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**SHAPING UP AND FITTING IN:
A GROUNDED THEORY OF WOMEN'S BODY IMAGE**

**A thesis presented in partial fulfilment of
the requirements for the degree of
Master of Arts in Psychology
at Massey University**

Jennifer Hamid

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ABSTRACT

The present study employed a qualitative approach informed by a feminist perspective, specifically the generative, inductive methods of grounded theory to explore women's experiences regarding their body image. Reports of 11 women's experiences were obtained using a semi-structured interview framework. This study aimed to explore the cognitive, behavioural and psychological dimensions of women's body concerns, focusing on weight, shape, size and appearance; how these concerns affect the women; and what the women perceive as having contributed to their concerns. The preliminary grounded theory developed suggests that each of the women, to various degrees, monitor, evaluate, regulate and/or alter their bodies in specific ways, in order to maximise positive feelings about themselves, and minimise negative ones. The model developed in this study is process oriented and suggests that for most of the women, being happy with their bodies, or not feeling *unhappy* with them, is only a transitory part of an ongoing cyclical process of monitoring and regulating. These findings have important implications for education and prevention, and for 'treatment'. They also suggest many worthwhile avenues for future research.

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PREFACE

The present study is situated in the context of a rising incidence of eating disorders, especially among women, and the increasingly widespread nature of both concerns with body image, and potentially harmful 'solutions' for these concerns, such as dieting, cosmetic surgery, and so on. This is considered a very valuable area of research, if only for the fact that body image concerns affect such a large and growing amount of people in Westernised society.

Chapter One outlines some of the psychological, sociological, and feminist literature in the area of women's body image. This is followed by a brief critique of this literature, and a discussion of the aims and relevance of the present study. In Chapter Two the two research frameworks, namely qualitative and feminist approaches, that underpin the present study are considered, together with a critique of the traditional positivist quantitative paradigm. Following this is a consideration of the particular qualitative approach adopted in the present study - the grounded theory approach. Chapter Three outlines the processes by which the present study was carried out, and presents a brief biography of the women who took part in the study.

Chapter Four looks at three contextual factors which provide an important framework to the theory generated in the present study. In Chapter Five, a preliminary grounded theory of women's body image is introduced, then the details of each of the categories in the theory are elaborated in turn. Chapter Six includes some further reflections on relationships between the data and the literature, followed by conclusions and implications of the present study. Finally, limitations of the present research are discussed, and suggestions are given as to useful and interesting areas for future research.

Legitimate Voices

As my awareness of feminist and qualitative methodological issues increased, and I began to question the uses of language in psychology, I found that the use of the 'third person' writing style advocated by the sciences and the pseudo-sciences (positivism) was not necessarily the best way of representing my research process and outcomes.

The use of the third person constructs abstract and depersonalised writing. Its use signals to the world (or academia at least) that this researcher has done his or her best to follow the objective principles of science, avoiding subjectivity and hence cutting out as much bias or distortion of the "truth" as possible. It is also an effective way of removing the 'researcher' from the 'researched', or in other words removing the researcher's 'experience' from the results of their research.

However, in both feminist and qualitative philosophies, subjectivity and meaning go hand in hand - research that has been stripped of its subjectivity and context often loses much of its meaning (see Chapter Two). Subjectivity in these paradigms is part of the research. It is acknowledged as an important influence on the research process and outcome, and on the quality and relevance of the knowledge produced.

Also, the exclusion of subjectivity tends to deny the realities of the research participants, as well as removing their power as 'knowers of their own realities'. If truth is viewed as consensual and context bound, then subjectivity should not be discarded. It becomes an important part of the research process, which needs to be discussed rather than eliminated.

In the positivist paradigm, to which psychology traditionally adheres, writing in the third person is the only legitimate way to disseminate scholarly or academic knowledge. Thus I found that in order to follow qualitative, and in particular

feminist philosophies, and including subjectivity and context, I was left without a 'legitimate voice'.

This is reflected in the uneasy juxtaposition of 'formal academic writing', with 'informal subjective writing' throughout the thesis, and in this way the construction of my thesis mirrors both the development of the research and the development of my own learning process.

My Research

One of the more important tenets of both qualitative and feminist philosophies is the acknowledgement and explicit discussion of the subjectivity inherent in any interpersonal interaction (such as research). Both approaches emphasise the importance of being aware of, and making explicit, one's perceptual frameworks. In my case, my experience as a woman, as one who has experienced concerns about my own body, and one who has experienced the rarity of talking to a woman who does not have any concerns about her body, has undoubtedly influenced my choice of topic. I am a European 'Kiwi' and a university graduate in psychology. I am also what is currently labelled as a 'feminist' although considering the many different meanings attached to that term, a more precise label for myself would be a 'feminist oriented egalitarian'. However, I have done my best to challenge the assumptions that undergird my perspectives, and approach the research 'with an open mind'. Finally, my ontological and epistemological position is that there are multiple realities, knowledges, and 'ways of knowing', and that they are all valid ways of viewing the world.

I approached this study with a desire to learn about women's experiences related to their body image. However, I wanted to find out what women said about their experiences, rather than what they scored on a satisfaction scale, or whether their 'body distortion' was significantly different from someone else's.

While these may be interesting topics in themselves, they have been covered already in the existing literature. My own interest lies in what women have to say about what they think, feel and do in relation to their 'body image'. A qualitative framework provided the most suitable and appropriate way to achieve this aim, and the grounded theory approach enabled me to study what I wanted to study, in the way I wanted to study it, using systematic and rigorous data gathering and analytical methods. These approaches also allowed me to express my inclinations towards a feminist perspective and to honour women's experiences as real and valid.

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In this chapter I present an overview of the literature surrounding the concept of body image. This includes a broad range of literature, including psychological, socio-cultural and feminist literature. The sections discussed in this chapter are highly interrelated and the boundaries between them are necessarily arbitrary.

The prevalence of women's body image concerns has been increasing steadily, especially over the last twenty years, and is now so common that it is being labelled a "normative discontent" (Rodin, Silberstein & Striegel-Moore, 1985). It has become obvious that eating disordered behaviour, weight preoccupation and negative body attitudes are no longer limited to those with clinically diagnosable eating disorders, and are becoming increasingly widespread throughout the general population. Concurrent with this increase, the literature and research in this area has proliferated.

The Psychological Literature Concerning 'Body Image'

Definitions of Body Image

The general literature in the area of body image is characterised by a lack of consensus about the definition(s) and meaning(s) of the term 'body image'. There have been numerous studies and measures of body image, however clarification of the body image construct and its constituent components remains elusive. Despite the lack of consensus about meaning, body image has been most often studied in terms of two distinct dimensions, that is, a *perceptual* or 'body size distortion' component, and/or an *attitudinal* or 'body satisfaction' component.

Research in the perceptual area of body image involves procedures that require subjects to estimate the actual size or shape of their bodies or body areas. The attitudinal component of body image usually refers to 'body satisfaction'. However perceptual and attitudinal components are often studied in tandem.

Gender Differences and Body Image

Much of the existing research in the area of body image has studied women because comparisons of the sexes consistently show that a larger proportion of women are affected by body concerns than men, and typically, these concerns affect women to a greater degree.

Women have consistently been found to exhibit more eating disordered behaviour than men. In 1994 women comprised over 90% of the eating disordered population according to the Diagnostic and Statistical Manual of Mental Disorders, (DSMIV, 1994), and although total estimates of the two most common eating disorders (anorexia nervosa and bulimia nervosa) vary, the incidence is far greater in women. For example, Striegel-Moore, Silberstein, and Rodin (1986) found that research consistently indicated that approximately 90% of bulimic individuals were female, and others have cited a similar ratio for anorexia (e.g. Grant & Fodor, 1986; Halmi, Falk, & Schwartz, 1981; Silverstein, Perdue, Peterson, & Kelly, 1986).

The cultural preoccupation with body size and attractiveness has been found to adversely affect men as well as women (Cash & Brown, 1989; Drewnowski & Yee, 1987; Silberstein, Striegel-Moore, Timko & Rodin, 1988). Several studies have concluded that more women than men are dissatisfied with their bodies and in the majority of cases, women express greater dissatisfaction (Brenner & Cunningham, 1992; Cash, Winstead & Janda, 1986; Mable, Balance & Galgan, 1986; Mintz & Betz, 1986).

Moreover, those men who do express dissatisfaction with their bodies are as likely to want to gain weight as to lose it (Davis & Cowles, 1991; Drewnowski & Yee, 1987; Connor-Greene, 1988; Silberstein, Striegel-Moore, Timko & Rodin, 1988), which suggests that men's body image concerns are associated with somewhat different issues than those of women. This suggestion is supported by other findings of gender differences in body image concerns. For example, women have been found to attach more importance to their weight (Rozin & Fallon, 1988), and express

more concern about weight and body shape (Cash, Winstead, & Janda, 1986; Rozin & Fallon, 1988) and weight control (Fallon & Rozin, 1985), and women also exhibit more dieting behaviour (Connor-Greene, 1988). In addition, women weigh themselves more frequently than men, and report seeking help for weight problems more often (Wooley & Wooley, 1984).

Furthermore, women are more likely than men to subscribe to "scientifically based" diets, to read "physician-authored" diet books, to receive prescriptions for weight related drugs, to have intestinal bypass surgery, and to go to weight related self help groups such as Weight Watchers (Bartky, 1988; Millman, 1980, cited in Kohler-Riessman, 1983; Silverstein, Perdue, Peterson, & Kelly, 1986).

Gender differences are also apparent in the effects of body image concerns. For example, a study by Mintz and Betz (1986), found that greater dissatisfaction with one's body was significantly related to social self esteem for both men and women, however the relationship was significantly stronger for women.

'Normal' Women

Much of the research in the area of body image has been conducted on women, because of the strong evidence that body image concerns are stronger and more prevalent in women. There is no consistent and meaningful definition of 'normal' by those who use 'normal' women subjects in these studies. Their implicit definitions seem to be value judgements based on the distinction between women with clinically diagnosed eating disorders and 'others', rather than the ordinary usage of the word 'normal', that is, average or conforming to the norm. However, 'normal' is no longer 'women who are satisfied with their bodies' or 'women who do not worry about their food and their weight', or 'women who do not engage in dieting or disordered eating' because that has become the exception to the rule (see for example Ritchie, 1988; Wooley & Wooley, 1984). It has become 'normal' in western culture for women to feel dissatisfied with their bodies, to diet and to worry about their weight and

appearance (Polivy and Herman, 1985; Rodin, Silberstein and Striegel-Moore, 1985; Silberstein, Striegel-Moore, Timko, and Rodin, 1988).

Until relatively recently, 'normal' women, especially in the medical literature, have been most often studied in terms of comparisons with women who have eating disorders, not as the object of study in their own right. In these studies, information about normal women is given only in terms of how eating disordered women are similar to, or different from their 'normal' counterparts. However, just because eating disordered women are 'more' this and 'more' that, it does not necessarily mean that 'normal controls' do not experience those things, just that they experience them to a lesser degree. This is supported by the argument put forward by Rodin, Silberstein, and Striegel-Moore (1985) that eating disorders' vary along a continuum with women's 'normal' concerns with weight and eating. They assert that in terms of eating behaviours and women's attitudes towards their bodies, there is a significant overlap between clinical populations of women with eating disorders, and 'normal' women.

Body Image Distortion

Body image distortion does not only occur in eating disordered populations, as originally hypothesised, but also in a wide range of other women. In a review of body image (distortion) studies, Slade (1985) identified a tendency to over-estimate body width in a variety of groups of women including 'normals', finding that the greatest distortion was observed in anorexics. More recently there has been research challenging the assumption that body image distortion is greatest in eating disordered populations, suggesting that distortion is just as great in 'normal' women. A recent review of the literature by Whitehouse, Freeman and Annadale (1988) found no difference in body size estimation between anorexics and 'controls'.

In addition, Counts and Adams (1985) found that in their comparison of bulimics and a variety of 'non eating disordered' women there was a tendency for *all* groups, except for the women without concern about their weight, to overestimate their size.

Also, all of the subjects who were concerned with weight and dieting wanted thinner physiques, regardless of their weight, bulimics and 'normals' alike. Thus while bulimics do have body image distortions, so do dieters and other normal women who restrain their eating. Therefore body size inaccuracies may be common in any individuals with weight concerns, regardless of their status as women with eating disorders or 'normal' women. The prevalence of such inaccuracies among 'normal' women has been found to be as high as 95% (Thompson, 1986).

Body Image Dissatisfaction

A study of 'normal' women based on Rodin, Silberstein and Striegel-Moore's (1985) idea of a continuum of eating disordered behaviour found that 61% of women could be classified as having some kind of intermediate eating behaviour problem, such as chronic dieting or bingeing and purging and so on. What is more, only 33% of the women reported what could be considered normal eating habits (Mintz and Betz, 1988). They also found that the degree of disturbed eating was strongly correlated with lower self esteem, more negative body image, a greater tendency to believe in socio-cultural values regarding the desirability of thinness for women, and the interference of weight and appearance concerns with other areas of their life.

Women are likely to see themselves as overweight regardless of their actual weight, and to fail to see themselves as underweight when they are, and most women want to lose weight (Cash and Hicks, 1990; Connor-Greene, 1988; Mintz and Betz, 1986), including those who do not see themselves as even slightly overweight (Connor-Greene, 1988).

Several researchers have found that an overwhelming number of women feel too fat, regardless of their actual weight, and engage in repeated efforts to try to lose weight by dieting (McBride, 1985; Polivy & Herman, 1985; Wooley & Wooley, 1984), and more recently, by exercising (Imm & Pruitt, 1991; Davis & Cowles, 1991), with the added pressure on women in the 1990's to be fit and toned as well as thin (Rodin & Larson, 1992).

Weight loss appears to be a powerful and salient reward for many women, especially considering the importance of attractiveness in current society, and the positive stereotypes associated with thinness, and the negative stereotypes associated with 'fatness'. Hesse-Biber, Clayton-Matthews and Downey (1987) found that the more weight a woman wanted to lose the less physically attractive she felt, and the more she felt she could gain the more physically attractive she felt.

McBride (1985) found that it is not the woman's weight, size or shape that is important to her, but her *perception* of these things. This supports Wooley and Wooley's (1984) findings that actual weight makes little difference to the way women feel about themselves - those who feel too fat share many of the same feelings as those "who are too fat" (p. 198). Importantly, they also found that only a small number of their 33,000 women respondents reported that they go through life without weight affecting how they feel about themselves, and almost no women, regardless of their size, feel that they are thin enough. Similarly, Cash, Winstead and Janda (1986) found that only 7% of women respondents indicated that they have little concern about their appearance and do not do much to try to improve it.

Body Image in Young and Adolescent Girls

It is with growing concern that researchers are finding body image concerns in increasingly younger age groups. Dieting in adolescent girls has become a common practice. In Britain, several surveys found that around 70% of adolescent girls report having dieted to lose weight, and 50% of the girls were found to have started dieting before the age of 15 (Hill, Oliver & Rogers, 1992). Hill *et al.* (1992) also cite a study of children aged seven to twelve years old, in which 41% of girls reported having tried to lose weight, and although the frequency of dieting was found to increase with age, over a quarter of those in the youngest age group said that they had tried to lose weight by dieting.

Other findings indicate that over 80% of adolescent girls said that they often felt fat, and that they wished to lose weight (Hill, Oliver & Rogers, 1992). Wardle and

Beale (1986) reported similar results in their study of London schoolchildren, which found that the majority of girls, ranging in age from 12 to 18 years, felt too fat, attempted to restrict their food intake, and expressed guilt about eating. These results are similar to those found in North America where a number of surveys have found that dieting and body dissatisfaction is widespread amongst samples of 'otherwise normal' adolescent girls and young women (Button & Whitehouse, 1981; Halmi, Falk & Schwartz, 1981; Page, 1991).

New Zealand Research

Much of the research in the area of body image that has been done in New Zealand (Ritchie, 1988a; 1988b; 1989a; 1989b) mirrors the trends found in North America and Britain. Ritchie conducted three comprehensive surveys of body image issues in young people in New Zealand, one with university students, one with sixth and seventh form secondary school students, and one with intermediate school pupils (Ritchie, 1988a; 1988b; 1989a). Results from each of these populations found that young women and girls were significantly more likely than young men and boys to believe themselves to be overweight when they were not (as assessed by "objective medical criteria"); to be dissatisfied with their present weight; and to go on weight reducing diets.

In addition, a comparative analysis of the responses of the young women and girls across the three studies (comparisons between the intermediate and the secondary school girls, and between the secondary girls and the university women), revealed that University women were far more likely than either secondary school girls or intermediate girls to 'wrongly' perceive themselves as overweight, and far less likely to feel satisfied with their weight. Of the university women, almost two thirds expressed dissatisfaction with their weight, and further, 67% believed that they were overweight, while only 12% were found to actually be classifiable as overweight. Hence university women "clearly have the most distorted view of their own bodies" (Ritchie, 1989b, p. 5). Furthermore, over two thirds of Ritchie's (1988) sample of university women had been on a diet before the end of their teen years, some

starting before the age of 13; and almost half the women admit to what Ritchie (1988, p. 239) terms "a preoccupation with food and weight". These two factors are often seen as risk factors for the development of eating disorders.

Socio-cultural and Feminist Literature

Socio-cultural and feminist literature tends to look at the historical, social and cultural contexts surrounding the issues associated with body image, for women in particular. Many of the ideas in the socio-cultural literature implicitly reflect feminist beliefs about women and body image, because generally feminists consider that eating disordered behaviour and body concerns among women are strongly related to (if not caused by) socio-cultural beliefs, values and structures.

Introduction to Socio-Cultural Context

The sections below address the socio-cultural and feminist literature and perspectives in the area of body image. Socio-cultural standards vary with the structure, beliefs and values of a society at any one time. Western society's current beauty ideal means there is a strong pressure on women to pursue an increasingly thinner ideal physique (Hesse-Biber, 1991; Striegel-Moore, Silberstein & Rodin, 1986). This has been linked to the increase in eating disorders and a general rise in body concerns for women, and has reached a state where dieting is considered the norm (Polivy & Herman, 1985). Cultural norms are reflected in cultural and sex role stereotypes which are important indicators and mediators of what the present beauty ideal is. The media plays a very important role in influencing and perpetuating these cultural standards (for example, Garner & Garfinkel, 1980). Further evidence for this changing cultural influence on body image is provided by cross-cultural research (for example Furnham & Alibhai, 1983; Nasser, 1988). These ideas are elaborated below.

Historical context

Throughout history, concepts and ideals of female beauty have varied with the aesthetics, standards, beliefs and values of that particular time. Several authors, (for example Bordo, 1990; Freedman, 1986; Hesse-Biber, 1991; Rodin, Silberstein and Striegel-Moore, 1985), document the historical nature of women restricting their bodies in the pursuit of beauty, citing such things as the Chinese practice of foot-binding, the 19th century Victorian fashion of wearing tightly laced corsets, and the medical problems associated with these practices, for example severe pain and lack of foot growth resulting in difficulties in walking; shortness of breath, constipation, weakness, and displacement of internal organs.

However, currently in society, the expectations of women to achieve beauty are through internally imposed restrictions, such as internalising cultural norms and stereotypes, rather than externally imposed restrictions (Bartky, 1988; Hesse-Biber, 1991). The pressures of modern society for women to attain an increasingly thin ideal are more subtle than the external restrictions such as the corset but can be just as damaging (Bartky, 1988; Bordo, 1993; Brown, 1985).

"The Thin Ideal"

Consonant with the gender differences in the prevalence of eating disorders and body concerns, women experience greater cultural pressure than men to attain and maintain the 'ideal' weight/shape (Andersen and DiDomenico, 1990; Garner & Garfinkel, 1980; Lakoff & Scherr, 1984). Mazur (1986) echoes this idea, asserting that women are under more pressure than men to conform to an ideal of beauty, because men place more importance on the physical attractiveness of women than women do on the physical attractiveness of men, and therefore women's social opportunities are more affected by their physical beauty than men's are.

Orbach, (1978) suggested over 15 years ago that there was a growing awareness among many women of the pressures on them to conform to stereotypes of feminine

beauty. Since then these pressures have increased, with concomitant increases in the prevalence of eating disorders, dieting, and dissatisfaction with body (see for example; Cash, Winstead & Janda, 1986; Garner, Garfinkel, Schwartz & Thompson, 1980; Hesse-Biber, 1991; Nasser, 1988; Striegel-Moore, Silberstein, & Rodin, 1986). The increases in these problems among women have occurred in the context of changing cultural norms about women and beauty which, as mentioned above, are not fixed but depend on the values, beliefs and standards of that culture at a particular historical moment (see for example; Bordo, 1993; Hesse-Biber, 1991; Nasser, 1988; Rosier, 1986; White, 1991). The current socio-cultural standard of beauty requires the pursuit of an increasingly thin, and increasingly unrealistic 'ideal' body image for women (see below).

Thinness for women in Western culture has come to be seen as a symbol of beauty, wealth, happiness and success, and is also seen to symbolise such things as self-discipline, control, sexual liberation, and assertiveness (Garner & Garfinkel, 1980; Nasser, 1988; Rosier, 1986). Setting up such a narrow beauty ideal with a very small range of 'acceptable' weights/shapes acts to disempower women, as it positions women who do not achieve 'acceptable' standards as not self-disciplined enough, and not exerting enough control over themselves. This is exemplified by current beliefs about 'fat' women, which are imposed upon them by others, but also that they have learned to impose upon themselves (see for example; Barron & Lear, 1989; Bordo, 1993; Chernin, 1981; Rosier, 1986).

According to McBride (1985), "Our society's current preoccupation with thinness has caused many women to develop unusually negative feelings about their bodies" (p. 16). This poor body image is not only associated with lower feelings of self worth, but also with behavioural manifestations such as dieting, compulsive exercise and eating disorders. (McBride, 1985; Mintz & Betz, 1986).

Cultural norm of dieting

Amongst women in Western society, dieting has become a culturally accepted norm, (Polivy & Herman, 1985). An overwhelming number of females in Western society, have adopted dieting as a way of life, due to feelings of being too fat or not 'acceptable' as they are (Rodin, Silberstein, and Striegel-Moore, 1985; Wooley & Wooley, 1984). As early as 1980, Garner, Garfinkel, Schwartz and Thompson (1980) suggested that Western society had created an environment that "may exert intense pressure on some women to diet in spite of possible adverse physical and emotional consequences" (p. 490).

Pursuit of the thin ideal continues despite the fact that evidence suggests that reduction of body weight is not an attainable goal for at least 95% of the population (Atrens, 1988), and that most weight loss programmes have a high recidivism rate, (Wooley and Wooley, 1984). That is, for many people, dieting does not work, or if it does, the success is temporary.

There is also evidence to suggest that dieting is a damaging behaviour. The physical, psychological and emotional effects of chronic dieting are considerable. Keys, Brozek, Henschel, Mickelsen, & Taylor, (1950) looked at a group of normally physically and psychologically healthy males, who had no history of concern about their weight or eating patterns. However, a reduction of 50% of their calorie intake over a period of six months produced a preoccupation with food, as well as causing the men to develop emotional and psychological symptoms associated with semi-starvation. These included such things as irritability, poor concentration, anxiety, depression, apathy, fluctuations in mood, fatigue, social isolation and suicidal ideation. Moreover, dieting normally precedes the onset of an eating disorder (Boskind-Lodahl, 1976; Polivy & Herman, 1985), and is regarded as an important risk factor for the development of an eating disorder (Striegel-Moore, Silberstein & Rodin, 1986).

However the lure of attaining the 'ideal', or at least getting closer to the ideal (and all of its concomitant rewards), is strong enough to keep women pursuing that goal, despite the increasing evidence that diets are unsuccessful for most people, and the evidence that dieting can be harmful to one's health.

Cultural Stereotypes

In Western culture physical attractiveness is extremely important (Rodin & Larson, 1992), especially for females. Hesse-Biber, Clayton-Matthews, and Downey, (1987), reported that "appearance is a strong selective factor for social success and body weight is a significant factor in physical attraction" (p. 525).

In a comprehensive review of physical attractiveness research, Adams (1977) found that the physical attractiveness stereotype, whereby physically attractive individuals are considered to have more positive and fewer (if any) negative qualities than their less attractive peers (Gillen, 1981), applies across a variety of experiences. Attractive people are perceived to have virtually every character trait that is socially desirable to the perceiver, including being interesting, strong, poised, sensitive, kind, socially outgoing and successful (Dion, Berscheid, & Walster, 1972). Moreover, these and other studies suggest that this attitude affects people of all ages and that these 'social norms' are applied more strongly to women than to men (Adams, 1977; Lakoff & Scherr, 1984; Rodin, Silberstein and Striegel-Moore, 1985).

Striegel-Moore, Silberstein and Rodin (1986) believe the high value that Western society places on attractiveness, and thinness in particular, makes obesity a highly stigmatised condition. This is reflected in the cultural stereotyping of slim and fat or obese persons. Fatness and obesity are associated with negative traits such as laziness, sloppiness, dirtiness and stupidity, while thinness is associated with such positive traits as beauty, friendliness and intelligence. (Staffieri, 1972; cited in Nagel & Jones, 1992).

Other studies of cultural stereotypes have found similar results, reporting that obese people were rated as less active, less intelligent, less hardworking, less successful, less athletic and less popular than non-obese people. Also, when asked to rank all the various categories of people as potential marriage partners, students report preferring to marry an embezzler, cocaine user, shoplifter and blind person before they would marry an obese person. Obese people are also less likely to be accepted to good colleges and to be considered ideal employees (Harris, Harris, & Bochner, 1982; Tiggemann & Rothblum, 1988).

