk in the park together.

As females develop their identity through experience of self in relationship, and as their identity process is one of developing a sense of self as both distinct from and connected to others, where there is little or no possibility for improvement in a mother-daughter relationship, it is important that young women with eating disorders are encouraged to establish other intimate relationships which facilitate the development of their relational identity. The establishment of such relationships may help to counteract the difficulties with identity that emerge in females with eating disorders. Such relationships may begin with the therapist-client relational context; however, the client should be encouraged to also establish other intimate attachments, so that she develops an enhanced sense of herself as a relational being.

Family Therapy

Family therapy may be productive in helping young women with eating disorders overcome difficulties around identity development, as it allows for the opportunity to attend to obstacles in the path of that development which may be

operating within the family unit. Moreover, as sustaining primary relationships while simultaneously expressing changing relational needs and practising increasingly elaborated relational skills is critical to healthy identity development in females, family therapy is potentially a valuable therapeutic option. Seeing the family rather than the individual as the therapeutic unit indicates implicit recognition of the centrality of sustaining relational connection in the lives of females who present with eating disorders. A family therapy approach provides the opportunity to expand the relational context in which identity growth may be facilitated in females with eating disorders beyond the client-therapist and mother-daughter relationships. However, the family therapist should be well aware of sociocultural determinants of gender-related behaviours, needs, concerns and values such as those represented in the frequently observed family pattern of overinvolved mother and disengaged father (Libow, 1985). Similarly, therapist sensitivity to clinical labels such as "enmeshment" and "overinvolved mother" which pathologize characteristically female behaviours and relational styles is also important (Bograd, 1987). The absence of sensitivity to the sociocultural foundation of gender differences, and the devaluing of behaviours which are expressions of a sense of self-in-representation on the part

of a therapist amounts to a devaluation of the needs, values and capacities of the relational self, and thereby act against rather than facilitate identity development in the female client who has an eating disorder.

Part of doing family therapy with a family in which a daughter has an eating disorder should involve attending to the mother's needs for validation as a relational self. As it may be that these needs are presently met primarily through her relationship with her daughter who has an eating disorder as a result of some kind of marital discord, therapeutic work with the marital dyad may be indicated. If the therapist can engage the couple in working towards increased interdependence and mutuality, then the mother's relational self needs are likely to be largely satisfied within her marital relationship, such that she no longer turns to her relationship with her daughter as much as before. Ideally, work with the marital dyad should be done with the purpose of establishing a couple relationship that is mutually validating such that the mother/wife is able to express to her husband her needs for intimate connection, interdependence and emotional sharing. At the same time, acknowledgement of the husband's fears and difficulties around intimacy need to be respected by both the therapist and his wife so that he may begin to explore disavowed relational needs (Stiver, 1984). As the marital dyad becomes more cohesive, the mother may become less fearful of

her daughter's developmental strivings toward relationship-differentiation, as she becomes less reliant on her relationship with her daughter to satisfy her needs as a connected self. The mother may then begin to feel more comfortable in the role of supporting her daughter in the elaboration of her relational self, and more open to responding to her daughter's changing needs as she matures. Further, as the daughter begins to see through the course of therapy that her mother is less fearful of her (the daughter's) expressions of needs and differences, then the daughter may begin to articulate herself with greater openness, honesty and clarity, as she perceives that her mother no longer relies on her so heavily for her self needs. Thus the daughter can begin to attune to and respond to herself.

Working with the family should include helping family members to openly express differences and face and resolve conflict, particularly as the capacity for doing so is critical to the daughter's identity development and to her ability to resist unhealthy cultural forces. The therapist can challenge family members to share with each other individual needs, values, beliefs and opinions which may differ. Not only can this process lead to increased tolerance for difference, but at the same time it may enhance the sense of connection with the family. As the therapist supports each family member to speak openly and

honestly of him/herself, each can develop a sense of both interpersonal differences and interpersonal similarities. In this way the capacity for empathy is enhanced and family members become more responsive to each other's needs. Hence, the daughter's needs for growth may be more sensitively and appropriately responded to by her parents. Connection among family members is enhanced as the capacity to deal with conflict and difference is developed. Conflict and difference may become less threatening to all family members, as these experiences become associated with deepening connection rather than alienation. Thus, a relational family atmosphere of permission, safety and support may be engendered which facilitates identity development in the daughter who has an eating disorder. It becomes permissible for her to express her needs for growth. Such expression is no longer perceived as threatening her relationship with her mother or as failing to attend to her mother's relational needs.

