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**AN EXPLORATION OF ISSUES THAT MIGHT
SURROUND AND AFFECT YOUNG WOMEN'S
EATING BEHAVIOURS**

**A thesis presented in partial fulfilment of the
requirements for the degree of
Master of Arts in Nursing
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ABSTRACT

Body size issues are particularly problematic for young females and their receptivity to nutritional information is different from other groups. Adolescence is a unique period of development both socially and emotionally. It is often an age of great stress for girls who may increasingly rely on comparisons with others to evaluate their image and their general opinions of themselves. Appearance is often the main motivator for young people to modify their diet.

The incidence of obesity and eating disorders reflects the reality that current healthcare practices are perhaps not effective. The purpose of this study was to explore the issues that might surround and affect the eating behaviours of young women. This research aimed to provide health professionals with a greater understanding of how food choices and eating patterns of young females are influenced. The results of the research will contribute to raising awareness and understanding of the issues young women have about the relationship of food to body image.

A qualitative study was undertaken using a feminist approach. Through the use of personal journals as a form of data collection, this research gave a group of young women the opportunity to illuminate their own experiences. The use of journals is new in this area, however it proved to be effective for this age group of 14-16 year olds. The data was analysed using thematic analysis.

The findings from this study demonstrate that current constructions of femininities within western culture require young women to focus on their body appearance, and the cultural fixation on the thin 'ideal' feminine body is causing considerable pressure for many young women. The ideal body is one that many women cannot achieve despite a great deal of effort. However, nurses and other health professionals support and promote notions that suggest a slim body can be achieved through individual hard work and effort. Idealistic notions state that a young women's body must be thin in order to be attractive, beautiful, 'normal' and thus accepted in our culture. Medical and social beliefs about what constitutes an acceptable female body means many adolescent girls who do not fit into the criteria of a so-called 'normal' body have therefore developed a sense of anxiety and hatred of their body. Even girls who are underweight are also

encouraged to focus on their appearance and are subsequently developing an intense body dissatisfaction as well. Health professionals are involved in promoting techniques that are damaging the overall general health and well-being of many young women.

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Without you

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CHAPTER ONE : The Background and Aim of this Research

Introduction

Many people believe that being overweight is simply caused by eating too much. Similarly, it is assumed that an individual can alter the size and shape of their body by restricting the amount of food they eat, increasing their physical activity, or by using other weight-loss techniques. Hence, a myriad of women are devoting infinite hours trying to achieve an acceptable body. Fifteen adolescent females have volunteered to participate in this study to explore the issues that might affect the eating behaviours of young women. This study will illuminate some of the complex and often conflicting notions that surround the topic of eating and body size.

This introductory chapter outlines the aim and direction of this research. This chapter will provide a brief overview of the current literature surrounding the general topic of food choices, eating behaviours and body image of young women. The relevance of this research to the nursing profession is discussed.

The issues of food and body image play a fundamental part in the lives of most women. The increase in eating disorders (Bulik, 1998; Ministry of Health, 1998) and obesity (McNeil, 1999; Ministry of Health, 1999) in New Zealand illustrates that a focus on the thin-ideal body is perhaps counter productive. In current western culture, the ideal female body is thin (Bulik, 1998; Malson, 1998). Many women are spending endless hours trying to achieve this ideal body, which is not obtainable for the majority of the population (Dewar & Wright, 1997). A common method used by many individuals in an attempt to achieve an ideal figure, is to restrict their food intake, increase exercise levels or perform various diets.

Dieting is predominantly a female issue and has become a 'normal' part of life for many women (Tyrell, 1996; Bulik, 1998). However, unsuccessful dieting is causing great disappointment and stress for many individuals (Garner & Wooley, 1991) and not only

do most diets fail in the desired outcome for weight loss, they are also unhealthy (Berg, 1995). Parkes (1995) says dieting poses a serious mental and physical health risk to women because many women feel distressed when diet attempts fail and as Polivy & Herman (1987) argue, yo-yo dieting poses more risk to health than additional weight itself.

Continued participation in weight-loss programmes is associated with repeated weight loss and regain. This may cause problems, as weight fluctuation is associated with increased mortality and cardiovascular disease (Cogan & Ernsberger, 1999). Dolan and Gitzinger (1994) say that the body reacts to food restriction by reducing its metabolic rate. Most people who succeed at weight-loss attempts usually return back to their original weight within one year and commonly gain more body weight later due to changes in the body's metabolism (Hirsch, 1994). Dieting and other weight loss techniques are also unhealthy because they promote a preoccupation with food and body size, and they may encourage a low self-esteem (Bulik, 1998; Cogan & Ernsberger, 1999).

Adolescent females grow up learning that to be attractive in our culture means the body must be thin. Young women take up the notion that beauty is directly related to thinness (Malson, 1998). Thus, many girls also attempt to achieve an ideal body by engaging in food restriction techniques, skipping meals, and even vomiting (Bulik, Fear & Sullivan, 1996). Parkes (1995) suggests that adolescent females are exceptionally vulnerable to the pressures of conforming to the ideal female form, both physically and emotionally. Therefore, it is important to explore young women's attitudes to their body, food and eating.

Adolescence is a unique time in a young woman's life, where eating behaviours developed during the teenage years can affect individuals for the rest of their lives (Berg, 1997). Adolescence is also a particularly essential time in a young person's life when adequate food is a necessary source of fuel for energy, growth and development (Berg, 1995; Ministry of Health, 1998). Teenagers need to have enough food to enable them to concentrate at school and maintain the required energy levels needed for learning. Hence, it is important that teenagers eat a variety of food because it contains

essential fats, vitamins and calories that are required for concentration, strength and growth (Berg, 1995).

It is during the teenage years that adolescents become more aware of their bodies (Hepburn, 1997). Young women discover that their bodies are changing with the development of breasts, hips, thighs and a general increase in their overall body fat. It is at this age that they begin to learn about their changing body, and become especially focused on the shape, size and appearance of their body. Adolescent girls commonly compare their body to others and take notice of social messages from magazines, television, radio and other media regarding the ideal female figure. Negative social messages can become internalised and a life-long detrimental self-image can develop (Dyer & Tiggemann, 1995; Tyrell, 1996; Bowman, Grigg & Redman, 1996; Berg, 1997; Bulik, 1998).

As a component of sexual development, there is a natural increase in body fat during the years of puberty. Food is an essential source needed to facilitate this natural increase in body fat. However, it is common for young women to limit their food intake to reduce the amount of fat that they consume (Tyrell, 1996; Bulik, 1998). Therefore, young women who do not eat adequate amounts of food may encounter nutrient deficiencies and even malnutrition (Berg, 1995). Teenage girls are particularly vulnerable to nutrient deficiencies because it is common for young women to participate in diets, fasting, bingeing, chaotic eating and semi-starvation weight-loss techniques that disrupt their natural growth (Berg, 1995; Tyrell, 1996 & Bulik, 1998).

There is an increasing amount of literature suggesting that health professionals are intolerant of fat and discriminate against those individuals who are perceived as overweight (Garner & Wooley, 1991; Abernathy & Black, 1996; Wright, 1998). Females experience more social pressure to be thin than males because the current ideal female figure consists of a thin, underweight, slim body as opposed to the current male ideal figure, which consists of a larger muscular strong figure (Dewar & Wright, 1997). Many writers within the literature suggest that females endure greater discrimination from health professionals because overall, society is particularly intolerant of female fat (Garner & Wooley, 1991; Abernathy & Black, 1996; Wright, 1998).

Female patients have reported humiliation and discrimination from health professionals and these feelings of humiliation have prevented some patients from seeking healthcare (Carryer, 1997b; Wright, 1998). Carryer (1991) suggests that, as health professionals, we must strive to maximise the health potential of our clients. Thus, if we subscribe to the belief that largeness is caused by the client's choice of eating too much, then our care of these individuals is severely compromised.

By attaining greater knowledge in the area of young female's eating behaviours, health professionals will gain a better understanding of the issues involved for this age group. A number of writers argue that nurses must go beyond dealing with health crises on a narrow level, and to begin to address the socio-political components, particularly issues of race, class and gender oppression (Chopoorian, 1990, Kleffel, 1991, Carryer, 1997b). Therefore, an aim of this research is to explore socio-political issues surrounding the topic of young women's eating behaviours. A feminist methodology is appropriate for this study because there are significant gender issues involved. This research hopes to provide greater understanding of eating and body size issues in the social context of young women.

Background to the Study

The focus for this study has arisen out of my experience of eating behaviours related to body size. Growing up as a female, and now in my mid-twenties, I have endured the cultural pressures to have an 'ideal' body. This has included performing certain behaviours, such as 'beauty' routines and dieting. Bulik, Fear & Sullivan (1996) argue that the unhealthy eating behaviours of young women are increasing and adolescents are a particularly vulnerable age group. However, there is little qualitative nursing research focused on young women's eating behaviours. There is a significant volume of literature which suggests that dieting is ineffective for the majority of individuals (Hall & Steward, 1989; Ogden, 1992; Allan, 1994; Berg, 1995; Carryer, 1997a; Davies, 1998; Cogan & Ernsberger, 1999; Ernsberger & Koletsky, 1999), yet within my nursing practice I have observed that many nurses encourage dieting and disapprove of those who are not seen to have the 'ideal' body. This will be discussed further in chapter two.

Aim of the Study

The aim of this study is to explore the issues which might surround and affect the eating behaviours of young women. Fifteen adolescent females took the opportunity to tell their stories through the use of a personal journal.

Overview

Chapter One: Introduces the thesis. A brief overview of the aim and research question is provided.

Chapter Two: This chapter provides a review of the relevant literature and a rationale for why research in this area is important. This chapter provides an argument that thinness is a core component of femininity; dieting and dissatisfaction with body image is a gender issue; and weight reduction is a dominant discourse that causes harm to many young women. It is suggested that adolescence is a particularly difficult time in terms of body image and food consumption.

Chapter Three: The epistemology, methodology and methods as used in this research are discussed. The feminist approach that underlies the theoretical framework of the research is explored.

Chapter Four: This chapter begins the interpretation of the data. It commences with an exploration into how the participants understand their body in the world. Generally, all the participants revealed extensive dissatisfaction with their bodies and they yearned to obtain the 'ideal' female figure.

Chapter Five: This chapter is the second data analysis chapter. Here the participants describe their attempts to change their bodily appearance through manipulating food choices, limiting food intake and exercising to burn calories.

Chapter Six: The discussion chapter draws conclusions and summarises the findings of this research. Within this chapter I will discuss the terms femininities, health and gender, and state the relevance this research has for the nursing profession.

Additionally, within this chapter I provide further research recommendations and a critique of the use of journals as a method of data collection.

CHAPTER TWO: Food and Body Size Issues are a Fundamental Concern for Young Women

Introduction

This chapter will demonstrate that current constructions of femininities require women to focus on their body. Women experience more concern than men with body image, weight and eating. Adolescence is an important stage in life, and predominant social beliefs about the relationship of food to body size are particularly problematic for young women. In this chapter I argue that medicine has been influenced by social beliefs regarding food and body size, and through its hegemonic power medicine reinforces social beliefs about thinness. Medical beliefs, which define obesity as a disease, are so embedded within our culture that other useful theories are often silenced and ignored. Lastly, I will briefly discuss why it is important to conduct research that explores the issues that might surround and affect the eating behaviours of young women.

Current Constructions of Femininities

I will begin this chapter by briefly exploring the current constructions of femininities in western culture. Our culture assigns masculine or feminine characteristics to its members (Martin, 1998). Men are judged primarily by how ambitious, aggressive, competent, strong and dominant they are. Economic and career achievements are the main notions that define the success of a man. Men are often viewed as more independent, logical, direct, self confident and more ambitious than women. However, women are judged primarily by their body appearance and are expected to be fragile, caring, small and pretty. Women are frequently considered as more gentle, softly spoken, talkative, emotional and more tender than men (Seid, 1994; Hesse-Biber, 1996; McDermott, 2000).

Hesse-Biber (1996) says that assigning certain traits as feminine and masculine creates a problematic dichotomy that provides no middle ground. If one trait is a positive one, then its opposite trait is negative. For example, if a man is dominant and strong, a woman must be inferior and weak. The trouble with this gender stereotyping is that this restricted classification of behaviour does not take into account the reality that there are many diverse traits that both male and females have in common.

Spitzack (1990) argues that women are encouraged to present their body to others for evaluation. Women perform various tasks to portray their feminine body. This includes tasks such as wearing pretty dresses, maintaining “lady-like” posturing, and spending a great deal of time applying make-up and beauty products. Girls are taught to centre their attention to their body, and must be prepared to be seen at all times. However, boys are more commonly taught to pay little attention to their physical appearance, and therefore show little concern for the gaze of others (Spitzack, 1990; Jutel, 2000; McDermott, 2000). Jutel (2000) notes boys are rewarded for rough behaviour and torn clothing because it is believed to be a positive feature for a boy. Likewise, boys are discouraged from focussing on personal appearance.

Women are also socialised into feeling the need to rely on their beauty, charm and nurturance to attract the opposite sex (Malson, 1998; Jutel, 2000). Hesse-Biber (1996) says physical attractiveness is important to women because appearance and body size may affect their social success. For this reason, women tend to view extra body weight as a major concern and report seeking health professionals help for weight problems more often than men. Within this context, being attractive to the opposite sex becomes a primary concern. Thus, the attention a woman gets from a man becomes an important indication that she has the culturally correct body size and appearance (Hesse-Biber, 1996).

Current constructions of femininities in our culture also mean that many young women are driven to achieve or maintain a low body weight in order to enhance their own self-identities as females (Malson, 1998). Nichter (2000) states that as children and adolescents, girls are taught to associate attractiveness with being fragile and petite. Girls often describe eating small amounts of food because they do not want to appear

greedy in front of boys. Thus, girls grow up believing that boys do not like to see girls eating a large amount of food because it is impolite and unattractive (Nichter, 2000). Similarly, an older study by Chaiken and Pliner (1987) suggests that women's increasing concern about food intake and body size reflects their desire to have attributes and engage in behaviours that are culturally required for females. Chaiken and Pliner's study concluded that the participants in their research were perceived as more feminine if they ate small amounts of food.

A major characteristic of femininities in our culture today is that in order to achieve a feminine body, a woman's body must be thin (Jutel, 2000). The thin body has become a symbol of femininities, whereby the thin ideal body is worshipped. Subsequently, many women perform rituals such as dieting and exercising with obsessive attention. Likewise, many women spend endless hours weighing their body and counting food calories. Malson argues that an essential significance of thinness is that it signifies a delicate, childlike femininity. The thin woman is not only believed to be beautiful, her smallness also signifies that she is dainty, of 'lesser importance' and inferior.

McMorran (1996) states that the media portrays images of the 'ideal' female form that are reflections of current socio-cultural beliefs regarding feminine beauty and the body. The ideal feminine body should have long slender legs and a taut, slim body with no excess fat. McMorran says that media images, such as those in magazines and on television, reflect social values about femininity and create social ideals that influence people's behaviours and attitudes. Beauty pageants are one example in which the contestant's body is presented as 'perfect'. Here, women are depicted as objects of feminine beauty to which ordinary women aspire. They are objects for other women to compare and measure themselves against.

Young women grow up learning that they must have particular traits and perform certain behaviours that are feminine in order to fit into the world in which they live (Martin, 1998). To attempt to rebel against constraints of femininities is to risk the chance of being labelled as unfeminine and thus unacceptable. (McMorran, 1996). Nichter (2000) argues that many young women feel pressured to look and act a certain way. Rather than focussing on their own attributes, many young women feel their sense

of self worth and self identity is constructed by whether they fit into the current socially constructed criteria of femininities. Thinness is a central component of femininity, which means that many women invest their time and effort into improving their body appearance because a thin body often reaps beneficial rewards (Hesse-Biber, 1996). This brings me to how dieting and dissatisfaction with body image is a gender issue.

Dieting and Dissatisfaction with Body Image is a Gender Issue

The presumed ideal female body has changed over time, becoming progressively thinner over recent decades. An older study, conducted by Garfinkel, Garner, Schwartz and Thompson (1980), reported that 'Playboy' magazine centrefolds, which presumably represents the culture's ideal of attractiveness, have been significantly thinner than the average woman. Since the 1960s, women in magazines have become progressively thinner, while the actual average weight of the American woman has increased by 2.3-2.7 kilograms over the same period of time. The changing cultural ideal with regards to the female body shape has also been reflected in the increase of the dieting industry, including the expanded number and sales of magazines and books on weight-loss and dieting (Tyrrell, 1996).

Bartky (1990) argues that females are required to regulate their body size and contours, their appetite, posture and gestures. Currently, social constructions of femininities are becoming more and more centred on the woman's body – not its duties and obligations, or even its capacity to bear children, but its sexuality, or more precisely, its presumed heterosexuality and its appearance. There is nothing new about women's preoccupation with youth and beauty. What is new is the growing power of the image in a society increasingly oriented toward the visual media. Unrealistic images of a so-called 'normal' femininity are constantly portrayed throughout the media as the female ideal (Bartky, 1990; Bordo, 1993, Martin, 1998; McKinley, 1998; Malson, 1999).

In comparison to men, women in western culture experience more concern with body image, weight, and eating. Although men do experience distress in relation to their body, women experience more. Women report greater body dissatisfaction (Dyer &

Tiggemann, 1995), diet more often (Ministry of Health, 1999; Tyrrell, 1996), and are more likely to describe themselves as overweight, even when they are not (Fallon & Rozin, 1988; Parkes, 1995). Fallon and Rozin (1988) found that female adolescents judge their current appearance to be significantly heavier than their ideal figure, while on the contrary male adolescents did not. Griffiths, Farnhill and Rolland (1997) conducted a study of body figure perceptions and eating attitudes among 8-12 year old Australian schoolchildren. They found that in comparison to boys, more girls wanted to be thinner and more girls reported that they had attempted to lose weight. Dissatisfaction with body image, along with the belief that thinness is an extremely important characteristic for females, helps to explain the greater female concern with weight control (Parkes, 1995).

The social pressure on women is significantly high at a time when there is an emphasis on equal rights and opportunities, yet an increasing number of young women have unreal expectations about their bodies (Bulik, 1998). Clearly, dieting in New Zealand, as in other western countries, is a female phenomenon (Bulik, 1998). Ritchie (1988) conducted a study involving a sample of two hundred and thirteen first year university students. One hundred and thirty-nine females and seventy-four males completed a questionnaire on eating attitudes and behaviours. Ritchie contends that the female participants in her study were more likely than the male participants to be preoccupied and concerned about their eating behaviours. She goes on to suggest that generally men have a relative freedom from negative attitudes towards food and eating, although this is changing. It is also argued by some writers (Hill & Silver, 1995; Ministry of Health, 1998) that individuals work to attain thinness, not just because they desire to be thin, but also because they reject fatness and what it represents.

A large majority of the social pressure towards the female 'thin ideal' appears to be transmitted through the media, especially the media relating to the beauty and fashion industries. These portray the slim woman as modern, successful, beautiful and happy. This may be further emphasised by pressure to be thin from family and friends, and the cultural stigma of obesity which is associated with low intelligence, laziness, unhappiness and poor life chances (Tyrrell, 1996). Carryer (1991; 1995; 1997b) says that there are punitive attitudes to size, especially for women, because our society

supports an intense preoccupation with false concepts of attractiveness, and an obsession with dieting as a 'normal' way of life. Women come in many various shapes and sizes, yet our culture has decided that only one shape is healthy and socially acceptable.

The social pressures from the media and peers to achieve an unrealistic body size and shape results in a fixation with food and dieting, sometimes from a very early age. A fixation with food and diets can lead to disturbed eating patterns, such as eating disorders (Bulik, 1998; Ernsberger & Koletsky, 1999; Bryant-Waugh, 2000; Lask, 2000). Society is so preoccupied with dieting that it is accurate to regard dieting, and the accompanying behaviours, as the norm (Russell, 1995; Ewell, Smith, Karmel & Hart, 1996; Cogan & Ernsberger, 1999; Germov & Williams, 1999). It is currently 'normal' for individuals in our society to show concern about their weight and to engage in attempts to change it. A 'normal' lifestyle now includes periodic dieting, and this is especially so for females (Tyrrell, 1996, Bulik, 1998, Malson, 1998, Allan, Cameron, Killen & Stice, 2000; Lask, 2000). To not be trying to alter body weight through dieting may be perceived as the exception rather than the rule (Hill, 1993; Tyrrell, 1996; McKinley, 1998; Malson & Swann, 1999).

Adolescent Girls

How teenagers learn food choices and habits is important because eating patterns that are developed during adolescent years can affect individuals the rest of their lives (Berg, 1997). Berg argues that most adolescent girls do not eat enough for health, energy and strength. She goes on to note that female teenagers are discouraged from eating, and some feel severely depressed and even suicidal. Dieting has become a requirement of contemporary femininity. Denying oneself food is seen as a positive behaviour for women. This is relevant to this study because we live in a culture that encourages girls to restrict their eating in unhealthy ways. However, at the same time food is an important fuel for girls' growth and development.

Within the literature, many writers suggest that dieting is common among adolescent girls (Amos, Pearce & Terry, 1987; Jacobsen, Smith, Turner, 1987; Benbrook, 1989;

Crawford & Worsley, 1988; Allen, Cole, Graham, Henderson, & Portsmouth, 1994; Bowman, Grigg & Redman, 1996). Adolescence is marked as a unique time in one's life, both socially and emotionally. Middle adolescence is acknowledged as a period of great stress for teenagers. And it is a time when they may increasingly rely on comparisons with others to re-evaluate their image and the general opinions of themselves (Hepburn, 1997). The thin-ideal body that is portrayed throughout the media as feminine has a powerful influence on young women (Malson, 1999).

The 'Life in New Zealand' survey by the Hillary Commission (1991) noted that appearance is the main motivator for young people to modify their diet. An overseas' study stated that dieting is being undertaken by females as young as nine-years-old (Hill, Oliver & Rogers, 1992). Benbrook (1989) reported in her study that half of the ten to fourteen year old New Zealand females sampled, had tried to lose weight over the previous year. Similarly, Amos, Pearce and Terry (1987) stated that sixty-two percent of the fourteen to sixteen-year-old New Zealand girls dieted regularly, and eating behaviours included skipping meals, fasting, taking pills, vomiting and even laxatives.