Furthermore, Tiggemann and Rothblum (1998) found that while fat people were seen as warmer and friendlier than thin people, they were rated as unhappier and less self confident, and also more self-indulgent, less self-disciplined, lazier and less attractive. Moreover, these stereotypes were much more prevalent concerning 'fat' women.

Rodin, Silberstein and Striegel-Moore (1985) conclude from their discussion of the stigmatised nature of obesity that it is met with psychological, social and economic punishment. It is easy to see this as a strong factor in women's fear of being fat. When teamed with the fact that being attractive is considered to be extremely important in our society, weight loss or altering the body in order to conform to 'the thin ideal' provides a powerful and extremely rewarding aim to strive for.

Sex Role Stereotypes

"For centuries, beauty has been considered an essential characteristic of the feminine stereotype" (Nagel & Jones, 1992, p. 109). Long before puberty girls learn that beauty is a central part of the feminine gender role. As children and adolescents, females are taught to equate attractiveness with being delicate and petite (Freedman, 1984). Girls and boys learn their 'appropriate' roles early, as girls are praised for beauty, and boys for achievement (Striegel-Moore, Silberstein, & Rodin). As Cash, Winstead and Janda (1986) point out: "little boys are taught to be proud of

themselves because they are strong and athletic. Little girls learn to value beauty." (p. 31).

Given the glamour and positive cultural stereotypes associated with the current thin ideal, the pursuit of thinness by females can be understood as both culturally bound and as part of the present ideal female stereotype. For example, Wooley and Wooley's (1984) survey of 33,000 women, found that for 63%, weight was a key determinant in how they felt about themselves. Similarly, Rodin, Silberstein and Striegel-Moore (1985) and Hesse-Biber, Clayton-Matthews, and Downey (1987), found that weight and body shape/body image were the central determinants of a woman's self-perception of her attractiveness and wellbeing, and moreover, that this was not the case for men. Hesse-Biber (1991) concluded that "weight is a critical factor in a woman's sense of social and psychological wellbeing" (p. 178).

The Influence of the Media

The media have been widely implicated in Western society's focus on the beauty ideal for women which currently translates to an ideal of thinness and increasingly fitness as well. The media bombard women with messages to diet, to lose weight, to tone up and to trim down, while simultaneously giving out strong messages to buy, prepare and consume all kinds of food, both for themselves, and in order to be 'good' mothers or partners, or 'nurturers'. Bordo (1993) suggests that the current media message to achieve a "slender and tight" body has contributed to behaviours that are risky, such as dieting, overexercising, and being continually preoccupied with shape. The new message, she says, is to avoid fat and anything that "jiggles".

Many authors in this area, especially feminist authors such as Boskind-Lodahl (1976), Chernin (1981), Orbach (1978) and Wolf (1991) believe that the rise in eating disorders, discontent with body, fear of 'fat', and pursuit of thinness to the extent of surgically altering the body, are *directly linked* to cultural standards of the thin ideal, reflected in and perpetuated by the media.

The link between the pressures on women to strive for an ever thinner standard of beauty and changing cultural standards reflected in the media has been the subject of several studies. Garner, Garfinkel, Schwartz and Thompson (1980) conducted the first empirical study into Western society's shift in cultural standards for the ideal female figure, and the consequent pressure to diet. They found that Playboy centrefolds and Miss America pageant contestants became increasingly thinner between 1959 and 1979 and further, that the winners of Miss America pageants from 1970 to 1979 have almost invariably been thinner than the average contestant. As Playboy centrefolds and Pageant contestants became thinner, the average (American) female under thirty years became heavier (Garner *et al.*, 1980), further increasing the disparity between women's images of 'real' and 'ideal'. Thus while 'normal' women were getting larger, the cultural standards reflected by the media were getting thinner.

An update by Wiseman, Gray, Mosiman and Ahrens (1990) supports the findings of the study conducted by Garner *et al.* (1980), finding that Miss America contestants decreased in expected weight between 1979 - 1988, and the weights of both Playboy centrefolds and Miss America contestants during that period, were 13 - 19% lower than expected weight for women in that age group. Not only were media representations of women becoming increasingly thin, they were perpetuating a standard of beauty that was unrealistic for the vast majority of women. The standard was also potentially dangerous. One of the DSMIV diagnostic criteria for anorexia is a body weight below 15% of expected weight for age and height (DSMIV, 1994). Wiseman *et al.* (1990) also found a significant increase in the number of both diet for weight loss and exercise for weight loss articles between 1959 and 1988. They conclude that the overvaluation of thinness continues and also that thinness is now sought through both dieting and exercise.

Silverstein, Perdue, Peterson and Kelly (1986) also refer to the role played by an unrealistically thin standard of bodily attractiveness for women in the promotion of eating disorders. Their studies demonstrate that the current standard of attractiveness portrayed on television and in magazines is slimmer for women than

for men and that the recent standard for women portrayed in magazines and in movies is slimmer than it was in the past. Silverstein, Peterson, and Perdue (1986; cited in Silverstein, Perdue, Peterson & Kelly, 1986), conducted a similar study which showed that in the mid-1920's, the only other time this century when the models appearing in two popular women's magazines were as thin as they are now, an epidemic of eating disorders appeared among young women.

When women compare themselves to media portrayals of the ideal female body they are likely to negatively evaluate their own attractiveness in comparison. This is in spite of the fact that models are usually painstakingly prepared to appear attractive, especially in the print media, where "flaws" are often airbrushed out. (Cash, Cash & Butters, 1983; Irving, 1985). Feminist authors have also found that women frequently cite the difference between their own bodies and media representations of women's bodies as a source of negative feelings about themselves and their bodies (Bordo, 1993; Spitzack, 1990;).

The cumulative evidence from these studies strongly implicates the media in the generation and perpetuation of the ideal of thinness, to the detriment of women's body image. The mass media in Western culture has a large influence on socio-cultural definitions of what is beauty, what is valued, what is culturally acceptable. According to a feminist view, the media is a patriarchal, male dominated institution which, in collusion with capitalism, has a vested interest in perpetuating these images.

Non-Western Cultures

Cross-cultural research strongly supports the hypothesis that body image dissatisfaction and much eating disordered behaviour is largely shaped by socio-cultural forces. For example, in some cultures obesity has been admired or even considered a secondary sexual characteristic (Rudolfsky, 1972; cited in Garner, Garfinkel, Schwartz and Thompson, 1980). Also, while Western society values thinness, plumpness is considered to be attractive in the majority of other societies,

and in several non-Western cultures, fatness can symbolise beauty or status (Nasser, 1988; Rosier, 1986).

Perhaps even more compelling evidence implicating socio-cultural influences in the development of negative body image and eating disorders comes from findings which suggest that exposure to Western attitudes and values alters individuals' perceptions of their body weight from valuing larger figures to valuing thinness, or even to developing disordered eating or clinical eating disorders (Furnham & Alibhai, 1983; Nasser, 1988; Raphael & Lacey, 1992).

A Feminist Perspective

Feminist writers support this idea that body image is derived from cultural influences and represents the internalisation of cultural standards (Bergner, Remer, & Whetsell, 1985; Bordo, 1993; Chernin, 1991; Freedman, 1986; Wolf, 1991). However, they extend the argument further still, implicating patriarchal structures, such as the medical establishment, in collusion with capitalism in the generation and perpetuation of such an unrealistic 'ideal'. Wolf (1991) states that "the qualities that a given period calls beautiful in women are merely symbols of the female behaviour that the period considers desirable" (p. 13).

Several feminists argue that the partnership of cultural ideology and corporate/capital interests (diet, beauty, cosmetic and health industries) with patriarchal perspectives continues to control women's bodies through socio-cultural pressures on women to be thin (Chernin, 1981; Hesse-Biber, 1991; Kohler Riessman, 1983). Hesse-Biber (1991) describes such patriarchal perspectives as "defining women as objects of decorative worth as a means of subverting them to the authority of men".

Brown (1985) contends that "patriarchy has a stake in any process which leads women to increased invisibility and reduced personal power" (p. 63). A woman is beautiful in patriarchy's eyes if she is less visible, and occupies a minimum amount

of physical space; in other words, a woman whose body is small and exhibits minimal evidence of female secondary sexual characteristics, for example breast tissue, subcutaneous fat layer, hips, and rounded belly (Chernin, 1981; Brown, 1985).

Many feminist researchers broach the argument that women's dissatisfaction with themselves, fear of fat and pursuit of thinness up to the extreme of eating disorders are a symptom of structural features of Western society rather than individual characteristics of women. "Women's bodies can be considered cultural artefacts, defined and redefined over time as a result of broad cultural/historical transformations aimed at physical and symbolic subordination" (Hesse-Biber, 1991).

Hesse-Biber (1991) discusses how modern women strive to achieve the beauty ideal not by external control of the body, such as a corset or girdle, but through internal or self-imposed controls. The replacement of external control by internal control is consistent with Foucault's (1977) historical examination of the transformation of power through the discipline of bodies, resulting in 'the self disciplining body'.

Feminist authors argue that women are also subject to controls which are unique to women within a patriarchal and capitalist society. Women internalise these controls, which manifest themselves in terms of behaviours such as restricting their food intake and attempting to control their body weight/shape through exercise. Thus dieting is one discipline which is imposed upon the body subject to the 'tyranny of slenderness' (Chernin, 1981) and exercise is another.

Faludi (1992) states that the beauty industry reinforces the representation of women's problems "as purely personal ills, unrelated to social pressures and curable only to the degree that the individual woman succeeded in fitting the universal standard - by physically changing herself" (p. 240). To the individual, and the ones looking on, the achievement of this standard, that is, the toned, slender body, represents mastery and control (Bordo, 1993).

Several feminists implicate patriarchal structures in the perpetuation of the importance of beauty to women. White (1991) contends that women must adhere to the cultural ideal of the perfect body in order to be 'accepted' in a patriarchal society which stresses perfectionism, achievement and self-control. Hesse-Biber (1991) states that "patriarchal interests, which characterise women primarily as good wives and mothers and the objects of decorative worth, fit the needs of a political economy which required the economic pattern of individual domestic consumption to fuel its growth" (p. 177).

The economic influences on the altering definitions of women's bodies as 'imperfect' and in need of 'constant revision' are also referred to by Faludi (1992, p. 240) who suggests that the beauty industry needed to restore its own economic health and did so by persuading women that they were 'patients' in need of 'treatment'. Kohler Riessman (1983), and Brown (1985) both cite economic reasons as one of the factors in the medicalisation of women and weight, creating and sustaining a lucrative market for weight control and cosmetic adjustments. Currently it is estimated that dieting in (American) society is a five *billion* dollar a year industry (Brown, 1985).

Hesse-Biber (1991) claims that inducing body insecurity was a key method used by capitalism in partnership with patriarchy for creating new needs and desires, with 'artificial' beauty displacing 'natural' beauty. Women are taught by Western culture of the standards "worshipped" as the ideal, and taught to equate self worth with appearance (Freedman, 1986), causing body insecurity to become personal insecurity. The new ideal demands increasingly stringent control by women of their bodies, even to the extent of using artificial and potentially dangerous means such as cosmetic surgery; either additions, such as breast implants and cheek implants; adjustments such as face lifts and chemical skin peels; and subtractions, such as liposuction and other surgical removal of fat.

Kohler-Riessman (1983) documents the patriarchal appropriation of women's bodies by the medicalisation of (among other things) women's weight and food 'problems'. She states that the medicalisation of weight graphically illustrates how "power

relations are maintained through medical social control, how women internalize their oppression by desiring to be thin and turning to doctors to help." (p. 11).

In the mid eighties weight concerns and dieting had become so pervasive among females that Rodin, Silberstein & Striegel-Moore (1985), labelled this phenomenon a "normative discontent". Now, a decade later weight concerns among women do not seem to have abated, and the worship of the thin ideal continues, with the idolisation of the supermodels of today. Society highly values these women, as evidenced by the enormous amounts they are paid, money being the most valued reward and recognition in Western culture. In this context, it is not surprising that so many women will go to great lengths striving to attain the current beauty ideal.

Viewing eating disorders, dieting, body dissatisfaction, and so on, as bound by culturally defined norms and standards of beauty, or by the collusion of patriarchy and capitalism, as some feminists suggest, empowers women. From this perspective, women who do not fit into society's narrow definition of beauty are not deficient, or lacking in willpower and self-control. It is the changing cultural definition of the beauty ideal, currently emphasising thinness, fitness and above all *no fat*, that has prevented women from 'fitting in', rather than any individual 'inadequacies'.

A Critique of the Literature

There are several streams of research in the area of body image, which present different approaches from diverse theoretical positions, for example psychological, sociological and feminist. The existing psychological literature looks extensively at the more readily quantifiable aspects of women's body image, however it fails to adequately address *how* women experience their body image and the ways in which this is expressed. Research generated from and thus grounded in what women say about their experience is more likely to uncover these central issues, and this is the perspective which the present study seeks to provide.

From the review of the literature outlined above there appear to be some weaknesses which the present study seeks to address. For example, although there is a very large body of evidence which supports the existence and increasing prevalence of body distortion and dissatisfaction, especially in women, but

increasingly in men and younger children, there seems to have been no research into the *processes* involved in body dissatisfaction from the perspectives of those who experience it.

There also seems to be a deficit in the area of thoughts and feelings of 'normal' women, not clinically diagnosed with eating disorders, in relation to body attitudes. For example, there seems to have been little documentation of guilt in relation to eating behaviours. There also appears to be very little research which looks systematically at the relationship between cognitions and feelings that 'normal' women have about their bodies. There are also a number of inconsistent, or contradictory findings (Ben-Tovim, Walker, Murray, & Chin, 1990; Ruff & Barrios, 1986).

There are several problematic issues associated with the quantitative methodology used by psychological research to date. Firstly, there is no clear consensus on definitions of concepts that are of central importance, such as 'body image' and 'normal'. Studies in this area are characterised by lack of comparability because of the use of many different definitions. For example, some researchers refer to a person's perception of their body size as 'body image', while others use the term 'body image' to refer to attitudes people have about their bodies. A feminist definition of body image is different again, for example Bergner, Remer & Whetsell (1985, p. 26) define body image as "the value laden thoughts and feelings about one's body".

Additionally, the definition and measurement of weight are inconsistently used in many of the extant studies in this area. This attempt to define and measure weight implies that there is a set range of ideal weights to which people can be compared. However as mentioned in the literature review, 'norms' and 'ideals' are defined by the cultural standards, beliefs and values of the time, and concepts of ideal weights change accordingly.

Measurements to date have been based on ideal weight tables, and more recently individually calculated weight indices, such as the body mass index. However, neither of these accurately represent all body shapes and weights. According to Atrens (1988), ideal weights are essentially arbitrary, and Kohler-Riessman (1983)

suggests that there is class and racial bias in medical norms for weight, both in measuring instruments and in (culturally based) definitions of underweight, normal weight and overweight.

All of the problems with establishing objective, valid and reliable weight measurements are complicated by the fact that even if these measures did have validity, the problem of the arbitrary nature of defining which weights are "normal", "underweight" and "overweight" still remains. This is especially so considering the research that suggests that the way a woman feels about her weight does not appear, necessarily, to be closely related to her actual weight. Therefore my study looks at the meanings and feelings that are attached to women's experiences of their bodies, as this seems to be more relevant and important to women than any 'objectively' defined criteria.

In the area of women's attitudes towards their bodies, Ben-Tovim and Walker (1991) point out that there is no consensus about what constitutes the normal range of attitudes towards the body. It is also evident that there is no consensus about what constitutes (or how to measure) those concepts that have been previously identified as associated with this area. For example, 'body dissatisfaction' has been measured by many different techniques, and each one seems to render a different estimate of women's dissatisfaction, usually because of different conceptualisations of exactly what is being measured, and differences between the measurement technique(s) used (Keeton, Cash, & Brown, 1990).

The overwhelming majority of existing psychological and sociological research in the area of women's attitudes toward their bodies consists of quantitative hypothetico-deductive studies focusing on the validation or verification of extant hypotheses and theory rather than the generation of these.

In general, quantitative studies have fragmented women's experiences by reducing these to discrete variables and linear cause-effect relationships. This linear structure decontextualises women's experiences. It does not adequately express them, because these experiences involve process, and feedback, and interactions within and between women, situated within their society and culture and in a particular historical context.

A key criticism of the hypothetico-deductive model is articulated by Glaser and Strauss (1967), who argue that although the verification of theories/hypotheses is valuable and desirable, the prior question of where these come from needs to be addressed. They assert that the generation of theory from the data will ultimately provide a better fit with 'reality' (in this case, women's perspectives), than any "armchair theorising".

This approach suits the area which I wanted to study, that is, women's experiences concerning their bodies; in the way in which I wished to study them, that is, within a naturalistic, holistic and contextual framework. Extant psychological research often seems to negate women as speakers of their own truths. The "legitimised" measuring instruments that have been used to measure body image dissatisfaction and other correlated factors all seem to miss out a vital source of information - asking women directly. The present study seeks to redress this imbalance somewhat, by developing theory about women's experience in this area grounded in the realities of women, rather than imposing a theory (or theories) and then investigating whether the theory explains (or describes) women's realities.

Aims and Relevance of the Present Study

The present study aims to address the shortcomings previously reviewed by exploring the experiences of 'normal' women, within a qualitative framework and illuminated by a feminist perspective, by generating a theory grounded in the women's own words.

An exploration of feelings, attitudes and experience - where subjective perceptions are of paramount interest - is most suited to a qualitative approach where the emphasis is on the importance and relevance of personal experience and subjective perception than objective measurement. In addition, qualitative inquiry emphasises the contextual and holistic nature of human experience - 'findings' are heavily dependent on their context for meaning (Altheide & Johnson, 1994; Mishler, 1979).

A qualitative exploration allows for the discovery of hitherto unknown or unsubstantiated conceptualisations of women's experiences of body image that current research has not considered, or has not considered relevant. It allows for

elaboration of previously considered variables; and it has the potential to clarify areas that in the research to date have remained ambiguous or contradictory.

The present study also aimed to apply a feminist perspective both in terms of the research process and the initial conceptualisation of women's body image. As stated above, little of the extant psychological literature empowers women by regarding them as the knowledgeable source of truth about themselves. Instead, the researcher is knowledgeable and the women are merely the subjects/objects of study. A feminist perspective such as that employed in the present study, however, addresses women's concerns in a more holistic way, rather than dividing women's experiences into discrete 'variables'.

The specific method I chose to use in my research is that of 'grounded theory'. Of all the qualitative methods, grounded theory seemed to provide the perspective that was most consonant with my aims for this research. The most important aspect of this was that grounded theory allowed me to begin to build a theory of women's perspectives and experiences of their body concerns in a way that is systematically related to their own words, that is, *grounded in their perspectives*.

Using the methods of grounded theory corresponded well with the feminist perspective of the present study. A grounded theory approach, by definition, is one in which the theory is grounded in the data. As noted in Chapter Two, Du Bois (1983) states that generating a theory grounded in the experience and language of women is the central aim of feminist scholarship.

Feminist and qualitative approaches to research provided an attractive alternative to the traditional positivist/quantitative approach with which I was becoming increasingly dissatisfied, both as a 'world view' and as a methodology. More importantly, they provided approaches which were in line with my research aims. That is, they allowed me to integrate what I wanted to investigate: women's experiences; how I wanted to investigate them: within an exploratory, contextual and relational framework; and the type of knowledge I wanted to produce: a representation of women's experiences that was *based on their own representations* - their talk.

In conclusion, I believe that an exploratory study which aims to generate a theory *grounded* in the words of the women, which honours the realities of the women, is a useful way to proceed with research in this area.

My study has the potential to contribute new and useful knowledge in the area of women's body image. An exploration of some of the factors involved with women's concerns about their bodies may be helpful in establishing ways to help women overcome the restricting and sometimes harmful discontent, which can (and with increasing prevalence does) lead to self defeating - if not self-destructive - behaviour. In addition, identification and examination of issues pertinent to women's discontent with their bodies may prove useful in identifying directions for counselling, support and awareness programs for women with poor body image. In particular, my study has the potential to empower women and contribute to their emancipation from "the tyranny of slenderness" (Chernin, 1981).

METHODOLOGY

"Our models of inquiry, of science making, are also models of reality: they reflect how we conceptualise what is, what is to be known, and how it is to be known. The beliefs we hold about the nature of reality and of human beings are ways in which we organise and make meaning out of experience and information; beliefs too, are ways of knowing." (Du Bois, 1983, p.105)

As my study seeks to integrate qualitative and feminist research approaches, this section discusses my approach to these areas.

A Qualitative Approach

There are many different strands of qualitative research, and not only in the variety of methodological approaches. Unlike quantitative research, which is underpinned by a single paradigm (positivism), there are several paradigms which claim the use of qualitative methods, strategies and analysis, such as postpositivism, critical theory/feminist theory, and constructivism (see Guba & Lincoln, 1994). According to Denzin and Lincoln (1994, p. 3), "the separate and multiple uses and meanings of the methods of qualitative research make it difficult for researchers to agree on any essential definition of the field, for it is never just one thing". However, they offer the following "initial, generic" definition:

"Qualitative research is multimethod in focus, involving an interpretive, naturalistic approach to its subject matter. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them. Qualitative research involves the studied use and collection of a variety of empirical materials - case study, personal experience, introspective, life story, interview,

observational, historical, interactional, and visual texts-that describe routine and problematic moments and meanings in individuals' lives" (p. 2).

Although this may appear to be a reasonably comprehensive definition, it is important to remember that there are many others. For example, people sometimes define qualitative inquiry by comparing it with quantitative inquiry, such as 'quantitative research deals with macro issues while qualitative research deals with micro issues' (e.g. Layder, 1981); 'quantitative deals with numbers while qualitative deals with words' (e.g. Miles and Huberman, 1984); 'quantitative deals with measurement while qualitative deals with meanings and understandings' (e.g. Patton, 1990). However, there are many researchers who are critical of these simplistic divisions (e.g. Henwood & Pidgeon, 1992; Kirk & Miller, 1986; Morgan & Smircich, 1980). Also, 'qualitative research' means different things to different people at different times.

In a similar vein, there is a great deal of debate about what feminist research is. There are many different 'feminisms', and multitudinous ways of 'doing' feminist research. For example, some feminist researchers emphasise the political nature of feminist research more than others do (e.g. Stanley & Wise, 1983); some argue that the methodological principles of traditional (quantitative) research are incompatible with feminism and feminist inquiry (e.g. Mies, 1983), while others defend the value of quantitative methodology for some feminist research (e.g. Jayaratne, 1983); some argue that men cannot do feminist research (e.g. Kremer, 1990), whereas others disagree (e.g. McCormack, 1981). However, a common theme of most feminist research is an emphasis on women, women's issues, and women's experience. Furthermore, there is a strong drive in feminist inquiry to create *change enhancing*, emancipatory research (Acker, Barry & Esseveld, 1983; De Vault, 1990; Lather, 1988). One of the criteria for 'good' feminist research is that it empowers women.

The present study utilises the perspective of feminism which is expressed by Du Bois (1983, p. 108): "To address women's lives and experience *in their own terms*, to create

theory grounded in the actual experience and language of women, is the central agenda for feminist social science and scholarship."

In sum, there are many different definitions of 'qualitative research', each with different emphases, often (if not always) influenced by the perspective and/or research interest of the person positing the definition. However there are some - interrelated - characteristics of qualitative inquiry that many qualitative investigators share. The issues, ideas and views presented in this chapter are considered to be the central concerns of most qualitative research, however they are not intended to be considered representative of all orientations to, or perspectives of, qualitative research. They represent the aspects of qualitative and feminist scholarship that I adopted as important to the philosophy and aims of my own research.

Ontological and Epistemological Debates:

The Nature of Truth and Reality

and the Relationship of the Knower to the Known

Positivist philosophy assumes that there is a single tangible reality "out there", and this reality is able to be broken down into a collection of variables and processes which are independent of each other, though able to be related to each other in terms of linear cause and effect statements (Lincoln & Guba, 1985; Patton, 1990; Guba & Lincoln, 1994). Eventually, inquiry will generate enough knowledge to be able to explain and predict 'reality'. Qualitative researchers, on the other hand, generally believe that reality is a socially constructed entity, and what is more, multiple relativistic realities exist (Denzin & Lincoln, 1994; Guba & Lincoln, 1994; Lowenberg, 1993; Patton, 1990). Any inquiry into these multiple realities will inevitable diverge - qualitative does not expect to find one 'knowable' reality.

Feminist inquiry also operates from a different 'world view' than traditional positivist social science research based on the scientific method. As with qualitative perspectives, feminist scholarship is not based on the assumption that there is one 'true' reality to be 'discovered', but acknowledges the existence and validity of multiple realities created by differing historical, social, contextual and relational factors (Hall & Stevens, 1991; Stanley & Wise, 1983), and emphasises the relativity

and arbitrariness of all truths (Spender, 1981). Meanings and understandings are negotiated and subject to consensual agreement, and meanings change within different locational and historical contexts.

Closely related to these beliefs is the assumption in feminist scholarship that knowledge, or ways of knowing, are perspectival, culture-bound, and also subject to their position in different historical, social, and relational contexts (Hall & Stevens, 1991; Lather, 1988). Du Bois (1983) suggests that "Dichotomy, duality, linearity, and fixity are not the properties of nature nor of human life and experiencing. They are the properties of a learned mode of thought that casts reality into rigid, oppositional, and hierarchical categories" (p. 159).