As the daughter's parents begin to enhance their connection with each other, both parents are likely to cease to rely on her as the sole source for the mother's validation as a relational self. The daughter's differentiation can then be supported. Moreover, the daughter may then come to learn that articulation of and responsiveness to self and the expression of difference that these entail, need not be sacrificed for the sake of

sustaining primary attachments. She can begin to develop the complex skills involved in being able to reconcile responsiveness to self with responsiveness to others.

A strategy which may be useful toward strengthening the marital relationship and encouraging articulation of self in the daughter who has an eating disorder involves directing the parents as a unit to encourage and support their daughter in challenging the cultural image of the ideal woman and the values and expectations which this role model represents. In this way all family members may become aware of the constrictive nature of these cultural ideals, and may be able to critically evaluate influences and expectations which they have not questioned previously. Thus, the daughter has a relational context which helps her to resist unhealthy cultural forces. As well, this therapeutic strategy functions to place the parents in the position of overtly encouraging their daughter to respect her own needs and to reject expectations which are dissonant with those needs; the parents are also in the position of implicitly giving their daughter permission to challenge them, as they are supporting her in rejecting demands that are not in sync with her needs. With the parents in the position of encouraging their daughter to express difference, a process of support for differentiation within a relational context that is primary and ongoing, is begun. Thus, the family may transform from a primary relational context which hinders a

young woman's identity development and renders her vulnerable to prevailing, unhealthy cultural expectations, into a key relational context which supports her growth and encourages her to resist cultural forces which mitigate against that growth.

Group Therapy

Group therapy as a relational context may function to encourage women with eating disorders to reconnect with their relational self, and to embrace relational values and activity. Throughout the group sessions the therapist should be intent on ensuring that each group member has ample opportunity to be heard and acknowledged. The existence of ongoing opportunity to be validated by others and to respond to others can help facilitate in each participant an increasingly clear sense of self in relation to others. Thus a group setting may become a primary relational context for ongoing validation as a relational self. Each participant is provided with a relational context which supports in her the development of a sense of self as competent and effective as she responds to, and is responded to by others. Group members can derive support and validation through shared experiences and concerns, and they can practice and enhance relational skills and capacities.

Group therapy can also be a valuable relational structure in which participants can experience themselves as

effective in creating and sustaining a relational context beyond their primary relationships. This experience can serve to enhance a sense of self as relationally competent and effective in each group member. The group therapist should encourage each member to engage in open, honest interactions through articulation of individual needs, feelings values and perspectives.

Through the practising of relational skills such as listening and responding to each other's thoughts and feelings, the women in the group can develop their capacity for mutually empathic relating. Through mutual support and validation, group participants are supported in acknowledging their relational needs, skills and capacities. As group members experience themselves as able to create, sustain and effectively participate in relational activity, and as they experience themselves as impacting on each other through such activity, then each woman is further enhanced as a competent, effective relational being.

One way in which the group therapist may facilitate relational self-development in group members is by encouraging each member to talk about how the group is important to her. Through this exercise each participant is encouraged to articulate her sense of self-in-relationship and to acknowledge the significance of relational connection in her life. Each woman can also be asked to speak of how she perceives herself as valuable in relation to other group

members. This exercise is likely to elicit feedback from the other group participants. Thus, all of the women in the group may develop a heightened sense of self-in-relationship, and a sense of self-as-effective and competent.

Group therapy can become a relational context in which the growth of the capacity to be in touch with the needs of self is facilitated among each group member. One way in which the therapist can encourage the elaboration of this capacity is by being attentive to group members who are being attentive to the needs and expectations of other group members, but do not take their own needs into account. The group therapist may encourage these women to speak about their own needs as well, and to consider these as they consider how to respond to others. In this way the women are encouraged to attune to, and reconnect with their inner selves. Group participants should not be discouraged from attending and responding to others, but rather, their relational capacities which are involved in responsiveness to others should be highlighted as being valuable.

Through validation, practice and enhancement of relational skills and capacities, and through concomitant support in attending to and expressing one's inner relational needs, values, capacities and differences, the women in the group may learn to reconcile responsiveness to other and responsiveness to self. Thus, the ability to

articulate the relational self and to develop a clear sense of self-in-relationship may be enhanced within each group participant.