Another New Zealand study in Christchurch (Bulik, Fear & Sullivan 1996) revealed a high prevalence of dieting (54%), bingeing (38%) and purging (12%) in adolescent girls. The majority of the students in the study (71%) wanted to be a smaller size than they perceived themselves to be. Dieting and attempts to lose weight are often associated with a distorted body image and dissatisfaction with one's weight and/or body shape which usually appears to be a reaction to the mere feeling of being fat, rather than to actual body weight or shape (Hill, 1993; Tyrrell, 1996). Parkes (1995) notes no matter what their body size, most girls are insecure with their bodies. She argues body image has nothing to do with one's *actual* body size and everything to do with one's perception of that shape. Hence, this explains why a very underweight female can look in the mirror and truly see a big person staring back.

Young girls are particularly at risk of developing harmful dieting practices and disordered eating because, as demonstrated, it is believed in Western society that weight is controllable through dieting, exercising and other management techniques (Tyrrell, 1996). Young females often also exist within a subculture of the thin-ideal where

dieting is common. Therefore, along with constant messages regarding weight and body-shape ideals from the media, peers and family members, this heightens the young girls pressure to conform (Hayden, Levine & Smolak, 1994; Tyrrell, 1996).

Hesse-Biber (1996) argues that, unlike personality and social values, a young woman's body appearance is visible to others. Body appearance is a crucial aspect in the development of self-identity and self-esteem, especially during adolescence. Body weight is an essential characteristic of appearance that influences adolescent girls' social and psychological well-being. Women are expected to focus on their body by observing everything from their clothing, hair, makeup, speech, walk and behaviours. The pursuit of thinness is a powerful expectation whereby our culture decides which are the right and wrong body appearances.

With regards to physical maturing, the adolescent female must adjust to the physical changes that accompany puberty at a time when the body becomes a primary and social focus of concern. In general, the body fat percentage of young women increases during the puberty years, with an associated accumulation of body fat on the upper legs, over the hips and in the breasts, and in addition approximately 11 kilograms of weight in the form of healthy body fat (Parkes, 1995). At the same time, the process of cognitive maturation takes place, revolving around certain challenges or tasks that include the move to greater social autonomy and control over one's life. This coincides with the adolescent's awareness of the culturally valued thin ideal, and concurrently with their perceived 'deviation' away from it (Tyrrell, 1996).

Within western culture a tall, thin androgynous female body is understood to represent an ideal feminine body (Bordo, 1990; Malson, 1998). However, the very signs of a physically maturing female body, such as curved thighs and bigger hips, are viewed as unfeminine because they do not fit into the cultural standards of the current ideal female figure (Malson, 1998; Jutel, 2000). McDermott (2000) notes that for many young women establishing a feminine identity is a very confusing and often conflicting experience.

Jutel (2000) argues that young women are expected to take responsibility for how they look, and must be prepared to be gazed upon by others. Monitoring the body is expected because it is believed to be an important aspect of feminine duty (Jutel, 2000; McDermott, 2000). The construction of what it means to be feminine becomes an important aspect in shaping the identity of a young woman (Martin, 1998). Connell (1995) says that the body is a source of power for men, but is for women a source of considerable anguish and worry for women.

Many women feel apprehensive and lack confidence about using their body to its greatest potential (Young, 1990; Dewar & Wright, 1997; Malson, 1998; McKinley, 1998; Ball, Crawford & Owen, 2000). Adolescent girls experience pubertal bodily changes more negatively than men because males develop muscle, bigger arms, larger legs, and increase their body weight during adolescence. This development is positive for boys because the teenage male is then heading more towards the ideal male figure. However, young women often despise the development of hips, thighs, curves and the increase in body fat that they experience during puberty (McDermott, 2000).

Berg (1997) contends that overweight children and teenagers experience prejudice from their parents, teachers and classmates. These attitudes can intrude on their ability to grow into confident, happy, self-assured adults. Size prejudice hurts children and teenagers and stops them from developing healthy feelings about themselves. The stigma experienced may be overwhelming as they are teased on the playground, called names and chosen last to play on teams. Children and teenagers are blamed for their overweight condition. When children approach adolescence, the powerful social messages become internalised and a lifelong detrimental self-image can develop (Berg, 1997). Adolescent girls continue to attempt to achieve an ideal thin body because they are punished if they are overweight, and rewarded for being thin. A thin body promises the reward of cultural acceptance. Thinness gives young women access to a number of valuable resources such as feelings of power, self-confidence and femininity (Hesse-Biber (1996). Living in an overweight body has been deemed as socially unacceptable. Thus, many large adolescents have reported experiences of discrimination (Berg, 1997).

Due to the stigmatisation of being labelled as overweight, it is not surprising that more and more teenagers are performing techniques to lose weight such as dieting. Ritchie (1988) reported that over two-thirds of the females in her New Zealand study had been on a diet before the end of their teen years, and some had started dieting before the age of thirteen. Adolescent females are believed to constitute ninety to ninety-five percent of the eating disordered population (Bulik, 1998). This clearly emphasises the importance of conducting more up to date research on the current relationship young women who are not identified as having an eating disorder, may have to food, eating patterns and attempts to alter body size.

Weight Reduction: A Dominant Discourse

Socio-cultural beliefs regarding weight reduction are influenced by medicine. Similarly, medicine is an authority that is influenced by cultural and social beliefs regarding food and body size. Carryer (2001) says that the dominance of medical beliefs can be seen within notions of food and body size, which influence popular media sources and health literature, including nursing. Most health literature uses medical beliefs about body size and health without critique (Hirsch, 1994). Medicine assumes that obesity is a disease and overeating causes a person to become overweight. This belief is so widespread that it often ignores other credible and useful theories. For example, the influence of genetic factors on body size is rarely acknowledged. These genetic factors include changes in energy expenditure in response to overeating, metabolic rates, food preferences and levels of physical activity (Hirsch, 1994; Cogan & Ernsberger, 1999).

Currently in Western society the discourse of weight reduction supports the notion that if an individual reduces their food intake, they will consequently reduce their body size (Malson, 1999). However, there is a growing amount of literature suggesting that many weight reduction techniques are unsuccessful and unhealthy (Allan, 1994; Parkes, 1995; Abernathy & Black, 1996; Bulik, 1998; Carryer, 1997b). Berg (1997) says weight reduction methods create an unhealthy fixation with food and encourage a negative body image. Cogan & Ernsberger (1999) argue that the pursuit of thinness is a growing social problem and public health threat. They go on to suggest that people are literally

dying to be thin by engaging in unhealthy eating behaviours that involve stomach stapling, low calorie diets, eating disorders, body hatred, an anxiety around food, and a fear of becoming fat.

Medical beliefs focus on the negative effects of obesity, and place far less emphasis on the negative aspects associated with being too thin. Medicine is a discourse that is not objective in its beliefs regarding food and body size; it promotes weight-loss endeavours that are known to have a low success rate. Garner & Wooley (1991) argue that the chances of losing weight and keeping it off are similar to the chances of winning the lottery. They state that the implied benefits of weight-loss are so well entrenched into our society that people do not dare challenge the almost unshakeable beliefs. An illustration of this is the value placed on weight-loss programmes, and the ongoing participation of health professionals to provide, and consumers to take part in, programmes known to have a small success rate (Garner & Wooley, 1991).

Weight-loss treatment is always constructed upon the assumption that an increase in a person's weight is the result of overeating and under-exercising. Consequently, the cure is presumed to be a matter of individual control (Allan, 1994). Allan suggests that this approach contradicts recent evidence that weight-gain and weight-loss cannot be explained by this limited input/output notion, and there are comprehensive fluctuations between individuals striving for thinness.

Cogan and Ernsberger (1999) note that weight reduction programmes maintain the illusion that if participants fail to lose weight it is because the individual did not follow the rigid programme properly. Inherent in the goal of weight-loss is the belief that body weight is easily controlled by individual behaviour. This belief ignores the significant biological and genetic factors in determining body size and weight. A number of writers (Bouchard & Perusse, 1993; Hirsch, Leibel & Rosenbaum, 1997; Angell & Kassirer, 1998) state that genetics play an important role in human body size. However, this has not been acknowledged by many health professionals or the media (Cogan & Ernsberger, 1999).

Billions of dollars are spent annually on the diet industry with the goal of trying to eliminate the problem of obesity (Wolf, 1990; Ernsberger & Koletsky, 1993). Yet, the incidence of 'obesity' in New Zealand continues to rise (McNeil, 1999). Due to the assumed health risks, obesity is defined as a medical condition. The common treatment is restrictive dieting and the goal is weight-loss (Cogan & Rothblum, 1992; Cogan & Ernsberger, 1999). For decades health professionals have been directly involved in the pursuit of thinness. Psychologists, doctors, nutritionists, nurses, other health professionals, and commercial weight-loss programmes have controlled or supervised the weight reduction endeavours of many people. Likewise, public health promotion campaigns have spent large amounts of money in the attempt to alert the nation to the possible dangers of obesity and pressuring those who do not conform to specific weight standards (Burton, Foster, Hirsch & Van Itallie, 1985; Cogan & Rothblum, 1992; Cogan & Ernsberger, 1999).

Society's focus on striving for the thin-ideal body is obviously not working and may be causing more harm than good. Numerous overweight clients, who could benefit from small weight losses and moderate exercise, have deserted weight-loss efforts due to their past experiences of being unable to achieve and sustain a statistically desirable weight (Abernathy & Black, 1996). Correspondingly, overemphasis on thinness may have resulted in an increasing incidence of eating disorders such as anorexia nervosa and bulimia (Bulik, 1994; McKinley, 1998; Lask, 2000).

The discourse of weight control is enforced by health messages that assume that disease and poor health are linked with body weight. Obesity is said to be associated with health conditions such as diabetes, heart disease, and even death (Ministry of Health, 1999). However, the legitimacy or accuracy of this information is scarcely debated (Cogan & Ernsberger, 1999). Davies (1998) states the terms 'overweight' and 'obesity' are surrounded by negative connotations that are falsely associated with health by links to epidemiology. Excess weight is conveyed through health information as a cause of poor health and the knowledge is so accepted that the facts to support it are not necessarily presented or critiqued.

Cogan and Ernsberger (1999) argue that the belief that obesity directly causes disability and death is false. They contend that obesity should not be considered a disease itself because there is widespread bias. Professionals in the area of obesity have directed their focus to a list of diseases that are more familiar in the obese than in thin people. However, this simple association is weak evidence for steering public health information (Hirsch, 1994; Hirsch, Leibel & Rosenbaum, 1997; Cogan & Ernsberger, 1999). There is evidence to suggest that contrary to popular belief, weight-loss does not reduce disease or extend life expectancy (Ernsberger & Koletsky, 1993; Davies, 1998). Correspondingly, some writers argue that being overweight does not increase the risk of morbidity (Allison, Faith & Gorman, 1996; Bender, Berger, Spraul & Trautner, 1998). Ernsberger & Koletsky (1993), who reviewed many long-term weight-loss studies, concluded that being overweight was only a health threat when it was excessive, and that moderate levels of body weight do not cause serious health risks.

Ninety-five to ninety-seven percent of long-term weight-loss efforts fail (Ernsberger & Koletsky, 1993; Allan, 1994; Abernathy & Black, 1996; Cogan & Ernsberger, 1999). Initially, weight reduction diets do work with participants often losing 10 percent of their weight. However, in the long-term, diets and other weight reduction techniques are unsuccessful, as most individuals plateau then regain the weight (Dolan & Gitzinger, 1994; Berg, 1995). The high failure rates of commercial and medically recommended treatment programmes result in a situation whereby people are continually seeking a new diet or weight-loss programme. Medicine implies that a thin body indicates good health, yet many people engage in weight-loss techniques that are physically and emotionally unhealthy. 'Yo-yo dieting' or 'weight cycling' is more detrimental to health than remaining moderately overweight (Belanger, Brownell & D'Agostino, 1991; Berg, 1995; Hirsch, Leibel & Rosenbaum, 1997). Weight fluctuation is associated with increased mortality and cardiovascular disease (Belanger, et al, 1991; Cogan & Ernsberger, 1999). Furthermore, chronic restrictive dieting is a major risk factor for the development of binge behaviour and eating disorders (Bulik, 1998; Malson, 1999; Bryant-Waugh, 2000; Lask, 2000).

Harris, McClearn, Pedersen, and Stunkard (1990) reported that identical twins were likely to be almost the same in body weight regardless of whether they were raised

together or apart. Cogan and Ernsberger (1999) state that some people gain weight easily, while others gain little weight even when they overeat and are inactive. Moreover, for certain individuals weight gain may be because of genetic reasons that encourage the body to lay down fat stores as a defence mechanism against erratic famines. The genetic influence on obesity, along with other biological factors, suggests that body size and weight are not solely determined by human behaviours (Cogan & Ernsberger, 1999). Diets do not work because diet programmes and weight-loss treatments are based on an inaccurate model of the pathogenesis of obesity (Garner & Wooley, 1991).

Wright (1998) argues that health literature on obesity is biased in its selective citations. She also notes that the medical literature on obesity does not adequately address the negative issues that fat has on women's mental and emotional health. Many young women perceive themselves to be undesirably overweight, even when they are not (Brown, Femea, Hyner, Melby & Sciacca, 1991; McKinely, 1998), yet there is limited medical literature regarding the negative issues of weight-loss promotion. There is however generous literature encouraging weight reduction.

Cogan and Ernsberger (1999) suggest that although thinness is believed to correspond with good health, this notion represents only selective interpretations of research. As long-term researchers in this area they state there is a significant need to reinterpret previous data that has been filtered through a thinness-biased lens, which has led to incorrect conclusions. The success rate of diet programmes may be greatly overestimated because participants are commonly followed-up shortly after completion of the diet programme instead of at a later period. Often participants gain all the lost weight back after three to five years. Additionally, it is suggested that there is bias, as numerous studies of weight-loss that fail to show positive outcomes are never published (Allison, Faith & Gorman, 1996).

Garner and Wooley (1991) reported that individuals in low calorie diet programmes often overestimate the general success rate of the programme. Furthermore, the individuals blame themselves for the failure when they do not achieve their desired goal of weight reduction. Medicine does not challenge the discourse of reduction dieting and

medical knowledge is taken to be the 'truth', even when it is false information. When an argument is made by medicine, generally people believe it without questioning or critiquing it. Even when the discourse of reduction dieting is questioned, and there is very good evidence to argue that diets do not work, that information is not always published or widely distributed to the public. Within our Western culture there is a dominant belief that all individuals can be thin if they just work hard enough to achieve a thin body. Subsequently, this is why so many individuals blame themselves when diets fail.

Both eating disorders and obesity treatments have been widely criticised for their ineffectiveness (Malson, 1998; Russell, 1995). Steiner-Adair and Striegel-Moore (1998) state that there are a lot of financial resources put into weight-loss endeavours with few successful results. In contrast, there are significantly fewer resources directed to help reduce the incidence of eating disorders. Weight reduction programmes tend to be dominant within the health literature, as well as within the general media. MacDonald (2000) says that there is a current emphasis within our culture to focus on 'healthy' eating of low-fat and low-sugar foods. The media and health literature continues to focus on articles about diet and heart disease in which we are made aware of the dangers of eating too much fat. However, there is less information warning us of the dangers of what can happen if the body does not get enough fats and nutrients from foods, such as in the case of those individuals with an eating disorder.

Weight reduction is a dominant discourse that is doing a great deal of harm to many women (Malson, 1998). Western culture encourages women to restrict and alter their food intake, often by using unhealthy and unsuccessful weight-loss methods. Health professionals, and society in general, hold a certain set of beliefs about the causes and consequences of a large body size. These beliefs are so common and widespread within our culture that they shape the understandings and experiences adolescent girls have regarding how they eat and how they feel about their body.

Medical and Social Beliefs Regarding Food and Body Size

As discussed earlier within this chapter, being feminine requires young women to perform certain behaviours, and achieve a particular body appearance in order to feel accepted within our society. To be a feminine woman, an individual is expected to be caring, small, fragile, pretty, gentle and petite (Seid, 1994; McDermott, 2000). Adolescent girls live in a culture that encourages them to focus on their food intake and monitor their body appearance because being thin is a requirement of femininity (Malson, 1998).

Young girls experience a bombardment of messages from beauty magazines, television, school friends, boyfriends, parents, and health professionals that state that a thin body is valued, whereas a fat body is unacceptable in our culture (Garner & Wooley, 1991; Berg, 1997). Many adolescent girls, by virtue of being female, have joined the quest to strive for a thin 'ideal' body. This quest is one that diverts their energies away from more meaningful pursuits (Hesse-Biber, 1996). There is a growing amount of literature suggesting that eating, dieting and bodily dissatisfaction are problems that are increasing within the female teenage population (Bulik, Fear & Sullivan, 1996; Tyrell, 1996; Berg, 1997). More girls, some at a very young age, are beginning to focus on their body and perform unhealthy weight-loss techniques that have detrimental effects to their overall physical and emotional well-being (Malson, 1998).

Medical discourses regarding food and body size are influenced by social beliefs about thinness, and through its power medicine reinforces social beliefs about thinness. Medicine has a hegemonic rigid set of beliefs about eating and body issues which classify obesity as a disease. The solution to this 'disease' of obesity is assumed to be a matter of individual responsibility (Caraher, 1994; Becker, 1993). Thus, medical and social discourses believe methods such as weight reduction programmes and food restriction diets are the 'cure' to this disease, despite the increasing amount of literature that criticises these techniques for their ineffectiveness (Allan, 1994; Dolan & Gitzinger, 1994; Parkes, 1995; Bulik, 1998). Lupton (1994) also notes that medical discourses have influenced public health messages that suggest disease is the result of a flawed lifestyle because an individual has not taken enough time, and spent enough effort, ensuring the maintenance of a 'healthy' body.

The requirement in our culture for young women to conform to feminine behaviours and a feminine body appearance, combined with the predominant medical and social beliefs about body size, means adolescent girls experience a great deal of anxiety relating to their food intake and body appearance. Medical and social beliefs state that a girl's body must be a certain size to be accepted, and being overweight or obese is considered a danger to health (Allan, 1994; Lupton, 1994; Cogan & Ernsberger, 1999). Nichter (2000) argues that many young women grow up learning that their personal looks are extremely important and valued within western culture.

As noted earlier within this chapter, many girls are unhappy about their body. Definitions of appropriate femininities, and medical and social beliefs about body size, mean that many girls feel pressured to follow a set of cultural rules that define who they are and how they feel about themselves. Within this context, food, body size, and well-being are all issues of major tension for many girls. Chaiken & Pliner (1987) say the notion that a woman's food intake and body size may influence others' perceptions of her femininity, and thus her acceptance in the world, means that many young women are pressured to alter and restrict their food intake in order to project a feminine social identity to others. Further research about the issues that might surround and affect the eating behaviours of young women would be beneficial.

Research in this area would provide nurses with a clearer understanding of the beliefs and practices of this age group as a basis for providing appropriate care and support in health encounters. The information obtained from the research could help nurses, and other health professionals, identify appropriate strategies for good health care of young females. On review of the current literature on body image and eating behaviours of young females, it is evident that there is little nursing research. Similarly, almost no feminist nursing research on this topic was found. This is therefore an excellent justification for carrying out this research.

Conclusion

The current literature presented indicates that food and body size issues are of great concern for many young women. This chapter has demonstrated that certain body sizes have been defined as a medical disease, and medical and social beliefs about what constitutes an acceptable female body are closely aligned with dominant features of femininity. A thin figure is presumed to represent a feminine body. Correspondingly, excess body weight is labelled as unfeminine and undesirable. Because the views of medicine are both predominant and hegemonic, this has given health professionals permission to support the pursuit for thinness uncritically. The efforts to continue promoting weight reduction for improved health, even with limited evidence to support this notion, has led to increased dieting and to other unhealthy weight-loss techniques. Debates that question the legitimacy of common understandings about body size have been silenced and disregarded.

Food is important for adolescent growth and development, yet we live in a culture that encourages girls to restrict their eating in unhealthy ways. Body fat naturally increases during the puberty years, at the same time awareness of the culturally valued thin-ideal becomes more apparent. Adolescence is an important stage in life in which eating behaviours learned can affect individuals for the rest of their lives. By attaining greater knowledge in the area of adolescent girls' eating behaviours, health professionals would gain a better understanding of the issues involved for this age group, and thus be able to provide appropriate care and support for young women.

CHAPTER THREE: Feminist Research

Introduction

This third chapter provides an introduction to the theoretical framework of the research. The research is based within a feminist framework that draws on critical social theory. In this chapter I will discuss feminist research. The terms epistemology, methodology and method will be explored. There are many 'feminisms', and stating a simple definition of what it means to conduct research using a feminist perspective is problematic. An outline of why a feminist approach is relevant to the topic of this study is provided. This chapter describes the method, including participant recruitment, data collection, data analysis and ethical issues.

Theoretical Framework

It is important to begin with a brief discussion of why I chose to use a feminist approach for this research. Bunting & Campbell (1991) argue for a synthesis of feminism and nursing, so that the health needs of our clients, especially women, can be best achieved. A number of writers suggest that feminist research has huge potential for nursing. (Speedy, 1991; King, 1994; Carryer, 1995; Wuest, 1995; Keddy, Sims & Stern, 1996). There is also support for feminist research, which comes from the slowly increasing encouragement within nursing for a social activist role. Nurses have been challenged to go beyond dealing with health crises on a narrow level, and to begin to address the socio-political components, particularly issues of race, class and gender oppression (Chopoorian, 1990; Kleffel, 1991; Carryer, 1997b).

As discussed earlier in chapter two, it is clearly evident that body image and eating are especially pertinent and problematic to women, and adolescent girls are particularly vulnerable. Within western culture a tall, thin androgynous female body is understood to represent an ideal feminine body (Bordo, 1990; Malson, 1998). Body fat naturally increases during the teenage years (Hayden, Levine & Smolak, 1994; Parkes, 1995; Bulik, Fear & Sullivan, 1996; Tyrrell, 1996). For women, body fat increases particularly

in areas such as the hips, buttocks, thighs, breasts and stomach (Berg, 1997). Yet this occurrence of body fat comes at a stage in a female's life where natural bodily changes conflict with the desired 'ideal' feminine body. As a young woman gains weight, her female shape is more and more defined (Carrier, 1997b). However, the very signs of a female body, such as bigger hips, curved thighs and stomach, are thought to be unfeminine because they do not fit into the cultural norm of what constitutes the ideal female figure (Malson, 1998; Jutel, 2000). Hence, adolescence has become a stage in a young woman's life where healthy pubertal body changes become undesirable and despised.