The relationship of the knower to the known is also viewed very differently by positivism than by qualitative and feminist orientations. The positivist paradigm holds the assumption that it is possible (and desirable) to separate the observer from the observed. Adherents to qualitative and feminist paradigms however, generally believe that in the 'human sciences', the observer and the observed interact and influence each other, that the knower is inseparable from the known (Henwood & Pidgeon, 1994). Furthermore, feminist researchers attempt to challenge and alter the power differentials that traditionally exist between scientist and subject. The aim of feminist research is to be non-hierarchical, with the researcher and the researched having the same status, as participants or collaborators in the same enterprise (Campbell & Bunting, 1991; Wilkinson, 1986).

Traditional positivist approaches to research in the social sciences place a high value on 'objectivity'- the possibility and desirability of value free investigation. Objectivity is obtained through the methods of quantitative research, including quantitative measurement, and formal operationalisation of variables into quantifiable (thus measurable) entities; manipulation of isolated variables; experimental designs; and a mandate that the researcher distance themselves from the setting and the people being studied. Patton (1990) however, maintains that these procedures are not necessarily any more objective or value free than those of qualitative research "Numbers do not protect against bias; they merely disguise it. All statistical data are

based on *someone's* definition of what to measure and how to measure it." (Patton, 1990, p. 480).

There are many critics of the positivist position who argue that science, especially human science, is not and *cannot* be value-free. The values, belief systems and fundamental assumptions about the nature of reality and knowledge that are held by a researcher affect their perspective and choices in every stage of the inquiry process. This influence extends from selecting the research question(s); choosing the paradigm that will guide the investigation; selecting and defining the setting, choosing who or what is to be researched; and what is to be done in the research (Blau, 1981; Lincoln & Guba, 1985; MacPherson, 1983; Webb, 1991).

Qualitative and feminist researchers are very aware of the role values play in shaping inquiry, as well as knowledge. Indeed, many believe that there is no such thing as value-free inquiry or value-free science (e.g. Campbell & Bunting, 1991; Denzin & Lincoln, 1994; Lincoln & Guba, 1985). Du Bois (1983, p. 105) notes "Science is *not* 'value free'; it cannot be. Science is made by scientists, and both we and our science-making are shaped by our culture". The values, beliefs and epistemology of the researcher are involved in each stage of the research process, from the initial choice of *what* to study; through choices of *how* to carry out that study; to actively naming, describing, and constructing interpretations (Blau, 1981; Campbell & Bunting, 1991; Du Bois, 1983; Macpherson, 1983). All researchers are 'filters', through which parts of experience or 'reality' are named, interpreted, described, organised, reconstructed and re-represented. "All research necessarily comes to us through the active and central involvement of researchers, who necessarily interpret and construct what's going on. There is no other way to 'do' either research or life." (Stanley and Wise, 1983, p. 196). Traditional mainstream research based on the scientific method, in general, views personal involvement with the research process as a 'contaminant' - an obstruction to obtaining the 'truth'. Qualitative and feminist inquiry, on the other hand, encourage a 'critical self-awareness' of researchers' values, beliefs, and personal interpretive frameworks, rather than denying their involvement with the 'filtering' of reality that constitutes research.

Putting the principles of non-value-free research into practice involves being actively reflexive. In qualitative and feminist inquiry, there is the *expectation* that the researcher is fully involved with the research, projecting on to it their own subjective experience, values, and belief systems. They need to remain aware of the influences and values they bring to the research and the influence the research has on their own personal development as researchers. It is also important that the processes of research are made explicitly clear to others; not only how and why the research is done; the work processes, decision-making processes and analytic processes, but also how and why researchers come to know what they know (Du Bois, 1983; Duelli Klein, 1983; MacPherson, 1983; Wilkinson, 1986).

Knowledge itself is also value-laden. According to Altheide and Johnson (1994) "all knowledge is based on assumptions and purposes and is a human construction" (p. 490), and values are inseparable from both assumptions and purposes. Indeed there is a strong feminist argument that there is an inherent and endemic source of value bias that relates to the gender of those who have developed theories through research - "what we have had up to now is theory that purports to speak of human beings, of people - but theory that is in fact grounded in, derived from, based on and reinforcing of the experience, perceptions and beliefs of men" (Du Bois, 1983, p. 106).

Characteristics of Qualitative Inquiry

The characteristics outlined below represent the particular elements of qualitative inquiry which were important to the philosophy and aims of the present study. Qualitative inquiry emphasises *verstehen*, or the search for meaning and understanding, using naturalistic and holistic frameworks, focusing on generative and inductive, rather than hypothetico-deductive, research.

Verstehen

In a very general sense, most qualitative research is aimed at *understanding*, or *verstehen*, as opposed to the traditional positivistic aims of measurement, control and

prediction. Hollway, (1989) writes that "*verstehen* is based on the assertion of two basic differences between the study of natural and social objects: the latter are characterised by agency and meaning" (p. 18). This is echoed by Patton (1990) who states that human beings have feelings and behaviours which are influenced by consciousness, deliberation, and the capacity to think about the future; they make plans, construct cultures and hold values that affect their behaviour. Therefore they need to be understood in a different way from other objects of study.

Traditionally, psychology has based its methods and philosophy on those of the natural sciences, by transferring the research paradigm used by the 'hard sciences' (the scientific method) to the study of human behaviour, interaction and experience - the social sciences. There are many critiques of the basic assumptions involved with this simplistic transference of methods. The main argument rests on the belief that studying a human individual is vastly different to studying natural or physical objects (Guba & Lincoln, 1994; Hollway, 1989; Mishler, 1979; Patton, 1990). Human behaviour, interaction and experience is complex, and as such it seems unlikely that traditional quantitative measures can capture their full depth. On the other hand, qualitative methods - seeking *verstehen* - actively *search* for meaning and understanding.

Naturalistic

Qualitative research is often characterised as 'naturalistic'. Naturalistic inquiry involves understanding 'real-world' situations as they are. There is no manipulation on the part of the researcher and no attempt to control variables or processes. The emphasis is on discovery, and there is a lack of predetermined constraints on the outcomes of the research (Lincoln & Guba, 1985). "The naturalistic and inductive nature of the inquiry makes it both impossible and inappropriate to specify operational variables, state testable hypotheses, and finalise either instrumentation or sampling schemes" (Patton, 1990, p. 61), because it attempts "to understand naturally occurring phenomena in their naturally occurring state" (Patton, 1990, p. 41).

Holistic

Researchers using qualitative methods endeavour to understand a phenomenon as a *whole*. Rather than reducing a phenomenon to a few discrete variables and linear, cause-effect relationships, qualitative investigations focus on complex interdependencies and interrelationships, and emphasise the non-linear and circular nature of human experience. The reductionist and decontextualised nature of positivist inquiry has been criticised because it "has produced research with human respondents that ignores their humanness" (Lincoln & Guba, 1985, p. 27), and because "quantifying human experience loses the experiential quality" (Stiles, 1990, p. 15). Qualitative research on the other hand, makes every effort to represent the experiential quality of the perspectives and 'realities' of the subject of study. Also, the phenomenon or experience being studied is understood as a complex system that is more than just the sum of its parts (Patton, 1990). The 'parts' of any complex system are situated within an interwoven network of interrelationships, interdependencies and processes that constitute that system's immediate context, and are thus more than the parts alone.

Contextual

One of the major positivist assumptions is that there are universal laws applying to human behaviour and interaction, and that it is possible to discover these with rigorous, objective investigation. Furthermore, the assumption is that these laws are independent of any historical, cultural, or social contexts, or theoretical 'lenses' through which they may be viewed. According to Lincoln and Guba (1985), the aim of positivist inquiry is "to develop a nomothetic body of knowledge in the form of generalisations that are truth statements free from both time and context (they will hold anywhere and at any time)" (p. 38).

The search for these context-free laws has led to the use of context-stripping methods (Duelli Klein, 1983; Hall & Stevens, 1991; Mishler, 1979; Schumacher & Gortner, 1992; Stiles, 1990), such as removing subjects from their natural settings and social roles (e.g. in a laboratory experiment); 'controlling for' contextual factors

in order to study a 'pure' variable; looking at 'a' behaviour as if it is independent of any others; operationalising variables to make them quantifiable, and so on (Guba & Lincoln, 1994; Schumacher & Gortner, 1992; Stiles, 1990). In naturalistic inquiry however, "all entities are in a state of mutual simultaneous shaping so that it is impossible to distinguish causes from effects" (Lincoln & Guba, 1985, p. 38).

In qualitative inquiry context is extremely important for, if not inseparable from, meanings, and thus understanding (Altheide & Johnson, 1994; Mishler, 1979). From this perspective, once phenomena are stripped of their context as typically happens in traditional quantitative research, their meaningfulness (and applicability to other contexts) becomes limited.

The holistic, naturalistic, and discovery oriented nature of qualitative inquiry makes it inherently sensitive to context "Qualitative research,...is carried out in ways that are sensitive to the nature of human and cultural social contexts" (Altheide & Johnson, 1994, p. 488). Qualitative researchers also attempt to place *findings* in their social, historical, and temporal contexts (Lincoln & Guba, 1985; Stiles, 1990).

Feminist investigators also stress the importance of context in research, not only the context of the phenomenon under study, but also the context in which interpretations or representations of that phenomenon is developed. "Many feminist researchers argue that because knowledge is socially constructed, and thus dependent on a given social, cultural and historical context, the exploration of women's knowledge must be grounded in the specific contexts in which such knowledge is generated." (Wilkinson, 1986, p. 2).

Generative/Inductive

Qualitative inquiry is primarily involved in the *generation* of knowledge, whether it be descriptive, explanatory, or theory-building. This is in direct contrast to positivist quantitative research which focuses primarily on *verification* of hypotheses and relationships derived from logical deduction. "The majority of nonqualitative methods in the social sciences are designed primarily for the logical testing of

hypotheses." (Kirk & Miller, 1986, p. 17). Glaser and Strauss (1967) suggest that this 'armchair theorising' approach to research is one which encourages the researcher to find data to fit the theory rather than to generate theory that fits the data. Further, focusing on the verification of hypotheses to the exclusion of discovery and generation of theory limits science to 'what it knows already' and 'what can be logically deduced from what science knows already'. Kirk and Miller (1986) argue that

Most of the technology of confirmatory nonqualitative research in both the social and natural sciences is aimed at preventing discovery...because in order to test a hypothesis, the investigator must already know what it is he or she is going to discover... When confirmatory research goes smoothly, everything comes out precisely as expected. Received theory is supported by one more example of its usefulness, and requires no change. (pp. 15/17).

In contrast to the positivist hypothetico-deductive method of inquiry, which bases its hypotheses on logical *deduction* from *a priori* assumptions, qualitative inquiry is characterised by an *inductive* approach. That is, the *data* are considered the foundation of the research "In the hypothetico-deductive mode....*a priori* theory is assumed to *direct* the processes of collection, analysis, and interpretation of data. In contrast to this, in the naturalistic paradigm...the emphasis...is to *move from data to theory*." (Henwood & Pidgeon, 1992, p. 101).

Inductive research involves exploring perspectives and asking open questions rather than testing theoretically derived (deductive) hypotheses and limiting answers to pre-categorised responses. "Where the focus is on individuals, an inductive approach begins with the individual experiences of those individuals, without pigeonholing or delimiting what those experiences will be in advance of fieldwork" (Patton, 1990, p. 45). Inductive analysis involves immersion in the details and specifics of the ensuing data, in order to generate an interpretation that fits those data, rather than seeing whether the data fit the proposed hypothesis. Glaser and Strauss (1967) are referring to this difference when they ask "why not take the data and develop from

them a theory that fits and works instead of wasting time and good men (sic) in an attempt to fit a theory based on "reified" ideas of culture and social structure" (p. 262).

Despite these criticisms of the positivist paradigm, quantitative methods *per se* have their place (e.g. Jayaratne, 1983; Miles & Huberman, 1984), although these also can be and have been critiqued from other positions (e.g. Potter & Wetherell, 1987). From a standpoint epistemology such as my own, which accepts that a multiplicity of knowledges and 'ways of knowing' exist and that they are all valid ways of viewing the world, the pragmatics of quantitative methods (remembering the limited view held by positivism about the nature and construction of what knowledge is and how it can be found) can be useful. As Du Bois (1983) suggests

The persistent debate about the scientific value of quantitative versus qualitative methods obscures a fundamental issue about all inquiry. If the starting point in science-making is the posing of a meaningful problem or question, then what is scientific in method is to address that question in the manner and terms most consonant with its substance, and most likely to lead to relevant 'answers'. (p. 109).

Rigour in Qualitative and Feminist Research

The term "rigour" refers to the process which in quantitative inquiry is referred to as 'reliability and validity'. An important consideration in inductive inquiry, is that of the multiplicity of possible interpretations that inductive analysis may generate. In a qualitative framework, "no single conclusion or explanation can be unequivocally established. On the other hand, some conclusions are better than others, and not everything is acceptable. We need to be confident that the conclusions reached are not unreasonable, that another researcher facing the same data would reach a conclusion that falls in the same general 'truth space'" (Miles & Huberman, 1984). There are many standards of rigour, and 'validity checks' outlined in detail in the literature (see for example, Altheide & Johnson, 1994; Hall & Stevens, 1991; Lather,

1986; Lincoln & Guba, 1985; Patton, 1990; Stiles, 1990) which address this general problem.

The standards of rigour for constructing and assessing a grounded theory are presented in the following section, which details the grounded theory approach.

GROUNDED THEORY

A grounded theory is one which is generated inductively from the study of the phenomenon that the theory aims to represent (Strauss & Corbin, 1990). In other words, theory is generated by the data, and thus the theory is *grounded* in the data.

The grounded theory approach to qualitative data is concerned with the development of theory and as such it is not really a specific method or technique. Rather, it is a *style* of qualitative analysis that includes its own distinct methods and techniques, such as theoretical sampling and the use of specific coding procedures, as well as methodological guidelines such as the use of constant comparison and the use of a coding paradigm (Glaser & Strauss, 1967; Glaser, 1978; Strauss, 1987; Strauss & Corbin, 1990).

Strauss (1987) emphasises that all of the suggested methods in grounded theory are to be regarded as *guidelines* only, to be adapted to the specific research setting and aims and to the specific nature of the data. They should not be regarded as fixed rules which would constrain creativity and insight; two vitally important processes to developing a sensitive interpretation of the data (Glaser & Strauss, 1967).

The emphasis in grounded theory is the *generation* of theoretical concepts, rather than the verification of same (Glaser & Strauss, 1967). However, further into the theory development the grounded theorist combines verification with generation, searching for both confirming and disconfirming examples of their emerging categories in order to increase conceptual complexity (and therefore theoretical

relevance) of the categories, and eventually of the network of categories that is the emerging theory (Glaser & Strauss, 1967; Glaser, 1978) Charmaz, 1983).

Glaser and Strauss (1967) believe that a theory derived directly from the data is a more successful one than those which are developed from *a priori* assumptions based on logico-deductive reasoning. In grounded theory one does not begin with a theory (or hypothesis) then attempt to support it. Rather, one begins with an area of study and what is relevant to that area is allowed to emerge (Strauss & Corbin, 1990). Generating a theory from data means that most hypotheses and concepts are not only derived from the data, but also they are all systematically worked out in relation to the data during the course of analysis by a process of constant comparison (Glaser & Strauss, 1967).

The grounded theory method has often been referred to in the literature as "the constant comparative method of analysis" (Glaser & Strauss, 1967; p. 101), because of its emphasis on the constant interplay of the generation of hypotheses, concepts and categories from the data and comparisons and continual 'checks' with the data itself.

The overall aim of grounded theory is to generate a theory that accounts for a pattern of experience which is relevant for those involved. The generation of this theory evolves around the discovery of a "core category" (Strauss, 1987) to which subcategories are linked in terms of the grounded theory paradigm model.

Causal conditions → phenomenon → context → intervening conditions →
action/interaction strategies → consequences

Figure 1. Paradigm Model

Figure 1 shows this paradigm model, (Strauss, 1987; Strauss & Corbin, 1990) which is used as an aid to thinking systematically about the data and to relating categories and concepts in the complex ways necessary for developing a conceptually dense

theory (Strauss & Corbin, 1990).¹ The specific features of the model represent the particular relationships that are 'mapped' between a category and its subcategories.

The 'first' considerations are the particular conditions that cause the phenomenon to occur, or are the precursors to the phenomenon. Secondly, a consideration of the specific context in which the phenomenon occurs is necessary. "Context" represents the particular defining characteristics, such as frequency, intensity and degree of occurrence and so on, of a phenomenon (referred to by grounded theorists as 'properties'), and also the more conventional meaning of context, that is the particular set of conditions that are present when the phenomenon occurs or develops. For example, under conditions of feeling self-conscious, a woman may wear baggy clothing.

Intervening conditions are the broader structural conditions that relate to a phenomenon, such as time, space, biology, culture, economic status and so on, which serve to either limit or facilitate the phenomenon or action relating to the phenomenon. For example, many women are restricted by their biological constitution from attaining the current 'ideal' body shape.

Associated with every phenomenon, are actions/interactions which are aimed at managing, coping with, carrying out and responding to that phenomenon within its particular context. The woman who diets to lose weight is carrying out an action, in this case it may be in *response* to the phenomenon of 'feeling overweight', or perhaps to *manage* symptoms of heart disease.

¹

In the present study, this paradigm was used in the initial stages of analysis, however while useful as a guide to developing complexity, in the later stages of analysis it was found to restrict development of the emerging theory because of its linear structure. Also, because the emerging theory was circular and non-linear and the concepts highly interrelated, it became less useful to catalogue its paradigm features. Therefore capitalising on Strauss's (1987) dictum that grounded theory should be adapted to the type and purposes of the research, strict use of the paradigm in its original form was subsequently superseded by a more complex model more suited to the processes emerging in the theory.

Finally, all actions and interactions taken in response to a phenomenon (or equally importantly, the failure to take action/interact) have consequences or outcomes.

All of these features can also be considered phenomena in their own right, with their own associated set of conditions, contextual characteristics, actions and outcomes.

In the actual data these paradigm features are not likely to be clearly delineated and they do not necessarily progress in sequence, so they must be actively searched for, but they greatly enhance the development of complex theory (Strauss, 1987; Strauss & Corbin, 1990).

Data Analysis

Analysis begins using a process called **open coding**. The data is analysed, preferably line by line (or even word by word) at least in the initial stages of data collection/analysis. Each phrase, idea or 'piece of data' is given a label, which is preferably conceptual, but the main aim at this stage is for the labels to represent that piece of data as closely as possible (Strauss, 1987; Strauss & Corbin, 1990). As the analysis develops, groups of labels relating to the same or similar phenomena can be grouped into *categories*. These categories are tentative and provisional, and are often modified or discarded if subsequent comparisons with the data do not support them (Strauss, 1987; Strauss & Corbin, 1990).

Also at this stage, the researcher looks for the individual characteristics ('properties') of each category. For example, if the category was "dieting", some of its properties would be: how frequently one diets, how intensely one diets, and so on. Each of these properties is further specified by the location of an individual case on a dimensional continuum: do they diet often or never? Do they diet intensely or only casually? Thus, properties are general characteristics of a phenomenon and dimensions represent the specific location of individual cases pertaining to a particular property (Strauss & Corbin, 1990).

The next major step in analysis is **axial coding** (Glaser, 1978; Strauss, 1987; Strauss & Corbin, 1990). Axial coding can be thought of as the relational aspect of theory development, although it also includes further development of the categories. Both linking and further developing categories are carried out via the paradigm model. Subcategories are linked to categories by searching for their relational associations in terms of the paradigm features. The resulting (provisional) hypotheses are then subjected to verification against the actual data. Properties (individual characteristics) of the categories continue to be searched for, along with the dimensions (events, incidences) which indicate them, increasing the specificity of the theory by continually looking for variability. "The discovery and specification of differences among and within categories, as well as similarities, is crucially important and at the heart of grounded theory" (Strauss & Corbin, 1990, p. 111).

Eventually the researcher must make the decision that their analysis is developed enough to integrate it into a theory, and **selective coding** is used to select the core category, relate it systematically to other categories, and fill in categories that need further development (Strauss, 1987; Strauss & Corbin, 1990).

Additional Methods and Techniques

Theoretical Sensitivity

Theoretical sensitivity, though not strictly speaking a technique, is an important component of grounded theory, and is to be developed and cultivated wherever possible (Glaser & Strauss, 1967; Glaser, 1978, Strauss, 1987; Strauss & Corbin, 1990). Glaser and Strauss (1967) stress the importance of creativity and insight in the development of a well rounded, conceptually dense theory, and theoretical sensitivity enables the researcher to utilise these 'methods' more profitably.

Theoretical sensitivity refers to a personal quality of the researcher. It is an attribute which involves having insight; the ability to give meaning to data; the capacity to understand; and the ability to separate what is relevant to the emerging theory from what is not (Strauss & Corbin, 1990). During the research the

researcher becomes intimately involved with the data, and this immersion contributes to the theoretical sensitivity of the researcher, enhancing their ability to construct the conceptual and theoretical framework of the area they are investigating. According to Glaser (1978, p. 2), as the research progresses, within the researcher there is a "biographical and conceptual build up that makes him (sic) quite wise about the data".

Theoretical sensitivity depends on previous reading and experience with, or relevant to, the area under investigation, and is increased by being steeped in the literature that deals with the variables and their associated general areas (Glaser, 1978). This allows the theoretically sensitive researcher to see nuances in the data that less well read researchers may miss (Strauss, 1987). This seems to contradict the mandate that grounded theorists should begin their research with as few preconceived ideas as possible (Glaser, 1978). However, a theoretically sensitive researcher is able to use previous experience and reading to better understand, and draw insights from, their data, rather than allowing it to predetermine ideas or stifle potential insights (Glaser, 1978; Strauss, 1987).

One extension of the emphasis in grounded theory on theoretical sensitivity, is the value of experiential data. In traditional scientific and pseudo-scientific positivistic research, personal experiences are given the status of mere opinions and suppressed as much as possible, rather than being used as a starting point for systematic theorising which can then be checked with constant comparisons to the data. In grounded theory, experiential data is recognised as an important contribution to a researcher's ability to conceptualise and theorise about their research area: "One should deliberately cultivate such reflections on personal experiences" (Glaser & Strauss, 1967, p. 252).

Grounded theorists also consider all literature that is related to the area under investigation to be relevant and valuable sources of data, both for increasing theoretical sensitivity, and for providing comparisons with the collected data. This includes *all* literature relevant to the area, both "technical", such as reports of research studies, academic dissertations, theoretical papers and so on, *and* "non

technical", such as biographies, diaries, video tapes, newspaper and magazine articles and so on.

Theoretical Sampling

The processes of data collection and data analysis in grounded theory proceed concurrently - they are interwoven from the outset of data collection (Glaser & Strauss, 1967). As soon as the first research materials (interviews, transcripts, observations...) are gathered, their analysis begins, and this analysis informs the choices of both what data to collect next and where to find it, in a process labelled **theoretical sampling** (Glaser & Strauss, 1967, Glaser, 1978, Strauss, 1987; Strauss & Corbin, 1990).

Theoretical sampling is defined as "sampling on the basis of concepts that have proven theoretical relevance to the evolving theory" (Strauss & Corbin, 1990). Strauss and Corbin stress the fact that theoretical sampling refers to sampling **incidents**, and not just persons per se, as in conventional positivist definitions of sampling.

Initially, the researcher focuses on learning what is central and important to the phenomenon under study. Thus participants are chosen who seem likely to represent the phenomenon and who are relatively similar. This is done in order to maximise the chances that characteristics of the phenomenon will emerge clearly. Then, variability within the emerging theory is searched for, again utilising comparisons, this time not only of incidents, events and activities, but with different populations or sample groups. Qualifying the theory further in this way renders it more complex and more comprehensive (Rennie, Phillips & Quartaro, 1988; Strauss, 1987).

Memos

From the very beginning of analysis, the researcher's ideas, insights, guiding assumptions and working hypotheses about the data are recorded in memos.

"Memos provide an important paper trail of the logic in use" (Lofland & Lofland, 1984, p. 135). Memoing is an integral process in developing a conceptually dense theory. Memos also serve as a useful stimulus for thinking more conceptually about the data; and in conjunction with diagrams, memos can aid the development of links between categories, their properties and dimensions. Also memos provide an important record of the research process, and of analysis development (Glaser, 1978; Strauss & Corbin, 1990).

Assessment Criteria

There are several criteria for constructing, and assessing, a grounded theory. Firstly, any theory must fit the data it purports to represent (Glaser & Strauss, 1967; Henwood & Pidgeon, 1992). Data should not be forced or selected to fit pre-conceived or pre-existent categories, or discarded in favour of keeping an extant theory intact. Glaser and Strauss (1967), believe that the reality produced in research; that is *the reality represented by the data*, is more accurate than the theory whose categories do not fit, not the reverse. "In the process of most preconceived research - such as that for testing hypotheses - data which cannot be either forced or selectively picked, is discarded rather than used to correct the category." (Glaser, 1978, p. 4).

A theory must have relevance, and it must work. A theory must also be readily modifiable (Glaser, 1978). Grounded theory meets all these criteria because it is directly and systematically generated from the data itself, and it is in the nature of grounded theory that all new ideas and new data have the potential and the opportunity to modify the emerging theory.