As the capacity to be in conflict is a key aspect in the process of relationship-differentiation, and as difficulty around the expression of conflict and difference is a key factor in the failure in the elaboration of a relational self in females with eating disorders, the capacity to face conflict and the development of conflict negotiation skills should be included as an important goal of group therapy. It is probably wise for the therapist to gradually introduce the issue of conflict to the group, allowing each participant to express her fears and concerns around this issue. As the fear of relational disconnection is expressed by women in the group, the therapist may then ask the women to brainstorm ways in which relational connection can be sustained while issues of conflict are faced.

The group setting can be rich with opportunity for helping group members find ways to sustain connection within the group while expressing conflicting views, unacceptable feelings and ways in which one is different from others. The therapist should encourage each person to speak openly. As group members are supported and validated in expressions of difference by the therapist and by each other, and as they come to discover how facing and working through or

accepting differences can deepen the experience of relational connection, they are likely to grow more comfortable with expressing individual needs and concerns.

The ability to resist cultural forces which do not support female identity development and which contribute to the development of eating disorders in females, should be considered as an important therapeutic goal. As in other therapeutic contexts, it is important that the therapist identify the cultural valuation of separation and autonomy, the cultural image of the ideal woman, and the cultural pressure for women to be thin as forces which impact negatively on women. The therapist may then facilitate discussion on the superwoman role model and the values and ideals which it represents. Group members may be asked to describe this role model individually in writing, and to then share their descriptions in the large group. The therapist may then call upon each woman to talk about the positive and negative aspects of the superwoman in relation to herself. Through this exercise, group participants are encouraged to consider their individual needs and values as they consider external expectations, and to critically evaluate these expectations in relation to their own needs and values.

Another strategy which may function to help group participants develop resistance involves facilitating group discussion on the impact of media on women's pursuit of

thinness. This topic may prompt group members to express appropriate anger, as well as lead the women to begin to question the ideal of thinness. The therapist may suggest a group action which amounts to an expression of resistance, such as writing letters to women's magazines. An activity such as letter-writing in which women speak out against the cultural pressure to be thin puts the group participants squarely in a critical position vis a vis cultural forces which have contributed to their eating disorders, and it better enables them to resist these forces. This letter-writing exercise could also be used to protest magazine articles which the young women discern to be promoting unhealthy aspirations in girls and women. The group participants may be asked to come to a therapy session with such an article. Each woman can read or summarize her selected article to the group and say why she believes her chosen article promotes an unrealistic lifestyle for women. In this way group members can be encouraged to articulate their personal visions for the future and to stand in conflict with prevailing ideals for women.

Providing clients with factual information can also be a valuable part of building resistance to cultural forces which deter healthy female identity development. For example, information such as the unhealthy consequences of dieting, the unrealistic nature of the thin body-ideal, and the relationship between dieting and eating disorders can

help to empower women to challenge the cultural pressure to be thin.

Advocating For Preventive Measures

The centrality of failed relational self development to the identity issues in females with eating disorders, and the role of cultural forces in this failure point to the need to establish relational contexts and support for resisting unhealthy cultural forces as two key elements around which preventive measures against eating disorders are built.

For young women whose relational self development has been curtailed in their primary developmental context, having available to them supportive relational contexts which encourage articulation of the relational self and provide a framework in which they are encouraged to identify and challenge the cultural pressure to be thin, the cultural valuation of separation and autonomy and the cultural image of the ideal woman may serve to reduce the incidence of eating disorders among females.

It may be particularly valuable to advocate for supportive relational contexts for young women on college and university campuses. According to Kaplan, et. al, (1985), for young women who lack supportive networks, universities in which independent, competitive achievement is emphasized, can be an experience which often leaves them feeling isolated and precipitates depression or eating

disorders. If women could find support for the development, articulation and expression of their core sense of self within major institutions such as universities, then their identity development would more likely be facilitated rather than discouraged. Women in contemporary western culture should be encouraged to establish ongoing relational contexts in their work and learning environments. These contexts could help them to overcome obstacles to their identity development which may exist within their primary attachments and the culture at large. As well, these relational contexts could provide women with support in resisting cultural forces which teach women to deny their relational selves and to devalue their relational skills and wisdom.