Feminist epistemology and methodology

The framework of this research is underpinned by feminist epistemology and this guides the approach of the data collection. Feminists have argued that traditional epistemologies, whether intentionally or unintentionally, excluded the possibility that women could be 'knowers' or 'agents of knowledge' (Code, 1991; Farganis, 1994; Harding, 1987). Feminists argue that the voice of science is a masculine one, that history is written from only the viewpoint of men (of the dominant class and race), and that the writings of traditional literature are always assumed to be those of a man. Therefore, feminists have proposed alternative theories of knowledge that rightfully acknowledge women as knowers (Harding, 1987; Crotty, 1998).

To begin with, it is important to briefly discuss the terms 'epistemology', 'methodology' and 'method'. These terms are interconnected and are often intertwined within the literature. Hence, a definition of the terms is necessary. A number of writers within the literature (Bunting & Campbell, 1991; Jayaratine & Stewart, 1991; Keddy, Sims & Stern, 1996) refer to Harding's definition of epistemology, methodology and method.

Firstly, Harding (1987) describes epistemology as a theory of knowledge that explores such questions as who can know? How does one know? And what is, or is not, legitimate knowledge? Secondly, she defines methodology as a "theory and analysis of how research does or should proceed" (Harding, 1987, p.3). Lastly, Harding (1987) defines method as "a technique for (or way of proceeding in) gathering evidence" (p.2).

It is a specific kind of research practice. For example, this research used journals as a method of data collection and thematic analysis as the process for data analysis.

The concept of methodology is broader and expands further than the concept of method. It is evident that although these concepts differ, neither feminist epistemology, methodology or method can be looked at in isolation. For research to be considered truly feminist, the method or combination of methods used must reflect a feminist philosophy and methodology (Crotty, 1998). Harding (1987) says that it is the issues of epistemology and methodology that are crucial to feminist research. Epistemological issues include that women's experiences can be a legitimate source of knowledge and that informants are experts of their own lives (Bunting & Campbell, 1991; Farganis, 1994).

As discussed in chapter two, to be feminine, and thus fit into the world, a woman is expected to focus on her body appearance. Within current western culture women are encouraged to conform to current constructions of femininities. The ideal female body is presumed to be represented by a thin, androgynous figure. Consequently, women who do not fit, or believe they do not fit, into the cultural criteria of what is considered to be an ideal body experience distress and misery (Malson, 1998). Feminist research aims to reduce, or even eliminate, the injustices and lack of freedom that women experience by illuminating women's experiences. Feminist researchers may share methodologies and methods with researchers of other paradigms, yet a feminist approach transforms common methodologies and methods and provides a unique perspective. Methodologies and methods are used as instruments and tools to offer the potential for freeing humans from limited culturally imposed stereotypes, lifestyles, roles and relationships (Crotty, 1998).

Critical social theory and a feminist theoretical framework

This research uses a feminist framework that draws on critical social theory. Crotty (1998) notes that a critical social theory allows individuals to understand how their society functions, ways in which it is unsatisfactory, and the means to bring about desired change. A critical theory should therefore offer a critique of the self-understandings of its members, a display of the crisis issues of the society under

discussion, and the identification of those aspects of the society which need to be changed if the crisis is to be resolved in a positive way for its members (Emden, 1991).

Research that draws on critical social theory challenges structures of ideology (Crotty, 1998). This research for example aims to explore current constructions of femininities and question existing beliefs regarding issues related to body size/shape. Emden (1991) states that critical researchers question commonly held values and assumptions and interrogate conventional social structures. Research that uses critical social theory is driven by an underlying concern with issues of power and oppression, and aims to expose issues of injustice. A critical inquiry illuminates the relationship between power and culture. Consequently, culture is viewed with suspicion. Crotty (1998) argues that research that uses a critical approach can lead to a more just and freer society. Research is therefore one approach that can reveal the oppression that is experienced by many people (Emden, 1991; Fay, 1987).

While feminist research shares many similarities to the critical paradigm, it also has a number of differences. Webb (1993) suggests that feminist theory differs to critical theory because it places gender centrally within the research, respects and values feelings and experiences, calls for a more equal partnership within research, and emphasises the importance of making research findings available to all, not just to other intellectuals. Similarly, Bunting & Campbell (1991) contend that although critical and feminist theories are emancipatory in that they seek to free individuals from conscious and unconscious constraints, feminist theory is distinguished in that it focuses on gender. The original theorists of the critical approach however did not consider gender issues any more than did any other scientific paradigms. Feminist researchers therefore aim to reveal how social structures and societies in general are oppressive to women.

Gender

Lather (1991) argues that gender is a central component involved in feminist research. She notes that gender is an essential aspect in the shaping of our consciousness, skills and institutions, as well as in the distribution of power and privilege. Lather (1988) suggests that feminists see gender as a fundamental organising principle that shapes and directs the conditions of our lives. Researchers who use a feminist framework look

through a particular lens that brings certain things into focus in a specific way. In any society at any time and in any location there is a particular construction of femininity. Feminists have argued that constructions of femininity are often oppressive to women (Carryer, 1997b). As noted in chapters one and two, in western society today a key component of femininity for young women is thinness. Chapter two has illustrated that existing constructions of the 'ideal' female body causes adolescents to be preoccupied with the size and shape of their body.

The concept of gender is relevant to this work because this study explores how young women are captured in a particular cultural and socio-political environment. Western culture pressures young women to strive towards obtaining a particular physical appearance (Lee, 1997; Malson, 1999). This physical appearance involves the pursuit for the thin-ideal figure and there is a sense for many women that they are only acceptable as people if they meet those physical requirements that our culture sets (Martin, 1998; McDermott, 2000). The socio-political environment is an important aspect to take into consideration when exploring the food and body size issues of young women. Health professionals will encounter difficulty in changing the views, perceptions and understandings of individual women if the wider socio-political environment remains fixated on thinness. Hall and Stevens (1991) state that feminisms include the aim to bring about social change of oppressive constraints by using political action and critique. Thus, feminist research involves ontological issues that go beyond the oppression of women and include an examination of the social structures that define masculinities and feminities and then disprivilege femininities (Carryer, 1997b).

Feminist Research

There is no one definition of what it means to conduct research using a feminist perspective because there are many 'feminisms' (Lather, 1991). Feminists make sense of the world in multiple ways and bring different, even conflicting, assumptions to their research (Hall & Stevens, 1991). Stating a simple definition of feminisms is difficult to do.

In general, feminisms have intersecting common notions. Hall & Stevens (1991) suggest that there are three basic principles of feminisms. Firstly, is a valuing of

women and an acceptance of women's experiences, ideas and needs. Secondly, is the existence of ideologic, structural, and interpersonal conditions that oppress women. And thirdly, is a desire to bring about social change of oppressive constraints through criticisms and political action. Feminist research aims to not only describe and interpret phenomena of women's lives, but also to raise consciousness and bring about changes in the interest of the women studied (Hall & Stevens, 1991). Feminist research is however in a state of constant evolution. I will now discuss the development of feminist research in the last thirty years using Evan's (1995) concept of the three different notions of feminist thinking. These different notions are: equality, difference and difference among women.

The first concept, 'equality', started with the concern regarding the exclusion and neglect of women in research. Feminists were troubled by researchers' tendency to only use male subjects to represent the entire population (Acker, Barry & Esseveld, 1983). Research was extended to include women's needs, interests and experiences. Thus, striving for the improvement of women's lives. The underlying belief of earlier feminist research involved the acknowledgement that women are oppressed and that research should aim to expose power imbalances (Stanley & Wise, 1983).

The second concept is 'difference'. Previous research that adhered to this concept proved to be troublesome. A focus on men and women as separate categories with differing natures and perspectives supported stereotypical beliefs of essentialist masculinity and femininity. Feminists realised that the proclamation that there are innate differences between men and women may perhaps provide a reason to hold the position that advocates women's inequality (Carryer, 1997b; Opie, 1995).

The third concept involves 'difference among women', which derives from a postmodern perspective. Postmodernism examines the differences between women, concentrating on the diversity and variety of women's lives (Farganis, 1994). Within a postmodern perspective, the idea of a fixed or essential category of women is not acceptable (Weedon, 1987). Postmodernism holds all views to be equally valid and opposes an all-encompassing social theory. Within a postmodern approach, women are not viewed as a unitary group, with each person's life experiences being applicable to

all women. A postmodern perspective proposes a subject that is fragmentary and constantly changing (Brooks, 1997). This is challenging to the political work of feminists as it potentially undermines a shared platform for action (Hartsock, 1990).

Evans (1995) suggests that postmodernism has aided feminism by discarding certain narratives that oppress women. It is argued that postmodern approaches are enlightening because they attempt to deconstruct false dualisms of mind/body, man/woman, modern/primitive, subject/object and so on (Coltrane, 1994; Farganis, 1994). Within a postmodern approach there is not one truth but many. Women are not viewed as a unitary group, with certain life experiences being applicable to all women. The 15 participants in this study are not representative of all young women. However, I engaged in this study believing that the experiences of these 15 participants would reveal similarities of experience that are valid and worth exploring. I believed that the participants would reveal similar, as well as differing, feelings and experiences. It is important to note that a postmodernist perspective involves the notion that women experience similarity in the world. However, similar experiences are always modified by aspects such as age, class, ethnicity, culture and gender.

I acknowledge that there is a chance of generalising when exploring similarities of experience. However, I agree with Evans (1995) and Carryer (1997b) who both emphasise that the common shared experiences of different groups of women are important. Postmodern feminists can explore social patterns without being essentialising or totalising (Nicholson and Seidman, 1995). I have reflected on this possibility and I carried out this research believing that the emergence of similar experiences for the young 14-16 year-old women, and an inquiry into the associated social issues, will be beneficial for the participants, for young women in general, and for the nursing profession.

Method

Prior to conducting this research I initially contemplated conducting interviews to obtain data material. However, I was concerned that this age group of 14-16 year-old girls would not talk openly. Adolescents tend to be a group who do not talk fluently in the presence of a stranger, and tend to be uncomfortable about sharing private matters

(Alexander & Butz, 1991). This created a potential problem for this study as I sensed that the participants might write more fluently than they would talk. Therefore, I needed a data collection method that would enable participants to contribute data privately and in their own time and space. Knowing that this age group often enjoyed keeping a diary/journal I explored the literature for advice.

On examination of the literature, it was evident that journals are not commonly utilised as a form of data collection. The majority of the literature refers to 'health diaries' (Heinze, Oleske & Otte, 1990; Campbell & Katz, 1994; Campbell & Lavalley, 1995; Pfister, 1999), which are often employed to examine the daily symptoms of health and illness. Diaries or journals have been used in conjunction with other data collection techniques, such as interviews or questionnaires. However, journals are not often used as a primary source of data in research (Burman, 1995).

Alexander and Butz (1991) say that journals offer several advantages over personal interviews, for instance events are recorded shortly after they occur. Therefore, the information that is recorded in the journal may be more accurate because it is recorded daily and thus reduces memory lapse and bias. Similarly, Heinze, Oleske and Otte (1990) suggest that an interview can bias data or make it less valid because the answers given to a researcher's questions may not adequately represent what was intended to be said because of the interviewer's style or instrument format. Heinze, Oleske and Otte argue that the use of journals as a form of data collection provides a more accurate and broader account of an individual's health perceptions and behaviours.

A number of writers within the literature refer to Verbrugge (1980) who conducted a review of 19 health-care studies that employed diaries as the data collection technique. His summary concludes that diaries are a trustworthy means of collecting data and their effectiveness has been demonstrated in explorations of behaviour in many areas other than health. Diaries and journals have traditionally been used in social science and health research. There are few reports of journal-use by nurse researchers. Carson, Rideout and Ross (1994) note that although the use of journals in nursing research is more recent, they have valuable potential as a worthwhile method of data collection because they produce data that is extensive and rich in quality.

Burman (1995) also argues that data collected using personal journals can be rich and therefore beneficial for nursing research because diaries allow more discretion. Diaries enable participants to reflect on their experience and contribute data privately and reflectively. Journals enable freedom of expression by participants and a sense of privacy. As previously stated, journals also allow for the recording of information at the time of, or shortly after, the experience has taken place (Carson, Rideout & Ross, 1994).

Heinze, Oleske and Otte (1990) comment that participants in their study filled out their diaries accurately and conscientiously but reported fatigue as a potential problem with the use of journals. There is a commitment required for journal-keeping and there may be a threshold for the level of effort in writing by participants and the task of maintaining a journal may be perceived by some as burdensome. Hence, some writers suggest that the data collection time period is restricted to short periods such as 2-4 weeks (Burman, 1995), or 8 weeks (Alexander & Butz, 1991).

Similarly, Carp and Carp (1981) caution that short diary periods, such as one day, can be problematic. Alternatively, long diary completion periods, greater than 6 months, may lower participation and completion rates. Alexander and Butz (1991) say fatigue occurs when the participant is tired or bored with the journal task and becomes less thorough. Usually, the longer the study period, the more likely that fatigue will affect the data. With this in mind, I chose to use a time period of one month for the participants to write in the journals.

Burman (1995) suggests that when using journals as a form of data collection, incorporating a reward or financial incentive can help to reduce fatigue. Hence, this research included the reward of a free movie pass to all participants who returned their completed journal to me after the one-month period. Carson, Rideout and Ross (1994) noted in their study that the type of journal is important and suggest the journal should be user-friendly. For example, participants in their study were able to make specific decisions about what they would record in their journals rather than having it imposed by the researchers. Prior to commencing this study, as the researcher, I believed that the journal method might be particularly useful for adolescent girls. Mirriam-Goldberg

(1999) contends, that by putting pen to paper young people can learn to express their true feelings, and explore their experiences.

In keeping with the aims of feminist research, the participants had a choice in the degree of information they wished to commit to their journals. This research intended to give a group of participants the opportunity to privately express their ideas in a flexible manner. In order to promote some focus, participants were provided with three prompt questions (appendix 7) to write about in their journals. However, it was explained to all participants that if they wished to include other information about the topic then they could do so.

Participant selection

The participants in the study were adolescent girls aged fourteen to sixteen years old. It was assumed that by this age they would have been exposed to information about nutrition and its relationship to health through multiple sources of information from media, peers and caregivers. Following ethical approval, a secondary school in the Wellington region was contacted and asked to participate in the study. The school was sent an introductory letter and an information sheet outlining the research (appendices 1 & 2). After obtaining consent from the school an information letter was sent home to the parents/guardians (appendix 3) informing them of the research. Parents/guardians who did not want their teenager to be involved, were given the opportunity to contact me to state this and to ensure the particular girl would not be included. Hence, parents/guardians did not know if their child was involved, thus maintaining confidentiality for each young woman. No parent took up this opportunity.

A flyer (appendix 4) was distributed throughout the school in classes where there were girls in the age group of 14-16 years old. Those who were interested were asked to contact me by phone or email. Initially two girls phoned me and one girl emailed me. An information sheet (appendix 5) with more details of the research was sent by post to those individuals who were still interested. An individual meeting between myself and each participant was then arranged outside of school hours. At this meeting the journal was given to the girls.

Unfortunately, at this stage there were problems with participant recruitment. Only three participants had been obtained from the first secondary school. Over the next two weeks I arranged with the school to talk briefly with six of the classes in which there were girls in the age range of 14-16 years old. The feedback I got from these was overwhelmingly positive. Many of the girls expressed interest in taking part in the research, yet sadly no one got in contact with me. Hence, I decided to approach another school with a larger number of girls in the 14-16 year old age range. Similar procedures were followed and I was amazed at the level of interest in the study and gratified at the help and support I got from the staff at both schools. With the second school, instead of asking the participants to contact me, I handed out a piece of paper and asked anyone who was interested in taking part in my research to write their name and contact phone number on it and I would ring them in the next two to three days. This technique proved to be highly effective. I spent the next five weeks spending many hours meeting up with potential participants and finally, another seventeen participants enthusiastically consented to take part in this research project.

Participants

Before I discuss the ethical issues I would like to briefly review the ages and ethnicity of the young women who took the time and effort to write in their journal. Twenty participants consented to take part in this study, and fifteen of these completed and returned their journal to me. The content of the journals, which will be discussed later in the following chapters, was truly amazing. I felt very privileged to share the deeply personal thoughts, feelings and experiences of these girls' lives. Six of the participants were 14 years old, five were 15 years old, three were 16 years old, and one girl identified herself as 15/16. The majority of the participants identified themselves as New Zealand-European, European or Pakeha. One of the five remaining participants did not state her ethnicity, while the other four girls noted their ethnicity to be either Samoan, South American, Irish-English or Chinese-European-Eurasian.

Method of data collection

Through the use of personal journals as a form of data collection, this research aimed to give a group of young women the opportunity to explore their own experiences regarding issues related to eating behaviours. Data was collected via a personal journal that allowed participants to respond privately and reflectively to semi-structured questions. Journals were provided and participants were asked to aim to write in them every day for one month. Prompting questions were given out to the young women when they received the journals, to help promote continuity. The three questions asked were as follows...

- What has influenced your food choices and eating patterns today?
- Have you altered your food intake to lose weight?
(if so, why and how did you alter it?)
(or have you altered your food intake for any other reason?)
- How do you feel about your body size today?

Please note: It is up to you to write whatever you think is important to this area. You may think of other related things that you also want to write about in your journal.

Reciprocity and reflexivity

Hall, Meleis and Stevens (1994) say that it is important to address the issue of power in research. Some research has exploited marginalised groups by not distributing or sharing results adequately. Instead of using research to improve the daily lives of its participants, some research has been used to justify policies (Armstrong, 1992). Feminist research therefore aims to conduct research and disseminate findings with the goal of providing women with explanations that they want and need, rather than providing establishments such as welfare departments, manufacturers, medical institutions, or health agencies with information which they can use as they choose (Hall & Stevens, 1991; Carryer, 1997b). While this research does aim to inform nurses and other health professionals of issues that surround the eating behaviours of young women, it also aimed to improve the quality of young women's lives. Hall, Meleis and Stevens (1994) suggest that a feminist approach to research involves conducting

research from the perspective of women's own experiences so that women can understand themselves and the world they live in.

Webb (1993) notes that reciprocity is a key element in feminist research. Reciprocity is a process that involves the researcher contributing to the study and the participants. Holloway and Wheeler (1996) say feminist research often involves a close relationship between the researcher and the participant. Reciprocity should be encouraged, so that the research study can become a joint venture. The life experiences that the researcher and the participants share can bring them closer together and provide women with increased knowledge and understandings. Acker, Barry and Esseveld (1991) say a feminist research process allows for a dialogue between the researcher and the participants, whereby both the researcher and the participants are given the opportunity to reflect and share their life experiences.

One of the key tenets of using a feminist perspective for research is that it is also reflexive (Maynard, 1994; Wuest, 1995). Hall and Stevens (1991) state that "a reflexive approach to research fosters integrative thinking, appreciation of the relativity of truth, awareness of theory as ideology, and a willingness to make values explicit" (p.21). Reflexivity involves the process whereby the researcher engages in self-reflection on the research process and is constantly aware of her personal influences on the study. The elimination of bias should be made explicit and addressed through ongoing reflexivity. My position and my beliefs will inevitably influence the data. For this reason, I will state my background later within this chapter.

Hall, Meleis and Stevens (1994) say reflexive involvement gives participants the opportunity to alter the design of the research study and the chance to be involved in the research process. Reflexivity also involves ongoing engagement with the participants. However, it is important to note here that the use of journals within this study has reduced the chance for reflexivity and reciprocity. As the researcher of this study, I initially contemplated conducting interviews, but decided that adolescents would not talk fluently to a stranger and I would possibly obtain data more effectively by using journals. After conducting a review of the literature on journal use, I found that some

writers confirmed that journals allow participants to contribute data privately and in their own time and space (Alexander & Butz, 1991; Mirriam-Goldberg, 1999).

Hall, Meleis and Stevens (1994) say that reflexive involvement provides participants with the opportunity to tell their stories freely and in their own words. Although the use of journals inhibited my ability to engage actively with the participants, and their ability to be actively involved in the research process, I however believed that the journals would provide an approach that would allow the girls to feel more comfortable about sharing their experiences.

Adolescents tend to be uncomfortable about sharing private matters (Purcell, 1997). Hence, I believed that the journal method might be particularly useful for adolescent girls. I acknowledge that the use of journals does not allow for the same degree of reflexivity and reciprocity that interviews and other methods do. Nevertheless, I believe that because of the age group of the participants in this study, the need for privacy and anonymity outweighed the potential for reflexivity. The limitations of using the journals as a method of data collection will be discussed further within chapter six.

Data analysis

Journal entries were photocopied and thematic analysis was used to analyse the data (Polit & Hungler, 1997). A thematic analysis is consistent with qualitative research. Qualitative methods are useful when little is known about a subject or where there are no clear theoretical frameworks or nursing knowledge about the nature of the subject being studied (Burnard, 1995; Roberts & Taylor, 1998).

Thematic analysis

Themes are words, propositions or sentences that describe a phenomenon within the material. Themes are defined as entities derived from patterns such as vocabulary, conversation topics, recurring activities, meanings or feelings (Bogdan & Taylor, 1994). Themes are identified by bringing together fragments or components of ideas or experiences which are often meaningless when viewed alone (Leininger, 1985; Aronson, 1994). DeSantis and Ugarriza (2000) provide a useful definition of the term

'theme' that can be used to guide nurse-researchers and others in the analysis of qualitative data and in maintaining methodological rigor. "A theme is an abstract entity that brings meaning and identity to a recurrent experience and its variant manifestations. As such, a theme captures and unifies the nature or basis of the experience into a meaningful whole" (p. 362).

When using thematic analysis, themes spontaneously emerge as the data is read over and over again (Burnard, 1991). By reading and re-reading, the researcher is 'immersed' in the data and it is through this process of 'living with the data' that the researcher is able to identify the participants overriding intent and meaning (Field & Morse, 1985).