Also, a theory should have 'face validity', that is, it should be believable in that it should seem to the reader to be plausible. It should be comprehensive, in that it accounts for most of the data. It should be grounded and therefore tied to the data. Finally, it should be applicable and should lead to hypotheses and additional investigations (Glaser, 1978; Corbin & Strauss, 1990).

RESEARCH PROCESS

Sample Selection

The underlying logic of my choice of sample in the present study is based on the technique of theoretical sampling, where the initial focus is on learning what is central and important to the phenomenon under study, and so participants are chosen who seem likely to represent the phenomenon and who are relatively similar (Rennie, Phillips & Quartaro, 1988).

Therefore, I chose to study a small, relatively homogeneous group of university women. Firstly, I chose to study women because women comprise the great majority of the 'eating disordered population' and also the vast majority of those who express dissatisfaction with their body, weight, shape, appearance, and concerns about food, eating, and attractiveness. Perhaps more importantly, for the purposes of this study, is the fact that men displayed a difference in the *direction* of their dissatisfaction. That is, those men who were dissatisfied were as likely to want to gain weight as to lose it, whereas most women want to lose weight, and almost without exception, no women want to gain weight. When coupled with the findings that men in general express less dissatisfaction, attach less importance to their weight, show less concern about weight, body shape and weight control this suggests that body image concerns are somewhat different for men and women. Also, my experiential knowledge base, both as a woman, and talking to other men and women, led me to believe that in general, 'body concerns' were much more prevalent, more important, and more immediate for women.

Secondly, I chose to study young university women because this age group (late teens to early twenties) seems to exhibit the most dissatisfaction with their bodies (Ritchie, 1989b; Wardle & Beale, 1986). Also, it has been found that there is a greater prevalence of diagnosed eating disorders among women in this age group than that of the general population, and research suggests that this group of women has shown the most dramatic increases in eating disorders (Boskind-Lodahl, 1986; Button & Whitehouse, 1981; Cooper, Charnock & Taylor, 1987; Garner & Garfinkel, 1979;

Halmi, Falk and Schwartz, 1981). Therefore, a university population seemed a logical initial sample for a study of women's body concerns.

The Women

Eleven women took part in the study. They were all attending university, and ranged in age between 18 and 25. All the women identified themselves as European or Pakeha in origin. Three of the women were colleagues who volunteered to participate in what I originally called my 'pilot' interviews, to distinguish them from my 'real' interviews with strangers. I subsequently realised the positivist assumption underlying this distinction; that is, the avoidance of experimenter effects, or to be more specific, my previous relationship with my colleagues might 'mess up' my data. This is not a criticism that is relevant to a grounded theory study. All information and data is important and contributes to the growth of the theory, although like any other methodological issue in qualitative research, the possible influences of sampling procedures need to be made explicit, so that the reader can judge for themselves what impact they may have.

My previous acquaintance with my colleagues may have had an effect on the quality and quantity of information I was given. However, after completing all the interviews I considered that this information seemed to depend more on how salient the women's body concerns were to them, than on previous acquaintance with the researcher. More importantly, all interviews were similar, and any differences seemed to be based on levels of body concern, regardless of their individual status of 'pilot' or 'real' interviews. Therefore I included the 'pilot' interview material in the main analysis. The other eight women volunteered in response to notices which had been put up around the university campus.

Interviews

Upon first meeting each woman, I attempted to make her feel comfortable and at ease. I explained what type of research I was doing, and gave assurances as to the confidentiality of our interview, and the absence of any identifying characteristics in

both the transcript of the interview, and the resulting analysis. Following this I asked her to read my information sheet (see Appendix). I then reiterated verbally that she was free to not do the interview, or to stop the interview at any time if she felt uncomfortable, either with the questions or the situation. Once she had agreed to continue (no-one refused), I asked her to read and then sign a consent form (see Appendix). I also explained why I had set up a tape recorder and microphone, and asked her permission to record our interview.

At the beginning of each interview, the women were invited to choose a pseudonym to protect their anonymity. All other people mentioned during the interview were given pseudonyms at the time of transcription, to ensure that no identifying details were included.

Research Question

I wanted to avoid placing restrictions on women's recounting of experience as much as possible, however it was necessary to have a basic framework in order to define the general parameters of the study, and to encourage the women to talk about the same area, that is, body concerns. The framework I decided upon contains three general aims, which were to explore the cognitive, behavioural and psychological dimensions of women's body concerns, focusing on weight, shape, size and appearance²; how these concerns affect the women, both personally and socially; and finally, what the women perceive as having contributed to their concerns. These aims were not intended to override what is important and relevant to the women. Within this guiding framework (from which initial general questions and prompts were developed), the issues which are important or relevant to the women guided the interviews.

This strategy follows the tenets of theoretical sampling, defined by Corbin and Strauss (1990, p. 176) as "sampling on the basis of concepts that have proven

²

The phrase 'weight, shape, size and appearance', although inclusive, was clumsy and awkward, so it was encapsulated into the term 'figure'. Therefore 'figure' in the context of the present study refers specifically to a woman's weight, shape, size and appearance.

theoretical relevance to the evolving theory". In the present interviews, any theoretically relevant issues mentioned by the women in the early interviews were inquired about in the subsequent ones, with encouragement for the women to elaborate. Then new issues arising from these subsequent interviews was followed up in the next interviews. In this way, the interview 'structure' developed as the research progressed.

Transcription

I transcribed the interviews verbatim, with help from an associate, who for ethical reasons, signed a form protecting participants' confidentiality. Also for ethical reasons, all tapes were destroyed at the end of the research.

During the transcription stage, I listened to each interview several times. This was both to familiarise myself with the data, and to pick up the verbal cues that transcription does not capture, but are important for meaning, such as irony, sarcasm, derision, and so on.

The Women's Stories

In this section I present a brief biography of each of the women, which gives a little background information about them. Generally speaking, I do not feel comfortable classifying women by their weight, shape or size. However, for the purposes of my study, because I was the only person who had the benefit of observing my participants, I felt that a reference point of the women's weight/size was necessary, to give those who did not meet the participants a point of comparison between the women. I also thought it would be helpful to give some idea of each woman's size so the reader can compare this to how the woman feels about her body. (NZ) Dress size was considered to be a more meaningful shorthand assessment of comparative weight/size than weight or body mass levels. Also, women tend to know their dress size even when they do not know their exact weight. Therefore this information is included in the women's biographies to give an indication of their relative or 'objective' weight/size.

In general, the women who were less happy about their body had a lot more to say than the women who were relatively happy about their bodies.

Alison

Alison is 18 and her dress size is 12. Alison explains that she is bigger or fatter than she would like to be and she is not very satisfied with her body. She tries to lose weight and she is very conscious of what she eats and exercises every day to try and achieve that. She was always a slim child, and it has only been in the last 18 months that her weight has become a real issue. Sometimes she does think she looks o.k. but other times nothing makes her feel good and she just feels 'yucky'. She hates gaining weight and says 'it freaks her out' and she does not really allow it to happen too much, saying that one of her greatest fears is to be fat. Sometimes Alison does think that the person who has got the biggest hangup with the way she looks is herself, but she still constantly attempts to lose weight and 'improve' herself, and believes that basically she is just 'too fat' in general. Last year she did lose weight, which made her feel really good, although now, even though she is the same weight or even a little less, she thinks she is fat again. Also, the way Alison feels about her body affects how she feels about herself. If she is feeling frustrated or angry or down about the way she looks, it makes her feel negative in general. She feels happier about herself now that she is attempting to lose weight in a 'healthy' way. When she was younger she showed signs of an eating disorder (making herself vomit) and she used to drink and smoke a lot, which made her feel bad, both physically and mentally. Now she feels she has broken out of that 'vicious cycle'.

Anne

Anne is 22 and a size 10. She is basically satisfied with her body, although there is the odd thing about it that she would like to change. For example she would not mind being a "teensy bit" slimmer and fitter. The interview with Anne was shorter than most, because she did not really have many concerns about her body at all. She has been the same weight ever since she was 17, so she has never had to worry about changing her body or dieting, although she would be concerned about 'getting fat'.

She says she eats 'absolute rubbish' but that it does not make her put on weight. She has just recently started exercising for her health, because she says she is "deadly unfit", but she adds that it is not the shape of her body that is of great concern to her. She usually feels good about herself and generally does not have any negative feelings about her body at all.

Jane

Jane is 23 and a size 14-16. She says that she is usually quite happy about her body, although this fluctuates, and she also says there are things about her body she would change if she could. Jane does not consider herself fat, but overweight, and she would like to lose weight. She says she is not her ideal weight but claims it does not worry her too much, not to the point of getting really upset about it. As well as her current general desire to lose a bit of weight, she has already experienced a substantial weight loss. When she was about 17, she went to Canada for a year and gained quite a bit of weight. When she came back to New Zealand, she heard 'through the grapevine' that all her friends had been commenting, behind her back, that she had put on heaps of weight, so she went on the Hip and Thigh diet and lost a lot of weight. This made her feel really good about herself. Now Jane says that she is more concerned about the health aspect, although she indicates that putting on weight makes her feel bad and she does not like it. When she is feeling that she has put on weight, or that she 'should' lose some weight, it negatively affects her mood and activities, and when she is feeling good about her body she says that it makes everything else seem so much better.

Joanne

Joanne is 19 and she wears a size 8-10. Joanne says she has always hated something about her body, especially her bottom, because she feels it is too big and too flabby, and her stomach and inner thighs, because she sees these as flabby as well. She also thinks her stomach is fat, though she describes herself as being able to fit into size 8 clothes. Joanne often gets depressed about her body, thinking such things as "Oh gosh, I'm so fat, I'm so fat". She says that if she is feeling really good about her

body she thinks she looks really great and her self esteem just 'really skyrockets'. Joanne thinks that when people give her compliments that they do not actually mean it, they are just being nice, although she does believe her mother and brother. Her brother has always called her anorexic and she perceives this as a compliment. She hates her boyfriend saying nice things to her because she feels that he is only saying them to keep her happy. When she was younger she used to diet 'madly'. Until she was about 15 she tried every diet possible, but then she realised that it did not really changed things, because she never lost or gained weight. She exercises a lot because she says "it's sort of like a fix I need, I'm sort of an exercise addict", and she says she needs to be able to exercise or she becomes extremely frustrated. She says that sometimes she eats a large amount of food and then she 'over-corrects' and eats very little, and she finds it very hard to keep a balance. Joanne thinks that you are more likeable if you are thin than if you are not, and you are more likeable if you don't eat heaps than if you do. She has been influenced quite a lot by her mother, who instilled a fear in Joanne that she might take after her father's (overweight) family. Joanne already hated her body, but criticism from her mother made it worse.

Kat

Kat is a 21 year old woman, with a dress size of 12. Kat appears confident and self-possessed, and says that at the moment she is 'pretty much' happy with her body. She recalls that when she was younger she did not like her body at all, especially as she got teased about it a lot by other children at school, her parents (especially her father), and also her brothers. Mostly the teasing consisted of derogatory remarks about parts of her body, particularly her legs and thighs. In her first year at University she was what she calls "overweight" (she was a size 14), and this was making her feel really bad. The year after she left the hostels she made a decision to lose weight and by the end of that second year she was much slimmer and felt much happier with herself. However she is still striving to 'improve' herself. In the near future, Kat has a friend coming over from Canada and she's trying to get her body in shape so that the friend does not see her as a 'podge'. She feels that she should be just accepted for what she is, but she says that she just can't help trying to get 'better' for her friend.

Lauren

Lauren is 25 and is a size 12. Lauren says that her body is very important to the way she feels about herself. In the past she used to diet a lot and was very careful about what she ate, for example counting calories. At the present time she does not seem to have to be quite so strict, although she is still careful, as she explicitly states that she does not want to 'be fat'. She has come to realise that food for her is more than just sustenance, it is comfort and support and she finds that when she gets stressed she seeks out particular types of 'comfort food', such as chocolate bars. She used to punish herself about that, but now she realises it really does make her feel better and so she allows herself to do it at times. She is just beginning to find out that her body can be a source of pleasure, rather than a source of worry and dislike, and that she can get good feelings from seeing her body in a different light. Lauren thinks that family upbringing is really important to how you feel about your body and the role food plays in the family. In her family, exercise was very important and so was being fit and strong and being outdoors, so eating properly was important too. She thinks this is one reason why she is so critical of herself. She also thinks that there is a lot of pressure on women to be attractive, because there is a lot of power for women in physical attractiveness. She thinks that, for women, there are not that many options to have power and that physical beauty is one channel. She sees that as a way of controlling women, especially through the media.

Lee

Lee is 23, and is about a size 10, although her weight fluctuates, because she is constantly trying to lose weight. Lee appears to dislike her body intensely, saying such things as her 'fat face' 'disgusts' her. She feels that she is 'useless' if she does not diet and that she is a 'pig' and a 'glutton', and that she 'repulses' herself because of how much she eats, how 'big' she is and how fat she looks. She is never happy about her body except, she says, sometimes when she gets to her ideal weight, although even then it is very quick and very fleeting. Her family seem to have had quite an influence on her feelings about her body. Lee believes that her mother 'definitely pities' her, saying things like 'do you really need to eat that?' and 'oh you

have put on weight haven't you', and buying Lee clothes which are too small for her. Lee also hates the fact that when she goes home (to Auckland) her family all judge her in terms of how much weight she has put on. It makes her feel that she cannot go home until she has lost enough weight to avoid negative comments from her family, especially her mother. At the time of the interview, she said that she could not go home at the moment, even though she would 'die' to go home because she was so tired and her head was thumping, but she did not feel she was 'good enough', that is, she did not feel her weight was 'satisfactory' enough for her to go home.

Maria

Maria is 21 and a size 10. She is satisfied with her body most of the time and she has never been overweight. Her friends and partner have never been concerned about weight so it is never an issue for her. Also, she has been quite sporty all her life and she sees that as a contributing factor to her keeping slim. She has recently been to Thailand and while she was there she lost half a stone, which she felt was nice, because it made her feel a bit slimmer, but because she had not really intended to do it 'it wasn't a big deal'. She is quite philosophical about her attitude to her body, saying that life is too short to worry about going on diets and things like that. However, she expressed some concern that if she continued eating junk food she would start to put on weight and that might make her feel bad. Her mother, sister and best friend all have similar body shapes, and all are comfortable with their bodies, so she does not really worry about her body very much at all. She plays soccer and she feels that she should keep playing some kind of sport just to stay healthy, rather than because it would keep her slim.

Sharon

Sharon is 21 and she wears a size 16. Sharon is not altogether happy with her body, and would change it if she could, although sometimes she is happy with it when she thinks she's looking really slim. She says that sometimes she feels comfortable with her body, and other times she feels like the 'Goodyear blimp'. Also, the things that she does like about her body have 'nothing whatsoever' to do with her weight. When

Sharon was young she was teased about being fat, especially by boys being cruel, and she feels that this has definitely had an impact on how she feels about her body. Sharon's feelings about her weight are closely linked to how she feels about herself. Losing weight has a positive effect and makes her feel really good. Her mood changes, she feels happy and slim and more attractive to men. Weight gain on the other hand has the opposite effect, putting 'a real downer' on her day, and it 'annoys the hell' out of her, as she regards weight gain as not 'controlling' herself properly. She also tries to tell herself that weight doesn't matter, that it's your personality that matters, but she finds that hard to do, both in reference to herself, and in judging other people. Sharon also worries about food and eating, because her natural inclination is to eat large meals, but she also feels that that is not a socially condoned or socially acceptable thing for a woman to do. When Sharon is feeling like she 'should' be losing weight, she does not really like herself and just feels generally fat, unattractive, and has a low opinion of herself. When this happens she says that she also tends to be a lot more negative about her outlook on things in general. In a social situation Sharon states that she is likely to 'withdraw' and 'shut up a bit more' if there is a slim attractive woman present, because she does not consider herself as 'worthy' as the attractive woman.

Theresa

Theresa is 21 and she is a size 12. She says that she is fairly satisfied with her body but she would like to be slimmer and fitter than she is. When she was young she used to eat whatever she liked and it would make no difference to her weight, but when she reached 15 or 16 this began to change. When Theresa was at school all her friends were worrying about what they ate, although she wasn't, and she would just eat exactly what she wanted and she didn't really care. But as she got older she decided she had better start watching what she ate. Her family are all quite slim, although she says that her mother has worried about her weight on and off throughout her life. They were also very strict about food, for example the children always had to ask for something to eat if they were hungry between meals or after school. Theresa says that she would not want to be fat, because she thinks that fat people in society really do not have much of a good time and that people really

admire you if you are slim, and the slimmer the better really, especially women. Theresa thinks that she has 'a typical woman's figure' and she sees that in a very negative light. She also says that if she thinks she is looking fat she will also think that she is being lazy and she should do more exercise. Quite often when she is feeling down, Theresa searches out comfort food like hot cereal which she thinks is because it is associated with home, like 'baby food'. Theresa is more outgoing when she thinks she is slimmer, and happier and more confident.

Tracey

Tracey is 22 and a size 10-12. She says that she does not really have any major worries about her weight, she doesn't think she is 'grossly fat' or 'grossly thin', and is quite contented overall. She has been the same weight now for about five years, and considers herself 'lucky' because she doesn't seem to either gain or lose weight. However she does say that if she started noticing that she was putting on lots of weight she would probably be worried. Tracey states emphatically that she would hate to be fat, but it is 'o.k.' because she exercises quite a bit. She usually thinks that she is pretty much in shape, and not fat, although she says that sometimes she hates her fat stomach. When she was younger she used to think she was 'skinny', mainly because other people would make comments to that effect. Her family never worried about their weight, although when she was growing up they used to call her 'Bones' and that used to make her worry about her body. She used to eat and eat to try and gain weight until she realised that it didn't really make much difference. Other people tell Tracey that she's 'lucky', but she thinks that being called skinny is probably just as bad as being called fat.

Having briefly outlined each of the women's stories, I set out below the ways in which I carried out my analysis of the data.

Data Analysis

Memos

From the beginning of analysis I kept a separate record of the memos that I wrote at each stage of the analysis. These provided a record of all my conceptual labels; developing categories; and the paradigm features of the categories. They also provided a record of all my questions about the data and of my ideas and tentative hypotheses regarding relationships between concepts and between categories. Towards the 'end' of my analysis they provided a basis for the integration of the model that I felt was the best representation of my data. Early in the analysis I also started making tentative relational diagrams, which were amended as the analysis developed, and eventually became the 'map' which represents my model in diagrammatic form (see Figure 2., p. 75).

Open Coding

Grounded Theory emphasises the constant interplay between data collection and analysis, allowing further theoretically driven data collection. Consistent with this idea, I began open coding as soon as the first two interviews were transcribed. Concepts from these interviews then influenced what was asked in subsequent interviews, and so on.

I analysed the first five interviews word by word, constantly comparing one 'piece' of data with another, looking for similarities and differences, and labelling each word or phrase with a conceptual term that reflected that piece of data as accurately as possible. When patterns in the data began to emerge I started to group together the conceptual labels into categories tying similar concepts together under a higher-order, more abstract concept (a category). At the same time I searched for differences, and negative instances of a category (pieces of data that did not 'fit'). These enabled me to modify and further develop the categories in terms of the specific differences between the women.

Properties of categories were not so easy to find, because although some were explicit in the data, many had to be inferred from their dimensions. For example, if a woman says "I'm always dieting", there is a dimension "always-never", from which the property "frequency of dieting" can be inferred.

A (simplified) example of my analysis process provides a concrete illustration of how this process actually worked. One of the patterns I noticed early on was that the women **watched** themselves. There appeared to be two degrees of this, which I initially labelled **watching** and **vigilance**. When I searched for differences between the women, and tried to find negative instances of this pattern, I found that some of the women just watched - they never seemed to be vigilant, and some were more vigilant than others. So I merged these two initial codes into a category which I labelled **monitoring**, which had the property of *intensity*, which varied along a dimensional continua from low intensity monitoring (watching), to high intensity monitoring (vigilance). So, one of the differences between the women was that they varied in their *intensity* of **monitoring**. Eventually, I chose **monitoring** as the core category of the process model I developed.

When I came to the sixth (and subsequent) interviews I began to analyse them line by line, and even paragraph by paragraph on occasion, as my central categories became gradually more and more saturated. That is - as Glaser and Strauss (1967) say *should* happen in grounded theory analysis - the analysis of additional interviews became less and less likely to reveal new properties or relationships among the categories.

Axial Coding

In the initial stages of Axial coding, I took note of (and searched for) the paradigm features of each category (phenomenon). That is, the conditions that gave rise to a phenomenon, its specific context, the action/interactional strategies by which it is handled, managed, or carried out, and the consequences of those strategies. Although initially this was a useful guide for linking and further developing categories, it became less and less useful to use a linear template as it became

apparent that relationships between categories were non-linear, often reciprocal, and highly interrelated. Therefore strict use of the paradigm model in its original form was replaced with a more complex inclusive model which emphasised the processual nature of the data. The model developed in the present study is presented on p. 75.

Selective Coding

Rather than progressing in successive phases, the three types of coding at times overlapped and often progressed concurrently, especially open and axial coding. As expected, I did begin with open coding and 'end' with selective coding, but selection of a particular type of coding depended upon my focus at the time. Because of this, in the later stages of analysis I already had a tentative idea of the model which I felt best represented my data. I began my study using the concept of 'satisfaction' because that was the term that was most used in the extant literature, however as I began to analyse the data I found that this was not necessarily the best term to express the processes I was discovering.

Finally, although the model I constructed was circular, with highly interrelated categories and often reciprocal relationships, the category I finally selected as the core category was of a higher order than the other categories in the model. Also, the core category I selected, that is, **monitoring**, was systematically related to all other categories in the model and accounted for the variation within and between these categories.

Table 1 displays an alphabetised list of the final categories which are presented in the process model on page 75.

Table 1.

Final Categories

Adopting Strategies
Avoiding Situations
Balancing the Books
Covering Up
Evaluation
Feelings
Keeping a Ledger
Monitoring
Rules
Self Talk
Withdrawal

CONTEXTUAL FACTORS

Broadly speaking, the grounded theory which I propose suggests that to varying degrees, the women are involved in a continuous set of processes concerned with attempting to regulate or change their bodies. Understanding some of the major contextual factors surrounding these processes helps to illuminate the processes themselves.

Moving Towards Feeling Good

The motivating force behind the women's concerns about their bodies and their continual efforts to maintain and 'improve' them seems to be a desire to feel good about themselves, and to try to avoid negative feelings. That is, the women want to feel good about themselves, and feeling good about their bodies is a part of that. This has become especially important in Western culture in the 90s as society places such a high value on beauty and 'looking good'. The relationship between how the women feel about their bodies, and how they feel about themselves appears to be a strong one. Several of the women explain that how they feel about their bodies is really important to the way they feel about themselves:

"It's really important, to the way I feel about myself... if I feel good about my body I tend to feel quite good about myself." (Lauren)

"if I'm feeling happy with my body I'm feeling happy about me." (Theresa)

"If I'm feeling really good about my body, I'm feeling really good about myself, basically" (Tracey)

So one major way to feel good about themselves, is to feel good about their bodies. This provides a powerful motivation for women to maintain their bodies at a level they feel happy with, or change their bodies to a level they feel happy with, or at least to a level that minimises any negative feelings.

Some of the women refer specifically to the fact that the reason that they want to lose weight, or 'improve' their bodies is to make themselves happy, as Lee illustrates:

"I say that I've done it before so I can do it again and you've had enough of self indulgence, you want to be happy." (Lee)

Also, Kat's motivation for losing weight was the desire to be happy with her body:

"It was hard at first, but I kept thinking that if I want to be happy, this is what I'm going to have to do"

Alison, Theresa and Joanne describe some of the positive effects of feeling good about their bodies:

"If I'm feeling good about the way I look, I'm more confident, I'm not that self conscious, there's not that self consciousness there with the way I look physically...and so I can be more confident, and just be generally happier." (Alison)

"If I think that I look really nice then I think that I'm a better person and I feel more confident and happy with myself." (Theresa)

"I'm more outgoing if I'm feeling good about my body, I'm less depressed and everything and more carefree." (Joanne)

Being happy with their bodies positively affects their behaviour and whole outlook, as well as positively affecting their feelings. This provides a very strong incentive to work hard for that happiness.

The women's efforts to regulate their bodies are also tied up with wanting to be liked, wanting to be seen as attractive. For example, Sharon says:

"I sort of don't know how people perceive me, you know. Cos, for me it's important, I like to be liked, you know, both as a person and physically as well."

Sharon also says, in reference to planning to lose weight:

"...in the long run I'm going to be fitter, because I play sport, I'm going to feel more attractive, I'm going to be more attractive to other people, I'm not going to feel quite as frumpy in my clothes....so I'm going to feel a lot better about myself as well as appearing to other people as I would like to appear."

In other words she is explicitly stating that altering her body is going to make her 'feel better', and she is taking the time, trouble and effort to change her body specifically to make her happier and more attractive.

Alison and Lauren also refer to attractiveness, Alison to the desirability of being attractive, and Lauren to the benefits of being attractive:

"I guess everybody wants to be attractive and that's what it boils down to I guess. I mean it sounds vain and silly, but everybody wants to be attractive and I guess that's what I want to be." (Alison)

"I think as far as relationships with the opposite sex goes, they [people who conform to the popular image of beauty]³ get more attention from men and I suppose in that there's positive reinforcement, and it makes people feel good about themselves if they're attractive to men. Men come along and say, you know, give them compliments." (Lauren)

The desire 'to be attractive' and hence to feel good about themselves, is a strong motivator for the women to continue to regulate themselves.