High schools, colleges and universities may be ideal settings in which to set up networks or special interest groups for young women. In view of the rising incidence in eating disorders and the particular vulnerability of adolescent and young adult females to developing these problems, educational institutions should concern themselves with developing programming that is supportive of female development and that would thereby act as a preventive measure. The establishment of such programming may be particularly important in educational settings. These settings are found to emphasize values and ways of learning which are grounded in an experience of self as separate and

autonomous in their emphasis on autonomous functioning and competitive achievement, which pit individuals against each other and leave women feeling isolated; and they are found to devalue knowledge and ways of learning that emerge through an experience of self that is primarily and fundamentally centred in relational connection (Belenky, et. al, 1986; Kaplan, et. al, 1985).

Counselling services, guidance programs, psychology departments, women's studies programs and women's centres on campuses could help to establish groups and networks for female students which provide women with a framework for relational self expression, which support needs for interdependence, and which encourage relational skills and values. Different groups could focus on particular areas of interest such as a discussion or action group whose purpose is to identify and challenge current cultural expectations of women. A network could be established on campus for women who feel isolated. A support group for students who are experiencing weight and body image concerns could provide the opportunity to participate in ongoing, mutually supportive and validating relational activity while at the same time providing a forum for women to examine cultural influences which contribute to their weight concerns. Such a support group could help to prevent participants' weight concerns from leading to eating disorders. Periodic information sessions on such topics as fat prejudice, the

facts and myths on weight and dieting, female relational capacities and the impact of the superwoman role model could be open to the general student population. Group discussion opportunities for female students could include topics such as the impact of media images upon how women relate to themselves. A support group in which young women can share their visions of and concerns for the future can provide women with relational contexts in which to challenge societal expectations of women which are unsupportive of their core sense of self. In general, group activities can function as relational contexts which validate women's core sense of self and which support and facilitate their relational line of development.

The results of this study also point to the need to advocate for change in faculties such as psychology, social work and education which teach human development, counselling and therapy, so that credence and due consideration is given to relational lines of development, and so that gender sensitive counselling and therapy approaches are developed among male and female caregivers. This could lead to a more accurate understanding of the identity issues in females with eating disorders among academics who prepare individuals for the care-giving professions, and hence among future caregivers.

References

- American Psychiatric Association. (1980). Diagnostic and statistical manual of mental disorders (3rd ed.) Washington, D.C: Author.
- American Psychiatric Association. (1987). Diagnostic and statistical manual of mental disorders (3rd ed., rev.) Washington, D.C.: Author.
- Baker Miller, J. (1977). Toward a new psychology of women. Boston: Beacon Press.
- Baker Miller, J. (1984). The development of women's sense of self. Work in Progress, Wellesley: Stone Center for Developmental Services and Studies, Wellesley College.
- Belenky, M. F., Clinchy, M. F., Goldberger, N. F. & Tarule, J. M. (1986). Women's ways of knowing: The development of self, voice and mind. New York: Basic Books.
- Bemporad, J. R., Ratey, J. J., O'Driscoll, G., & Daehler, M. L. (1988). Psychiatry, 51, 137-144.
- Bograd, M. (1987). Enmeshment, fusion or relatedness? A conceptual analysis. In L. Braverman (Ed.), A guide to feminist family therapy (pp. 65-80). New York: Harrington Park Press.
- Bowen, M. (1971). The use of family theory in clinical practice. J. Haley (Ed.), Changing families: A family therapy reader. New York: Grune and Stratton.
- Bowen, M. (1978). Family therapy in clinical practice. New York: Jason Aronson.
- Broverman, I. K., Vogel, S. R., Broverman, D. M., Clarkson, F. E. & Rosenkrantz, P. S., (1972). Sex-role stereotypes: A current appraisal. Journal of Social Issues, 28, 59-78.
- Brown, C. (1990, April). The control paradox: understanding and working with anorexia and bulimia. National Eating Disorder Information Centre Bulletin, 5, (2).
- Bruch, H. (1973). Eating disorders. New York: Basic Books.