Boyatzis (1998) suggests a good thematic code should consist of five main elements. These are:

- (1) A label (i.e. a name).
- (2) A definition of what the theme concerns (i.e. the characteristic or issue constituting the theme).
- (3) A description of how to know when the theme occurs (i.e. indicators on how to 'flag' the theme).
- (4) A description of any qualifications or exclusions to the identification of the theme.
- (5) Examples, both positive and negative, to eliminate possible confusion when looking for the theme (Boyatzis, 1998, p.31).

This research will employ the use of 'thematic analysis' and I believe the work of Burnard (1991) is a useful tool when analysing the data. Burnard (1991) provides a list of 14 stages of thematic analysis. The first stages involve taking notes after reading the text. Notes are taken on general themes. The text is read and re-read with the aim of becoming immersed in the data. The next stages involve making lots of headings and then collapsing some of the broader headings into sub-headings. The categories and sub-headings are worked through and repetition or very similar headings are removed to produce a final list. Each participant's data is then coded according to the category list

and colour coding is initiated. The various coded sections are collated under the appropriate headings and sub-headings (Burnard, 1991).

Themes that emerge from the participants data are pieced together to form an overall picture of their collective experience (Leininger, 1985). The final stages of the thematic analysis involve the writing up process. The researcher offers a commentary on the general themes within the data (Burnard, 1991). A valid argument for choosing the themes is presented. This is achieved by relating to the relevant literature. When referring back to the literature, the researcher can also give examples of verbatim quotes from the data. Once the themes have been collected and the literature has been studied, the researcher is able to provide theme statements to develop a storyline. The literature is combined with the findings, allowing the story that the researcher develops to stand with merit. The storyline enables the reader to understand and comprehend the data and motivation of the researcher (Burnard, 1991; Aronson, 1994).

Researcher's background

Maynard (1994) suggests that the direction of a study will inevitably be influenced by the person undertaking the research. Therefore, the researcher's point of view (i.e. background, ethnic and social class) will very much affect the research analysis and should be included as part of the data (Maynard, 1994; Henderson, 1995; Janesick, 1994). Holloway and Wheeler (1996) suggest that the researchers' background and beliefs become an analytic tool that therefore becomes part of the research study. Bias cannot be eliminated. Thus, it is essential that the researcher recognises and acknowledges her bias. Similarly, Hall, et al (1994) argues that the race, culture, gender, beliefs, and behaviours of the researcher will affect the analysis findings and shape the research study. They go on to suggest that the researcher should make their background visible so that they do not appear as an anonymous voice of authority, but as a real person with existing interests. In keeping with the tenets of a feminist approach, it is necessary that as the researcher of this study, I briefly describe my background.

I am a European woman in my mid-twenties. As discussed previously within chapter two, the focus for this study has arisen out of my experience of eating behaviours

related to body size. Growing up as a female, I have endured the cultural pressures to have an 'ideal' body. This has included spending a lot of time and energy performing certain behaviours, such as 'beauty' routines and dieting. Similar to many other women, I too have experienced the feelings of failure when unable to achieve this unrealistic body shape. Consequently, I have felt the distress and misery that accompanies 'failed' efforts.

Throughout my nursing career, I have observed occasions when health professionals have stigmatised and humiliated female patients because the women were overweight. I enter this research focussing on the experiences of adolescent girls aged 14-16 years old, yet I cannot as a researcher be removed from the data. My position and my beliefs will inevitably influence this study. I acknowledge my personal experiences as a female, and as a nurse, have influenced my decision to explore the topic of this research and my point of view will affect the data. However, my ability to engage actively with the participants has been inhibited by the journal method. The limitations of using journals as a method of data collection will be discussed later in chapter six.

Sharing the results

Within a feminist approach, it is important that the research is not conducted solely for the purpose of academic publication, but also for the potential improvement and quality of women's lives. Hence, an aim of this research is to share the results with women in general as well as with the women who participated in the study. Feminist research aims to share results with those who gave the data and who contributed to the content of the study (Duffy & Hedin, 1988; Maynard, 1994). Thus, the participants, the schools and other young women will be given the opportunity to access the thesis and publication of the findings in non-academic forums and in teenage literature. All participants will also be sent a feedback sheet which summarises the findings. This feedback sheet will be sent out to the young women once the thesis is completed.

Ethical Issues

Informed consent

Written information was given to the school principal and teachers, parents/guardians and participants regarding the nature of the research. The participants were given

information sheets using a style of language that was appropriate to their age group. The information given to the possible participants outlined the time commitment and other expectations, and the girls were asked to write in the journal outside of school hours to avoid disruption to their education programme. After receiving the information sheets the girls were contacted and asked if they still wanted to be involved in the research. An initial meeting between myself and each potential participant was arranged. The purpose of this meeting was to give the participants the blank journal, discuss and clarify the study, and answer any further questions. Each participant signed the written consent form prior to the study commencement.

Anonymity and confidentiality

To protect the participant's anonymity the initial individual meetings were held off school premises, such as at a public library or another mutually agreed location. All participants chose a pseudonym that was used to identify journal entries. Only myself and that participant knew this pseudonym. The participants were all supplied with a stamped envelope with my address for them to send the journal on completion of their journal entries. When returning the journal the participants stated whether they wanted the journal returned to them when the thesis was finished.

The anonymity of the participants was safeguarded by omitting any identifiable references from the thesis. Each participant was informed that in consenting at the beginning to participate in this study, they needed to understand that verbatim quotes from the journals would be used in the thesis and subsequent articles. Journals and signed consent forms were placed in a locked filing cabinet to protect the identity of those involved. On completion of the thesis, the journals were sent back to those participants who had previously stated that they wanted them back. Only three girls did not want their journal returned to them, and the other twelve did. Those three journals that were not requested back by the participants were destroyed. Additionally, photocopies of all journal content has been archived as raw data.

Potential harm to participants

Prior to the commencement of data collection, I was concerned that participants may become distressed when writing personal information in the journal. Due to this

possibility, I put together a referral list (refer to appendix 8) of relevant services that I initially intended to provide to participants when appropriate. However, when the journals were sent back to me the content of some of the journals was of great concern to my supervisor and myself. It was evident from the data that many of my participants experienced considerable anguish and misery about their body image. I was disturbed about the information that was revealed by some of the participants regarding unhealthy eating behaviours and distorted body images. This will be discussed further in the following chapters. It was obvious that many of these young women experience an inner turmoil that is not only unhealthy but also has negative consequences that influence their lives. Hence, in consultation with my supervisor, I devised a letter (appendix 9) outlining my concerns and sent this, and the referral list, to all participants. It was decided that all participants should be sent the letter as it was very difficult to decipher which of the girls did not need it.

Participants right to decline to take part

It was explained to all participants that they have the right to decline to take part in the research at any time. Participants were informed of this both verbally and in the information sheet that they received. They had the right to withdraw at any stage during the research process by informing the researcher that they did not want to continue to take part in the study. It was explained to the participants that if they did choose not to continue, their journals and consent forms would be destroyed and any identifying details removed from all research data.

No participants stated that they wished to withdraw. However, there were twenty girls who initially consented to take part and only fifteen of these completed and returned their journal to the researcher. Therefore it was presumed that the remaining five young women, who did not send their journal to the researcher, decided not to continue taking part in this study.

Conclusion

This chapter has discussed the framework used for this research, which is feminist. In keeping with the aspects of a feminist approach, this research aims to improve the quality of women's lives by sharing the results with health professionals, the

participants, and other young women. The method of data collection involved the use of journals, which are new to this area, but was especially useful for this age group of 14-16 year-old girls. Lastly, this chapter has discussed how participants were obtained, the method of data collection, the method of data analysis and ethical issues.

The following chapter will begin the exploration of the themes that emerged from the data. Within chapter four, I will discuss how the girls in this study feel about their body. Generally, the participants perceived their body in a negative way and wanted to change their size, shape or weight. Most of the girls suggested that they were intensely dissatisfied with their appearance, yearned for a thin 'ideal' body, and seemed to experience constant preoccupation with their food intake and body. The themes will be discussed in relation to the literature and the participants' experiences of food, body size and body image issues. Within chapter four, I will also discuss the concept of femininities, isolation, the body as an image, and the body as a symbol of the inner self.

CHAPTER FOUR: My Body in the World and How I Understand My Body

Introduction

In the last chapter, I discussed the theoretical framework of this research. I will now present the themes which emerged from the data. This chapter and the following chapter present the interpretation of the data. As I have previously discussed, the data for this research was collected through the use of personal journals. Fifteen young women returned their journals after the one-month completion period. Several main themes surfaced from this study.

The first theme involves how the young women understand their body. The participants were generally unhappy about their body, and the comments they made within their journals suggest that they experience a sense of being trapped in an unacceptable body that they cannot easily control. I will begin by discussing the issues surrounding how the girls perceive their body in the world.

My Body in the World

Generally, all of the girls expressed unhappiness regarding their body and revealed common thoughts that involved wanting to change their body size, shape or weight. Participants were not asked to supply their weight and height. However, some participants volunteered this information. As the researcher of this study, I did not ask my participants for their height and weight because I decided that it was the participants' feelings and experiences that were important. I wanted each individuals' feelings to be validated and accepted without imposing on them a set of criteria of what constitutes the 'right' weight for that age group. Whatever their weight, the girls stated they wanted to be smaller. Whether they were forty kilograms or sixty kilograms, they were not completely happy with their body. Some girls stated that they wanted to change their actual weight, by being lighter, while others suggested that their general body shape was unsatisfactory.

It is important to note here that the word '**normal**' has been placed in speech marks to emphasise the question of what is 'normal'? Who defines 'normal'? And where does it come from? Health literature that discusses the supposed healthy body weight range categorises people into particular groups depending on an individual's height, weight and age (Russell, Wilson & Wilson, 1993). On one end of the scale individuals are classified as underweight, while individuals at the other end of the scale are classified as obese. It is essential to this study to raise the issue that while a person may be categorised as, for example, obese, other health literature and the person themselves may classify them in a different category.

Kelly weighs 45kg, yet she expresses dissatisfaction with her body. Kelly's weight falls under the 'normal' weight range (Russell, Wilson & Wilson, 1993). Yet despite being of a low weight, Kelly still sometimes feels 'fat'. She states:

I do feel as though I should maybe lose a little weight. I've been purposely trying to eat healthily so that my extra 'fat' will go away. I've been told by lots that I don't need to loose ANY weight but I feel myself that I'm not all that good looking – shape wise (p.1).

The majority of the girls in this study expressed various feelings of body dissatisfaction. While some participants noted more distress than others, common features of the participant's journal entries were periods of discontent. Fibonacci stated she is 170cm tall and weighs 64 kilograms, which places her within a 'normal' weight range (Russell, Wilson & Wilson, 1993). Despite being of a 'normal' weight, Fibonacci also notes feelings of body dissatisfaction:

Today I feel large and clumsy. I am too tall, too broad, too muscular, too BIG. Not fat, just big all over. I feel this way sometimes (p.12).

Fibonacci states that she feels unhappy about her body. Perhaps she is comparing her body to the female models she sees in magazines, or perhaps she is comparing her body to those of her friends'. Whoever she is comparing her body to, Fibonacci appears to

believe that her figure does not measure up to the 'normal' standards of what constitutes an acceptable body.

The data analysis revealed that these girls experience a constant preoccupation with their body. From their journal entries it was evident that the girls often think about their body and are engaging in attempts to change it. These girls see their body as unpredictable, and something that may escape and overwhelm them at any moment. The participant's emotions regarding their body changed daily. Sometimes a participant described feeling good about her body, while at another time she described feeling miserable. The change in feelings about her body may be provoked by the events of the day; a participant may describe feeling unhappy about her body while simultaneously stating that she had an awful day at school. There seemed to be a connection between the events of the girls day, and the way she feels about her body. Additionally, there appeared to be an overall sense for these girls that their body was an unstable entity that was very difficult to control.

The bodily dissatisfaction that is experienced by these young women is reflected in the following excerpts...

I hate my body size, I feel so so so huge and heavy (Louise, p.23) ... I am starting a diet this week. Starting tomorrow (Louise, p.26).

I still feel bad about my body size and I really want to lose weight. But at the moment I can't (Cazna, p.6).

Today, is a 'fat day'. I'm feeling incredibly round as this morning I went to do my jeans up and it was harder to do them up than a couple of weeks ago. This really annoys me because I've been trying to maintain my weight at the same level or lower (Anastasia, p.1).

The desire to be smaller was virtually universal for the participants in this study. The need to be smaller was constantly repeated in their journal entries. These girls not only wish they were smaller; at times they feel an absolute and desperate **need** to be smaller.

Their need to be smaller appears to be a crucial and very central part of their life. It is imperative to these girls that they strive towards the ultimate goal of living in a different body than they now occupy. It is important to note here that as the researcher of this study, I did ask the girls to focus on their bodies by writing in the journal. Therefore, this may have led to an enhanced sense of body preoccupation. However, even if the girls did focus more on their body by participating in this study, the experiences that they shared were valid because their journal entries demonstrated that these girls were generally unhappy with their body size, shape and appearance.

The issue that arises here is that perhaps no matter how thin the participants are, it may never be enough to make them feel as though their body is acceptable. No matter how small a young female is, there often remains an underlying desire to change their body in some way. The participants' universal desire to be smaller, and general dissatisfaction with their body appears to be constituted from the socially constructed notion of what makes an 'ideal' female body.

Numerous writers within the literature have argued that current idealisations of thinness, particularly in women, are dominant throughout contemporary western culture (Bordo, 1990; Orbach, 1993; Malson, 1995; Jutel, 2000). This notion in current western culture is that to be beautiful means you must be thin. Consequently, being thin will also result in being happy (Malson, 1999). Many of the participants appeared to believe that being beautiful would lead to being happy. This message is supported by media advertisements that constantly present the illusion that if you are a thin woman, then you will not only be beautiful, but you will also gain a blissful, wonderful life.

Anastasia illustrates this stating:

Teens see models as having life 'sweet as! They're paid HEAPS of money to pose in front of a camera, look gorgeous and thin. And most importantly they portray that they're having the times of their lives. So being thin is being beautiful and HAPPY is the message that I am given. I know its wrong but I can't get past it. And so this is my reason to try and lose weight (Anastasia, p.2).

Anastasia expresses the common notion in western culture that by losing weight she believes she will be beautiful and happy. Additionally, Anastasia suggests that she also knows this message is wrong. However, because she is so often bombarded with this message, and it is so widespread, she finds it hard to not believe it as the truth. Perhaps Anastasia knows that this message is wrong because she has possibly received some information suggesting that losing weight will not result in beauty and happiness. Yet, at the same time, Anastasia also appears to believe that this dominating message is, in reality, true. She is sure that if she loses weight she will be better off.

For many of the young women in this study, there is an underlying belief that there is an element of truth in the messages that state that being thin means being beautiful and happy. Although this notion is fundamentally not true, our socio-cultural environment has placed so much emphasis on the thin ideal body that these messages become a reality. However, this reality is a reality that is socially constructed. Society has constructed thinness as the ultimate perfect desirability (Bordo, 1990; Malson, 1998; Jutel, 2000). Hence, if you fit into that 'norm' then it is assumed that you will be happier. Aine says:

I have decided what I would like to be like when I have total control over my eating, fashion and life – when I leave home. I would like to be tall and slim, long hair – that is naturally curly anyway. And high heeled shoes. Being in fashion is what I long to be – that and being thin (p.31).

Aine is not only preoccupied with thinness; she is also concerned about fashion. Currently fashion models are thin. Consequently, many young women try to attain a thin body (McMorran, 1996). Western culture suggests that being fat is not acceptable. Thus, it becomes a reality that being thin will result in being happier because a thin individual is more likely to be accepted within our society. Anastasia discussed how she believes she would have got a part in the school play if she were better looking:

The audition was fun, but I could tell that they were going to cast only the perfect looking people, tall, thin and pretty. This excluded me. No matter how much talent you had, you must be beautiful (Anastasia, p. 20).

Russell (1995) argues that tied in with the notion of female beauty is the belief that what women do is not as important as how they look. Hence, the outer appearance of the female body is measured as a woman's main asset (Russell, 1995). The notion that being thin means being beautiful and happy is detrimental to Anastasia. She feels that she does not fit into this category of what constitutes beauty because she is not thin. Hence, this negatively affects her confidence and her ability to be all that she can be in the world.

Malson (1995) notes the notion that being thin is beautiful and being fat is ugly is very normalised and dominant within western culture. This notion is so common that it is usually not questioned and it is believed that being thin really is beautiful and being fat really is ugly. However, the correlation of beauty and thinness is socio-historically specific (Orbach, 1993). The thin 'ideal' female body has been constructed as attractive within current western culture (Orbach, 1993; Malson & Swann, 1999; Bryant-Waugh, 2000). Bordo (1990) says that western culture has witnessed a comparable shift from the hourglass figure of the 1950s to the lanky and increasingly elongated slender body.

At different points in time and in various societies, women have spent endless hours attempting to alter their bodies to fit the current constructions of the cultural ideal body (Malson, 1999). Although the body form varies, the notion of female imperfection has been constant. The female form has been required to become slimmer and slimmer. Hence women are restricting their food intake, or increasing their energy expenditure more and more to try to achieve this increasingly unobtainable slim figure (Bordo, 1990; Orbach, 1993; Malson, 1999). The socio cultural context of women's lives has produced the pressure and obligation for women to engage in the endless quest for a thin body. Women receive covert messages that suggest if they spend time and energy perfecting their body, their efforts will be rewarded by success in their personal and professional lives (Ezekely, 1988; Russell, 1995).

The participants in this study obviously cannot ignore the persistent messages that thin is beautiful, and thin results in a happy life. Many of the participants, such as Anastasia, illustrated that they are influenced by the 'thin is beautiful and happy' notion. Anastasia stated that she knows 'it is wrong' to believe that if she lost weight she would have the perfect life like the models on television. Yet these messages are impossible to ignore when they are so overwhelmingly persistent and normalised within our socio-cultural environment. Russell (1995) suggests that it is important to critique our socio-cultural context and question the assumption that the outer appearance of the body is of utmost importance for women. It is vital to examine the way in which femininities are constructed and maintained within our society.

Femininities

Femininities are situated within a complex socio-historical, cultural and political context. I agree with Malson & Swann (1999), who argue that it is important to explore the "multiple and complex ways in which contemporary cultural discourses, ideologies and normative practices produce and regulate our body management and our increasingly complex and often distressed relationships with our bodies and with food" (p.398).

Malson (1998) states that within western culture femininities are directly associated with thinness. Malson goes on to suggest that within this context thinness is represented by a delicate, meek, childlike femininity. Thus, the thin female figure relates to the traditional physiological characteristics of femininities because the thin body is presented as both physically attractive and also representative of feminine psychological characteristics such as non-aggression, passivity and fragility.

Seid (1994) says femininities require women to behave and look a certain way. Women are expected to control natural bodily functions such as burping, farting, nose wiping, sweating, scratching, spitting, and body odour. Comparatively, masculinities are more accepting of these behaviours. Men are able to feel more comfortable about natural body functions and more allowed to display them in the public realm. However, women compromise their femininity if they do not control these behaviours. Similar

disprivileging of femininities are present within the issue of food and body size. Women are required to manage their food and body size more vigilantly than men. Consequently, women are expected to be personally responsible for controlling their appetite and body weight, whereas men have less pressure to do so (Seid, 1994; Jutel, 2000). Within this context, for many women eating becomes a distressing activity. The participants in this study often noted thoughts about how they feel they *must* be vigilant about their food intake. Eating the 'wrong' foods, or eating too much food is believed to be unfeminine and unattractive as illustrated in the following excerpts:

I ate only a little today because I was with my boyfriend most of the day. I don't like eating too much in front of him so I just pick at food (Paris, p.19).

I know that some of the girls wont [won't] eat in front of their boyfriends. It's quite weird cos [because] when I was going out with someone a while ago I refused to eat anything in front of him, the one time I had a sandwich I wouldn't let him look at me eat it ... But that is girls attitude to food sometimes around guys its either eat nothing or only a little (Anastasia, p.25).

Me and [my boyfriend] went for dinner, I didn't eat much, because I was a little embarrassed about how much I would eat so I only picked my food and tried to eat as neatly as I could (Louise, p.9).

Today my eating decisions were mainly influenced by the fact that two friends were coming over. I'm not very well acquainted with them yet, so I was being very polite, so I didn't eat much ... I have basically said why I altered my eating patterns today because I usually eat a lot, but didn't want to appear greedy to the girls [her friends] (Fibonacci, p.8).

These quotes indicate that eating, which is an essential activity, becomes an action that produces apprehension and anxiety especially within the male gaze. Within this context eating is an activity that is to be limited or avoided, especially around boys because it is believed to be unattractive, and most essentially, unfeminine. McDermott (2000) argues

that women are encouraged to conform to current constructions of femininity that include defining who we are and how we should act around food.

For young women, what it means to be feminine is not only superficial; it also becomes a deeply embedded part of who they are physically and psychologically (Martin, 1998). Malson (1998) notes that femininities classify female beauty and heterosexual attractiveness in terms of a thin body. However, masculinities can be more easily defined independently of physical appearance than can femininities. It is a woman's, but not a man's, duty to attain a beautiful, slim body. It is important to note here that men are beginning to feel more cultural pressure to focus on their body size, shape and appearance. Men are not totally exempt from constructions of physical ideals. However femininities, rather than masculinities, are regulated more through standards of body perfection through thinness (Malson, 1998).

It has been suggested by some writers that the body is a source of power for men, but serves the opposite function for women (Young, 1990; Connell, 1995; Martin, 1998; McDermott, 2000). The participants described negative feelings about their body that inhibited their social activities and self-confidence. If a young woman perceives her body as a negative entity, for her there is a belief that she exists in the world in a body that is deficient and unacceptable. This affects her confidence, the way she carries herself, and her ability to participate in day-to-day activities, such as in sports and social events. Kelly illustrates this stating:

I really want to go swimming but I spose [suppose] I am ashamed of wearing a bikini in a public pool. Mum says I have nothing to worry about. Maybe I'll just go for it and forget about the other people around (Kelly, p.4).