³

The use of square brackets within quotes indicates additional material which is either identification of an unspecified referent/pronoun, or contextual material which is necessary for meaning.

A further motivation is provided by the desire to 'measure up', or even just to 'fit in' and not be 'different'. Alison and Sharon exemplify these feelings:

"I guess I compare myself to everyone, like I was saying before, including my sisters, and I guess I want to measure up, in a certain way, you know, cos like if they're all thin you don't really want to be fat." (Alison)

"I would like other people to look at me and say, well she's got a nice figure, or not even that...almost to not even notice, just someone to look at me and not think 'gosh, she's got big thighs'. I just want to blend in to the crowd" (Sharon)

As well as wanting to feel good about their bodies, the women want to avoid the negative feelings that are associated with feeling bad about their bodies. The avoidance of negative feelings represents perhaps an even greater motivation to try and make themselves (or keep themselves) 'acceptable', both to themselves and others. Alison illustrates this when she says:

"I do get quite depressed when I am thinking I'm not looking good. I just feel really down...and so I think oh well I'm going to do something about it and exercise more or eat less or something"

Alison states directly that the way she improves how she feels about her body is to work to make it more personally acceptable, although what the women consider to be personally acceptable is shaped by many 'external' influences. These include their family's and friends attitudes to weight, eating, exercise and health, the image of the 'ideal' woman that has been held up by (western) society and perpetuated by the media, and the negative stigma attached to 'being fat'.

A further aspect of the desire to avoid negative feelings concerns the women regulating their bodies because they are worried about what other people will think of them:

"Like if i'm going out with someone...I mean I go away from them and I'm down here, and what are they going to think when I go back to Auckland?" (Lee)

"In the holidays in the summer I did gain quite a bit of weight and I was quite worried about that, worried in the sense that I was doing horrible things to my body, it wasn't healthy and I worried about what other people would think about me" (Kat)

Worrying about what others will think of them relates to the ideas expressed previously, that women want to be liked and at least want to be acceptable to themselves and others.

The women are also strongly influenced by what I have termed the 'cultural stereotypes' of the values of fat and thin. 'Cultural stereotypes' are what the women think are the current values held by our culture/society. Several of the women describe their perceptions of these cultural stereotypes as they apply to the value of being thin/slim and thus attractive:

"I think there's a stereotype about women who are attractive are also more intelligent, more able, more capable, and women who are slim, they're more powerful" (Lauren)

"Everyone knows that you've, you know, got to be thin to be beautiful and stuff like that." (Theresa)

"I sort of think...you're more likeable if you're thin than if you're not, and you're more likeable if you don't eat heaps than if you do." (Joanne)

Joanne's 'cultural stereotypes' include the perception that women are more likeable if they eat only small meals, a view also held by Sharon, who feels bad for wanting to eat large meals because, she says:

"I know society expects us [women] to take mouse portions..."

Also, several of the women describe their perceptions of these cultural stereotypes as they apply to the value of being 'fat':

"I mean people just don't like fat people. People have got a thing against fat people on a superficial level and they just don't want to be fat." (Alison)

"I think that fat people in society really don't have much of a good time..." (Theresa)

"I try to be this modern woman who says how it doesn't matter what you look like, and you know, everything's fine, and, you know, I don't mind having "fat" friends or anything like that, but, you know, there is a stigma attached and unfortunately I've fallen, you know, I've fallen into the category of sort of thinking that fat people ... aargh, you know" (Sharon)

Not only is being 'fat' not valued, there is a stigma attached as well. Lauren sums up this stereotype when she says:

"I mean the message is, if you're beautiful and slim you're an important person, yeah, that other people want to be around. And if you're not, you know, you won't be able to get a good job, you won't have many friends, and gee, you might as well be dead!"

Conflict and Control

Conflict and **control** are two other important contextual features in which my interpretation of the women's experiences is embedded.

Control

The extent to which each of the women attempts to control or regulate her body is directly related to how she feels about her body. If she is happy with her body, there is 'no need' for regulation. For example Anne, who is generally happy about her

body, does not usually feel the need to impose any controls on herself. However Alison, who is generally unhappy about her body, imposes many controls on herself.

Generally the women view their bodies and the bodies of others as under that person's own individual control. Alison discusses gaining weight as something she allows or rather does not allow, indicating that it is under her control, and Tracey refers to 'letting yourself go', indicating that the normal state of affairs is 'keep control of yourself':

"I don't really allow it [weight gain] to happen too much" (Alison)

"you feel like you're getting out of shape, you know, if you let yourself go"
(Tracey)

The belief that people's bodies are under their own personal control means that while a 'success' is an "achievement", any failed attempt to maintain or alter the body is seen as a personal failure, or consequence of a personal lack of will power or lack of control, as Joanne and Sharon illustrate:

"If somebody's just walking by I just think, oh, I'm glad I'm not as fat as they are, and gosh it must be awful, and how could they get that fat? I could never let myself do that" (Joanne)

"it annoys the hell out of me when I put on weight, because it's, you know, it's me just not controlling what I'm, because I'm sort of prone - like my mother and my sister...we all tend to put on weight." (Sharon)

As Sharon suggests, not being successful in controlling their bodies engenders negative feelings, and as Theresa illustrates, the successful control of the body engenders good feelings:

"Exercise makes me feel better...in that I think I'm keeping my weight under control"

Even though it involves a great deal of effort, usually continuous and ongoing, the benefits for the women of feeling good about their bodies, and the incentive of avoiding negative feelings seems to outweigh the work, rules and restrictions that the women impose on themselves to 'control' their desires or preferences. As Sharon says in reference to restricting her food (in order to lose weight):

"It's really hard...I tend to look through the pain of it now towards the long term thing, because it's going to benefit me then, as if I'm achieving something, this is for a good cause"

Although she finds restricting her food 'hard', she does it anyway, such is the strength of the ethic of 'striving for the ideal'. Implicit in Sharon's statement is that there are so many benefits in losing weight (getting closer to 'the ideal') that it is worth going through this 'pain' and deprivation.

Conflict

Conflict is caused by the tension between the women doing what they want to do, and doing what they think they should or should not do. 'Should's' and 'shouldn'ts' comprise a set of rules and regulations. Each of the women has her own set of rules which the reports of their experience attribute to a complex and interactive combination of interpersonal influences, such as family and friends; and socio-cultural influences such as the current 'ideal' body, the image of women that is broadcast by various media, and the current 'societal' view of what is, and what is not, 'feminine'.

Lauren provides an extremely apt metaphor when she says:

"It's like an inner battle"

Conflict for these women is like a battle between an internal desire 'what I want or need' and an internalised rule, for example 'you must be slim to be attractive/successful' 'you must eat small meals to be feminine'. Women want to

satisfy themselves, but part of that is tied up in wanting to be acceptable to, or even to be admired by others. When these two options become mutually exclusive, conflict arises.

There appear to be (at least) two 'types' of conflict, one related to food and eating, and the other related to the women wanting to (or feeling the need to) maintain or 'improve' their bodies. Firstly, there is conflict between wanting to eat something but 'knowing' you shouldn't, as Jane and Lee both express (albeit in different ways):

"I suppose I'd say I torture myself by eating something I really like eating and then, then mentally torturing myself 'oh I shouldn't have had that, oh no I shouldn't have had that', sort of thinking, yeah - sort of a mental torture, and you sort of 'oh no, that's going to put a bit of weight on dear! oh no I shouldn't have done that'." (Jane).

"[losing weight] depresses me, really, because I'd like to eat what I want to eat when I want to eat it, rather than watching it, counting the calories." (Lee).

The second 'type' of conflict involves the women wanting to maintain or improve their bodies (or feeling that they need to) to be acceptable, but thinking that they should be able to accept themselves for who they are:

"I feel angry at myself that I do hate certain parts of my body and I think well I should be able to accept it. I mean it's not your body that matters, it's what's inside, and I do get really angry at myself about the way I feel about myself - I think I shouldn't, you know, I mean, there's worse things that can happen to you than to have a big bottom, you know?" (Joanne)

"Sometimes I say 'why am I worried about this. Why can't I just accept myself for what I am and that' and other times I'm really striving to be what I want, so I'm happy with myself rather than what other people think or say. I say 'gee you're stupid, why are you doing this, are you doing it for yourself or are you doing it for other people?'" (Kat)

As Kat illustrates, this second type of conflict also includes conflict between the women striving to maintain or 'improve' themselves, and perceiving this aim as silly or stupid. Lauren and Jane also exemplify variations of this type of conflict. Lauren feels that the harsh criticisms that she levels at herself when she feels she looks "horrible" (not acceptable), are just stupid:

"...I say, oh, you're just being pathetic - no, no, no, you know, life is complicated enough without this, no don't be so stupid, having a sort of argument in my head"

Jane indicates that she thinks it is silly of her to feel low about not having acceptably maintained her body:

"when I do feel myself getting low like that then I usually think, oh this is just stupid, don't be silly"

Control, conflict, and the desire to experience positive feelings (or at least avoid negative feelings) are very highly interrelated. For example, as mentioned above some of the women perceive a 'cultural stereotype' that women should only eat small amounts. The women who perceive this stereotype, in order to avoid negative feelings, impose controls on themselves so that they 'fit in' and feel they are acceptable. For example, Sharon says:

"I've cut down now but my inclinations are [towards 'eating a lot']".

Here Sharon has implemented a restriction in order to circumvent her inclinations. What she wants to do is not what she feels she should do, that is she is suppressing her own inclinations in order to try and fit in with what "society expects", which is for women "to take mouse portions". In this case the conflict is between Sharon's inclination and society's 'regulations', and she has chosen to regulate or control herself to avoid the negative feelings engendered by not adhering to 'society's rules'

The women's desire to feel happy with their bodies and to avoid negative feelings; and their experiences of conflict and control, provide an important contextual framework that foregrounds my interpretation of the women's experiences, as they described them to me, which are presented in the following chapter. This interpretation is not considered to be the only one by any means although it is supported in several ways.

The Context of My Interpretation

Firstly it is grounded in the words of the women. It was from their description of their experience that this interpretation was generated. While my interpretation aims to abstract and describe the processes inherent in the experiences of the women, it is their words that make this theory come alive.

Further, my interpretation fits the grounded theory assessment criteria. That is, firstly, it fits the data (the words of the women); the data was not selected to fit pre-conceived or pre-existent categories; it has relevance to women's lives because it is a representation of their experience; women with whom I have discussed the theory have found it credible and applicable to their experience; and people (both men and women) who have read the theory have found it to be plausible and believable. In addition, grounded theories are considered to be works in progress, and the theory may be constantly modified, broadened and expanded in the light of new information.

In the process of developing my interpretation, I decided that using a metaphor to organise and elucidate some of the more abstract and conceptually dense processes and their complex relationships was the best way of illustrating those processes. This is especially relevant as these processes and relationships are non-linear, and usually/often occur concurrently. The use of a metaphor here provides a heuristic and illuminating representation of what would otherwise be difficult to comprehensibly represent in a linear format.

Using an accounting metaphor seemed to be the most useful way of describing the processes which I have labelled **keeping a figure-ledger, auditing and balancing the books**. Several other metaphors were considered, the two most likely candidates being a thermostat, and a pair of scales. **Keeping a figure-ledger** can be conceived of as a homeostatic feedback loop. However, a thermostat mechanism does not allow for the coexistence of several different 'balances' in the one process, and nor is it conducive to understanding the process involved. Conceptualising this process as a pair of scales which need to be constantly adjusted to remain balanced seemed an even better explanatory metaphor, especially as it was explicitly mentioned by one of the women. However this still did not allow for the coexistence of different 'balances', and it also did not lend itself to the idea of flexible balances.

I also felt that although the division within my model between processes relating to self and those relating to an other seems an arbitrary one, because these two categories are so highly interrelated, this division is a useful 'tool' to make it easier to conceptualise the processes contained 'within' each category.

Shaping Up and Fitting In: A Grounded Theory of Women's Body Image

In this chapter I present a grounded theory which proposes that the women **monitor** and **evaluate** their bodies, and **adopt strategies** to help themselves feel happy about their bodies, and/or avoid negative feelings. This process exists for all the women interviewed, to various degrees.

Firstly, I present a brief overview of the categories and their central relationships. This is then followed by a simplified process model, which visually illustrates the main components of the theory. Finally I elaborate my theory in more depth, discussing each of the following categories in turn.

The theory I propose deals with reciprocal, nonlinear, and fluid relationships. However, writing perforce is linear and has a fixed trajectory. Therefore, any written or verbal representation of experience is unlikely to capture its complex, dynamic, processual and interdependent nature. Given this limitation, I have chosen to begin my interpretation of the data with what appears to be a meta-category of the women's personal experience (**monitoring**).

Monitoring refers to the process of the women 'keeping an eye on themselves' in terms of their figures. The women **monitor** their bodies in two distinct, but highly interrelated ways. Firstly they monitor in terms of the self watching the self directly, and secondly, in terms of the self watching the self relative to others.

Evaluation, defined here as **assessment** and **appraisal**, is related to both of these sub-categories of monitoring. In the **self-other** sub-category there are four separate but interrelated processes. The first two concern evaluations by the self, of others. The third process concerns direct evaluation by an other (or others), of self, which encompasses **compliments** and **teasing**. The fourth process involves evaluations of the self, by the self, relative to how the self thinks an other is perceiving them. In other words, the women evaluate themselves in terms of what they think the other

person is perceiving. The most marked consequence of self-other evaluation in terms of behaviour and emotion, is **self-consciousness**, which engenders negative feelings. The **strategies adopted** in an attempt to reduce or eliminate these negative feelings include **avoiding situations, covering up, withdrawal and inhibiting behaviour**.

Evaluation in the self-self dimension of **monitoring** encompasses two closely related processes. The first of these involves the women directly **evaluating** their bodies, although **self-evaluations** are greatly influenced by **others**. The second process relates to **keeping a figure-ledger** (see below) and refers to the process whereby the women are continually **auditing** their **ledgers** to make sure that the **ledgers** remain balanced.

Keeping a figure-ledger involves keeping an account of four separate balances. These are levels of **weight, food intake** (both **amount** and **content**), **exercise** and **health**⁴. If these levels become unbalanced, the women experience negative feelings. To make themselves feel happy about their bodies, or at least to avoid these negative feelings, the women **adopt the strategy of balancing the books**. **Balancing the books** is the action strategy that the women use to keep the levels in the **figure ledger** balanced. There are two interrelated processes involved in balancing the books, that is, the maintenance of the balances of the levels; and the active rebalancing of unbalanced levels.

Balancing the books is carried out via a system of **rules**. These rules are self defined and self imposed, although, these definitions are greatly influenced by **others**. There are two types of **rules** which are directly related to the two processes involved in **balancing the books**. The **rules** relating to the maintenance of levels are termed **boundary rules**. They mark what the women can and cannot do (in relation to the figure-ledger). The **rules** relating to the active rebalancing of imbalances are termed **compensatory rules**. These refer to compensatory adjustments the women make to

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For the purposes of this study the term 'health'(as defined by the women) refers to a balance between weight, healthy eating and exercising.

one or more levels in the figure-ledger in order to 'redress transgressions' and thus restore the balance.

In both the **self-self** and the **self-other** categories, if the **strategies** that the women adopted are successful, they experience positive feelings, or at least do not experience negative feelings. If this in turn makes the women, temporarily, happy with their bodies, they simply continue monitoring. However, if this does not make the women happy with their bodies, they return to the cycle of **negative evaluation** and **adopting strategies**. If, on the other hand, the **adopted strategies** are not successful, the women continue to experience negative feelings, and return directly to the cycle of **negative evaluation** and **adopting strategies**.

Figure 2 is a heuristic (and simplified) representation of this interpretation which proposes that the women **monitor** and **evaluate** their bodies, and **adopt strategies** to help themselves feel happy about their bodies, and/or avoid negative feelings. This process exists for all the women to various degrees.

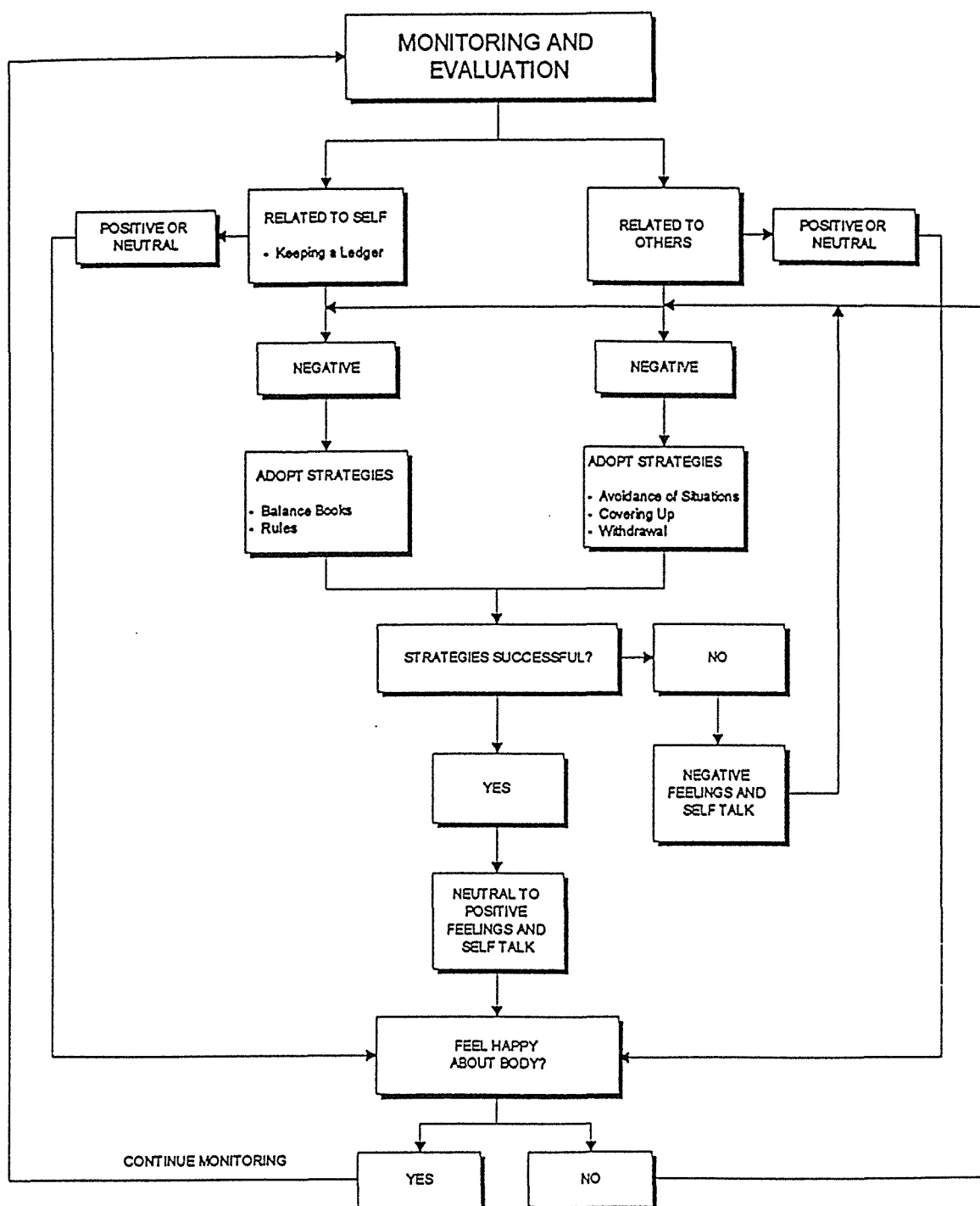


Figure 2. Monitoring, Evaluating and Adopting Strategies: A Process Model

MONITORING

Monitoring refers to the process of 'keeping an eye on self'. **Monitoring** subsumes two major interrelated sub-categories of women's personal experiences of their figure. Firstly, there is the **self-self** sub-category, which concerns personal and internal processes in terms of **the woman monitoring herself**. **Self-self monitoring** functions as the central process by/through which the women control or regulate their bodies.

Secondly, there is the **self-other** sub-category, which concerns personal internal processes in terms of **the woman monitoring herself relative to the woman's perceptions of others**. The purpose of **self-other monitoring** is for women to control or regulate their bodies in terms of their perceptions of others⁵. Both of these sub-categories of **monitoring** are extremely highly interrelated with **evaluation**, so much so that it is difficult to talk about one without talking about the other. Generally speaking, **monitoring** is the process of watching, or 'keeping an eye on self', and **evaluation** is a concurrent process consisting of continual **assessment** and **appraisal** of the results of the women's **monitoring**. These processes are perhaps best illuminated by using the analogy of a border guard. The guard patrols (**monitors**) her territory, keeping an eye out for any discrepancies or potential problems. As soon as the guard notices a discrepancy, she **assesses**: Is this a problem? Then if it is designated a problem, she **appraises** it: What is the problem?

However, this process is complicated by the fact that there are several different (though highly interrelated) types of evaluation. These are related to the two sub-categories of **monitoring** (**self-self** and **self-other**), and are discussed later in terms of the specific sub-category they are related to.

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The other denotes anyone who is not **the self**, and consists of individuals such as friends, family members, strangers, and so on; collections of individuals, such as 'peers', 'the family', 'men'; and also institutional structures, such as 'the media', and 'the medical profession'.

All of the women monitor to some extent, however they vary in the intensity of their monitoring, from **awareness** (low intensity), to **vigilance** (high intensity). The women's intensity of monitoring is related to all the other categories in the model (p. 75) For example, high intensity monitors evaluate themselves more often and more harshly, feel more self conscious more often, and regulate their ledgers more strictly, than low intensity monitors. It is helpful to give some indication here of where each woman belongs along the continuum of intensity of monitoring, because her position on this continuum is directly related to how she feels about herself, and what she does, thinks and feels about her body.

Anne and Maria are both low intensity monitors. They are relatively happy with their bodies, and do not experience many negative feelings in relation to their bodies at all. Tracey, Kat, Jane, Lauren, Sharon and Theresa all vary in their intensity of monitoring from 'mid intensity' (watching, or watching closely), to high intensity (vigilance). Sometimes these women are happy with their bodies, but not always by any means, and they tend to experience quite a few negative feelings in relation to their bodies. Lee, Alison and Joanne are high intensity monitors. They are always vigilant, very critical of themselves, and often feel negative about their bodies.

For all the women, the intensity of their monitoring varies consistently with how they feel about their bodies: the less happy they are with their bodies at any particular time, the more intensely they seem to monitor themselves. It also appears that the women's intensity of monitoring varies across situations - the worse any particular situation makes them feel about their body, the more intensely they monitor.

Lauren exemplifies the process of **monitoring** when she talks about continually checking her body, and says:

"It's like being on duty"

This relates to the idea of the border guard, always keeping watch on her territory - her body.

None of the processes within the two sub-categories of **monitoring** are mutually exclusive. In fact they are all interrelated in that the self is always influenced by others either directly or indirectly. For example, although the women define their own figure-ledgers, boundaries and rules, these are influenced by many other (external) factors, for example family, peers and the media, and internalising society's ideal standard of beauty.

These processes are also (in most cases) interdependent, so distinctions between them are heuristic, for the purpose of aiding interpretation, *not* because they occur 'naturally'. For example, **evaluation** of the **self** by an **other** (nominally a **self-other** category), affects the levels **kept in the figure-ledger** (a **self-self** category). As Jane illustrates:

"I'd heard through the grapevine "Oh so-and-so said that you'd put on heaps of weight" and so I went on the Hip and Thigh diet and I lost a whole lot of weight and I felt really good about that, I felt really good."

In other words, it was because Jane was negatively evaluated by others that she altered one of the levels in her figure-ledger. It is also important to note that changing her body to fit other people's idea of what was and was not appropriate, made her feel 'really good' about herself. This reinforces the theory that women are motivated to 'maintain' or change their bodies in order to avoid negative feelings, such as the ones engendered by negative evaluation, and also to engender positive feelings about their bodies and themselves.

THE SELF-OTHER CATEGORY

Evaluation

Evaluation in the **self-other** sub-category of **monitoring** concerns personal internal processes in terms of the woman **evaluating herself** relative to her perceptions of

others. In the **self-other** category there are four separate but highly interrelated processes of evaluation. The first two concern evaluations by the self, of others.

The first of these **evaluations by the self** concerns the woman making a direct evaluation of an **other**. Sharon exemplifies this with her comment:

"I look at other people and think, you know, gosh, how unfortunate, you know, that she is so big."

These direct evaluations of an other involve the woman measuring the other against her own perception of the 'ideal' body. In Sharon's case there is also an understanding or empathy of the negative stigma attached to being 'big', or not fitting into society's narrow range of acceptable shapes.

Joanne also illustrates making a direct evaluation of an other, but she is evaluating 'a model'- one of the women who are held up by society, and in particular the media as the 'ideal' (of the moment). This comment from Joanne illustrates that for some women there is an extremely narrow range of acceptable shapes:

"like as much as I hate Rachel Hunter I do think it's good that she's got such a high profile because she isn't thin. You know, she is quite shapely and flabby and...But I don't look at her like that. I look at her and think, gosh she's fat, why is she a model?"

If Joanne evaluates Rachel Hunter, who is a (NZ) size 12, as fat, then Joanne's acceptable weight and shape (let alone her ideal weight and shape) for herself and for others is very narrowly defined.