- Bruch, H. (1979). The golden cage. New York: Vintage Books.
- Bruch, H. (1981). Developmental considerations of anorexia nervosa and obesity. Canadian Journal of Psychiatry, 26, 212-216.
- Canadian Medical Association, (1989). Eating disorders: anorexia nervosa and bulimia. (1989). CMA Review. (Suppl.) 1-13.
- Carlson, R. (1972). Understanding women: Implications for personality theory and research. Journal of Social Issues, 28, 17-32.
- Chodorow, N. (1978). The reproduction of mothering: psychoanalysis and the sociology of gender. Berkeley: University of California Press.
- Chodorow, N. (1989). Feminism and psychoanalytic theory. New Haven: Yale University Press.
- Conger, J. J. & Peterson, A. C. (1984). Adolescence and youth (3rd ed.). New York: Harper and Row.
- Coniglio, C. (1989, October). The intersecting dimensions of eating disorders and addictions. Workshop conducted at the annual conference of the National Eating Disorder Information Centre: Toronto.
- Courtois, C. A. (1988). Healing the incest wound. New York: W. W. Norton and Company.
- Erikson, E. H. Identity: Youth and crisis. New York: W. W. Norton, 1968.
- Ernsberger, P. & Haskew, P. (1972). Health implications of obesity: An alternative view. The Journal of Obesity and Weight Regulation, 6, 58-137.
- Fitzgerald, F.T. (1981). The problem of obesity. Annual Review of Medicine, 32, 221-231.
- Freud, S. (1959). Some psychological consequences of the anatomical distinction between the sexes. In J. H. Williams (Ed.), Psychology of women, (pp. 48-55), New York: W. W. Norton & Company.
- Garfinkel, P. E. & Garner, D. M. (1982). Anorexia nervosa: A multidimensional perspective. Montreal: Book Centre.

- Garner, D. M., Garfinkel, P. E., Schwartz, D. & Thompson, M. (1980). Cultural expectations of thinness in women. Psychological Reports, 47, 483-491.
- Gilligan, C. (1979). Woman's place in man's life cycle. Harvard Educational Review, 49, 431-446.
- Gilligan, C. (1982). In a different voice: Psychological theory and women's development. Cambridge, MA: Harvard University Press.
- Gilligan, C. (1990). Prologue. In C. Gilligan, N. P. Lyons & T. J. Hanmer (Eds.), Making connections: The relational worlds of adolescent girls at Emma Willard School. Cambridge, MA: Harvard University Press.
- Gilligan, C., Brown, L. M. & Rogers, A. G. (1988). Psyche embedded: A place for body, relationships and culture in personality theory. Presented as a Henry A. Murray Lecture in Personality. Michigan State University, (Monograph No. 4).
- Gump, J. P. (1972). Sex-role attitudes and psychological well-being. Journal of Social Issues, 28, 79-92.
- Jordan, J. V. (1984). Empathy and self boundaries. Work in Progress, Wellesley: Stone Center for Developmental Services and Studies, Wellesley College.
- Jordan, J., Surrey, J. & Kaplan, A. (1985). Women and empathy: Implications for psychological development and psychotherapy. Work in Progress, Wellesley: Stone Center for Developmental Services and Studies, Wellesley College.
- Josselson, R. (1973). Psychodynamic aspects of identity formation in college women. Journal of Youth and Adolescence, 2, 3-52.
- Josselson, R. (1990). Finding herself: Pathways to identity development in women. San Francisco: Jossey-Bass Publishers.
- Kaplan, A., Klein, R., & Gleason, N. (1985). Women's self development in late adolescence. Work in Progress, Wellesley: Stone Center for Developmental Services and Studies, Wellesley College.
- Lerman, H. (1986). From Freud to feminist personality: Getting here from there. Psychology of Women Quarterly, 10, 1-18.

- Levinson, D. (1978). The seasons of a man's life. New York: Alfred A. Knopf.
- Libow, J. A. (1985). Gender and sex role issues as family secrets (Special issue: a contextual refocus of systems therapy: An expansion of role, purpose and responsibility). Journal of Strategic and Systemic Therapies, 4, 32-41.
- Mendelsohn, J. (1990). The view from step number 16. In C. Gilligan, N. P. Lyons & T. J. Hanmer (Eds.), Making connections: the relational worlds of adolescent girls at Emma Willard School. Cambridge, MA: Harvard University Press.
- Minuchin, S. (1977). Families and family therapy. Cambridge, MA: Harvard University Press.
- Minuchin, S., Rosman, B. L. & Baker, L. (1978). Psychosomatic families: Anorexia nervosa in context. Cambridge, MA: Harvard University Press.
- Minuchin, S. & Fishman, C. (1981). Family therapy techniques. Cambridge, MA: Harvard University Press.
- Muus, R. E. (1982). Theories of adolescence (4th ed.). New York: Random House.
- National Eating Disorder Information Centre. (1988). Understanding and overcoming an eating disorder: A resource kit for those who suffer from anorexia nervosa or bulimia nervosa. Toronto: Toronto General Hospital.
- Neumann, E. (1955). The great mother. Princeton University Press.
- Peck, T. A. (1986). Women's self-definition in adulthood: From a different model? Psychology of Women Quarterly, 10, 274-284.
- Reber, A. S. (1985). The Penguin dictionary of psychology. Great Britain: Penguin Books.
- Rich, S. (1990). Daughters' views of their mothers. In C. Gilligan, N. P. Lyons & T. J. Hanmer (Eds.), Making connections: the relational worlds of adolescent girls at Emma Willard School. Cambridge, MA: Harvard University Press.