Anastasia also illustrates her body is not a source of power. Her negative feelings about her body impact on her confidence and ability to take part in recreational and social activities. She says:

When 3 of my friends went swimming in their bikinis I wish [wished] that I could do that. I recently have decided that I'm not going to get into togs, I will just paddle my feet in the water. I hate myself in togs and I don't want anyone else to see me in them again. All my friends are keen to get bikinis and it really depresses me because I wish that I too could wear skimpy clothes like the girls in the magazines (p.19).

For Anastasia, her body causes her feelings of misery which then affect her ability to socialise in normal activities with her friends. Anastasia discusses another social event, a school dance, which caused her great anxiety because her body is a source of anguish and concern. She states:

There is a school dance in a couple of days and at lunchtime we were talking about what clothes we were going to wear and they were discussing wearing 'boobtubes'. They asked me if I was going to wear one and I snapped a 'no way, not unless I want to scare everyone away' and then there was a weird silence and them saying don't be stupid. But at that moment I felt like crying and running away because I would love to wear a boob tube but because of my body I can't. I don't even think I'm going to wear my new top cos I feel really gross in it. How depressing (p.12).

Anastasia clearly demonstrates that her body is a source of anxiety that hinders her confidence, her general opinion of herself, her social relationships with others, and her overall ability to participate in daily events.

Women feel insecure about their bodies and lack confidence about using their body to its fullest extent (Young, 1990; Martin, 1998). Martin (1998) argues that our daily movements, postures and gestures are gendered. Socio-cultural standards of the female ideal pressure women into attempting to look and act a certain way. Men and women fill up social space with their bodies in different ways. These bodily differences are so common and normalised within our culture that they frequently appear to be natural. Within the topic of eating, appearance and body size issues for women; an example of the gendered bodily differences that appear natural is that women have been labelled as

naturally more vain than men (Martin, 1998; Jutel, 2000). Malson (1999) states the high prevalence of women who are preoccupied with body appearance is often dismissed as natural vanity. However, it is not that women are naturally more vain; it is simply that femininities requires a female to focus on her body and appearance.

Gendered differences not only enhance the apparent naturalness of reproductive differences, they also construct inequalities of power between men and women (Martin, 1998). Jutel (2000) discusses how boys are rewarded for rough behaviour and torn clothing on the playground because it is seen as a positive feature for a boy. Boys are discouraged from focussing on personal appearance. Girls however, are encouraged to take responsibility for how they look, and must be prepared to be seen at all times and gazed upon by others. For females, there is a greater emphasis on the body (Jutel, 2000).

As revealed by the participants in this study, the body for young women is a significant source of distress and anxiety that affects their emotional well-being. Many of the participants in this study illustrated that they often focussed on their body appearance and were striving to obtain the thin ideal body of femininity.

Cazna and Paris's statements below exemplify the general bodily distress that is experienced by all of the participants:

Overall, I think that my body size today is very bad because I have big hips and I want to get rid of my flabby stomach (Cazna, p.1).

Getting annoyed at my school skirt and waist and hips ... skirt rides up on my fat rolls and is far too short and I do not have the legs for it (Paris, p.9).

Overall, it was common for the young women in this study to describe their body as unacceptable, particularly areas such as the hips, thighs, buttocks and stomach. It is important to note here that these girls are unhappy with parts of their body that are **normal** healthy pubescent changes. It is during puberty that hips, thighs, buttocks and stomach develop. This data relates to the concept of femininities because currently in

western culture femininities have been constructed to be represented by an androgynous, asexual body. Within this context, in order to be feminine, it is alleged that a female should have a tall, slender, curve less body. Thus, this feminine form coincides with the reality of natural pubescent body development.

Aine, one of the participants in this study, cut out a picture from the newspaper and pasted it into her journal. This picture was a photo of Nikki Webster, a thirteen-year-old girl who took part in the opening ceremony of the Olympics. The photo portrays an image of this young girl who is small, thin, childlike, and appears to have not yet developed breasts, shapely hips and thighs. Next to this picture Aine writes "*This is the little girl, whose size I envy so much*" (p.8). Aine admires this girl because she represents the feminine body appearance that is 'little', delicate, meek and childlike. A little body is a body that is less visible, takes up less space in the world, and thus may be less powerful. How can a young woman be powerful, both emotionally and physically, when she not only has energy diverted towards focussing on her body, but also her body is a twiggy 'stick' figure that is weak and fragile? As noted in chapter two, Malson (1998) notes that the thin, childlike femininity not only signifies the socially constructed notions of beauty in western culture, it also signifies that a woman is expected to be dainty, of 'lesser importance' and inferior to a man.

The concept of femininities for Aine not only means being thin, but also means denying obvious female physical characteristics. Aine goes on to say:

Watching the second half of the Olympic ceremony, the little girl who got to fly on wire [Nikki Webster] was so small, thin and tiny ... she looked so perfect, cute, thin, tanned. Everything, it seems I'm not (p.11).

Adolescence is a stage in a young woman's life when body fat naturally increases (Hayden, Levine & Smolak; Parkes, 1994; Bulik, Fear & Sullivan, 1996; Tyrrell, 1996; Berg, 1997). Yet this development of body fat comes at a developmental period where natural bodily changes conflict with the desired 'ideal' figure. The 'ideal' female figure is tall, thin and not shapely (Bordo, 1990; Malson, 1998). Or as Anastasia states women

"simply have to have a small waist, big bust and long legs" (p.6). Young women strive towards being an ideal figure, which has firm slim thighs, a flat toned stomach, small hips and thin legs. However, this ideal figure conflicts with the reality of most 'normal' developing female bodies.

In contrast to this stage in a female's life, body image during the puberty years is more positive for a male. Numerous writers within the literature state that women experience more concern with their body weight and appearance than men (Dewar & Wright, 1997; Malson, 1998; McKinley, 1998; Ball, Crawford & Owen, 2000). Dewar & Wright note that the ideal female body is a thin and slightly muscled body. In contrast, the ideal male body is a larger well-defined muscular body.

During the teenage years, males develop muscles, bigger arms, stronger legs, and increase their body weight (Dewar & Wright, 1997). This development is welcomed because the young teenage male is heading more towards the 'ideal' male figure. In contrast, for young girls their puberty bodily changes are moving further away from the 'ideal' figure. Hence, as illustrated by the young women in this study, females grow to dislike their body. Young women often despise the development of the hips, thighs, curves and the increase in body fat.

For many young women discovering feminine identity is a very puzzling and often contradictory experience. Currently in western culture, being feminine includes the task of striving towards an ideal thin body. McDermott (2000) states that it is during adolescence that young women move away from having a child's body to that of a woman's body. This shift coincides with a gendered pressure to be preoccupied with appearance. Being concerned with physical appearance is one of the first things that a female learns she must do in order to fit into the world. Analysing and monitoring the body is an essential aspect of 'women's work' that adolescent girls learn (McDermott, 2000).

Malson (1998) suggests that the desire for a thin body for women is constructed and maintained by the socially designated symbols that are attached to body weight and shape. As discussed within chapter two, negative labels such as 'deviant',

'unattractive', and 'slothful' have been associated with fat (Davies, 1998; Allan, 1994; Germov & Williams, 1999). Aine says: "*I view fat people as stupid*" (p.40). Comparatively, Anastasia states that she has been called nasty names because she is overweight. She says:

I'm a stout little 'umpa lumpa' as I was once harshly called by a group of guys who I thought were my friends (p.10).

The participants commonly appeared to believe that a fat body, or fat parts of the body, are 'bad'. This is illustrated in the following statements:

I have altered my food intake to lose weight because I am trying to look good before summer and also because my brothers always say I have a fat stomach (Cazna, p.1).

I am comfortable with my body size but with most people you wish there wasn't that extra flab on your thighs or the roll in your stomach (Marie, p.7).

I felt as if I had the biggest thighs today. They just really annoy me that they bulge out so much and I can feel the fat there (Genevieve, p.3).

In contrast, being slim has been associated with positive descriptions such as 'self-confidence', 'happiness', and 'beauty'. Aine refers to the success of the contestants completing in the Olympics. Aine states:

Watched a bit of T.V, Olympics. Again noted how thin and petiete [petite] they looked. Even the weightlifters weighed less than me and were able to lift more than twice to three times my weight (p.10).

Louise believes her boyfriend would like her more if she were thinner. She says:

Maybe if I was slimmer, 'more hot', more something, [my boyfriend] would of tried to make things work with me (p.8).

Anna and Anastasia envy people with thin bodies stating:

I didn't feel too good about my body size today as mostly every girl in my tennis club is skinny and tall, I didn't really take much notice of it before but now that I have set my goal I want to feel good and look like those girls (Anna, p.8).

There was one girl with an awesome skinny body and I took notice of it and wished that I could have that, but she seemed to be so confident and happy with it. She should feel like that (Anastasia, p.10).

For Anna and Anastasia being thin would mean feeling good, happier and more confident. Within this context, fat and thin bodies are classified into negative fat and positive thin attributes (Malson, 1998). The girls in this study commonly argued that they detest fat because they think it is ugly. They yearned for a slim ideal body because it is understood to be beautiful and believed to lead to a happier life.

All the participants in this study appeared to monitor their weight and attempted to control their food intake, yet while many found this process to be distressing the girls appeared to feel alone and isolated. Many of the participants felt unhappy about their body, but did not seem to understand that it is a universal issue for many young women. The girls suggested that they felt like they were the only individuals who were troubled by, and had distracted feelings about, the size and shape of their body. This brings me to the concept of isolation.

Isolation

It is important to note that while all the young women in this study expressed bodily dissatisfaction and were attempting to alter their body appearance, many of these young women individually suggested that they felt they were the only one who was unhappy with their body. Jutel (2000) says that general dissatisfaction with the body is common for women. She suggests that the discourse of body presentation unites women as a

group. However, even though many of the participants experienced similar feelings, they nevertheless suggested that they felt alone.

I keep noticing how slim my friends look and I wonder how I look compared to them. Body size not good today (Sal, p.25).

I feel alright about my body today there are just some things I really want to improve because it seems a lot of other people, friends etc are happy with their body or have a really good body (Celeste, p.5).

At the gym I saw all the woman [women] in their crop tops and singlets and it just made me feel that I HAVE to loss[lose] weight just to fit in (Paris, p. 10).

I still hate my thighs, I really want them to be firm and slim, all my friends have such slim toned bodies and I feel so fat and ugly. Not too good for the low self esteem (Louise, p.10).

A predominant feature of journal content was that many of the participants appeared to believe they were the only one who felt distressed about their body. Yet bodily dissatisfaction was a common aspect in the lives of all the girls in this study. It is interesting that the young women in this study feel alone within an issue that is obviously universal for all of them.

Bodily dissatisfaction is common for the majority of women (Dyer & Tiggemann, 1995; Malson, 1999, Chapman, 2000; Jutel, 2000), yet the girls in this study appear to feel it is their personal isolated battle. In chapter two I argued that society believes that thinness is possible for all. Western culture assumes that it is feasible for almost any woman to obtain an ideal thin body as long as the individual works hard enough. Within this context it is believed that overeating, and lack of physical activity, causes a person to become overweight. Thus, it is believed that if an individual reduces their food intake and increases their physical activity this will consequently lead to a reduction in their body size (Malson, 1999; Cogan & Ernsberger, 1999). As previously discussed, the participants have internalised the external messages to be thin. They believe that if their

body is unacceptable it is their own fault. In blaming themselves for failing in efforts to obtain an ideal body, this has somehow isolated the young women.

There is no clear answer to why these girls feel alone and isolated. While the girls talk to each other about how horrid and fat they believe their own body to be, they do not appear to realise that bodily dissatisfaction is a universal issue for most women. The girl's distorted views about their body have resulted in individual internalised feelings of shame and failure. Perhaps the participants do not hear the thoughts of others because they are so concerned about their own body and feel embarrassed about their apparently failed attempts to achieve an ideal figure.

The Body as Image – A Symbol of the Inner Self

Within western society, excess body fat is seen to be a sign of moral or personal inadequacy (Bordo, 1990; Allan, 1994; McMorran, 1996; Abernathy & Black, 1999; Cogan & Ernsberger, 1999). The shape and size of the body has been converted into a symbol of personal internal order, or disorder. The slim, toned body has become a sign of a correct attitude. The thin body signifies to the world that a person cares about oneself. The appearance of the body suggests to others that the inner self is in control and has will power. However, a fat body represents laziness, lack of discipline and refusal to conform to the dominant ideology. Consequently, within this discourse the ultimate war is with the 'self' (Bordo, 1990, Hesse-Biber, 1996; Malson, 1998).

Current constructions of the thin ideal body are sustained by the notion that the body represents an image of the inner person (Ewell, Smith, Karmel & Hart, 1996; Martin, 1998; Jutel, 2000). Hence, socio-cultural notions regarding body weight suggest that a fat body represents laziness, stupidity, ugliness and all the other labels that go with being fat. Malson (1999), states that the body has been constituted as a 'sign-commodity'. The body has become a status object, which is pressured to conform to existing ideologies. The body is assumed to reflect ones own personalities and individual lifestyle.

Lee (1997) says it is through the body that women insert themselves and are inserted into society. Additionally, it is through the body that women tend to construct their

sense of self and identity (Lee, 1997). Malson (1999) suggests that when the body is constructed as a 'sign-commodity' or status object, the "body of the consumer subject becomes an ever-imperfect but always perfectible spectacle" (p.140). The body becomes a mission that has to be continually worked upon, and that is perpetually striving to fit into the world.

The constant ideal image that is projected within consumer culture generates a world in which people become vulnerable and emotionally sensitive (Malson, 1999). Thus, individuals begin to continually monitor their bodies for imperfections that can no longer be considered 'natural'. It is within consumer culture that female bodies are constituted as images which advertise consumer goods and which advertise the self. The body's exterior is no longer considered natural, but rather it is considered as plastic and an entity that is the individual's responsibility to be worked on to achieve a particular look (Featherstone, 1991; Malson, 1999).

Conclusion

Generally, the participants perceived their body in the world in a negative way. Most of the young women in this study suggested that they wanted their body to be smaller and they were dissatisfied with their appearance. The message that to be beautiful and happy means your body must be thin is a notion that appears to be believed by all of the participants.

Within this chapter, I have demonstrated that femininities classify female beauty and attractiveness in terms of a thin, slender, curveless body. Thus, this feminine figure clashes with the normal healthy pubescent changes of a young woman's body. Within this context, eating has become an action that causes a great deal of distress and anxiety for the girls in this study. These young women appear to feel isolated and alone within an issue that is universal for all of them. Lastly, I have argued that the slim body has become a sign of correct attitude and control, while the fat body is believed to represent laziness and lack of discipline. This brings me to the next chapter, where I will discuss what the participants do to manage their 'unacceptable' body.

CHAPTER FIVE: What I do to Manage my Unacceptable Body

Introduction

The last chapter provided an analysis of the data discussing the girls' understanding of their own body. This chapter builds on the previous chapter to further explore issues that might surround and affect the eating behaviours of young women. The extent to which the participants in this study described feelings of body dissatisfaction, and the time and thought they put into altering their appearance, was the most disturbing feature of this research.

Many of the girls reported that they are unhappy with their body and engage in continuous attempts to change it. The participants' data in this chapter describes what the girls do in order to manage their 'unacceptable' body. The aim of this research study includes a critique of how food choices and eating patterns of the participants are influenced, how the participants alter their food intake, and how the participants feel about their body size. Therefore, this chapter will identify and describe the methods that these young women use to change their body appearance and the participants' personal experience of this.

Within the literature review I noted that body appearance is the main motivator for young women to change their food intake (Hillary Commission, 1991; Parkes, 1995; Tyrrell, 1996). This was certainly true within this study. Many of the participants described altering their food intake in an attempt to change the outward look of their body. The data shows that the girls do not like living in their body. Subsequently, all the girls in this study discussed various techniques that they use in order to change their body and bring it closer to an 'ideal' figure. The common methods included dieting (or, more accurately, constantly thinking about dieting), reducing their food intake, decreasing 'junk' food, increasing 'good' foods and exercise. Less common methods of attempting to change their body appearance involved skipping meals and vomiting,

which will be discussed within this chapter and further within chapter six. To begin with I will start by discussing the meanings that these young women ascribe to food.

The Meanings Attached to Food

The young women in this study believe they can alter the appearance of their body as illustrated by Genevieve and Louise's statements:

I just feel as if I have gained so much weight – more like more fat than muscle that everything I eat goes straight into fat storage in my thighs. I have to get rid of the fat, to fit into tight pants so I don't look like a blob. As that is what I feel like (Genevieve, p. 3).

I'd like to be 2 inches taller but that'll never happen. I've tried to cut down on candy, lollies etc because my teeth are so disgusting, my thighs are too big and I'm getting a lot heavier (Louise, p.1).

Genevieve and Louise believe that they can alter their bodily appearance by eating less food. For example, Louise seems to think that while she cannot alter her height, she can however decrease her weight by eating less candy. It is important to note here, these two participants are not big girls, yet they are unhappy with their body. Genevieve noted that she is a 'size six', while Louise stated she is '54-60kg'. As illustrated in chapter four, some of the other participants were within, or well below the assumed healthy weight range but they also described wanting to reduce their body size. Many of the young women who participated in this study believed that they could manipulate and change the outer appearance of their body. This notion reflects common views within western culture. Numerous writers within the literature have concluded that many people believe that it is an individual's responsibility and ability to strive towards achieving the ideal body (Becker, 1993; Caraher, 1994; Dewar & Wright, 1997; Malson, 1999).

The young women in this study have attached certain meanings to particular foods. Rather than focusing on the nutritional value of food, the participants have determined whether certain foods will make them fat or not. There is a collective belief among the

participants in this study that there is 'good' food and 'bad' food. Sal illustrates this by stating:

Today I had a really healthy day cos [because] I took only good food to school and so I had no opportunity to eat bad food (p.21).

I felt really good about today because I ate really healthy [healthy] and I didn't eat too much. I found that I had heaps of energy and I felt very awake and alive (p.27).

All of the fifteen participants discussed good food, using words such as 'it gives you energy' and 'it is not fattening'. The participants used the word 'good' food and 'healthy' food synonymously. Good/healthy foods consist of fruits, vegetables, and other foods that are low in fat and calories. Good food is food they believe will not add to their current body weight. In contrast bad/unhealthy foods, which are discussed by the girls more often, are described using words such as 'junk', 'guilt', 'regret', and 'temptation'. This is illustrated in the excerpts below:

Today was not so good as the others have been. I had snacks of junk food, this made me feel guilty as I have been eating healthy and had a junk food free diet (Anna, p.5).

I think I ate too much sweet/fatty food today plus I felt quite depressed so that piled on the guilt. I felt really bad about my food today and angry at myself because I think it's me who weakens at the temptations of nice food (Genevieve, p.2).

Bad food is believed to be those foods high in fat such as fast foods, chocolate, cream, chips, meat pies and sweets. Bad/unhealthy food is described by the participants as fattening, low in nutritional value, quick, cheap, tasty and easily obtainable. Overall, the participants' classification of food into the categories of good and bad is associated directly with body appearance issues more than with health concerns. While some of the participants say they eat 'good' food to obtain greater energy levels or vitamins and

minerals, generally most of the girls are motivated by wanting to change their body appearance. The labelling of food as 'good' and 'bad' reflects the girl's anxiety regarding food. The participants believe that they are bad if they consume junk food, and good if they eat healthy food.

Overall, the participants appeared to have a reasonably satisfactory nutritional knowledge base in terms of what food provides essential vitamins and minerals for the body. This is reflected in the following excerpts:

Today I felt guilty about not eating any fruit and made a goal to eat a piece of fruit tomorrow as I am worried about my vitamin intake ... I am more worried about having a balanced diet as at the moment my diet consists of only a few types of food – breads, meats, milk products but I need to eat more fruit (Genevieve, p.1).

Television influenced my food intake slightly today because I saw the 5 + a day everyday add. This means you should have 5 servings of vegetables and fruit everyday so I ate more fruit because I realised I hadn't eaten any at all (Celeste, p.4).

Today at [sports] training one of our coaches showed us our food pyramid it looks like this [this participant drew a picture of the food pyramid in her journal] ... she also explained to us how our bodys use up our energy and stuff like that, it was quite interesting. I will try to stick to my food pyramid (Georgina, P.15).

The girls seemed to be aware of the National Heart Foundation food pyramid, which does influence their food choices. However, the participants primarily recognise food in terms of whether it will make their body bigger or not. Basically, the fear of getting fat reflects in the girls' understanding of what food does to the body. These young women appear far less concerned about the nutritional value of food and a lot more concerned about its fat content. For the participants in this study food is a source of guilt and anxiety rather than pleasure and essential sustenance. Adolescence is an important time

where food is important for growth and development (Berg, 1997), yet these young women constantly describe how they limit their food intake to lose weight and/or change their body shape. Although some of the girls were within, or well below, the assumed healthy weight range they still described a substantial amount of pressure to reduce their body size.

Food Makes You Fat

As discussed in chapter two, there is an imposed 'norm' and popular belief within western culture that eating too much food will result in a big body. The participants also share this belief. It is worth raising the question here of what exactly is *too* much food? Celeste says:

I did alter my food intake today because I feel I've been eating too much (p.4).

However, like the other participants, she does not discuss specifically how much 'too much' food is. Although the participants do not state how much food they consider to be excessive, they certainly believe that a person is big because they eat too much. Within this context the girls in this study do not take into account other important factors that determine the size of a person, such as biological and genetic factors, which were discussed in chapter two. The common desire of the participants to change their body is related to the notion that 'food makes you fat'. Genevieve says:

Food made me fat. Food is the enemy though it is the best friend. You love it but at the same time you hate it so much. It's true food-fat makes you fat, how the cliché goes – you are what you eat and it's so true (p.10).

Genevieve's statement illustrates the tension between the pleasure and goodness that food provides, and the notion that food is also an enemy. Many of the participants described an association between junk food and social outings. It was common for these young women to go out to fast food restaurants and takeaway food outlets with their friends. The teenage years have been noted to be a time of asserting independence, and a time when peer groups dominate social life (Chapman, 2000). Therefore, food is

a source of pleasure, entertainment, nourishment and comfort while simultaneously for girls it is also an enemy.