In the second type of **evaluation by the self, of others**, the women **evaluate themselves** in terms of their direct evaluations of **others**. This generally concerns the women making comparisons between themselves and an **other** (or **others**). For example, the women compare themselves with other women, as Sharon illustrates:

"if I've seen somebody that's particularly either skinny or quite overweight or whatever, then I start to - again that comparison thing, I start to look at them and think 'oh how do I match up against that?'"

As well as comparing themselves with 'ordinary' or 'normal' women, the women compare themselves with their 'ideals':

"I suppose that I make comparisons to other women and society's ideal of models and the right sort of weight and the way to look..." (Sharon)

These 'ideals' include both personally defined ideals, as Jane illustrates below, and culturally defined ideals, such as the one mentioned by Sharon (below). However these two definitions of ideals are not separate. As mentioned earlier, the women's definition of their ideal is influenced by many factors, both personal and socio-cultural. Jane explains:

"in a situation where maybe I was in a group of people who were all very slim, very slim and very, you know the sort of people, who were very toned and pretty much perfect in their bodies and you're sort of sitting there going... 'Oh man, I wish I could lose some weight and look like them'..."

Jane's feelings of dissatisfaction with her own body are caused in this instance by direct comparison between herself and people that she considers to be 'pretty near perfect', in other words they fit Jane's image of what is the 'ideal'. However, Jane later refers explicitly to the influence of socio-cultural definitions of the ideal:

"reading a magazine or watching a TV programme or something where there are bodies in it which seem to be the ideal body and they're emphasising that that's the way that women should be...I'd get depressed in those situations."

Sharon also illustrates the influences of socio-cultural definitions when she compares herself with a well known model (Elle McPherson is touted as the current exemplar of the contemporary 'ideal' body for women: her media nickname is "The Body"):

"Another one is comparisons, again Elle McPherson. Okay, my flatmate has got a calendar that I bought him, I don't know why, but I did, that Elle McPherson calendar, and I've got to walk past that every time I go to the bathroom, you know, and so I walk past the mirror and I think 'God' - you know. I look at her and her firm thighs and that sort of thing, and I think, oh man. Yeah, I think 'God it would be nice to look like her'."

The third process of **evaluation** concerns direct evaluations by others, of self. Within this process there are two types of direct evaluation by others. The first of these involves direct positive evaluation by an other, or in other words, **compliments**. These usually engender positive feelings, as Tracey illustrates:

"you really feel pleasure if people compliment your body, you know, and if you know inside that it's sort of...and you can wear the clothes that you want to...And I suppose, if you notice somebody actually looking at you in a way, like they might be thinking 'gosh she's got a nice figure' and things, like that really makes you...gives a happy feeling through your body."

Alison and Joanne also mention the good feelings they may get from compliments, although they both indicate that compliments do not change how they feel about themselves:

"[compliments don't] do much good, because I still feel I still have this problem with my body" (Alison)

"you know, that [compliment] made me feel quite good, but because I wasn't feeling thin then, it didn't change how I felt. I just thought 'Oh yeah, right' [heavy sarcasm] and you know, it doesn't, having someone giving me a compliment doesn't change how I feel. Sort of if they say something, it's just "oh, yeah" [sarcastic], but I don't take it in, I don't believe them." (Joanne)

Here Joanne initially says that the compliment made her feel good and then appears to contradict this by saying that it didn't change how she felt. She explains the lack

of change by saying that she 'doesn't take it in'. This indicates that 'feeling good' operates on at least two levels, one which is superficial and the other which involves 'taking it in'.

This suggests that for some women at least, it is their inner self concept that matters, and others cannot change that, even though they may temporarily make the woman feel good about herself by giving her a compliment. Although Joanne does go on to add that there are a small number of others whose positive evaluations she does take to heart:

*"I suppose, people who I'm really close to, like my mother...if she tells me that I'm looking good I take it to heart because I know she'll only say it if she really means it. You know, she's not going to tell me that I look fine if I don't; and it's the same with my brother, like my brother, who's never ever called me fat or anything, he's always called me anorexic - he always says "Oh, you're an anorexic, blah blah blah.." and that makes me feel quite good, because he's always telling me I'm thin and everything, and you know, you believe little brothers, not to say something if they don't mean it."*⁶

The second type of evaluation of self by an other involves negative evaluation in the form of teasing. This seems to have happened mostly in childhood, and seems to have quite an effect on how women viewed their bodies, as several of the women mention:

"When I was young I can remember being teased as a little girl about being fat, and, as much as I can think of what happened, I think it really has. You know, just comments that people have passed, or, you know, boys being cruel in Intermediate and stuff like that. I think that I would have to say that would definitely have an effect on a girl, especially by a guy, a dire effect." (Sharon)

"[my family] often used to call me Bones and things, that was my nickname when I was growing up, Bones. And I used to worry about that." (Tracey)

"when I was younger I used to not like my body at all, basically I think because I'd get teased about it a lot, and until I found someone who accepted me for what I was I was, and then I started looking at myself as 'I'm an all right person' type of thing. Yeah, it changed over the last three years. [I got teased by] schoolkids, my parents, well, my father especially, my brothers..." (Kat)

These women believe that this teasing has influenced how they currently feel about their bodies.

The fourth and final process of **evaluation** in the **self-other** sub-category of monitoring concerns evaluations of the self, by the self, relative to how the self thinks an other is perceiving them. In other words, the women **evaluate themselves** in terms of their own interpretations, or assumptions, of what they think the other is perceiving. So for example, if they think that an **other** is evaluating them negatively, that will influence them to experience negative feelings (such as discomfort or embarrassment). This happens regardless of what the other may really be thinking. For example, Lee says:

"if people do something nice for me I don't smile at them because I think my face is too fat to smile. I think my cheeks bulge out. And so like if someone does something nice to me, like the guy at the petrol station, I just get all embarrassed and go away, rather than being nice, because I think it's probably making him sick."

In this situation, Lee evaluates herself negatively, thinking that her face is 'too fat to smile'. She then makes the assumption that the other, in this case the guy at the petrol station, will also perceive her in that way, making him feel sick. So the negative feelings (embarrassment) that Lee feels follow from her assumption of what the other is perceiving, which in turn is based on her own negative evaluation of herself.

The evaluations that women make of themselves and then project onto what other people 'will' think of them are influenced by many things, such as comments they receive from others (e.g. family and friends); cultural stereotypes of what is and what is not appropriate female behaviour and appearance; the media's representation of women; internalisation of societal norms and ideals.

The most marked consequence of self-other evaluation in terms of behaviour and emotion, is **self-consciousness**. Self consciousness, as it is defined in this study, refers to a combination of feelings of embarrassment and discomfort, and an increase in awareness of both figure and behaviour, when a woman feels that she is being observed and evaluated by another person, or when she feels that others may observe or evaluate her. As Lauren describes:

"I find that if I'm in a situation where there's a lot of people and when the emphasis is on looking good, like at a party, or maybe at a pub or, you know when you go out with a lot of people...and then I notice myself looking at myself in that way? you know, the old spectator again, and then I feel more uncomfortable"

Self consciousness stems from a combination of two processes, firstly the woman feeling negative about her body, and secondly projecting those negative self evaluations onto how other people may assess her. Alison illustrates this when she says:

"Yeah, I am very self conscious... to the extent that I always check to make sure I look OK before I leave... But it's not, it's only, yeah it's mainly during the periods that I do think I'm not looking very good."

That is, it is during the periods where she thinks she is not looking good that she feels self-conscious. She goes on to say that it does not really matter if 'they' - the other(s) look when she thinks that she looks 'o.k.':

"but I guess I wouldn't be self conscious if I think I look good, then I don't really care, I mean if they look, cos I mean I think I look OK."

In other words, whether she feels self conscious or not depends on her evaluation of herself, which she then projects on to others. This is a very important point, because if a woman does not negatively evaluate herself, then she does not feel self conscious, as the two low intensity monitors, Anne and Maria, exemplify.

There are three 'types' of situations which seem likely to engender self consciousness. The first of these concerns public situations, especially social situations where there is an emphasis on 'looking good', for example at a party or at a ball, as Alison illustrates:

"I feel self-conscious ... in events where you, everything's centred on the way you look, like balls and things...when everyone's dressing up and the way you look is a bit of an issue at the time"

The second type of situation that tends to engender self consciousness, while also a public situation, is to do with the body being more 'accessible' to scrutiny or evaluation. All of the women who experience self consciousness say that going to the beach or going swimming makes them feel very self conscious. Joanne illustrates this when she says:

"I really hate going to swimming pools and stuff, because I've got to wear togs and, you know, I feel really self conscious about that. And I hate going to the beach in summer and having to lie there in my togs on the beach. Yeah, so [it's] the situations where you've got to show your body. You know, emphasis is sort of placed on your body shape."

Exposing their body in this way makes the women feel quite vulnerable and open to evaluation by others. When they are 'dressing up', they at least have the protection of their clothes, but when a woman wears a swimsuit she is almost totally 'unprotected' from evaluation. This almost invariably leads the women to experience negative feelings, as exemplified by Theresa and Sharon:

"If I'm wearing togs...Well I just feel really embarrassed. I just don't like people looking at my body like that" (Theresa)

"I associate wearing a swimsuit with anxiety" (Sharon)

The third situation where self consciousness is likely to occur, is in a sexual situation, as Jane states:

"I'm quite self-conscious in sexual situations with a man, about my body, mainly my breasts... Emphasis seems to be placed on body image in relationships..." (Jane)

Although a sexual situation is relatively private, women are particularly vulnerable to evaluation because they are totally exposed. Sharon provides a clear illustration of this idea:

"I sort of think that I can hide stuff by what clothes I wear but if you're sleeping with a guy, you know, it's a little bit different. You're sort of a hell of a lot more vulnerable"

'Others' have different status positions relating to the amount of self-consciousness they engender. For example, strangers or acquaintances engender more self consciousness than friends do, as Jane explains:

"I do [avoid situations because I feel self-conscious] to the extent of situations with strangers...but not with friends...it comes back down to whether I feel comfortable in a situation, like I do with friends but not so much with strangers."

Also, men tend to engender more self consciousness than other women, as Lauren and Sharon both indicate:

"[I feel self-conscious] you know, when you go out with a lot of people - especially men!" (Lauren)

"And guys especially.. I mean after you've known somebody for a while, it's not a problem, but you know, initial contact with a guy and stuff like that you feel 'what does he think' you know?" (Sharon)

The quote from Sharon actually encapsulates the influence on self consciousness of both men and strangers, indicating that males do increase self consciousness, but this lessens 'after you've known somebody for a while'. Joanne also illustrates the effect of 'men' on increasing self consciousness, however she also indicates that men can have a positive effect in reducing self consciousness:

"I feel more self-conscious when I'm around males, but then if a guy says 'oh, you're looking nice tonight' I do feel a little bit more self confident"

Clothes play an important role in self-consciousness. Exposing oneself by wearing 'revealing' or 'skimpy' clothes provokes or increases self-consciousness, and wearing 'baggy' clothes, or 'covering up' provides protection against being (potentially) negatively evaluated. Tracey and Theresa explain how wearing revealing clothes makes them feel uncomfortable and self conscious:

"I feel very self conscious if I wear tights or skimpy clothes - I don't wear them because I feel too self conscious about people sort of looking." (Tracey)

"I wouldn't wear really revealing things like togs in public or things like a mega-tight dress or anything like that, I wouldn't really feel comfortable wearing things like that" (Theresa)

Wearing 'baggy' clothes and covering up, and avoiding wearing 'revealing' clothes, can be considered as strategies to avoid potentially negative evaluation. Lee talks about the fact that she is self conscious and embarrassed when she is over her acceptable weight, and the strategies she employs to 'protect' herself against possible negative evaluation:

"I just withdraw and wear baggy clothes and look disgusting so nobody ever really pays any attention to what I'm wearing or how I feel, sort of like cover yourself up."

Wearing 'baggy' clothes and covering up are very common strategies among the women who experience self consciousness. There are also two further strategies which the women adopt in order to avoid potential negative evaluation, which can be thought of as two forms of self imposed isolation. The first of these strategies involves withdrawal and inhibition, by either removing themselves from the situation in which they are feeling self conscious, as Lee mentions above; or making themselves inconspicuous by inhibiting their behaviour:

"if, you know, I'm feeling quite fat and everything, I will be quite withdrawn and I'll think "Oh, gosh," so and so's looking at me, "oh gosh, I look awful" and I'll be feeling that way all night, and it really inhibits the way you are." (Joanne).

As Joanne indicates, being withdrawn and inhibited can be seen as direct consequences of feeling self conscious. However withdrawing and inhibiting behaviour can also be seen as protective strategies which are adopted by the women to minimise negative feelings, whether they are purposefully applied or not.

The second of these strategies involves avoiding situations where the women feel (or are likely to feel) self-conscious. As Lauren and Tracey explain:

"...when there was a group of guys I'd walk across the street rather than walk past them because I felt my body was being evaluated. I just felt, you know, really uncomfortable and just wanted to hide under my coat or whatever or crawl into a hole! Yeah, crossing the street and also covering my body with baggy clothes and...especially if I feel uncomfortable about a certain part of my body. It's like before my period if my breasts are poking out or, you know, then I'd sort of hunch my shoulders over or cross my arms or something like that." (Lauren)

"Like if I go to the local pool and there's males around I sort of, I don't even go to the local pool because there's usually males there, it's just a thing...Cos they make you wear swimming togs there." (Tracey)

Self consciousness tends to have a limiting effect on women's lives. Compared to the women who do not experience much, if any, self consciousness, the women who do experience it generally experience many more negative feelings, and limit themselves in many more ways regarding what they wear, how they behave, what situations they feel comfortable in, and what situations they try to avoid.

Self-consciousness varies among the women according to the property of *frequency* of feeling self-conscious, with the dimensional continuum being often to never; and the property of *amount* of feelings of self-consciousness, which varies along the dimensional continuum of not self-conscious to very self-conscious. The variations between the women along these continua are very highly related to variations in intensity of monitoring. The women who monitor themselves at a low intensity (*awareness*) almost never feel self-conscious, and if they do it is only transitory, and does not affect their behaviour. At the other end of the continua, the women who monitor themselves at a high level of intensity (*vigilance*) often feel self-conscious, they feel *more* self-conscious, and it affects their behaviour quite markedly. For example, they are more likely to avoid situations either because they feel self conscious, or there is the possibility that they will feel self conscious; they are more likely to withdraw and feel inhibited in situations, and they are more conscious about 'protecting' themselves from negative evaluation.

Effectiveness of Strategies

If the strategies outlined above are not successful, then the women experience negative feelings and express negative self talk, and return to the cycle of negative evaluation and adopting strategies. However, if the strategies are successful in protecting the women from experiencing negative feelings, the women experience either of two possible outcomes. Firstly, if the strategies are completely successful in avoiding negative feelings, the women (temporarily) experience positive feelings, and express positive thoughts about themselves and simply continue monitoring. Secondly, if the strategies are only partially successful, the women (temporarily) experience neutral feelings and they also return to the cycle of monitoring. However, avoiding negative feelings altogether is uncommon. Often the protective

strategies are successful only in reducing negative feelings, rather than eliminating them. In this case the women experience (reduced) negative feelings, and they return directly to the cycle of negative evaluation and adopting strategies.

For some women, to feel neutral is considered to be "successful", that is, they may not feel happy with their bodies, but at least they do not feel unhappy with them, and they also continue monitoring. Some women (notably the higher intensity monitors), even if their strategies are successful and they avoid negative feelings, are still not happy with their bodies, in which case they return to the cycle of negative evaluation and adopting strategies.

THE SELF-SELF CATEGORY

Evaluation

Evaluation in the **self-self** sub-category of **monitoring** encompasses two closely related processes. The first of these involves the women directly **evaluating** (assessing and appraising) their bodies. Self evaluation is implicit in the women's self-talk, as Lauren exemplifies:

"I tend to talk to myself, about you know 'oh Lauren you're looking really good today' - you know, or 'you look nice in this' or 'Lauren, you know, your thighs are getting a bit big' or 'don't wear that 'cos your bum sticks out'."

Self-evaluation often involves the women partitioning their bodies into parts that they like and parts that they do not like. Lauren and Alison both illustrate this:

"quite often I tend to separate [my body] into sections, like, I like, you know, below my knees or something, and I'm not so happy about my hips and thighs..." (Lauren)

"I would say 'yuk I'm fat'...I do say things like that to myself, I sometimes probably even say it out loud. Basically, 'yes I'm fat' well I might single out parts of my body that I don't like. Some parts definitely annoy me or I'm just dissatisfied with others...I'm probably quite harsh on myself, actually, and say things like 'oh, you look yuck, really gross' and that sort of thing, basically." (Alison)

It is often the secondary sex characteristics of a woman, such as breasts, and fat deposits on the hips, buttocks, thighs and belly, that women dislike the most, as several of the women illustrate:

"I just think..I've got a typical woman's figure [longsuffering, 'defeated' voice]..fat on my thighs and bum and hips and sometimes I think oh god, it's getting worse, 'cos I used to, I've sort of gone in stages, I used to sort of worry about my thighs and nothing else, and then I started worrying about my backside and my thighs and then..but I always had a flat stomach until a few years ago, and then I thought 'oh god, now that's going, and now I'll be getting hips'" (Theresa)

"I've always hated my bum, I've always felt it was too big and too flabby and I hate my stomach and I hate my inner thighs, cos they're quite flabby as well. Everything else I'm happy with." (Joanne)

"the one thing that I'm not that happy about is my breast size, I wish I had smaller breasts" (Jane)

The results or consequences of self-evaluation vary across time. That is, a woman may feel 'O.K.' about her body at one time, but feel bad about her body at another time, as Kat and Joanne illustrate:

"There are times when I think [my body's] really good and I really like it, but there are days when I just hate myself, hate my body, yeah. Not really hate but really wish I was something different." (Kat)

"sometimes I look at myself and think I'm OK, but then like an hour later I'll look at myself and say "oh yuck", you know." (Joanne)

Self evaluation also varies between the women in relation to the properties of **frequency** of evaluation, and **amount** of negative consequences in terms of negative feelings and self-talk. In other words the women vary firstly as to how often they carry out self-evaluations, and secondly as to the likelihood that the evaluation will produce negative consequences (in terms of negative feelings and negative self-talk).

The women's relative position along the dimensional continua of these properties vary according to each woman's **intensity** of **monitoring**. That is, in general the women who monitor at a high intensity, evaluate themselves more often and with a greater likelihood of negative consequences (in terms of negative feelings and self-talk) than the women who monitor at a low intensity. For example Lauren, who monitors at a mid to high level of intensity, indicates that she evaluates herself continuously:

"I mean I'm always, constantly evaluating myself.. it's an ingrown thing."

Lauren also indicates that she is very critical in her evaluation of herself when she puts on revealing clothes:

"if I put on, like some clothes that are quite revealing or you know tight then I say to myself 'oh you've got to be joking!', you know? 'No way - get real!', you know, quite severe really on myself, quite harsh on myself."

The negative consequences in terms of negative self-talk, as Lauren so eloquently puts it are 'quite severe really, ...quite harsh'.

Joanne, who is a high intensity monitor, also evaluates herself frequently and her evaluations usually result in negative consequences (in terms of feelings and/or self-talk). Joanne talks about how she evaluates herself every day:

"every morning I stand in front of the mirror while I'm getting dressed and I look at myself and think my stomach's too big...and then I turn

around and look at my bottom and think, god it looks flabby. Yeah, every morning I criticise myself, I just really go down."

Anne and Maria, on the other hand, who both monitor at a low level of intensity, hardly ever evaluate themselves, and if they do the results are usually positive, as a comment from Maria illustrates:

"Sometimes, just very occasionally, [how I feel about my body] might make me feel a bit, like if I'm going out and I feel like I don't look that good, cos I feel blobbish. Like if I wanted to wear a little black dress or something and it felt, I looked at myself and thought 'yuck', then I might not feel very good, but usually I just go and put something else on and then I feel better. I don't dwell on how I look, I've usually got too many other things to think about to worry about what I look like."

These **self-evaluations** are greatly influenced by **others**, as Sharon indicates:

"if weight is on my mind, say if I've seen a couple of ads on television, or there was a documentary on Elle McPherson a couple of months ago...and you start to look at yourself, or you stand in front of the mirror or something like that and you think 'oh god, you've got a couple of bumps and bulges there' or 'well it's not looking so bad'"

This highlights the influence of others on 'self' evaluation. Society's definition of 'the ideal', and the media's presentation of women, have both had an impact on how Sharon sees and evaluates herself.

The second process of evaluation in the **self-self** sub-category of **monitoring** relates to **keeping a figure-ledger** and refers to the process whereby the women are continually **auditing** their **ledgers** to make sure that the **ledgers** remain balanced. The analogy of the border guard is helpful for describing this particular process of evaluation which I have termed **auditing**. The women patrol the boundaries of their levels of weight, food intake, exercise and health, (**monitoring**), then they **assess** whether the levels are balanced. If the boundaries have been breached the woman (guard) **appraises** the situation: which boundaries have been breached? And what,

if anything, am I going to do about the maintenance or repair of the breach? Indicators of **auditing** are implicit in all of the processes involved with keeping a ledger.

Keeping a Figure-Ledger

Keeping a **figure-ledger** involves keeping balanced a set of personally acceptable levels of **weight**, **food intake** (both amount and type), **exercise** and **health**. These levels are all interrelated and interdependent.

The defining characteristics of these four levels and their boundaries are generally the same for all of the women. However each woman's ledger varies according to her intensity of monitoring. For example, the women who monitor at a higher intensity have less flexible levels, less flexible boundaries, experience more negative feelings if a level becomes unbalanced, and so on, than the women who monitor at a low intensity.

The women vary in the importance they assign to a level, and the extent of negative consequences if a level becomes unbalanced. This is also directly related to the women's intensity of monitoring. For most of the women, **weight**⁷ appears to be the most important, or salient level. As Alison indicates:

"Actually a lot of things I do, especially food and activities and that, I, it's centred on trying to keep within a certain weight, and trying to look a certain way"

However, for the women who monitor at a low intensity, health appears to be more salient. Maria and Anne both exemplify this:

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Weight in this study includes **size** and **shape**, because they are so closely related. One is often the measure for another and the women tend to use the terms interchangeably. Also, they all relate to the same phenomenon, that is, figure.

"I feel that I should keep playing some kind of sport, just to keep me healthy rather than because it'll keep me thin - that's sort of a side to the fact of staying healthy." (Maria)

"The reason I've been doing exercise is more for my health, the health of my body, because I'm deadly unfit, so it's not really the shape that is of great concern to me" (Anne)

For most of the women weight level generally requires the most energy to keep it balanced at an acceptable level, with more negative consequences, in terms of negative feelings and self talk, if the level becomes unbalanced, than any of the other levels. Lee exemplifies these negative feelings when she says:

"... but you do feel guilty and depressed, definitely, when you put on weight, definitely. It's a major thing."

That is, when she gains weight, and hence unbalances her weight level, she experiences quite marked negative feelings.

Food intake is also often strictly controlled. For example, several of the women say that they 'always watch what they eat'. Alison explains in detail how careful she is about controlling her food intake:

"I'm very careful, I just watch what I eat. I'm one for looking at the packet and analysing how many grams of fat is in this and in that and the other thing, I'm really comic for that, and I won't eat anything that's got over a certain amount. So, yeah, I'm very careful what I eat."

Exercise and health appear to be slightly less important to most of the women than the levels of weight and food intake. Generally, they appear to be less strictly controlled, with less physical, psychological and emotional energy expended on maintenance, and fewer and less severe negative consequences for overstepping their boundaries. For example, gaining weight generally induces more negative feelings than eating something 'unhealthy', although this relationship is complicated by the

fact that eating healthily is often one of the strategies for controlling weight, as well as for 'being healthy'.

The indicators in the data of keeping a figure ledger are not usually explicit, but they can be inferred from several sources. Firstly, the existence of balances can be inferred from when an imbalance occurs. For example, Lauren states that:

"if I feel that I've overeaten I tend to feel bad or guilty"

In other words, Lauren has a level at which eating becomes overeating, and thus her level of **food intake** becomes unbalanced, causing her to experience negative feelings.

Secondly, and related to the first indicator of keeping a ledger, examples of balances can be inferred from the negative feelings engendered by disturbing the balance of a level, as Lee describes:

"If I weigh more, I'm depressed, so once I start to put on the kgs, it's depression until I'm back to, not just back losing one or two kgs, back to, um, eight stone, then I feel OK. So it's hardly ever."

That is, Lee's acceptable level of weight is eight stone, and when that level is unbalanced she feels negative until the level is balanced again.

Examples of balances are also implicit in the positive consequences of maintaining or improving levels, as Alison indicates:

"I guess I congratulate myself in a way if I've been good about exercising, by good I mean if I've been doing my exercise which I know I'm good about that anyway, I always do, because I enjoy it, being fit, anyway."

Indicators of keeping a ledger can also be inferred from situations where a woman imposes a restriction on what she can or cannot do (in terms of the ledger). Theresa exemplifies this when she says:

"I see some people going in and they have for lunch, you know, chocolate bars, a carton of chips and fizzy drinks and all sorts of things like that, I wouldn't eat that. I might have one of those things, but not all of them together."

In other words, Theresa has imposed restrictions on what, and how much, she can eat without unduly disturbing her food intake level.