- Salzman, J. P. (1990). Save the world, save myself. In C. Gilligan, N. P. Lyons and T. J. Hanmer (Eds.), Making connections: the relational worlds of adolescent girls at Emma Willard School (pp. 110-146). Cambridge, MA: Harvard University Press.
- Schaeff, A. W. (1985). Women's reality: An emerging female system in a white male society. San Francisco: Harper & Row.
- Schwartz, D. Thompson, N. & Johnson, C. (1982). Anorexia nervosa and bulimia: The sociocultural context. International Journal of Eating Disorders, 1, 20-36.
- Scott, D. W. (1987). The involvement of psychosexual factors in the causation of eating disorders: Time for a reappraisal. International Journal of Eating Disorders, 366, 199-213.
- Sours, J. (1985). Depression and the anorexia nervosa syndrome. Psychiatric Clinics of North America, 4, 145-158.
- Sours, J. (1979). The primary anorexia nervosa syndrome. In J. Noshpitz (Ed.), Basic Handbook of Child Psychiatry. New York: Basic Books.
- Steiner-Adair, C. (1989), October). Developing, the voice of the wise woman: college students and bulimia. Workshop conducted at the annual conference of the National Eating Disorder Information Centre: Toronto.
- Steiner-Adair, C. (1989, October). Mothers and daughters: connections and disconnections. Workshop conducted at the annual conference of the National Eating Disorder Information Centre: Toronto.
- Steiner-Adair, C. (1989, October). Nurturing the hungry self: Identifying, understanding and treating eating disorders. Open forum at the annual conference of the National Eating Disorder Information Centre: Toronto.
- Steiner-Adair, C. (1990). The body politic: Normal female development and the development of eating disorders. In C. Gilligan, N. P. Lyons and T. J. Hanmer (Eds.), Making connections: the relational worlds of adolescent girls at Emma Willard School, (pp. 162-182). Cambridge, MA: Harvard University Press.

- Stern, L. (1990). Conceptions of separation and connection in female adolescents. In C. Gilligan, N. P. Lyons & T. J. Hanmer (Eds.), Making Connections: The relational worlds of adolescent girls at Emma Willard School. MA: Harvard University Press.
- Stiver, I. P. (1985). The meanings of "dependency" in male-female relationships. Work in Progress, Wellesley: Stone Center for Developmental Services and Studies, Wellesley College.
- Streigel-Moore, R., Silberstein, L. R. & Rodin, J. (1986). Toward an understanding of risk factors in bulimia. American Psychologist, 41, 246-263.
- Surrey, J. L. (1985a). Self-in-relation: A theory of women's development. Work in Progress, Wellesley: Stone Center for Developmental Services and Studies, Wellesley College.
- Szekely, E. (1988). Never too thin. Toronto: The Women's Press.
- Surrey, J. L. (1985b). Eating patterns as a reflection of women's development. Work in Progress, Wellesley: Stone Center for Developmental Services and Studies, Wellesley College.
- Surrey, J. L. (1987). Relationship and empowerment. Work in Progress, Wellesley: Stone Center for Developmental Services and Studies, Wellesley College.
- Szekely, E. (1988). Never too thin. Toronto: The Women's Press.
- Thompson, M. G. & Schwartz, D. M. (1982). Life adjustment of women with anorexia nervosa and anorexic-like behaviour. International Journal of Eating Disorders, 1, 47-60.
- Wooley, O. W. & Wooley, S. C. (1982). The Beverly Hills eating disorder: The mass marketing of anorexia nervosa. International Journal of Eating Disorders, 1, 57-69.
- Wooley, S. C. & Wooley, O. W. (1984). Should obesity be treated at all? In A. J. Stunkard and E. Stellar (Eds.), Eating and its disorders (pp. 185-192). New York: Raven Press.