Genevieve's statement exemplifies the belief that there is an intimate connection between food and size. Overall, the participants believe that the consumption of too much food, or 'junk' foods, will make their body fat. Anna says:

Today I felt guilty because our form went to see a movie and I had lunch at McDonalds and popcorn at the movies. This goes against me trying to reduce junk food in my diet and I felt that I was going to gain weight from the junk food, therefore not making me feel good about my body size today (p.3).

The participants appear to understand that food is important because it is life sustaining. However, their desperate desire to be smaller results in these girls fearing food because 'food makes you fat'. The participants are determined not to get any bigger and detest the thought of a larger body than they already inhabit.

Jutel (2000) notes that within this discourse it is believed that an individual can create an identity and bodily appearance through intentional choice. This current notion continues to emphasise the preparation of the body as if it were an object outside of oneself. The body becomes an entity that can be changed and moulded into a certain look. Jutel further suggests that the notion that the outer body can be changed directly correlates with the current fundamental belief that an individual can alter their body weight if they want too. Izola states:

If you're obese, you should definitely do something about it (p.15).

The above statement reflects the general contradiction that surrounds beliefs about food and body size. Izola's statement implies that a person who is obese has the choice to 'do something about it', presumably by simply eating less.

Some of the participants expressed an overall disgust of people who are fat. This reflects society's beliefs that fat people are large because they eat too much. Aine says:

On 'Holmes' [TV Show] this evening, they had a little snippet of some obaese [obese] people. They were HUGE. They had to be helped to walk, move etc. I am so glad that I'm not like that. They were complaining about lack of support from the government and how anorexicas [anorexics] and bulimiaics [bulimics] are kept alive when they become seriously ill, and yet fat people are told to buzz off and lose weight or die. They didn't think that was fair advice. I do. I view fat people as stupid. Truthfully. Sad but true. If they can't stop feeding their faces long enough to think of the consuences [consequences] and cost (p.40).

Aine expresses her own fear of fat, and also asserts her opinion of fat people saying they are 'stupid'. Aine's statement reflects the general prejudice that is endured by many overweight and obese people. As I discussed in chapter two, female fat is not tolerated by society or by health professionals (Garner & Wooley, 1991; Abernathy & Black, 1996; Wright, 1998). Within our culture it is common to associate stupidity or laziness with people who are large because they are not within the cultural standards of what is considered to be the 'norm'. People who are overweight are frequently told that they 'should do something about their weight' implying that they have deviated from their duty to strive towards the ideal body (Jutel, 2000). It is generally assumed that people are overweight because they eat too much, and as Aine suggests that they will lose weight if they were to 'stop feeding their faces'.

The girls in this study believe that abstaining from food is admirable and worthwhile. It is worthwhile because they have faith in the notion that limiting their food intake, especially fatty foods, will result in a smaller body, or at the very least it will result in the avoidance of a bigger body.

I feel good that I am losing a little weight and not in a harmful way, all I have done is cut down on junk food and high fat food. This makes me feel good about my body size (Anna, p.4).

I am trying hard to eat better all the time because when I don't I instantly feel fat and unhealthy (Celeste, p.8).

I have altered my food intake to lose weight before summer. I mean I thank god for giving me my body, but I think I just need to calm down with the junk food (Cazna, p.21).

I've eat [eaten] much less fat on purpose today. I want to get back down to 58kg by January, Febuary [February]. I will have to take in less sugar. All round an alright good day. I have slightly adjusted my diet to include less fat (Paris, p.6).

Today at lunch time I felt like going to the tuck shop but I made myself stay put and I don't know whether it was because I knew I shouldn't or because I didn't want to put on fat. I suppose I did kind of alter my food intake to lose weight – or not to gain any. If I couldn't care less I probably WOULD have brought something (Izola, p.3).

Abstaining from food is also admirable because these young women believe that it takes effort and determination to succeed in the quest for the 'ideal' figure. This is demonstrated by Genevieve, who says:

I felt a bit off my size today as I went shopping and I didn't suit a skirt as my thighs are too fat. That made me feel really stink and fat at the moment. I have decided to cut my fat intake and do heaps of thigh exercises so by summer I can wear the skirt I haven't brought it yet, but I will when I get thinner thighs which may take a few months, but if I work hard enough I can make it happen (p.7).

This brings me to the issue of how the participants internalise external messages regarding food and body size.

Internalising External Messages

Within chapter four, I discussed how the participants believe the message that thin equals beauty and happiness. This message is not only received from family, friends, the media, and society in general; it is a message that the participants internalise.

Current socio-cultural constructions of the female body pressure women to perceive their own bodies as objects. Many women internalise cultural standards, which inevitably leads to women feeling miserable and ashamed when they do not attain a body that fits into the cultural norm (McKinely, 1998).

I'm still not feeling good about my body. Ever since I've known that I've gained weight (made official, went to the doctors today) I have been cranky and upset about almost everything. I feel that people don't talk to me (so I think) because I'm larger than them (Anastasia, p.6).

I have altered my food intake to lose weight but at the moment it is not working! I guess I am just gaining weight ... I feel really bad about my body size (Cazna, p.3).

I've been influenced by a magazine I read about healthy bodies and I just really want to have a perfect body and to be fitter (Celeste, p.3).

I saw photos of when I was younger and I was really pretty, the reason: I was thinner. I wish I could be like that again, I hate my stupid body (Anastasia, p.28).

Anastasia suggests her body has deviated away from the norm because she is no longer as thin as she used to be. Her statement clearly illustrates that being pretty is directly associated with being thin. The young women in this study have internalised socio-cultural messages regarding body weight and appearance. This has resulted in a self-monitoring concept that Foucault (1979) describes. Although Michel Foucault is insensitive to gender issues, his work is still useful when exploring the issues that might surround and affect the eating behaviours of young women. Foucault's work provides a valuable theoretical tool for understanding women's preoccupation with their bodies (Dewar & Wright, 1997).

Jeremy Bentham's design for a model prison, the Panopticon, captures for Foucault the essence of the disciplinary society. This is described as a circular structure. At the

centre is a tower with wide windows that open onto the inner side of the ring. The structure on the periphery is divided into cells. Each inmate is alone, shut off from any communication, but constantly visible from the tower. The effect of this is to induce in the inmate a state of conscious and constant visibility that assures the automatic functioning of power, and each becomes to themselves, their own jailer. This state of conscious and permanent visibility is a sign that the tight, disciplinary control of the body involves the mind as well (Foucault, 1979; Bartky, 1990; McHoul & Grace, 1997).

Bartky (1990) contends that the female who frequently checks her makeup, who is concerned that the wind or rain may spoil her hairdo, who looks repeatedly to see if her stockings have bagged at the ankle, "or who, feeling fat, monitors everything she eats, has become, just as surely as the inmate of Panopticon, a self-policing subject, a self-committed to a relentless self-surveillance" (p. 80). This self-surveillance is a form of obedience to patriarchy. Consequently, there has been induced in many women, as described by Foucault, "a state of conscious and permanent visibility that assures the automatic functioning of power" (Foucault, 1979, p. 138). As the standards of an acceptable female body are impossible to fully achieve, women may live with a pervasive feeling of bodily deficiency. Consequently, a more strict control of the body has gained a new kind of hold over the mind (Bartky, 1990).

Within this concept of the Panopticon prisoners could only anticipate, but never really know, when they were being watched. In a similar manner, when women concentrate on self-monitoring, they too are getting ready for the possibility of being seen (Jutel, 2000). Correspondingly, the participants spend a lot of time and energy thinking about their body and preparing it for the public gaze. Louise states:

I am largely embarrassed [embarrassed] with how large my thighs have gotten. It's quite appalling [appalling]. My stomach has also started to get very flabby. I need to start working out again (p.25).

Louise conveys her feelings of embarrassment regarding her outer appearance. Her unhappiness with her body triggers the internal self-monitoring process and she

genuinely believes her body is large and flabby. She responds by stating that she must return to vigilance by working out again. Other participants expressed similar thoughts that convey their state of constant monitoring and vigilance. Marie, Izola, Paris and Genevieve say:

I feel good about my weight today as I can fit into my jeans – which I normally cant! [can't]. But again I would like to tone my muscles for summer (Marie, p.1).

Today, I felt quite good about my weight although I am usually always monitoring my tummy as it can get bigger and smaller very fast! (Izola, p.1).

Today I feel quite good about my body weight, apart from the fact that I often THINK about what I'm eating (Izola, p.4).

I'm always aware of my body as in sucking in my stomach, posing in my 'slim pose'. A way that I think makes me slimmer (Paris, p.3).

I felt really fat after I stepped on the scales and found out I have gained 2kg since I was last on them. I feel as if I can't stop gaining weight. Maybe I may try to not eat many fat but it never works. Maybe I should avoid the scales, since they make me feel fat and awful (Genevieve, p.3).

These excerpts all illustrate the constant and vigilant body monitoring that these girls do. Many of the girls believe that their body is an unstable entity that is difficult to manage. The girls observe their body appearance with extreme caution and diligence. Within this context, the body greatly influences the participant's emotions, well-being, abilities, and general daily activities. The body and mind are tense and preoccupied. The body must physically 'pose in a slim pose' or the mind must constantly 'think about what the body is eating'. The participants believe that if they relax with their close body monitoring, then the body will spin out of control. Genevieve's comment demonstrates how observing her body weight causes her to feel unhappy about herself. She recognises that the scales make her feel bad about herself and states later:

I also better keep off the scales as I don't like at all what it reads and that makes me feel really big and fat and lowers my self esteem (p.8).

The girls in this study were not only conscious of their own body, they also commonly gazed upon other women bodies, comparing them to their own body and judging the bodies of other against the normalised ideal.

When I see pictures of extra-skinny models in magazines I feel even fatter! Even though, everyone tells me I'm TOO skinny (Celeste, p.2).

Anastasia says:

I wish things were different, people shouldn't be able to judge by how a person looks. I mean I know I do it to others and I hate doing it, but it almost seems natural. If we were all blind then I can guarantee [guarantee] that we'd all have different friends and boyfriend etc. That way people would be genuinely [genuinely] judged. This is idealistic however and a more reasonable idea should be put forward because 'being thin' is supposedly in (p.33).

Anastasia emphasises the importance of the body's exterior. Her comment demonstrates that she believes that women are judged by how they look and how thin they are. Women have become preoccupied with their body appearance because if they do not have a thin figure, they feel others will judge them negatively. Jutel (2000) suggests that a woman cultivates the outside appearance that will be seen by others, so that others will not be misled about who she is. Additionally, she suggests that the process of social control is influenced by vision and image.

Jutel argues that if a person gazes at another person, this activity spontaneously gives the observer a form of power over the person they are looking at. By observing an individual, vision allows us to evaluate and monitor the appearance and actions of others. This surveillance operates as a form of social control similar to the self-surveillance Panopticon that I discussed earlier. The notion that a female can be seen,

or that people will judge a woman by how she looks, is fundamental to our understanding of the body and of what constitutes who we are. The perpetual possibility of being seen by others means that a woman is often constantly aware of how she looks and behaves (Jutel, 2000). Jutel argues that “contemporary discipline relies on vision – seeing, or being seen – and on a different conceptualisation of the body, a body controlled by internalised forms of constraint” (p.82): Many women believe that they must be diligent and controlled about disciplining their body.

Disciplining the Body

The young women in this study devote a lot of time and energy to thinking about how they will adjust their body appearance. This is illustrated by Louise, Paris and Marie who say:

I want to lose weight by at least 5kgs, so I am going to go for jogs and do toning exercises. I'm not going to eat fatty foods, except on occasions – weekends, and drink more water (Louise, p.10).

Sunbathing in my bikini has influenced my food choices today. I have been more aware of what food I am eating as it shows. I haven't actually altered my food intake but I have thought about maybe not eating this or that so it would not show in my bikini (Marie, p.7).

I feel like shit today. I weighed myself for the first time in ages and found I've gained back all the weight I lost last year. I was 66-68kg and I got sick of crying after shopping and my brother fitting my clothing. I lost 11kgs to compete in a [sports team] and to live at an acceptable size to guys, enemy's, and especially myself. It just really kicked me. I binged a bit. A lot. It will get better everyday I say today I'll cut back on fat/grease/sugar. But I usually say oh tomorrow or the work/training/time will burn it off (Paris, p.4).

Paris's comment also illustrates how western culture has constructed a set of criteria for socially acceptable body weights. Paris believes that she does not fit into this criteria. Thus, she feels she needs her body to be smaller in order to be accepted by boys, her

enemies, and essentially to be accepted by herself. Bordo (1990) argues that an increasing number of women devote endless time to disciplining their body while attempting to achieve the ideal figure. Beauty advice encourages women to gaze upon their bodies and to constantly be self-monitoring themselves, assessing whether their body has deviated away from what is considered to be the norm (Bordo, 1990; Jutel, 2000).

Dewar & Wright (1997) say western culture has constructed the body as a symbolic entity, whereby what is exceedingly valued is the youthful, trim and toned female body. However, such a body is obviously unavailable for many women, despite the assurance of the health, fitness and beauty industries that their products if purchased will produce it. The body has become an object to be persistently worked at and achieved as a measurement of an individual's self-identity. This project is a never-ending, self-defeating and all-consuming waste of time for many women (Dewar & Wright, 1997). Some participants even think about, or attempt, extreme methods of disciplining their body. The more extreme methods include skipping meals and inducing vomiting. Although this was not common, three participants within this study noted thoughts or experiences of vomiting. Louise and Celeste say:

I feel like throwing up and want to, just to clear up the track inside me (Louise, p.17).

Today I almost made myself throw up – which I have never done before because I felt so fat and bad about my body size mainly from the foods I ate – junk and a lot of it. As you can see things have been a bit like a roller coaster at the moment, I keep on changing my mind about my body. I ate a lot because I was stressed out and needed to take my mind off things but consequently I got very close to doing something very unhealthy and bad for my body (Celeste, p.9).

The third participant who discusses vomiting does attempt this method on more than one occasion. Anastasia is very unhappy with her body size and argues that dieting and food restriction attempts have failed because they have not reduced her body size. Subsequently, she binges and vomits. Anastasia says:

I ate more food which I totally didn't need and ended up bingeing and purging. I have been feeling quite crappy lately. I often relate it to my body weight. I eat for comfort – so I think. And then I keep on eating, once that starts there is no way that I can maintain it down and so I bring it back. I hate doing it, but in a way I feel better because that [then] I wont get any fatter than I already am. I have indeed been very self conscious about my body weight. It is almost like a constant obsession, where I feel that my stomach is hanging like 3m from my school skirt (p.13-14).

We had dinner at about 6.30 and I was feeling quite full already but since it was there I ate it, and at the end I felt terrible, bloated and sick. I made the decision to go to the bathroom and get rid of the terrible feeling. I hate myself for stupid things like that because I would blow up at any of my friends if I knew they did anything of the sort; which I know they do but can't confront them. There are a surprising amount of girls in my group of friends- there are about 12 of us, that I suspect do this kind of thing in order to lose weight (p.22-23).

I've bingeed in the space of about 5 hours it's disgusting. I felt like crap today about my body, I went into a silent insecure mood. I felt that everyone hated me or didn't want to have anything to do with me and I felt really fat again. All this should put me off food but it does quite the opposite, I eat more thinking that I'll just purge. But today I haven't and I feel terrible (p.25).

Thing is I haven't got much control when it comes to stopping – eating. I eat and eat until I feel sick (p.26).

At the resteraunt [restaurant] I had chicken which was delicious, but I nearly exploded after my friend and I shared dessert. Oh it was horrible I felt so bloated. When I got home I was sick (p.31).

It is important to note here that as the researcher of this study, I was concerned about some of the participants. Therefore, as discussed in chapter three, I sent out of letter of

concern to all the participants (refer to appendix 9) along with a referral list (appendix 8) of general and eating disorder support services. Bulimia is an eating disorder that is characterised by episodes of overeating in which the person experiences a sense of loss of control around food, with accompanying attempts to avoid weight gain by self-induced vomiting, or food avoidance (Bryant-Waugh, 2000). An individual with bulimia also shows signs of intense preoccupation with body weight and shape (Striegel-Moore, 1993; Dolan & Gitzinger, 1994; Ryst, Sanders & Steiner, 1995).

Two of the participants in this study also discuss a fellow classmate who they believe has an eating disorder. Leona says:

Just a couple of days ago a girl in my class fainted/collapsed during school. When teachers couldn't bring her around or wake her up, they called an ambulance. You see, she wasn't just tired or sick, but she is bulimic. After she eats she throws up and she believes that she is fat (p.17-18).

Georgina also discusses a similar, and perhaps the same, incident at school. She notes:

Today I found out that 1 girl in one of the other year 10 classes throws up after eating – mmmm – that's really bad, and last Monday she collapsed and went unconscious for no apparent reason (the teachers don't know she has an eating disorder) and an ambulance was called in and took her away. I mean why do people starve themselves anyway, is it for attention, pity [pity] or do they actually do it because they think they're fat?(p.6).

These statements regarding self-induced vomiting correlate with the literature reviewed in chapter two, which argues that it is becoming more common for young women to use self-induced vomiting to maintain or decrease their body weight (Parkes, 1995; Bulik, Fear & Sullivan, 1996; Tyrell, 1996; Malson, 1999). Some of the girls also discuss skipping meals to avoid consuming any extra calories. Anastasia commonly noted feeling pleased that she has skipped a meal. The statements below represent common excerpts in Anastasia's journal:

Usually on most Sundays I get up quite late and so breakfast becomes brunch. I like Sundays because I eat breakfast quite late and so I'm not usually hungry at lunchtime, therefore I don't have lunch (p.1).

I was quite pleased with my eating up until now [now], I thought I was going to get away with having a late breakfast and then dinner (p.24).

Kelly also expresses happiness when she skipped a meal. She says:

Today I haven't eaten very much at all, I skipped breakfast and didn't eat all that much for lunch. Maybe its because I was too busy doing other things or maybe its because I do feel as though I should maybe lose a little weight (p.1).

Martin (1998) says controlled and disciplined bodies not only have power over the individual body, a disciplined body also produces a context for social relations. A successful social life relies on the obedient presenting and monitoring of the body (West & Zimmerman, 1987; Martin, 1998). According to Foucault (1979), the body provides a functional and direct locus of control. Within this context, discourses about the body are internalised and disciplinary practices such as beauty routines and weight control regimes support the maintenance of hierarchical social relationships because they appear 'natural' and voluntary (Lee, 1997).

Hardin (2000) argues that many women are recruited into discourses about health and the body, which result in women conforming to various beauty routines, exercise programmes, and monitoring of their food intake. Hardin goes on to state that women are not forced to self-monitor their bodies by having a gun held to their heads, instead it is the concept of micro-power that operates. Micro-power includes the process whereby individuals regulate their behaviours, such as monitoring their exercise, body weight and how much they eat.

After eating all that junk, I felt really bad so I went and weighed myself. I didn't feel very good after that so I went for a long walk (Sal, p.20).

I'm looking forward to training camp. Lots and lots of exercise and lots of health food. I'm trying to build up to it today by drinking heaps of water. I even left my tuck shop money at home and took carrot sticks instead (Paris, p.15).

For many women this discourse of disciplining the body has created a preoccupation with food, exercise and body size. The participants in this study clearly experience a great deal of anxiety around eating and body size issues. Many of the participants commonly appeared to believe that a fat body was just around the corner if they did not control their bodies with complete caution and diligence. Shilling (1993) states that current western culture has created for women a sense of identifying their bodies either negatively or positively. Women are often stressed about the possibility that their body may let them down or fall apart if they are not constantly working on it with scrutiny. (Shilling, 1993; Dewar & Wright, 1997). One of the common techniques that the young women in this study used to discipline their own body was to use physical activity in order to attempt to change their appearance and modify their weight. This brings me to the next section, on physical activity.

Physical Activity

Current health messages argue that all individuals should increase their physical activity (or exercise) levels in order to achieve general health and weight control (National Health Committee, 1998; Ball, Crawford & Owen, 2000). The older health message suggested that people should perform vigorous exercise at least three times a week for half an hour or more. Currently, the new health message from the National Health Committee (1998) argues that significant health benefits can be obtained from thirty minutes of daily moderate physical activity.

The New Zealand report by the National Health Committee (1998) states that if more people became physically active this could save the country millions of dollars. If 10% of the New Zealand adult population became physically active forty million dollars a year could be saved. In addition to the nation's health budget, this report advocates that there are benefits for individuals who are moderately physically active for half an hour to an hour a day. These benefits include a reduction in the risk of heart disease, diabetes, colon cancer, and depression. The National Health Committee report also

notes that four percent of deaths could be prevented in New Zealand if modest changes in activity levels were made. Currently, 36% of our country's adult population is physically inactive. 'Inactive' is defined as taking part in less than 2.5 hours of physical activity over a week (National Health Committee, 1998).

Chapman (2000) suggests that the activity levels of many women decline dramatically during adolescence. However, for the girls in this study, the majority appeared to take part in more than 2.5 hours of physical activity over a week. Physical activity was commonly used by these participants in order to change the outward look of their body, rather than for health reasons.

There's this girl ...she's so pretty and slim and all the guys love her. I wish I was that thin, maybe I could exercise (Louise, p.3).

I used to have abs – abdominal muscles – but now I think they are slowly disappearing so I will do some more crunchies [abdominal toning exercise] each night just in case (Georgina, p.7).

I couldn't sit still today as I felt I wouldn't be burning fat if I didn't keep moving. I feel good that I did so much exercise today as I would lose fat (Genevieve, p.8).

Physical activity was rarely connected with health. Instead, the young women in this study used exercise to help improve their looks and to help maintain, or reduce, their body weight. This notion of physical activity as a form of weight control means that for many of the participants, exercise was viewed as a form of punishment instead of pleasure. This raises important health concerns because by viewing physical activity as 'punishment', young women are discouraged from enjoying their exercise, and possibly makes them more likely to give up exercising if they are not succeeding with weight loss.

In addition to restricting their food intake, participants increase their physical activity, or at least constantly think about doing this. If a young woman perceives her body to be

unacceptable, then she is more likely to diet and exercise to change her outer appearance. If the young woman feels she has been careful and vigilant with her strict food and exercise regime then she feels more at peace with her inner self and her outer appearance. However, if the young woman believes she has not been restricting her food, and sufficiently vigorous with her exercise programme, then she feels distressed and unhappy about herself in general.