Conceptual Distinctions Between the Levels

There are several important conceptual distinctions between the levels. Firstly, the relative importance of a level relates directly to the control under which it is kept, the amount and severity of negative feelings engendered if the level becomes unbalanced, and how strictly 'transgressions' are dealt with and imbalances restored. For example, weight levels are generally monitored more vigilantly than health levels, and weight levels incur more negative feelings when weight gain (imbalance) occurs, than when the women feel that they are 'not healthy'. Also, restorations of unbalanced weight levels are always attempted, while rebalancing health levels is not usually considered necessary, just desirable.

Meta-Levels vs. Independent Levels

Secondly, **weight** and **health** are both meta-levels. That is, they do not change independently of the other two levels (**food intake** and **exercise**). In order to change the level of **weight** or the level of **health**, adjustment must be made in one or both of the other levels. For example, to change **weight** level, it is necessary to adjust the level of **food intake** and/or the level of **exercise**. As Joanne explains, about gaining weight:

"It doesn't matter if I know it's muscle...but if I know it is fat, 'cos I've been eating the wrong foods or something, I really cut back on what I eat, and I exercise more."

So to rebalance her weight level, Joanne readjusts (restricts) her food intake, and readjusts (increases) her exercise.

The levels of **food intake** and **exercise** on the other hand, can change independently. For example, if a woman has not done 'enough' **exercise**, she can do more, or if she has 'overeaten' she can restrict her food intake. Lee illustrates this when she says:

"like if I'm on a diet and I pig out, I get really anti, and the next day I'll try and eat nothing, try to make up for the day before"

Dominant Levels vs. Subsidiary Levels

Finally, the levels of **weight** and **food intake** differ from the levels of **health** and **exercise**. Both **weight** and **food intake** are dominant levels, while **health** and **exercise** are subsidiary ones. In general the dominant levels have tighter and more rigid boundaries; they are kept more tightly in check; restorations of balances are made more often and with more regularity; there are more negative consequences for overstepping boundaries; there are more value judgements associated with the dominant levels, and these judgements are in general more negative than for the subsidiary levels.

Although similar things apply to both **health** and **exercise**, they are generally of a lesser degree and intensity. For example, there are generally fewer, and less harsh value judgements associated with **health** and **exercise**; their boundaries are looser and more flexible; there are fewer negative consequences for overstepping boundaries; and there is a lesser desire for immediate (if any) rebalancing. Generally speaking, this relates to a question of control. **Weight** and **food intake** have to be held in check, to various degrees, while increases in **health** and **exercise** are seen as really good, but usually not necessary.

Distinctions Between the **Boundaries** of the Levels

Each level has both an upper and a lower boundary, which differ in terms of the flexibility of the boundary; the control under which the boundary is kept; the strictness with which the boundary is regulated; the amount of physical, psychological and emotional energy expended to maintain the boundary; the 'severity' of consequences if the boundary is overstepped; and the desire for rebalancing. The less flexible boundaries I have termed **guarded boundaries**, and the more flexible boundaries are termed **unguarded boundaries**.

The two dominant levels (weight and food intake) have extremely flexible lower boundaries (**unguarded**), but very rigid upper boundaries (**guarded**). That is, in general the women allow themselves to lose as much weight as they want to (or are able to), or to eat as little food as they want to (or are able to), with no negative (and many positive) emotional and psychological consequences, with no desire for rebalancing. However, they do not allow themselves to gain much, if any weight, and there are many restrictions on both what the women feel they can eat, and how much they feel they can eat. Violations of these upper (guarded) boundaries result in more negative emotional and psychological consequences, as well as a greater desire for rebalancing than violation of the unguarded boundaries.

The two subsidiary levels (**health** and **exercise**), have extremely flexible upper boundaries, and relatively flexible lower boundaries. That is, the women feel they can be as healthy as they like, and exercise as much as they like, with only positive consequences. If the women are not specifically 'being healthy', or are doing little or no exercise, there are generally fewer negative emotional and psychological consequences, and less, if any, desire for rebalancing than exists for the dominant levels.

Flexibility of Levels and Their Boundaries

The four levels are flexible to some extent, but only within certain self-defined, and self imposed boundaries of what is and is not acceptable. Although the women

define their own boundaries, these are influenced by many other (external) factors, such as family, peer and media influences, and internalising society's ideal standard of beauty. The general characteristics of these self defined boundaries apply to all the women except Tracey (see below), and again, the differences between the women are related to their intensity of monitoring.

For example, with regards to **weight** levels, it is usually acceptable to **maintain** weight levels, as Theresa explains:

"If I'm in a really good mood, sometimes I think I'm not that bad, it wouldn't matter if I stayed like this...But I always sort of feel that you've got to be on the ball to maintain, as well."

As Theresa indicates, although it may be acceptable to maintain weight, it still requires constant effort - being 'on the ball'.

For some women, notably the higher intensity monitors, maintaining weight is 'not good enough', as Lee explains:

"I always think that I have to, I have to lose weight."

For most of the women, even if maintaining their current weight is acceptable, there is still the desire to lose weight, or to be 'slimmer' as Alison and Theresa explain:

"Well I'm, well bigger, fatter, whatever you want to say, bigger than I'd like to be."
(Alison)

"I'd like to be slimmer than I am" (Theresa)

Even the low intensity monitors expressed some desire to lose weight or be slimmer, as Anne indicates:

"I wouldn't mind being a teensy bit slimmer"

Weight loss is usually more than acceptable, and in many cases highly desirable, and is often talked about in terms of achievement or accomplishment. For example, Theresa says that losing weight

"makes me feel like I've achieved something"

Jane and Lauren also exemplify the positive feelings engendered by losing weight:

"I lost a whole lot of weight and I felt really good about that...that was a great accomplishment." (Jane)

"it's like if I get a good mark on my assignment. It's the same feeling of accomplishment and, yeah, I feel strong, like I've accomplished something and that I can do it." (Lauren)

Not only do women get positive feelings from the weight loss itself, but also from the fact that they have been 'strong enough' to 'control' their desires and their body.

Weight gain on the other hand, is unacceptable to various degrees. Joanne and Sharon explain how gaining weight makes them feel:

"Gaining weight makes me feel quite yucky, really really fat, sluggish and, you know, really bad about myself. I feel really ugly and yucky". (Joanne)

"[When I gain weight] I just don't feel good within myself." (Sharon)

In general, the women try really hard to avoid gaining weight, and hence avoid all the negative feelings that accompany that.

This pattern appears at first to be reversed for Tracey, the self defined 'skinny' woman, whose upper weight level boundary seems to be unguarded:

"There's been times when I wish I could have put on weight...I've never wanted to lose it, but there are times I wished I was bigger".

although, she subsequently says

"I think if I started noticing now I'd put on heaps of weight I'd probably be worried. But it's okay, cos I exercise quite a bit...I would be worried if I, I'd hate to be like fat."

So Tracey does have a **guarded** upper weight boundary, but it is relatively flexible, and in this respect she is similar to the low intensity monitors. However, her other boundaries are indicative of a higher intensity monitor. For example her food intake boundary is much stricter than those of the low intensity monitors:

"I always watch what I eat. I don't really guard what I eat, but I am, like cautious about what I eat"

So Tracey's levels and boundaries *do* in fact follow the patterns outlined above.

The level at which the 'acceptability criteria' are set differs from woman to woman. For example one woman's level of **acceptable weight** (not to be confused with **desirable weight**, may be set at size 16 (e.g. Sharon), while another's level may be set at size 10 (e.g. Joanne). The **flexibility** of any one criterion also varies between the women. For example one woman's weight level may not be upset or unbalanced by a weight gain of two or three kilos (e.g. Anne), while exactly the same amount of weight gain, for a woman with less flexible boundaries, may cause an imbalance that has very negative consequences in terms of feelings and self-talk (e.g. Lee).

As mentioned at the beginning of 'Keeping a Figure-Ledger', all of the levels are closely linked. For example, being 'healthy', as the women define it, is to be slim (weight level), fit and toned (exercise level), and eating healthily (food intake level). Tracey, Joanne and Maria illustrate:

"I suppose I exercise...almost every day, so when I'm exercising I'm thinking about it...how this exercise is going to give me a really good body and it's going to make me all healthy and toned and fit and muscled and things" (Tracey)

"I do try to...like my basic set meals are all really healthy...where given the choice I will usually eat the healthy option." (Joanne)

"A lot of people, too, look at a person and if they're reasonably correct weight they look at them and they get the impression that they are healthy people." (Jane)

The women also defined being unhealthy as being overweight, unfit, and not eating 'healthy' foods, as Jane and Anne explain:

"getting fat with me is sort of an idea of being unhealthy in a way" (Jane)

"I've got shocking eating habits and so I do awful things to my body. I've never exercised until the last few months and so it's probably, my body probably hates me for it, the inside. I'm probably dead unhealthy." (Anne)

So although health deserves the status of being a level in its own right, because the women talk about it as such, it is really a combination of having the other three levels balanced satisfactorily.

Also, the relationship between weight, food intake, exercise and health is a complicated one. For example, food intake, exercise and healthy eating are often used as strategies for maintaining or rebalancing weight levels, as Tracey explains:

"I exercise to keep in shape...exercise, watching what I eat, or trying not to eat too much unhealthy food"

The flexibility of the **boundaries** of each of the levels also shares many commonalities among the women, which are also related to the women's level of **monitoring**. Those who **monitor** at a very low intensity tend to have much more

flexible boundaries than those who monitor at a high level of intensity. For example Anne and Maria, who monitor at a low intensity, indicate a lot of flexibility:

"I would be concerned about getting fat, but as I say, like I eat rubbish, absolute rubbish, and I've just started exercising like a few months ago, so, and it's never sort of happened, so it's not something that I ever pay attention to, really."
(Anne)

"If I put on a lot of weight, like a couple of stone, then i'd probably do something about it...[but] it'd have to be a lot of weight before I'd get too upset about it."
(Maria)

While Alison and Lee, for example, who monitor at a high intensity, indicate less flexible boundaries:

"I hate [gaining weight], it freaks me out. I don't, I don't really allow it to happen too much if I can help it. Not serious weight gain or long term."
(Alison)

"Like when I'm not..my weight's over nine, or even over eight and a half [stone], I start to stress out. I always think I've got big thighs, and I always think that I could lose it." (Lee)

Finally, as mentioned earlier, the women are continually **auditing** their ledgers, to ensure that balances are maintained, and boundaries are not overstepped. Maintaining balances and redressing imbalances is accomplished by implementing the action strategy of **balancing the books** by applying rules.

Balancing the Books

The women adopt the strategy of **balancing the books** in order to lessen any negative feelings that imbalances might engender, or avoid negative feelings that they might experience if they do not keep the books balanced. **Balancing the books** encompasses two highly interrelated processes, which operate to keep the levels in

the figure-ledger balanced, and to rebalance levels if and when they become unbalanced. The first of these processes is concerned with maintaining the balance of a level:

"if I do a lot of exercising, then I can eat what I want - there definitely is a balance" (Maria)

"I go to aerobics twice a week and things like that, and I try to eat chocolate only once a week." (Kat)

"I sort of think exercising justifies eating. Like if I've done two hours aerobics I can go home and not feel guilty about eating food....if I know that I'm not going to go out and exercise I won't eat a lot of fatty food." (Joanne)

The second process is concerned with actively rebalancing a level by making at least temporary, and occasionally permanent adjustments in one or more of the other levels. For example, adjusting **food intake** and **exercise** levels in order to rebalance **weight** level, as Alison and Maria illustrate:

"I might have a week off exercises, and go somewhere and get pretty lax and eat junk food or something, and then I'll make up for it the next week and I won't attack the junk food and I'll exercise more, to get back to the way I was."(Alison)

"if I start to notice [weight gain] in terms of my clothes, I might get more sporty for a while, or not eat as much junk food" (Maria)

Maria, being a low intensity monitor, is much more casual about 'maybe' adjusting her exercise level, indicating that for her, unbalancing levels does not cause too many negative feelings, so her boundaries are quite flexible.

In the case of the independent levels (food intake and exercise), adjustment can be made within the unbalanced level itself, or in the other independent level. For example, if the acceptable level of **food intake** is exceeded, the level of **food intake** (amount or content) can be altered, and or/ the level of **exercise** can be increased, to "compensate" for the transgression. As Sharon explains:

"I'd use the word guilty if I've eaten more than I should or the wrong kind of food. Yeah, that would worry me too...I do think 'oh God, why did I do that, oh no, I shouldn't have done that', and feel yuck and yeah, do the old, exercise more in the next day"

Distinctions between the levels in terms of the importance of **balancing the books** are directly related to the defining characteristics of the levels and their boundaries. In other words, the necessity and extent of restoration of a level is related to its relative importance and the guardedness and flexibility of its boundaries. So, for example, there is generally a greater desire for restoration if the upper boundary of **weight** (a 'higher importance', dominant level) is exceeded, than if the lower boundary of **exercise** (a 'less important', subsidiary level) is crossed. In the same vein, there is almost always a greater desire for restoration if the upper boundary of **weight** (or **food intake**) is exceeded than if their lower boundaries are crossed (and vice versa for **health** and **exercise** levels).

Some of the women attempt (at various frequencies and intensities) to alter the **unguarded** boundaries of their levels, to a level that is closer to their 'ideal'. For example, attempting to lose weight (weight is the level at which most alteration attempts are aimed), or attempting to 'be healthier'. Sharon and Alison both talk about how they restrict or 'watch' their food intake, and increase their exercise in an attempt to lose weight:

"I try and exercise...tend to watch what I eat and exercise more." (Sharon)

"I'm just fatter than I'd like to be, I mean I try to lose weight. I'm very conscious of what I eat and I exercise every day" (Alison)

Again, this is related to the intensity with which a woman **monitors** herself. For example, the women who monitor at a high intensity attempt to lose weight more often, do more things in an attempt to lose weight, and impose more serious consequences in terms of negative feelings and self-talk for not losing weight, than

the women who monitor at a low intensity (who often do not attempt any alterations at all).

Rules

Balancing the books is governed by a system of 'self' defined, and self imposed **rules**. Although each woman defines her own rules, which relate to how happy she is with her body, these rules are indirectly fashioned by many different external influences. These include the influence of family and friends; internalising the current Western society's 'ideals' that are held up by the media, and societal rules about what women should and should not do. For example, Sharon's inclinations are to eat what she calls 'huge' meals, but she knows that 'society' expects women to only eat 'mouse portions', and it causes her some discomfort if she 'breaks' society's rules, which have now become her rules.

There are two types of **rules**, which relate directly to the two processes of balancing the books, that is, to the maintenance of balances, and to the readjustment of imbalances (maintenance and rebalancing are highly interrelated, in that rebalancing can be considered as a specific form of maintenance). The set type of rules I have labelled **boundary rules**. These are the **rules** that define the boundaries of the levels of weight, food intake, health and exercise that are kept in the **figure-ledger**.

Boundary rules are 'generic' rules in the sense that they are the general rules for keeping the **figure-ledger** balanced, from which 'specific' rules, for repairing imbalance, are derived. These **boundary rules**, though not explicit in the data, are represented by (self imposed) canons such as 'you should not gain more than X amount of weight'; 'you may exercise as much as you like'; 'you should not eat more than X amount in any given time period', and so on.

The indicators of these **boundary rules** are implicit in the women's discourse, and can be inferred from two distinct sources, that is, the two dimensions of **balancing the books**. Firstly, from instances concerned with maintaining the balance of the

levels in the **figure ledger**, such as when the women state what they do in order to maintain the balance:

"I go to netball, I go to the gym quite often..I do the circuits...touch rugby, soccer...If I'm not playing anything, I just exercise at home" (Tracey) (indicating an **exercise level boundary rule**)

"I think if I have this I've got to do this tonight, exercise, some kind of exercise tonight. Or if I've done exercise I'm allowed to have something. Or...like I'll think 'if I have this for lunch then I can't have that for tea', or if I know what I'm having for tea is very fattening, I'll try to eat really unfattening things before that." (Theresa) (**exercise and food intake level boundary rules**)

Indicators of boundary rules can also be inferred from what the women do not do, to maintain the balance, as Alison and Kat illustrate:

"I just make sure I don't eat junk food and that" (Alison)

"...restricting my intake of calories, as in not eating chocolate" (Kat)

Secondly, boundary rules can be inferred from instances concerned with actively rebalancing the levels, such as when the women state what they would do if a **boundary rule** was broken, as Maria indicates:

"If I put on a lot of weight, like a couple of stone, then I'd probably do something about it."

and when the women state what they do do when a **boundary rule** is broken, as exemplified by Alison:

"sometimes if you're gaining a few kilograms, I used to feel annoyed and I'd feel like I had to crack down on myself, be less lax about what I eat, and what I do"

Boundary rules can also be inferred from the consequences, in terms of feelings, of breaking those rules. Jane illustrates this when she says:

"[I feel] guilt in a way when I really pig out...I sort of say to myself, oh well, I'd better not have any of this tomorrow or I better not have that tomorrow or something in my diet, as a way to try and compensate that guilt I suppose."

The second set of rules, which I have termed **compensatory rules**, are generated from the **boundary rules**, but are more specific, and apply to the 'immediate' situation where a **boundary rule** is broken. Both types of **rules** are highly interrelated, in that all of the specific **compensatory rules** are practical concrete applications of (and derived from) the **boundary rules**. Lauren exemplifies these compensatory rules definitively:

"if I feel that I've overeaten I tend to feel bad or guilty and then I say, 'well as long as I go and do exercise, then it's going to be okay', like it cancels itself out. 'You can eat this if you do this later on', and it's sort of like living to rules and, you know, keeping to everyday rules. Yeah, I suppose it's like a balance really, that if I eat this much then I've got to do that much exercise, or if I eat that much then I'm only allowed to eat that much tomorrow or for dinner, or.. So it's almost like I've got a little pair of scales in my head, you know."

In other words, Lauren has a set of rules, such as increasing exercise to compensate for 'overeating' (unbalancing her food intake level), which she uses to rebalance her ledger, and thus avoid negative feelings, or make herself feel better: 'then it's going to be okay'.

As several of the women indicate, **rules** are often expressed as 'shoulds' and 'shouldn'ts':

"My mum too, she's like me, and just eat what you want to eat rather than what you should eat." (Lee)

"I shouldn't really be eating this, it's going to put on a couple of kilos, it's going to, you know, I know that this group of food, this huge piece of lovely chocolate cake that my aunty's made, I shouldn't be eating it" (Sharon)

"sometimes, you think 'I should be going to aerobics, or the gym'" (Kat)

Also, although applying rules and thus balancing the books is usually seen as 'necessary', it is not always positive. For example, rules may cause reduction or restriction of enjoyment of food, as Lauren and Jane indicate:

"sometimes I feel myself planning ahead what I am going to eat and this will mean if I eat that, you know, I mean it takes the enjoyment out of it lets face it."
(Lauren)

"If I've had something to eat which I shouldn't really have had to eat, then I think well maybe 'oh no I shouldn't have that tomorrow', or someone says 'come on let's go out and have McDonalds' and I say 'oh no, I had it yesterday I can't have it again' then I suppose it does restrict, it restricts my enjoyment of food you could say, 'cos really I do want to go and have that burger! but I keep thinking to myself 'no I shouldn't really because I had something the day before'" (Jane)

Finally, low intensity monitors are more relaxed about applying rules than high intensity monitors. Also, the women who monitor at a higher intensity apply more rules; their rules are stricter, and applied more often than the women who monitor at a lower intensity. For example, Maria - a low intensity monitor - is quite relaxed about 'maybe' applying rules to rebalance her weight level:

"I suppose [if I put on weight], 'cos i'm used to the size I am, I might decide not to eat chocolate for a week or so, or go for a run, but generally I just take it as sort of a natural thing, that my weight goes up and down, so it just sort of sorts itself out"

Alison on the other hand, who is a high intensity monitor, is very strict about what she can and cannot do:

"[I say to myself] basically that I've gotta, not allowed to eat this, not allowed to eat that, gotta make sure that I do exercise today and maybe do two workouts today, and that sort of thing."

Effectiveness of Strategies

If the balances in the figure-ledger are successfully maintained or rebalanced, most of the women experience positive feelings and express positive thoughts about themselves. One consequence of this success is to make the women feel either neutral or (temporarily) happy with their bodies, in which case they simply continue monitoring. However, for some women (notably the high intensity monitors), the feelings engendered by success are only neutral. Lee explains about how she feels when she attains her 'ideal' weight:

"There's no real happiness, it's just neutral. I just don't feel bad"

So Lee does not experience positive feelings, but she does avoid negative feelings. So, for some women, to feel neutral is considered to be "successful", that is, they may not feel happy with their bodies, but at least they do not feel unhappy with them, and they also return to the cycle of monitoring. Some women (notably the higher intensity monitors), even if their strategies are successful and they avoid negative feelings, are still not happy with their bodies, in which case they return to the cycle of negative evaluation and adopting strategies. If, on the other hand, the strategies are not successful, the women experience negative feelings and express negative thoughts about themselves or their bodies. They then return to the cycle of negative evaluation and adopting strategies.

For most of the women, being happy with their bodies or feeling neutral about them, is a transitory part of a continuous cyclical process of monitoring, evaluation and regulation.

In this chapter I have presented a preliminary grounded theory of the processes that were inherent in the stories of the women and that were illustrated by their words. These processes involved the women monitoring, evaluating and adopting strategies to make them happy about their bodies or to avoid negative feelings. Further consideration is given to aspects of this theory in the following chapter.

FURTHER REFLECTIONS

In this chapter I review the three important contextual factors outlined in Chapter Four, and draw some links between what my interpretation of the data suggests, and what has been found in previous research. I also look at some of the other issues that the women talk about, outlining their relation to previous research and theorising, and suggesting some consequent directions for interventions and future inquiry. In addition, from a pragmatic perspective, a theory is a very useful way to synthesise large amounts of data, however it is necessarily not inclusive because no single theory can account for the contextual complexities of lived experience. In keeping with the complex and non-linear form of experience, the sections in this chapter are highly interrelated, with blurred 'boundaries', and often the information in one section may be relevant to one or more of the other sections. For example, conclusions and their implications and potential applications are intertwined with possible interventions and suggested avenues for future research.

Overall my interpretation of women's experiences of their 'body image', is generally consistent with, and supports the existing literature in this area. However, my representation focuses on the *processual* and *cyclical* nature of the ways women attempt to regulate and/or change their bodies in order to maximise positive feelings about themselves and minimise negative feelings.

The findings of the present study suggests that maximising positive feelings and minimising negative feelings is a major motivator for women's attempts to control or regulate their bodies, and this is strongly linked with wanting approval, wanting to be liked/admired and wanting to 'fit in'. In current society those who approach the 'ideal' are rewarded and receive societal, personal and interpersonal positive reinforcement. In addition, the pervasive 'disapproval' of fat encourages women to avoid it at all costs. Together, these two concepts provide a powerful incentive for women to regulate their body size and shape.

The process of **monitoring** is one of the main components in the control or regulation of **the self**. In this respect women could be likened to self-policing states. They have their own (internalised) rules and regulations, and maintain control over themselves, obviating the need for externally imposed controls. This is consistent with Foucault's (1977) ideas about self disciplining body. In her application of these ideas to women and femininity, Bartky (1988) contends that such disciplinary practices need to be understood in the context of "the modernisation of patriarchal domination" (p. 64). She argues that although previous constraints upon women, such as the requirements to be chaste and modest, or to restrict themselves and their activity to the home are no longer in place, the modernisation and diffusion of patriarchal power has shifted women's constraints from external regulation (such as the church and the 'traditional' family) to internal regulation, or more specifically, to constraints centred on women's bodies. The woman who worries about her appearance, her weight, her eating or anything to do with how she looks or how she appears to others has become, in Bartky's words "a self-policing subject, a self committed to a relentless self-surveillance" (p. 81).

Viewing the body as under personal control has the effect of placing responsibility for weight, health and so on, squarely at the feet of the individual. The implications of this are that if an individual is not the 'right' weight, it is their own fault. The women exemplify this concept when they refer to losing weight as an achievement, and weight gain or 'fat' as personal failure to keep control.

Conflict arises when two desirable goals are incompatible. The present study has identified two main sources of conflict for the women, which are discussed in turn. The first a conflict between enjoying eating and eating what they want to eat when they want to eat it, or restricting what and when they eat. On the one hand, eating is both necessary and pleasurable. However, on the other hand, there seems to be considerable pressure to lose weight, stay trim and get fit and toned.

However, there seems to be a theme among the women, that dieting *per se* is not good. This reflects a socio-cultural shift in the current discourse of dieting where, for example, authors of diet books begin by saying that their book "does *not* promote

a diet because diets are ineffective" (Spitzack, 1990, p. 12). Furthermore, Spitzack (1990) found that this condemnation of dieting was paralleled in every weight loss approach she encountered. However it seems not only legitimate but also virtuous to pursue the same or at least a very similar goal under a new name: health and fitness. The same rules apply as for 'dieting', however very few of the women say they 'diet'. Restricting food intake, either amount or content, is usually called 'eating healthily'.

The second source of conflict arises from the clash between the importance of accepting themselves as they are, and the desire for self 'improvement', striving towards society's 'ideal'. As Alison says:

"I must admit there are times when I think I can just be me"

This suggests that most of the time she does not feel that she can 'just' be herself.

Women feel they should be able to accept themselves as they are. "Many [women] are ashamed to admit that such trivial concerns - to do with physical appearance, bodies, face, hair, clothes - matter so much" (Wolf, 1991, p. 9). However, there are strong societal pressures, and substantial personal rewards for women to alter their bodies, to 'fit in'.

There are several connections between the present study and previous research. In the present study, the women who are low intensity monitors - and are almost always happy with their bodies - are both a size 10; those who ranged from mid intensity to high intensity monitoring were of various sizes (12-16); but interestingly, the high intensity monitors - the women who are most unhappy about their bodies - are all sizes 8 to 12. This suggests that women's feelings and behaviours regarding their bodies are not necessarily related to their 'actual' weight or size at all, although these are quite possibly related for the women who were happy with their bodies, as Anne indicates:

"Like I know I'm not fat, because I'm a size 10, so it would be pretty stupid of me to think that I was really fat"

These findings indicate that it is the *perception* of weight or size that influences how women feel about their bodies. The women who were happy with their bodies perceived themselves as being acceptable, while the other women, to varying degrees, perceived themselves as not always acceptable, or in some cases, always unacceptable. This is consistent with, and supports other research findings (for example, Hill, Oliver & Rogers, 1992; McBride, 1985; Wooley & Wooley, 1984).

The theory developed in the present study is also consistent with the conceptualisation of 'body image disturbance/eating disordered behaviour' as a continuum (Rodin, Silberstein & Striegel-Moore, 1984). The women in the present study expressed a range of feelings about their bodies, and a range of eating behaviour. Deciding which of these feelings and behaviours are 'normal' and which are 'abnormal' is not even possible unless one imposes an arbitrary division based on a value judgement. However, more importantly, this does not seem to be a *useful* division, except for identification of people in particular danger of harming themselves. It would be more useful to look at the differences between those women who were happy with their bodies and those who were not. Once these differences are identified they can be incorporated into therapy and educative programmes so that intervention can be more effective. The implications of viewing body image disturbance/eating disordered behaviour as a continuum and thus for seeing body image concerns as a public health issue are addressed below.

Among the women in the present study, the differential effects of being happy with their bodies and not being happy with them are substantial. The women who are happy with their bodies (Anne and Maria) very rarely talk to themselves harshly, negatively or critically, while those who are unhappy with their bodies are often harsh on themselves, critical of themselves, and talk negatively to themselves. The women who are generally happy with their bodies very rarely feel bad about their bodies, whereas women who are generally unhappy with their bodies often feel bad about them. The women who fall between the 'extremes' of generally happy and

often unhappy, vary according to their position within these extremes. Furthermore, the women who are happy with their bodies do not experience any conflict, however all the other women did. From this it is possible to see that for all the women except Maria and Anne, enjoyment of life is diminished to varying degrees, in some cases quite markedly.

These findings suggest that women who are unhappy with their weight or shape spend much more time and energy (both physical and emotional) on the issue of their weight/shape than those who are happy. The implications of this strongly suggest that this is a waste of women's time and energy. There are many potential advantages to be gained from interventions focused on teaching women to support themselves as well as Maria and Anne support themselves. The women who do not have to cope with conflict, self-criticism, and negative feelings arising from self consciousness and negative evaluation, and who do not feel the need to use up their time and energy (physical, emotional and psychological) on trying to change their bodies, may benefit. This may include such things as feeling happier with their bodies and themselves; having more time and energy for themselves, for things like creativity and pursuing other goals; having more psychological space for such things as loving, supporting and being kinder to themselves; be more confident and less inhibited; and generally enjoy life more.

There is a tendency among the women in the present study to 'partition' their bodies. The parts of their bodies that they disliked the most, or that they felt unhappiest about were the secondary sex characteristics of a woman, such as breasts, fat deposits on the hips, upper thighs and bottom, and belly. This is illustrated in comments such as:

"Sometimes I hate my stomach, sort of fat, and I wish it was firm and stayed in"
(Tracey)

"Your thighs are too big; you've got cellulite on your bum, your hips are too big, so are your boobs" (Sharon)

"I just think..I've got a typical woman's figure [longsuffering, 'defeated' voice, very disparaging]..fat on my thighs and bum and hips..." (Theresa)

For most women, when they reach puberty, these are the parts that 'enlarge', and (usually) gain fat deposits (Rodin, Silberstein, & Striegel-Moore, 1985). This finding is consistent with other research in this area (e.g. Mason, 1995, Wooley & Wooley, 1984) who found that the parts of their body that females disliked most were their hips, thighs and bottoms, breasts and bellies. The findings of the present study are also consistent with the feminist argument that in patriarchy's eyes a woman is beautiful (and thus represents the ideal) if she has a small (thin) body which exhibits minimal evidence of female secondary sex characteristics such as breast tissue, a subcutaneous fat layer, hips and a rounded belly (Brown, 1985; Chernin, 1981). The supermodels of the 1990's, who can be considered examples of current 'ideal' bodies, are often notably lacking in these characteristics, except recently there has been an expectation for larger breasts - although still in the context of a (tall) thin body with no other evidence of fat. This 'ideal' is physically impossible for most women to achieve without surgery. As Joanne says:

"you are always bombarded with thinness. I mean you never see a normal sized model on TV, they're all anorexic sticks, and you go 'Oh god they look so beautiful'. Like I've got heaps of pictures of Elle all over my room and I was looking at her the other night and I thought 'Oh gosh, she's so skinny' you know, because like her shoulder blades all stick out, and her ribs stick out and the hipbones don't but there's just nothing there and I was thinking that you have to be really, really, really unhealthily thin to be [the ideal]"

While such cultural constructions of beauty are unattainable by most, the women in the present study feel that they have to try and live up to them anyway because this is how society and culture defines attractiveness and desirability.

Half the women in the present study mentioned supermodel Elle McPherson, who embodies society's definition of 'the ideal'. This demonstrates the tremendously powerful effect of the media on women's ideas of represents beauty and perfection. As Anne says:

"I don't think anyone can be perfect, so, aside from being like Elle..."

A comment from Kat captures the essence of the concept that the current ideal is a social construct when she says:

"I think it's just a shift in fashion, a trend, like when Marilyn Monroe was in fashion it was the fashion for women to be curved and big and big hips and things like that, but now that people like Elle McPherson come in and they're treated by the media as really wonderful people, and the fact that they're really skinny and beautiful makes them smart and potent as well, and so that's what people believe that they should be"

This particular cultural construction of 'the ideal' is a Western one; the criteria by which women living in a third world culture would be measured, and hence how they would be likely to 'measure' or evaluate their bodies, is likely to be completely different. For instance a Western woman who may be considered 'large' in Western culture, may be valued, or at least not stigmatised, by a non-Westernised culture (Nasser, 1988; Rosier, 1986). Also, the presence of fat deposits in women in third world countries (such as Ethiopia) often mean the difference between life and death.

As well as the media influence, families play an important part in the women's developing body image. The way the women in this study discuss their experiences with their families suggests that there are some differences which may have contributed to how the women currently feel about their bodies. The families of the women who were low intensity monitors did not appear to be concerned about weight at all, as Maria illustrates:

"I've never had scales, when I lived with Mum and Dad...we never had scales at home, 'cos Mum said if you had scales, you'd always be worried about putting on weight. She's slightly overweight - Mum and Dad both are..it's probably her, she didn't want to have to think about it, but that's been quite good, 'cos it's meant that i've never been concerned about 'Oh god, i've put on two kilo's'."

The families of the women who ranged from lower to higher intensity monitors seem to attach more meanings to weight and food, and hence engender more concern

about body image than is found for the low intensity monitors, as Lauren exemplifies:

"I think family upbringing is important and the way family looks at food and the role food plays in the family. Like in my family, exercise was very important and being fit and being strong and being outdoors and, you know. So that was an important thing, and so eating properly was important too, and so that's why I think I'm quite critical of myself."

The families of high intensity monitors appear to be even more focused on weight, to the extent of active disapproval of weight gain or 'overweight', and thus seem to engender more concern about body image and weight issues than for any of the other women, as Joanne and Lee illustrate:

"The rest of [my dad's] family are all hideously overweight and that's always been drummed into me ever since I can remember. You know, Mum saying "Oh, I don't want you getting as fat as they are, and I'm so worried that you'll take after that side of the family" and I've always been worried that I will. I think I've always had that, you know, I've always had that little fear instilled in me. And I can remember when I was 14, 15, like I got my first pair of jeans and Mum wouldn't let me wear them without a baggy top because she said my bum was too big." (Joanne)

"I always think that I have to, I have to lose weight. I think that my mother definitely pities me and I hate the fact that when I go home [my family] all judge me for how much weight I've put on" (Lee)

These examples suggest that there may be some relationship between family upbringing and how the women currently feel about their bodies. Although familial issues have been studied in terms of the families of eating disordered patients, studies with the families of 'normal' women are notably absent. Future research into this issue needs to focus on 'normal' women's experiences with their families, especially while living in the family home (that is, childhood and usually adolescence) and how that relates to how the women currently feel and behave in relation to their bodies. If a connection is supported, it could have important implications for the

education of families, for example educating parents about the effects of encouraging children to 'watch their weight'. Also, if a relationship was found, this would provide further support for the conceptualisation of eating disorders as the extreme outcome of a continuum, which in turn would support the necessity of treating body image disturbance as a public health issue.

The ways the women talk about food in this study suggest that food is not just a neutral nutritional substance, and consuming food is not just fuelling the body. These are invested with values and beliefs, and there are some powerful feelings tied up with types of food and amount of food eaten. For example, there is a limit to the amount of food that it is appropriate for a woman to eat (in public) in order to not be seen as the current Western definition of 'unfeminine', with all the cultural beliefs and values implicit in that judgement. For example, a study by Chaiken & Pliner (1984; cited in Striegel-Moore, Silberstein, & Rodin, 1986), found that women who ate small meals were perceived as more feminine and more attractive than women who ate large meals. Different foods, and food intakes, are also associated with different moral qualities. For example, a woman may see herself as 'bad' for eating pavlova, but 'good' for eating fruit. It would be very interesting to look further into the meanings of food for women. What are some of the values and moral judgements attached to it? How has food become a symbol of moral standards? Do all women invest food with the similar values and judgements?

In a similar vein, it would also be very interesting to look further into existing research concerning the meanings of clothes for women. Clothes have come to mean more than just shelter from the elements. They can represent things as diverse as social or economic status, to such things as cultural beliefs about gender roles. One of the important ways women talk about clothes in this study, is as protection from potentially negative evaluation. Clothes do seem to be important to women, but current fashion appears to cater only to the smaller (socially acceptable) sizes. As Jane suggests, as you get up to size 14 or 16, wellfitting clothes get increasingly scarce:

"a lot of the clothes are made to fit size 10, 12, and when you get up to like the 14 and 16 sizes they don't fit as well"

The implications of this are twofold. Firstly it reinforces the idea that being 'large' is not acceptable, by effectively excluding 'large' women from 'mainstream' fashion. Secondly, in the context of 'clothes as protection', not being able to find clothes that make a woman feel attractive, or even comfortable when in a situation where there is the potential to be evaluated, increases the likelihood of making her feel bad about herself, self-conscious or withdrawn. Given the percentage of the population who are size 16 and above, it should be economically feasible to make nice clothes for bigger women and make them mainstream. In the context of the findings of the present study which suggest that the women want to 'fit in', isolating bigger women as 'special' or 'different' by having separate clothes shops for them, could serve to make them feel worse about themselves for *not* fitting in.

Conclusions and Implications

In my study, I aimed to create a preliminary theory of women's personal experiences of their 'body image'. To this end, a qualitative, grounded theory approach allowed an in depth, contextualised and exploratory framework from which to 'collect' and analyse these experiences. One major aim was to empower women by helping their voices to be heard, as they are the experts on their experiences of body image.

My interpretation of these experiences proposes that the women, to varying degrees of intensity, monitor their bodies with the aim of regulating and/or altering them in order to feel good about their bodies, and/or to avoid negative feelings about them.

The model developed in this study is **process** oriented. It suggests that for most of the women, being happy with their bodies (or not feeling *unhappy* with them) is only a transitory part of an ongoing cyclical process of monitoring and regulating their bodies.

In terms of the 'specific' aims of this study, my interpretation indicates that psychological, cognitive and affective factors all play a significant role in women's overall 'body image', which is manifest in their behaviour. Psychological factors such as beliefs, interpretations and perceptions are important to how the women feel and how they act in relation to their bodies. For example, my interpretation suggests that it is the women's *perception* of their weight or shape that affects how they feel about their bodies, rather than their 'actual' weight or shape. Also, it is often their perception of how another person is evaluating them that affects how they feel and behave rather than what the other person is really thinking, and further, their beliefs about what society views as 'ideal' influence their feelings and behaviour in relation to their bodies.

Cognitive factors, or what the women think or 'say' to themselves, can influence their feelings, for example self-criticism leading to depression; and also their behaviour, such as self-evaluation leading to dieting. What the women think or say to themselves can also *be influenced* by their feelings, for example guilt leading to self-criticism; and their behaviour, for example, exercise leading to self-congratulation. Affective factors, or feelings/emotions, are in turn important in influencing the women's perceptions, thoughts and behaviour, as is evidenced in the examples above. In other words, the relationships and interactions between the psychological, cognitive, affective and behavioural components are often circular, reciprocal and interdependent.

All of the women's experiences are embedded in personal, psychological, social and cultural contexts. The women's experiences concerning their body image spring from a shared socio-cultural context, which suggests that many women of Western culture may have similar experiences. As discussed previously, three immediately salient contextual factors that are of central importance to the theory developed in the present study are women's drive to feel good about themselves, issues of control, and the conflict between what the women *would like* to do and what they feel they *should* do.

The findings of this study suggest that the major motivation for the women to monitor, control and regulate their bodies is to maximise positive feelings and to minimise negative feelings. The findings also suggest that if the women believe that their body is (or should be) under their personal control this not only makes them feel that they can and should strive for the ideal, or at least an 'acceptable' facsimile, but also sets them up for negative feelings if and when they are unable to achieve this. Finally, the women experience conflict between wanting to feel acceptable and attractive and to 'fit in', and wanting not to have to watch themselves continuously; and between wanting to eat and enjoying eating, and 'knowing they shouldn't'. These three contextual factors have important implications for intervention.

The theory developed in this study suggests that how the women feel about their bodies is important to how they feel about themselves. Therefore, enabling them to feel better about their bodies is likely to make them feel better about themselves. This is an important issue, especially considering that in Westernised cultures, the majority of females, and increasingly males, are feeling bad about their bodies. This is not a small select group we are talking about, but a large percentage of the general population, and as such this issue warrants considerable attention. What kind of society is this that promotes mass insecurity? That exploits its members for profit? Not to mention promoting potentially health threatening behaviours such as dieting or cosmetic surgery.

The implications of believing the body is under personal control are that if an individual is not the 'right' weight, it is their own fault, and what is more, if they do not strive to either maintain their bodies at an 'acceptable' weight or shape, or to attempt to change their bodies to attain a 'better' body they are seen, by themselves and by others, to be lacking in selfcontrol and self-discipline. Interventions dealing with this issue could incorporate education about the point that body weight and shape are largely not under personal control, with discussion of the socio-cultural pressures on women to pursue the thin ideal, and capitalism's vested interest in making sure women continue to think that their bodies are under personal control.

The findings of the present study are consistent with research and literature, especially feminist literature, which supports the assertion that body concerns are highly influenced by pervasive (historically variable) cultural and societal pressures. This has important implications for intervention and treatment in this area.

Among the most serious consequences of women's negative body image and attitudes to food and eating are the eating disorders anorexia nervosa and bulimia nervosa. These disorders cause much suffering, often affecting young women who would otherwise be likely to make significant contributions to society. Given the right conditions, anorexia and bulimia are preventable disorders. They are specific to particular socio-cultural environments, in specific historical periods. As with any preventable disorder, especially one that is reaching epidemic proportions, considerable efforts should be directed towards its prevention. Speaking in purely economic terms, prevention would be far more cost effective, because treatment of these is a long slow process, often taking years, especially in the case of anorexia. The human cost, of these disorders, however, is immeasurable, and also unnecessary, given the premise that they are preventable.

Women's body image disturbance, and eating 'disordered' behaviour is a public health issue that deserves recognition as such, if only for the sheer numbers of women, and increasingly men, that it affects. These issues cause a large amount of unnecessary unhappiness, and unnecessary limitations and restrictions of experience. Implementing the interventions outlined below, has the strong potential to improve many women's quality of life.

Education is potentially the most effective preventive intervention. Many education programmes are needed, especially in schools and colleges to reach younger girls. School based programmes could focus on developing realistic ideas of what does and does not influence body shape, in terms of exercise and dieting; education about basic physiology such as metabolism, how and why their bodies store fat, and the genetic component of weight/shape; and education and 'myth busting' about food, calories and dieting, such as food as nutrition and the effects of dieting. This needs to be teamed with discussion of the media representation of the 'ideal', and the

culturally defined nature of 'normal' weight and the Western 'ideal', and discussion of capitalism's vested interest in keeping people buying beauty products, dieting aids and so on. Individual or group therapy situations would also benefit from this type of education, although a wider focus on public education is necessary.

One aspect of effective intervention requires the formation of lobby groups (similar to the ones in the United States), to press for limits on dieting products, for example requiring dieting products to have disclaimers about the possibility that weight loss may be temporary (as in some American states); and also to lobby the central 'transmitters' of current ideals (the media) to portray a wider range of body shapes for women, and representation of a wide variety of different role models to be more representative of the real diversity of women's weights and shapes. As Sharon questions:

"I mean you wouldn't see a large newsreader on television, they're all slim. Now why? Would a larger woman not portray a good image of TV One?"

My general aim for this study was to explore the area of women's body image, with the goal of developing a preliminary theory. My analysis suggests that women's experiences of their body image are processual and variable in nature, which has implications for future research. The theory developed in this study suggests that rather than developing static models, as has been the case in much of the previous research, future inquiry could be valuably directed towards a focus on process, change and interrelationships.

Limitations of the Study and Further Suggestions for Future Research

My study has several limitations, some of which are specifically related to qualitative research, and some of which are relevant to all research. Firstly, as is the case with all inquiry, I received the information I asked for, that is, the questions that I asked influenced the answers I was given. So although they were very broad questions (see aims) there are likely to be many other things related to body image that I did not uncover, just because I did not ask the 'right' question(s). The material I obtained

from the interviews was also dependent on my skills as an interviewer. Because I was basically 'learning as I went', I perhaps obtained less or different information than had I been an experienced interviewer. Certainly there were times when I read my transcripts and regretted not probing deeper, or asking the women to further elaborate a certain point. However, within a grounded theory perspective, this 'problem' would be considered as a motivation to engage in further theoretical sampling, in the context of an ever developing theory.

Secondly, the women in this study all volunteered to participate, and this could have affected the type of information obtained. For example, women who are more 'ashamed' about their bodies or their eating behaviours may be less likely to volunteer; women who are shyer or less 'outgoing' also may be less likely to volunteer, and so may women who do not feel comfortable participating in research. In sum, there are many possible differences between the women who did volunteer and those who did not, which may have had an effect on the data. Future research could address this somewhat by actively seeking out a variety of participants, however ultimately, ethical (and moral) considerations preclude a conclusive solution to this problem.

Furthermore, in this study I have presented *my* interpretation of the data. Other researchers coming from other perspectives may derive alternative interpretations. However I feel that the 'experiential data' obtained by growing up in Western culture/society as a female and having experienced concerns about my body since I was young, gave me some insights into the women's experiences that a male, or a female of a non-westernised culture, may not have. Essentially, the integrity of a grounded theory is dependent upon the extent to which it is grounded in the data it purports to represent; the extent to which it 'fits' with the experiences of the people it represents; and the extent to which it seems believable and plausible to those who read it.

I chose to limit my study to a particular, homogeneous group of women. While this allowed me to explore some of the central issues that were relevant to my aims, it also means that my interpretation is based on a small, unrepresentative sample of

the population. However, although I do not in any way suggest that my theory is generalisable, I do argue later, based on the writing of Corbin and Strauss (1990), that my theory *is* transferable to other samples.

This being the case, the potential for future research in this area is enormous. The women who participated in my study were young, white, middle-class and educated, however the application of my theory to the study of other women's experiences of their body image opens up unlimited possibilities. For example, how do women of different ages differ from the women in the present study? Which females are more likely to monitor and evaluate their bodies? At what age do females begin monitoring their bodies, or feeling self-conscious? How do older women deal with monitoring and evaluation, if at all? Do they have similar feelings and coping strategies? If not, in what way are they different? The list of questions is practically endless, and similar questions can be raised for 'larger' women; New Zealand women of other cultures (or any women in westernised society); women living in poverty; women with less education; lesbians; women whose livelihoods are dependent on their weight/shape (such as models, dancers and air hostesses); women body builders; and so on.

Furthermore, the literature indicates that men are also becoming increasingly unhappy with their bodies, which, given the gender differences found in extant research, begs the question of whether men go through a similar process as the one I propose for the women in this study. If so, in what ways is the process similar, and in what ways does it differ? How would the processes differ for males of different ages, cultures, professions, sexual orientation, lifestyles and so on?

The sample used in this study was necessarily small. While this allows for in depth interviews, and important generative analysis, it also limits the generalisability of the findings. However, as Corbin and Strauss (1990) state in reference to a grounded theory, "the more abstract the concepts, especially the core category, the wider the theory's application" (p. 15). I believe that my theory is sufficiently abstract to be applied to other samples, remembering that the particulars of a grounded theory should be easily modifiable to incorporate new information. For example, if future

research should find that a particular group of women (or men) do *not* monitor their bodies, the theory could easily be modified and expanded to include a further property of monitoring that varied along the dimension 'always - never'.

Furthermore, I believe that the central concepts of my theory could also be applicable to other *situations*. For example, an athlete or businessperson may monitor and evaluate themselves in order to regulate themselves in terms of their performance, such as keeping an eye on their sprint times or output levels, or comparing them to the sprint times/output levels of others, in order to make sure that their performance is adequate or acceptable. On a more universal level, people may monitor and evaluate themselves to various degrees to make sure that they are expressing culturally and socially appropriate or acceptable behaviours. Future research could look at applying the central concepts of the theory generated here to other situations such as the ones outlined above. For example, it could be useful to find out if sports people do monitor their own behaviour or performance, and if they all monitor to the same degree. Perhaps monitoring the self, and the self in relation to others, in sports situations may lead to better performance. If so, then this would have implications for training and supporting athletes.

While the smaller scale educative interventions outlined above would be very useful in and of themselves, the most beneficial intervention would need to be a large-scale co-ordinated effort of combining the smaller interventions with mass education about healthy nutrition; the 'truth' about the general ineffectiveness and outright dangers of dieting; the myths of the fat person as unhealthy; and the economic reasons people have for promoting mass insecurity. The everyday personal 'cost' of such things as negative feelings, feelings of failure, worry, self-consciousness, guilt, and restriction of behaviour, as well as the potential health 'costs' involved, make this a very valuable area for intervention and further research.

Finally it is important to ask, who benefits from women being in conflict with themselves? Women who are unhappy with their weight or shape spend much more time and energy (both physical and emotional) on the issue of their weight/shape than those who are happy. These "inner battles" can be seen not only as a waste of

effort on a personal level, but also as having implications for society. A feminist perspective suggests that if women are busy battling with themselves they will not have the time or energy to battle their way into the 'man's world' of power and capitalism, the two most 'lucrative' areas of current Westernised society.

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APPENDIX

Information Sheet

Consent Form



MASSEY
UNIVERSITY

Private Bag 11222
Palmerston North
New Zealand
Telephone 0-6-356 9099
Facsimile 0-6-350 5611

FACULTY OF
SOCIAL SCIENCES

DEPARTMENT OF
PSYCHOLOGY

WOMEN AND BODY IMAGE

Information Sheet

Who is the researcher?

The researcher is Jennifer Hamid, a Masters student at Massey University. The research will be used to fulfil the requirements for a Masters Degree in psychology.

What is the study about?

The aim of this research is to explore women's attitudes towards their bodies, and also their explanations of how or why they think these attitudes have come about.

What would I have to do?

If you agree to take part in this study you will be interviewed for approximately an hour. The interview will focus on the thoughts, behaviours and feelings that you experience in relation to your attitudes towards your body, and any ideas you have about where these attitudes might have come from. The interview will be audiotaped and transcribed and you will be given an opportunity to read the transcript and add to it if you wish.

What are my rights?

If you take part in this study, you have the right to:



**MASSEY
UNIVERSITY**

Private Bag 11222
Palmerston North
New Zealand
Telephone 0-6-356 9099
Facsimile 0-6-350 5611

**FACULTY OF
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**DEPARTMENT OF
PSYCHOLOGY**

- refuse to answer any particular question, and to withdraw from the study at any time
- ask any further questions at any time during the course of the study
- provide information on the understanding that it will be completely confidential. The interview will be audiotaped and transcribed and you will be given an opportunity to read the transcript and add to it if you wish.
- receive a summary of the findings at the conclusion of the study

If you are interested in taking part, an interview will be arranged. If you have any further questions please contact me at home: 358 4548.

Jennifer Hamid



MASSEY
UNIVERSITY

Private Bag 11222
Palmerston North
New Zealand
Telephone 0-6-356 9099
Facsimile 0-6-350 5611

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WOMEN AND BODY IMAGE

Consent Form

I have read the Information sheet for this study and have had the details of the study explained to me. All questions concerning the research have been answered to my satisfaction and I understand that I can ask questions at any time during the research.

I also understand that I am free to withdraw from the study at any time, or decline to answer any particular questions in the study. I agree to provide information to the researcher on the understanding that it is completely confidential.

I wish to participate in the study under the conditions set out in the information sheet.

Signed:.....

Name:

.....

Date:

Researcher:

.....