On the whole, the girls did not discuss being physically active for general health, enjoyment, or fitness. Instead they use physical activity as a method of weight control. Georgina is a small girl (41 kg), yet she also feels guilty after eating fatty food. She uses physical activity to relieve her guilt and then feels better about herself in general.

Today me and some of my friends had McDonalds for lunch and as always after eating that I felt fat so I did 200 crunchy's (small sit ups) its [it] leaves you really tired but at least it got rid of all the burgers and chips (Georgina, p.1).

A large majority of the young women in this study reported exercising after eating fatty foods. By exercising they then felt less guilty about consuming the fatty food. Physical activity is carried out by many of the participants as a form of discipline. It is used to punish the body for its food consumption. Genevieve says:

I ate less fatty food for lunch and limited my snack food, especially in the evening where my dinner will store into fat in which I feel quite guilty about but that cannot be helped. If I exercise after I eat I will be okay (p.8).

Genevieve implies that even after eating dinner, a normal main meal of the day, she feels guilty for consuming this food. However, if she exercises she 'will be okay'. This statement reflects the notion that if the girls are in strict control of their food intake and exercise, they will not only feel okay about their body, but also feel okay about themselves in general. Therefore, physical activity is used to relieve guilt and enable the girls to feel good about themselves overall.

The participants do not consider exercise as a positive activity. Instead, exercise is punitive and anxiety-producing. Within this context exercise becomes a negative concept. Therefore, this may adversely affect the long-term maintenance of an exercise habit because the girls do not enjoy their physical activity. Dewar and Wright (1997) suggest that women who view exercise as a negative or disciplinary action are likely to be discouraged from continuing with physical activity later in life. Similarly, Wankel (1993) argues that enjoyment of exercise is an essential aspect of maintenance. An individual is more likely to continue with physical activity if they enjoy doing so.

Physical activity is a method used to regulate the body and control the amount of fat that is deposited on the body. In this sense, the body is constructed as an enemy, an enemy that must be controlled by the mind. These girls believe that if the mind does not discipline the body, then the body will go out of control. I agree with Malson (1998), who argues that for many young women, the body is constructed as an 'alien' and in need of control. Young women believe that food and eating is a temptation that should be limited and resisted. Eating too much, or eating 'junk' food, is an action that happens when the mind is not properly in control of the body (Malson, 1998).

Conclusion

This research aimed to gain a clear understanding of the beliefs and practices of young women in relation to their food choices, eating patterns, and body size issues. This chapter has provided evidence that suggests that many of the participants are intensely preoccupied and devote considerable energy to food and body size concerns. The excerpts from the girls' journal entries reveal that their body and food intake are sources of anxiety. The girls believe that food makes you fat. Therefore, the participants constantly monitor their food intake to restrict the amount of food they eat, especially food that is particularly high in calories and fat content. They do not do this as a positive self-nurturing health seeking activity. Rather, they eat, starve, plan, fail and 'see-saw' between what they perceive as success and abject failure. This chapter has demonstrated that the participants have internalised socio-cultural standards of what constitutes an 'ideal' female body. This has influenced their eating behaviours and led to self-monitoring of their body and food intake.

This chapter has demonstrated that disciplining the body has become an apparently normal way of life for these young women, who are constantly thinking about altering their food intake and body appearance. Lastly, this chapter has explored physical activity, which is a method used by the participants to control their body weight. Within the next chapter, I will further explore the issues that might surround and affect the eating behaviours of young women by discussing the findings of this research. I will discuss the terms health, gender and nursing. I will also note any research recommendations and finish with a concluding statement.

CHAPTER SIX: Discussion and Concluding Statements

Introduction

This chapter draws together material from the previous chapters and explores the issues that surround the eating behaviours of young women. This discussion will be set against the background of the literature review and the theoretical framework. The discussion also considers the analysis within the context of nursing. Within this chapter I will examine the terms femininities, health and gender, and state the relevance this research has to nursing. I will also provide future research recommendations and a concluding statement. This chapter begins by revisiting the aim of this research.

The Aim Revisited

I chose to explore the issues that might surround and affect the eating behaviours of young women. This research aimed to provide nurses with a clearer understanding of the beliefs and practices of adolescent females as a basis for providing effective health care. Fifteen adolescent females volunteered to tell their stories through the use of personal journals. Within the literature review chapter, I identified that food and body size issues are a fundamental concern for many women, and that adolescents were particularly vulnerable. I asked the participants to write in their journal about issues such as how their food choices and eating patterns are influenced, whether they alter their food intake to lose weight (or for any other reasons), and how they feel about their body size. I chose to analyse the data using a feminist perspective. The findings of this study will therefore be discussed in relation to the wider socio-cultural environment. This will include a critique of the notions of health and gender. First, I will explore the notion of femininities.

Femininities

It is important here to refer back to the discussion about femininities because this is an essential concept involved in the issues that surround and affect the eating behaviours of

young women. Within chapter two, I noted how current constructions of femininity in western culture require women to be thin. Medical and social beliefs encourage young women to focus on their body, and excess body weight is assumed to be unfeminine and undesirable. As discussed in chapter four, femininities are not a singular concept, rather they are multiple, contextual and historically specific. Women are encouraged to conform to current constructions of femininities that define who we are and how we should act (Seid, 1994; McDermott, 2000). For adolescent girls, being feminine becomes a deeply embedded part of who they are physically and psychologically (Martin, 1998). The participant's thoughts and experiences as revealed in their journal entries, illustrate that female beauty and attractiveness has come to be defined in terms of a thin body. Chapters two and four emphasised the degree to which femininities are directly associated with thinness and how this disprivileges women in many ways.

Current cultural discourses, ideologies and normative practices have directed and influenced women's experiences with food and body size issues (Malson & Swann, 1999). The findings from this research study point out many of the issues raised within the literature review chapter suggesting that many women find eating and body size issues very upsetting and distressing. The notion of femininities will be discussed further within the 'gender' section of this chapter, but first it is necessary to explore the term health.

Health

Understandings of the body in relation to health have been extensively influenced by the medical ethos (Parker, 1995). In chapter two, I argued that medical discourses regarding health, dominate current understandings about food and body size. Medical viewpoints commonly influence issues such as eating patterns, body weight, body size, diets, body image and other related topics. These medical discourses are embedded within beliefs that define health as the absence of disease. Within this discourse, obesity and eating disorders are associated with disease and poor health. Likewise, medicine supports the myth that overeating causes a person to become overweight despite little clear evidence in support of the assertion. Medicine has assumed an apparent authority in the area of food and body size, whereby medical beliefs are so

widespread that they do not allow other truths or perspectives to be considered (Carryer, 1997b; 2001).

While medicine defines health as the absence of disease, nursing pays more attention to caring, self-esteem, holism and general well being as aspects of health (Rafael, 2000). Nursing has developed a philosophy of health that encourages nurses to take a holistic approach that integrates the physical, cultural, mental, social and spiritual well-being of the client (Pusari, 1998). Nursing encourages us to see clients as a unified whole, not as separate and fragmented individuals (Boschma, 1994). Within this context, we also take into consideration the person's environment, which may include factors such as their family, community and socio-political issues (Kilbok & Laffrey, 1999).

While nursing encourages the consideration of the socio-political environment when meeting the health care needs of our clients, this can be problematic. Nursing operates in a health care system in which hegemonic medical beliefs prevail. Wicks (1995) argues that nurses practice within two contradictory perspectives. While nurses try to nurse clients from a holistic perspective, nurses are also influenced to adhere to scientific and reductionist medicine. Chapter two demonstrated how medical viewpoints influence nursing practice and are often accepted without critique. Carryer (1997b) found that literature about body size and health almost always refers to and defers to medical discourses.

Within chapter two, I have described how current medical perspectives and notions regarding food and reduction dieting have been both ineffective and damaging to the health of many women. The journal entries from the participants in this study clearly demonstrate that food intake and body size issues are not only distressing, but they also affect the girls' physical, mental, social and general well-being. The data demonstrates the degree to which the girls feel miserable and unhappy about their bodies.

Hardin (2000) refers to Foucault's (1979) notion of disciplinary power as a useful means of understanding behaviours related to body size. Discourses that standardise behaviour, such as medicine and health policies capable of setting normative standards for health, function by comparing individuals. For instance, an individual's body

weight is compared to other people of a similar age, height and gender. Health criteria place limits on differences that define what is healthy and what is unhealthy. For example, 15% below the so-called 'ideal' body weight is deemed as abnormal and unhealthy (Hardin, 2000).

Hardin (2000) notes that disciplinary power is disseminated subtly by rewarding those individuals who fit the normalised standards and those that adhere to acceptable behaviour. It is by classifying and categorising people that we learn to regulate and alter our behaviours to fit the normative standards of our culture. Correspondingly, behaviours that fall outside the normative boundaries result in certain punishment. Behaviour, or a body appearance, that is not regarded as 'normal', is labelled as deviant and abnormal (Hardin, 2000). As demonstrated within chapters four and five, to avoid the penalty of being labelled abnormal and to obtain rewards in our culture, individuals such as the participants of this study learn to self-monitor their behaviour.

I have identified in chapter two and the data chapters, that young women experience a great deal of distress in issues relating to food, body image and body size. Therefore, it is relevant to discuss the participants' beliefs regarding health. As previously noted, the participants in this study associate a slim figure with good health. Correspondingly, fat is connected with being unhealthy. The participants believe that by exercising and eating 'good' foods they are being healthy. Exercising and eating sensibly are activities from which everyone benefits. However, for the participants the term healthy is synonymous with thinness even when thinness means excessive physical activity, skipping meals or vomiting which are not healthy techniques. This creates a contradictory set of beliefs and practices.

Evans, Farkas, Shenassa, and Pierce (1995) conducted a survey that involved exploring the health attitudes of five thousand adolescents in California. Results indicated that female respondents perceived weight control as a top concern. Weight control issues rated higher than any other health issues, including drugs, alcohol, drunk driving, and cigarette smoking. This concurs with the data collected from this research. Health was not a prime concern to the participants in this study, because body appearance was more important to them than physical health. For this reason, it is not surprising that most of

the girls altered their physical activity and food intake to change the outward look of their body.

Eating 'healthily' and being physically active are not necessarily problematic in themselves. They become problematic when the body is viewed with constant preoccupation, when the girls encounter overwhelming body dissatisfaction, and when they engage in 'unhealthy' weight-loss endeavours. As demonstrated in chapter five, the participants appear to believe that some unhealthy techniques, such as skipping meals and self-induced vomiting are worth engaging in if it means the goal of a thin body may be achieved.

In current western culture, in order to be considered a 'healthy' person, one's body must be a certain size and shape. The health industry supports the myth that a certain body appearance and size represents good health. Dewar & Wright (1997) reiterate this by stating that health is alleged to be evidenced by a thin, toned body for women and a larger, muscled body for men. These so-called 'healthy' bodies are believed to be attained by frequent physical activity and a particular diet. In contrast, it is presumed that if your body does not fit into the norm, then you are unhealthy. Health is alleged to be an individual's own responsibility. Thus, being fat implies a lack of self-control.

The majority of the participants believed that they were personally responsible for their own body appearance and food intake. This is not surprising, as most girls seemed to be aware of the messages that are conveyed through the media. As noted in chapter four, some of the girls were aware of the National Heart Foundation food pyramid, and other participants referred to the nutritional value of food. Most girls were also very aware of media messages about what is constituted as a 'normal' feminine body. Many girls noted the frustration and unavoidable stress that results from media pressure to comply with an idealistic body shape.

Viewing a person's health as the individual's own responsibility is problematic. When health is believed to be an individual's responsibility this can become a problem when those that do not fit into the so-called 'normal' health criteria are labelled as deviant and

as failures. As previously discussed, within this context a young woman is blamed if she does not meet the cultural standards of what constitutes a 'normal' female body.

Jutel (2000) refers to an Australian public health policy (National Health & Medical Research Council, 1997) that re-asserts that overweight people experience discrimination. Jutel argues that this Australian health policy is similar to other health policies because it suggests that health promotion should be carried out to help prevent people from becoming overweight and thus being discriminated against. Health policies that do this are problematic because they shift the responsibility to the overweight individual. Attention is moved to focus on changing the stigmatising features for which individuals are victimised rather than drawing attention to the actual discrimination. In this context, health policies also label obesity as the 'cause' of the discrimination, rather than focusing on anti-discrimination measures (Jutel, 2000). Viewing a person's health as an individual's responsibility not only releases health professionals from being accountable, it also does not recognise the complex socio-political environment that influences women's lives, if not the health of all people (Becker, 1993; Caraher, 1994).

Current understandings of health tend to ignore the socio-cultural environment that we live in. Thus, by encouraging individuals to take responsibility for their own health, health promotion messages may be a form of social control by promoting certain behaviours that are considered necessary for a healthy body. Some of the participants expressed their frustration regarding food, stating that they do eat 'healthy' and yet they are still bigger than the so-called 'normal' body weight for their age and height. Health messages that state 'you must eat healthy to be healthy', or you 'must be a certain size to look good and feel good', become derogatory and condescending when individuals cannot achieve the normative standards of an acceptable body. Therefore, health promotion messages become problematic. Dixey (1996) suggests that by focussing on weight and a 'healthy' diet, health education may be negatively influencing teenage girls' eating habits and body image. Although Dixey does not give any answers, she states that there are possible links between health promotion that encourages female adolescents to watch their weight and eat a 'healthy' diet, and the increase in disturbed eating patterns and the desire to be thin. By focussing on monitoring body weight and a healthy diet, health education may be encouraging girls to centre their attention to

their body, and thus causing general body dissatisfaction and a low self-esteem. Alternative health promotion strategies will be explored later in this chapter within the discussion regarding 'nursing'. I will now explore the concept of gender.

Gender

Within this thesis I have noted previously, in chapter three, that gender is a fundamental component involved in feminist research. Gender is a vital element that shapes our consciousness, skills and institutions, and it is involved in the distribution of power and privilege (Lather, 1991). In any society at any time and in any location there are certain constructions of femininities and masculinities. The findings of this research emphasize that current constructions of femininities in Western culture involve the quest for a thin body, and the thin body is oppressive to many women (Carryer, 1997b).

The findings of this study have illustrated that existing constructions of femininity have caused the participants to be preoccupied with the size and shape of their bodies. Dissatisfaction with body size and appearance not only threatens self-esteem and mental well-being, it also absorbs considerable energy. The substantial time and effort that the participants spend altering their bodily appearance could be made use of in other areas of their lives. Young women, who are influenced to focus on their body, could instead be spending their time engaging in the world with more productive life activities such as learning and socialising. Parkes (1995) raises important questions: what would many women be doing if their time, energy and money was not tied up in the desire to change the shape and size of their body, and why does food monitoring take the place of really living in so many women's lives? Who does this benefit, as it certainly does not benefit the lives of most women?

This brings me to one of the issues that has been raised throughout this research study. That is, that the thin ideal body is supported and encouraged by our current socio-political environment. However, this thin ideal figure does not benefit most women. Instead, existing socio-political beliefs regarding food and body size are detrimental to the health and well-being of many women. The socio-cultural context of women's lives has produced the pressure and obligation for women to engage in the endless quest for a

thin body. Women continuously receive misleading messages suggesting that if they spend time and energy perfecting their body, their efforts will be rewarded by immense success in their personal and professional lives (Ezekely, 1988; Russell, 1995).

Within chapter three I noted that the issue of gender is relevant to this work because this study explored how young women are captured in a particular cultural and socio-political environment. The participants' thoughts and experiences reiterated what I have said in chapters two and three. That is, that there is a sense for many young women that they are only acceptable as people if they meet the physical requirements that our culture sets (Martin, 1998; Jutel, 2000; McDermott, 2000). The socio-political environment is an essential aspect for nurses to take into consideration when trying to comprehend food and body size concerns of young women. As health professionals, we will encounter difficulty in changing the views, perceptions and understandings of individual women if the wider socio-political environment remains fixated on thinness.

The social structures that define femininities disprivilege women (Hall & Stevens, 1991). Jutel (2000) notes that expectations regarding bodily appearance are unequally gendered; although men are pressured to conform to current standards of what constitutes a healthy body, women are more pressured to focus on their physical appearance. Women feel compelled to cultivate their bodily appearance; there is more focus on attending to their appearance because it is presumed to be their duty and social responsibility (Jutel, 2000).

The body for many adolescents has become an essential aspect of defining who they are. Self-identity for young women has been directly linked with the body and as discussed in chapter four, femininities require women to centre their attention to their body. Most of the participants believe that 'being thinner', or having 'less flabby thighs', or 'more toned muscles' is what would make them feel good about themselves.

In chapter five, I discussed how the participants have ascribed certain meanings to food. The participants believe too much food or junk foods will make them fat. This is important information to this study because it shows the underlying turmoil that surrounds the activity of eating, and the belief that a fat body is detested. The girls

believe that if they limit their food content they will obtain a thinner, and therefore more desired and attractive, body. The findings from this study demonstrate that for these girls beauty is directly linked with thinness. Malson (1998) says the thin ideal body is depicted as a controlled body, whilst in contrast the fat body symbolises a lack of self-control.

The participants have suggested that their eating behaviours are strongly influenced by whoever is observing them. Rather than simply living their lives to their fullest extent, the body dominates how the girls look and behave. The girls are often gazing upon their body, critiquing every curve and bump, and are very aware of how their body is presented in the eyes of others, especially boys. Some data showed that girls may change their eating behaviours when they are in the presence of boys. Eating fatty food or 'too much' food is believed to be unfeminine and unattractive. Within this context, the participants are disempowered, and the control is held by the person/s observing them. By viewing their own body as an image in the eyes of others, the girls begin to examine and monitor their body instead of allowing themselves to be everything that they could be in the world (Jutel, 2000).

The potential gaze of others is so powerful that it triggers the girls to engage in vigilant monitoring of the body. In this sense the gaze of others becomes an agent of social control, policing the girls' every move. The girls are aware of their own image, while simultaneously also being observed by others. Foucault (1979) describes this process whereby power is exerted through observation and by placing the individual in a 'field of surveillance' (Malson, 1998).

When reflecting on the data, the findings suggest to me that the issues that might surround and affect the eating behaviours of young women are not only a concern for the individual women involved, but also a concern for the health and well-being of all women. As the researcher of this study, when I was analysing the data the two words that kept emerging were 'power and control'. The questions I would like to raise here are: who has the power?, and who is in control? Although a thin body is desired and apparently represents control, the girls' experiences suggest that eating is an activity,

and the body is an entity, that is out of control. Similarly, cultural pressures to conform to thinness also trigger immense powerlessness for the participants.

In chapter five I discussed the Panopticon, which is a circular structure. At the centre is a tower with wide windows that open onto the inner side of the ring. The structure on the periphery is divided into cells. The inmates are alone, but constantly visible from the tower. For the inmate this results in a state of conscious and constant visibility that assures the automatic functioning of power, whereby each inmate becomes their own jailer (Foucault, 1979; Bartky, 1990; McHoul & Grace, 1997). The Panopticon represents the concept of power and control that surround the issues that affect the eating behaviours of the participants. Malson (1998) argues that the Panopticon makes power anonymous. Power is present not as a specific entity or person, instead power is widespread through institutions such as schools and hospitals. This power is present within overt and covert messages that are portrayed not only through the media but also through public health messages. Power and control are concepts that have permeated the everyday lives of many young women, including their activities, eating patterns, and the way they view their body. Constant potential surveillance controls and dictates that girls monitor their behaviours, food intake and body appearance with strict caution and diligence. Pre-existing discourses and normative practices define and regulate young women's experiences of eating (Malson, 1998). Thus, as illustrated by the participants' excerpts, food and the body are sources of confusion and distress, with potentially long-lasting consequences for the rest of their lives.

Nursing

The relevance of this research to nursing is significant. Firstly, it is essential to note that the topic of this research has an overall impact on our socio-cultural environment. My literature review chapter has provided background evidence confirming that food and body size issues are a fundamental concern for young women. The participants in this study certainly confirmed this account. The way in which the participants understand their body in the world and engage in unhealthy methods to alter their body should be of concern for nurses. If young women do not feel comfortable about their bodies their overall health will be negatively affected. These young women not only feel

continually distressed and unhappy about their body, they also partake in bodily altering techniques and weight-loss endeavours that are detrimental to their health.

It is imperative for nurses to understand how these young women feel about their body because it will inevitably affect the way we take care of these clients in many health-care settings. The findings of this study have indicated that many young women feel their body is unacceptable. Thus, nurses could help young women to feel better about themselves by sensitive and appropriate health promotion, support and prevention strategies. Dixey (1996) suggests that health strategies that further encourage girls to monitor their eating and body weight are harmful because they emphasise negative feelings about the body. Health strategies need to include health information that reinforces positive body image and size acceptance, thereby discouraging self-induced vomiting, dieting, negative body attitudes, and eating disorders. It is crucial to note here that this issue will not be transformed at a surface level by simply trying to change the ideas of individual young women. Instead, it is a socio-political issue that needs to be owned and addressed on a wider global scale, and in relation to health in its widest sense.

Rafael (1999) argues that nurses have difficulty in empowering clients when nurses themselves are trapped in, and restricted by, the hegemonic medical model. The discourse of medicine influences nursing's ability to effectively engage with clients in a way that is usefully different from medicine. Delaney (1994) says nursing has inevitably viewed health promotion in terms of 'individual disease prevention', or 'positive well-being'. Thus, nurses have surrendered to hegemonic medical beliefs by ignoring the structural issues that contribute to health and illness. Delaney goes on to suggest that nursing needs to address the importance of socio-political strategies for health improvement, rather than focusing on individual healthy lifestyles. Nurses need to address power imbalances and strive towards political change. Similarly, Brown and Kermode (1995) also argue that nurses practice health promotion from a reductionist perspective by concentrating solely on the individual. In so doing, nursing views "the client as a victim of his or her own behaviour and encourages a form of health promotion which focuses on the individual and ignores or decontextualises social problems" (p.13).

Carryer (1997b) notes that because medical beliefs regarding food and body size are so predominant, it is particularly difficult for nurses employed by doctors to provide effective health-care. Nurses are often employed by doctors in community organisations. This creates difficulties due to the power imbalances that are present within the doctor-nurse employer/employee relationship. Likewise, Corser (1998) suggests that nurses and doctors work from a different, and sometimes conflicting, perspective, which creates difficulties within the nurse-doctor relationship. If client care is to improve, the power imbalances between doctors and nurses need to be addressed (Norris, 1995; Norman & Sweet, 1995). It is for this reason that nursing clinics (run by nurses), could provide a different and possibly more effective health-care for young women and women in general. Nurses need to look at the wider socio-political issues that are involved in the area of food and body size not only in relation to improving our clients' care, but also our nursing practice.

Within chapter two, I have discussed medical beliefs and practices regarding food and body size that have frequently been ineffective. Thus, if nurses are to provide improved health care for their clients, such as the young women in this study, a new and better approach to health promotion is needed. This may include health promotion strategies, or community clinics run by nurses that do not focus solely on the individual, but instead also take into consideration the world in which young women live.

The current cultural context in which adolescent girls live dictates that women must be thin. Our society encourages us to use diet products, and restrict our food intake, while at the same time also promoting low nutrient, high fat, fast foods. In addition, exercise is promoted as a technique for weight reduction more so than for pleasure. This creates an environment that is contradictory and confusing for adolescent girls. It is important to take into account that teenagers live busy, stressful lives, in which their peers often influence them (Chapman, 2000). This research study has demonstrated in the literature review chapter, and in chapters four and five, that the participants commonly compare themselves to others. Therefore, this should be acknowledged if nurses are to develop health promotion strategies that help young women with food and body size concerns.

To be effective, any health promotion or education strategy needs to be specifically designed for young women. These health promotion strategies must consider issues that are relevant to young women and the world in which they live. The findings from this research study suggest that the participants care more about appearance than health, and are often thinking of techniques to reduce their body weight. Thus, health promotion strategies should not be based on the risks of developing diseases, instead programmes should concentrate on self-esteem issues. Current cultural ideals for the female body should be explored and challenged, enabling young women to feel at ease with various body sizes, and to expose false notions that state that being thin will result in a happy and successful life (Chapman, 2000).

As nurses, we need to address the underlying causes of why young women feel so distressed about their body. Hence, we need to understand these issues and help support young women to grow up feeling good about their body. It is wrong to presume that nurses are detached from societal held beliefs regarding food and body size. Barratt (2001) suggests that there is little difference between the knowledge, beliefs and actions of health professionals and the general public in regards to food and body size. Therefore, nurses and other health professionals need further training and education about nutrition and food issues. Barratt goes on to say that health professionals have a major role in promoting healthy eating habits. However, doctors and nurses have limited and inadequate knowledge regarding safe health promotion techniques. As illustrated within my literature review chapter, health professionals have been involved in discriminating against large clients and have made some individuals feel embarrassed when accessing health care.

It is extremely important for nurses to recognise the persistent underlying notions which shape the attitudes of health professionals and society in general. That recognition would support nurses to construct an environment that aims to provide safe, efficient health care for all women of varying body sizes and shapes. I agree with Jutel (2000) who says that we must look beyond conventional practices, and change categorical boundaries of female body size, to acknowledge more diverse definitions of female beauty and also to support a more comprehensive definition of 'health' such as those espoused by nursing.

Limitations and Reflections

Before I begin this section, it is useful to note that while I have stated that this thesis is underpinned by a feminist theoretical framework, I have also noted, as in chapter three, that there is no one definition of what it means to conduct research using a feminist perspective. A feminist research study does include a range of possible approaches and methods but there are common tenets that underpin feminist research. I believe that this study has adequately adhered to the three basic principles of feminisms that I have claimed in chapter three. These included that firstly feminist research involves a valuing of women and a recognition of women's experiences, beliefs and desires. Then there is the acknowledgment of existing ideological, structural and interpersonal conditions that oppress women and lastly is a desire to bring about changes that might help the participants and other women (Hall & Stevens, 1991).

Holloway and Wheeler (1996) argue that feminist researchers often study women's experiences or problems that they have experienced in their own lives. I acknowledge that this has been so for me. When I read the journal entries of the participants I felt that I could relate to some of their experiences to a certain extent. Through the process of this research, I have developed a greater understanding of the pain and anguish that young women endure with food intake and body size issues. While each participant's experiences were unique and different, the participants' journal entries have also revealed the commonalities that are shared by these young women. My personal experience in conducting this study has enlightened my understanding of how distressing food and body size issues are for countless young women. I too have gained personal strength from the knowledge that the issues raised within this study are shared to some extent by the participants, myself and the majority of women throughout our society.

A limitation of this study was that I did ask the participants to focus on their food intake and body by writing in the journal. It is a possibility that by asking the girls to give attention to particular issues, this brought them to the foreground more than they would be if they had not been writing in the journal everyday. Writing in the journal may have

lead to an enhanced sense of body preoccupation. However, as discussed in chapter four, even if the participants did focus more on their body by taking part in this research, the thoughts and experiences that they shared were valid because they illustrated general dissatisfaction with body size, shape and appearance.

The journal method has proven extremely useful and beneficial to this research study because the journals allowed for a privacy that enabled the girls to write in their journal with ease. I would therefore encourage other researchers to consider using the journal method, especially with the adolescent age group. However, it is important to discuss the limitations of using journals as a method of data collection. As the researcher of this study, I initially contemplated conducting interviews, but decided that adolescents would not talk fluently to a stranger and I would conceivably obtain data more successfully by using journals. A review of the literature confirmed that journals enable participants to contribute data privately and in their own time and space (Alexander & Butz, 1991; Mirriam-Goldberg, 1999). Adolescents tend to be uncomfortable about sharing private matters (Purcell, 1997). Thus, I believed that the journal method might be particularly useful for adolescent girls. On completion of data collection, one of the participants even stated that she was able to express her experiences and feelings more openly in her journal than she would have been able to face-to-face with a research interviewer. This is illustrated in her comment below:

Tomorrow is my last day with writing in this [journal]. It seems like I poured out the truth to you. I'm not sure wheather [whether] I would actually tell - say out loud - to a health professional all the things that I have written in this [journal] (Aine, p.42).

Although the three key tenets of feminist research have been adhered to within this study, a key element of feminist research is that it is reflexive. I have previously argued that reflexivity involves ongoing engagement with the participants. However, the journal method has reduced the chance of engaging in reflexivity. I accept that journals do not allow for the same extent of reflexivity and reciprocity that interviews and other methods do. Even so, I believe that because of the age group of the participants, the need for privacy and anonymity outweighed the potential for reflexivity.

Recommendations for Further Research

There is abundant scope for further nursing research looking at the attitudes and beliefs that young women have in relation to food and body size. The findings of this study have found that the young women participants were totally concerned with their body and believe they occupied a body that was unacceptable. Due to the limitations of a single study, further nursing research that explores these issues in other contexts within New Zealand would be beneficial to nursing and to the wider health environment. The paucity of knowledge and understanding regarding the beliefs of younger women, such as children, would also be a fertile area for research. Additionally, it would be beneficial to conduct a similar study with 14-16 year old boys. Within my literature review chapter I identified that nurses are influenced by the dominance of medical beliefs regarding food and body size and nurses have been involved in discriminating against large clients. There is limited nursing research in this area. Thus, further research about nurses' beliefs regarding eating and body size would be valuable using nurses as participants.

I found the issue of isolation that was raised in chapter four particularly interesting. One of the common occurrences within the participants' journals was that many of the girls appeared to believe they were the only one who felt distressed about their body. Yet bodily dissatisfaction was a frequent aspect in the lives of all the girls in this study. It is intriguing that the young women in this research study feel alone within an issue that is obviously universal for all of them. I noted in chapter four that there is no clear answer to why these young women feel secluded and alone. I have suggested that the girls do not hear the thoughts of others because they are so concerned about their own body and feel embarrassed about their failed attempts to achieve an ideal figure. I believe this would be a fascinating and worthwhile issue to examine.

Concluding Statements

The purpose of this section is to close the discussion. However, the complexity of the topic has raised more questions than answers. The issues that might surround and affect

the eating behaviours of young women is a topic that is multifaceted and complicated. I did not intend to present the findings of this study as a grand narrative; instead I chose to explore the issues from a broad perspective allowing the participants' experiences to speak for themselves.

The research method did not allow for personal engagement with the participants. However, as this study has proven, the journal method was particularly useful for this age group of 14-16 year old adolescent females. I believe that this research has enabled the fifteen participants to share their experiences, which has possibly been personally beneficial to these girls. Additionally, the information gained from this study will hopefully help other young women.

The group of individuals that participated in this research study were from two schools in the Wellington region. They were from similar ethnic, and likely to be from similar social, backgrounds. Another group of participants with different educational and ethnic backgrounds will possibly produce different experiences. Therefore, it is important to note here that this research study does not represent all 14-16 year-old girls. Certainly diverse experiences from other girls exist and are worth exploring.

I propose that nurses need to challenge their current beliefs and should work to gain a better understanding of the complex issues that surround the topic of eating and body size. The participants have illuminated how the socio-political world in which they live significantly influences their eating patterns, body image and overall health and well-being. It is impossible for nurses to change the entire socio-political world of our culture. However, it is important that nurses do critique methods of client care that are detrimental and are doing more harm than good.

Nursing practice will not be enhanced by adhering to the belief that health is a matter of individual control, and thus ill-health is due to an individual's choice of lifestyle. Instead, nurses need to critique and challenge current constructions of femininities which require young women to focus on their body and to internalise external constraints. Similarly, it would be beneficial for nurses to strongly and publicly criticise the diet and beauty industry, and behaviours that encourage intensive body monitoring.

As nurses, we need to develop health care and health promotion strategies that incorporate a critique of current discourses regarding food and body size, while also being aware of the socio-political environment. In doing so, we will be better equipped to provide improved, safe and effective health care and health promotion for many young women.

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Letter to College Board of Trustees

The Chairperson
Board of Trustees
College
Private Bag
Wellington

Date

Dear chairperson

I am a registered nurse undertaking research to complete my Masters thesis at Massey University. My supervisor is Professor Jenny Carryer, who is also a registered nurse.

I am writing to ask for your permission to undertake research at your school. I am looking for participants who are females aged 14 to 16 years old. I would like to invite approximately twenty pupils from your school to consider being a voluntary participant in my study.

In my study I wish to look at issues that might affect young women's eating behaviours. I am interested in girls aged 14-16 years, because I believe there are special issues for this age group. The purpose of this study is to gain information that could help nurses, and other health professionals, identify appropriate strategies for good health care of young women. I enclose a copy of the information sheet that outlines my research project in more detail. The project will have gained the approval of the Massey University Human Ethics Committee.

With your approval and following the provision of information to parents of the relevant forms I would place a flyer on notice boards around the school. This flyer will ask for volunteers to phone or email me if they want to take part. The participants will be asked to meet with me and I would give them a blank journal to write in for one month. The content that the girls will be asked to write about would relate to their eating behaviours and feelings about their body size. The anonymity of those that choose to take part will be guaranteed. Additionally, participants have the right to withdraw from the study at any time.

I would be very grateful if you would consider this. You can contact me anytime. My contact details are as follows...

Julie Allison
Phone: (04) 387-7911
Or email: julie.allison@xtra.co.nz

If you wish to contact my supervisor, Professor Jenny Carryer, regarding this research she can be contacted at Massey University: (06) 356-9099 (School of Health Sciences) or via her mobile on: 025-491302.

Thank you very much.

Julie Allison RN BA MCNA (NZ)
Encl.

APPENDIX 2: School Principal and Teacher's Information Sheet

Research Project: An exploration of issues which might affect young women's eating behaviours

Hi, my name is Julie Allison. I am a registered nurse undertaking research to complete my Masters thesis at Massey University.

I would like to invite pupils from your school to consider being a voluntary participant in my study.

I am looking for participants who are ...

- Females aged 14 to 16 years

Outline and Purpose of the Study

In this study I wish to look at issues which might affect young women's eating behaviours. I am interested in adolescent girls, aged 14–16 years because I believe there are special issues for this age group. Generally, there is little nursing research in this area, therefore the purpose of this study is to gain information that could help nurses, and other health professionals, identify appropriate strategies for good health care of young women.

Participation and the Time Involved

A flyer will be distributed in classes where there are girls in the age range of 14-16 years old. Those who are interested will be asked to contact the researcher by phone or email. An information sheet with more detail of the research will be given to those individuals who express interest. The participants will also be given a written consent form to sign. The first twenty potential participants will be selected. The pupils who want to take part in my research would be asked to meet with me for an initial half-an-hour meeting in which I would discuss the study and give them a blank journal. The participants will be asked to aim to write in the journal approximately every day for one month outside of school class hours. The content that they write in the journal would relate to the following three main questions.

- What has influenced your food choices and eating patterns today?
- Have you altered your food intake to lose weight?
(if so, why and how did you alter it?)
(or have you altered your food intake for any other reason?)

- How do you feel about your body size today?

Confidentiality

Participants will be asked to choose a pseudonym therefore their real name will not be used. With the participant's approval, their journal will be photocopied and chosen excerpts from the journal will be printed in the thesis. However, the use of a pseudonym and the deletion of any identifying information will ensure their participation is anonymous. The journals will be kept in a locked filing cabinet until the thesis has been marked. Only myself, and my supervisor (Professor Jenny Carryer), will read the journals. Two photocopies of the journal will be made. The first photocopy will be for analysis purposes. The second photocopy will be kept in a locked filing cabinet with Professor Jenny Carryer for five years (or longer for publishing purposes) and then destroyed. The actual journals are the property of the participants. Therefore, on completion of the thesis, the journals will be offered back to the young females. If the participants do not want their own journal back, then it will be destroyed.

Consent Form and the Right to Decline to Take Part

- Before the study commences participants will be asked to sign a written consent form, which states that they agreed to take part in the study and fully understand what is required.
- Informed consent will be gained before the blank journal is distributed. The consent form will also state that they have the right to withdraw from the study at any time and to decline to answer any particular questions.
- Research findings will be made available to the school, participants and other pupils if they should want it. You will be able to contact either myself, or my supervisor, at any time throughout this research.

My contact details are as follows...

Julie Allison

Phone: (04) 387-7911

Or email: julie.allison@xtra.co.nz

If you wish to contact my supervisor, Professor Jenny Carryer, regarding this research she can be contacted at Massey University: (06) 356-9099 (School of Health Sciences) or via her mobile on: 025-491302.

Thank you very much.

APPENDIX 3: Parents/guardians Information Letter

RESEARCH PARTICIPANTS REQUIRED

Research Project: An exploration of issues which might effect young women's eating behaviours

My name is Julie Allison. I am a registered nurse undertaking research to complete my Masters thesis. I am looking for participants who are ...

- Females aged 14 to 16 years who are interested in being involved in this project

I have approached your daughter's school to ask for participants who are keen to take part in my research. This letter is to inform you of this.

Parental/Guardian Consent

For confidentiality reasons, generally as a parent/guardian you will not know if your child is involved/not involved in the research. However, if you do not want your teenager to be involved, then you can contact the school to state this. This will be passed onto me and I will ensure that your daughter is not included in the research.

In this study I wish to look at issues related to body image and eating behaviours in young females. An aim of this study is that the information resulting from the research could help nurses, and other health professionals, identify appropriate strategies for good health care of young females.

Additionally, if you have any questions or concerns, please do not hesitate to get in touch with me. My contact details are as follows ...

Julie Allison

Phone: (04) 387-7911

Or email: julie.allison@xtra.co.nz

Thank- you.

APPENDIX 4: Flyer

RESEARCH PARTICIPANTS REQUIRED

Research Project: An exploration of issues which might effect young women's eating behaviours

My name is Julie Allison. I am a registered nurse undertaking research to complete my Masters thesis. I am looking for participants who are ...

- Females aged 14 to 16 years and interested in being involved in this research

In this study I wish to look at issues related to body image and eating behaviours in young females. An aim of this study is that the information resulting from the research could help nurses, and other health professionals, identify appropriate strategies for good health care of young females.

If you were to take part in the research, it would require a half an hour meeting with me initially and then you would be asked to write in a journal for one month. This journal will be supplied and the information you write in the journal would be kept confidential.

If you are interested in participating in this research, or you would simply like to know more, I would be keen to hear from you.
My contact details are as follows ...

Julie Allison
Phone: (04) 387-7911
Or email: julie.allison@xtra.co.nz

Thank-you very much for considering being a participant in this research project.

APPENDIX 5: Participant's Information Sheet

Information Sheet

Research Project: An exploration of issues which might effect young women's eating behaviours

My name is Julie Allison. I am a registered nurse undertaking research to complete my Masters thesis at Massey University. My supervisor for this study is also a nurse. Her name is Dr Jenny Carryer.

I invite you to consider being a voluntary participant in my study. You may ask any questions before reaching your decision and you are under no obligation to participate.

I am looking for participants who are ...

- Females aged 14 to 16 years

Outline and Purpose of the Study

In this study I wish to look at issues related to body image and eating behaviours in young females. I am interested in adolescent girls, aged 14 – 16 years because I believe there are unique issues for this age group. Generally, there is little nursing research in this area, therefore the purpose of this study includes that the information resulting from the research could help nurses, and other health professionals, identify appropriate strategies for good health care of young females.

Your Participation and the Time Involved

If you were to take part in my research, it would require a half an hour meeting with me initially to give you the journal, discuss the study and gain your consent. You would be expected to write in the journal approximately every day for one month. The content that you write in the journal would relate to the following three main questions ...

- What influences your food choices and eating patterns?
- Do you alter your food intake to loose weight? (if so, why?)
- How do you feel about your body size?

Confidentiality

If you were to take part in the research, you will be asked to chose a pseudonym (pretend name), by which you will be known throughout the study. Hence, your real name or any other identifying features will not be used. With your approval, your

journal will be photocopied and chosen excerpts from the journal will be printed in the thesis. However, the use of a pseudonym and the deletion of any identifying information will help keep your participation anonymous.

When the journals have been photocopied they will be kept, along with the journal, in a securely locked filing cabinet until the thesis has been marked. You will then be offered your journal to keep. If you do not wish to keep it, it will be destroyed. Only myself, and my supervisor (Dr. Jenny Carryer), read the journals.

Consent Form and Your Right to Decline to Take Part

Before the study commences you will be required to sign a written consent form, which states that you agreed to take part in the study and fully understand what is required of you. It will also state that you have the right to withdraw from the study at any time and to decline to answer any particular questions.

If you agree to participate, a summary of the research findings will be made available to you should you want it. I will also keep you informed on how I intend to publish the research findings. You will be able to contact either myself, or my supervisor, at any time throughout this research.

If you wish to be part of this study my contact details are as follows...

Julie Allison

Phone: (04) 387-7911

Or email: julie.allison@xtra.co.nz

If you wish to contact my supervisor regarding this research, Dr Jenny Carryer, can be contacted at Massey University: (06) 356-9099 (School of Health Sciences).

Thank-you very much for considering being a participant in this research project.

APPENDIX 6: Consent Form

CONSENT FORM

I have read the information sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I understand I have the right to withdraw from the study at any time and to decline to answer any particular question. If I withdraw I understand that any information I have contributed will be destroyed and not used as part of the study.

I agree to provide information to the researcher on the understanding that my name will not be used without my permission.
(The information will be used only for this research and publications arising from this research project).

I agree/do not agree to write the journal (for one month's duration).

I agree to participate in this study under the conditions set out in the Information Sheet.

Signed:

Name:

Date:

APPENDIX 7: Prompt Questions

Research Project: An exploration of issues which might affect young women's eating behaviours

- What has influenced your food choices and eating patterns today?
- Have you altered your food intake to lose weight?
(if so, why and how did you alter it?)
(or have you altered your food intake for any other reason?)
- How do you feel about your body size today?

Please note: It is up to you to write whatever you think is important to this area. You may think of other related things that you also want to write about in your journal.

APPENDIX 8: Referral List

Youthline Counselling

- Provides confidential telephone counselling
- Hours: 4pm-11pm nightly
- Free

PO Box: 1059 Wellington
Ph: 382-8828 or 0800 376633

Samaritans of Wellington

- Provides confidential 24 hour telephone counselling
- Free

PO Box: 12-100 Wellington North
Ph: 473-9739

Women's Health Centre

- Run teen self-esteem programmes
- Provides support if you are finding it hard to cope or feel depressed
- Hours: Monday to Thursday 10.30am-3pm
- Support groups meet every Friday 12.30pm-2.30pm
- Free counselling available

56 Victoria St (across from the public library)
Ph: 499-7709

Wellington Eating Disorder Services

- Provides clinical support for anorexia, bulimia and compulsive eating
- General support for body image issues
- Educational information

11 Pipitea St, Thordon
PO Box: 5218
Ph: 473-5900

Bulimics, Anorexics and Overeaters Anonymous

- Understanding life time support with no diets or fees

Lampton Quay
PO Box: 5332
Ph: 384-8821

Wesley Wellington Region Counselling

- Counselling for stress, grief, depression, conflict, relationship and other difficulties

75 Taranaki St, Wellington
Ph: 384-7695

Catholic Social Services

- A professional counselling and social work agency
- Cost: Fees are based on what you can afford. No one is turned away because of financial circumstances

152 Brougham St, Wellington
PO Box: 9408
Ph: 385-8642

St John's Counselling Centre

- This is a free, confidential professional counselling service

Located on the corner of Willis and Dixon streets, Wellington
PO Box: 27-148
Ph: 385-1546

APPENDIX 9: Letter of Concern

12 December 2000

Dear participants

Hi, I am writing to you regarding the research project on 'eating behaviours of young women' in which you took part this year. Once again, I would like to thank you for all the hard work you did filling in the journals.

This letter is to let you know that I felt worried about some of the content of many of the journals I received. After reading the journals it was obvious to me that many of you, who took part in this study, have some real worries and unhappiness about eating and body image. However, I have sent this letter to all of you that returned your journal to me. Enclosed is a referral letter that has a list of relevant support services that some of you may want to utilize. It is up to you whether you decide to use it or not.

If it would help to talk about this letter, please do ring me. My contact details are as follows...

Julie Allison

Phone: (04) 387-7911

Or email: julie.allison@xtra.co.nz

If you wish to contact my supervisor, Professor Jenny Carryer, she can be contacted at Massey University: (06) 356-9099 (School of Health Sciences) or via her mobile on: 025-491302.

Yours sincerely

Julie Allison

PS: I will be sending you all a short summary of the research findings once the thesis is completed. Additionally, to those that requested your journal back, this will also be sent to you when I have finished the research project.