

A NARRATIVE EXAMINATION OF THE GOVERNING SCRIPTS  
IN THE DREAMS AND EARLY RECOLLECTIONS OF WOMEN WITH EATING  
DISORDERS.

by

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## Abstract

The purpose of this study was to examine the governing scripts in the lives of women with eating disorders via narrative analysis. Interviews were conducted with 5 women with eating disorders (EDs), whose ages ranged from 27 years to 36 years. An average of two interviews per participant took place, with each interview being recorded and transcribed. The interviews centred around early recollections (ERs) and dream reports, which were gathered in the context of their life-stories. The participants were recruited from private counselling practices, psychiatric practices, and family practices, and were considered suitable for the study if they expressed an interest in participating in the study, and their attending therapist or doctor was satisfied they fit the DSM-IV (APA, 1994) criteria for an eating disorder.

Tomkins' (1979, 1987, 1991) script theory provided the theoretical underpinnings to the research, with Carlson's (1981, 1986) script-theoretic analysis as the primary methodological tool. Alexander's (1988) method of accessing scripts via principal identifiers of salience was used in conjunction with script-theoretic analysis when applicable. The ERs were examined for evidence of the nuclear scene, followed by analysis of the life-stories and dream stories for magnifications of the nuclear scene in the form of analogs and anti-analogs.

The results showed the following commonalities: a) that a story of perceived loss of the parent or parental figure was at the heart of each nuclear scene, with the script threading through each woman's life as a theme of "longing for mother" or "a quest for love"; b) that the nuclear script was profoundly reactivated at the time of the development of each participant's ED; c) a family "no talk" rule about negative feelings and traumatic events; d) participants had difficult relationships with their mothers; e) a perception of home as unsafe, manifested in a recurring nightmare from childhood; f) participants responded to stress in their homes by adopting the

personality of the “perfect girl” according to family values; g) body-image/self-image disturbances predated the eating disorder; and h) that traditional gender-roles and attitudes towards women were present in all the families in varying ways. More narrative research of the lives of women with EDs is needed to confirm and support these findings.



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## Definitions

Attachment Styles. The term “attachment” signifies a specific type of relationship style characterized by the manner in which an individual uses others as a source of security.

Ainsworth, Blehar, Waters & Wall (1978) and Bowlby (1973, 1988) identified three main attachment styles in infants that remained stable over time, namely a secure attachment which is consistent with healthy development, and two insecure attachment styles, a) an anxious/ambivalent attachment, and b) an anxious/avoidant attachment, both of which are predictive of disturbed development (Bowlby, 1988).

A Secure Attachment is dependent on a sense of security in the availability and the appropriate responsiveness of the parent, and is characterized in the child by a friendly, open attitude, responsiveness to adults, and a boldness in exploring the world. These children are vital, lively, and eager to learn.

An Anxious, Resistant Attachment develops as a result of intermittent availability of the parent, separations from the parent, and later attempts by the parent to control by means of threats of abandonment. It is characterized in the child by behaviour that alternates between resisting contact and interaction, and strong proximity-seeking and contact-maintaining, accompanied by an anxiety about exploring the world. Ainsworth et al. (1978) term this “classic ambivalent behaviour”. While these children may seem compliant, and even caretaking towards adults, there is a chronic underlying anxiety evident in their play, drawings, peer relationships, and verbal expression.

An Anxious Avoidant Attachment develops as a result of repeated rebuffs by the parent so that the child has no confidence that when he or she seeks care they will be responded to helpfully. It is characterized in the child by avoidant behaviour towards the parents in

neutral, non-confrontational ways, such as staying over at friends and spending lots of time in their rooms. These children show little shyness with strangers and no distress when separated from their parents. This attachment style has been associated with a variety of developmental disturbances ranging from compulsive self-sufficiency to persistent delinquency.

Eating Disorders (EDs) are severe disturbances in eating behaviours. The two specific types of eating disorders associated with a driving preoccupation with thinness are anorexia nervosa and bulimia nervosa

Anorexia Nervosa (AN) is characterized by: a) a refusal to maintain body weight at or above a minimally normal weight for age and height; b) an intense fear of gaining weight, even though underweight; c) an inability to perceive body shape accurately, with self evaluation unduly influenced by weight and shape, or a refusal to acknowledge the seriousness of the current low weight; and d) the absence of at least three consecutive menstrual cycles. Anorexia nervosa can take two forms, either the restricting type, in which the individual does not regularly engage in binge-eating or purging by means of laxatives, self-induced vomiting, or diuretics; or the binge-eating/purging type, where during the restrictive period, the individual also regularly binge-eats and purges (American Psychiatric Association, 1994).

Bulimia Nervosa (BN) is characterized by: a) recurrent episodes of binge eating which involves eating an amount of food that is much larger than most people would eat over a similar space of time, accompanied by a sense of lack of control over the eating; b) recurrent, compensatory and inappropriate behaviours such as self-induced vomiting, misuse of laxatives, fasting, or excessive exercise; c) binge-eating and compensatory behaviours

occur at least twice a week for 3 months; d) self-evaluation is unduly influenced by body-shape and weight; and e) the bulimic episodes do not occur exclusively in a restrictive anorexic period. Non-purging bulimia nervosa occurs when there are compensatory, inappropriate behaviours such as fasting or excessive exercise, but the individual does not regularly engage in self-induced vomiting or laxative misuse (American Psychiatric Association, 1994).

Script theory (Tomkins, 1979, 1987, 1991):

Scripts are classified as the perceptual framework by which the individual predicts, interprets, and responds to experiences. These personal frameworks are created by a series of scenes, starting in early childhood, which magnify and amplify over the life-time so as to develop, augment, and/or diminish the governing scripts.

A scene is an episode or story, involving intense affect. There is usually some action taken in response to the affect. If scenes that are both dissimilar and sufficiently similar occur over the developmental stages, a script develops which predicts the emotional response and corresponding action in any later scene that takes place. Thus, scenes initially determine scripts, but the scripts eventually determine how scenes will unfold.

A nuclear script captures the individual's most compelling and unresolved issues. Nuclear scripts grow over the life-time as the individual gathers more evidence of the central "truth" of his or her assumption via similar sequences of action taken in response to similar affect-laden scenes. Thus the actions create the feared yet expected outcome that prove their perceptions.



Analog formation is the process by which negative affect scenes are developed. Different scenes are scanned for similarities to the original scene which then build on the negative experience of original scene and contribute to the formation of a negative script.

Anti-analogs are idealized scenes that are developed as a way to negate the disappointments of the original scene, and thus provide the perfect anti-dote to the original trauma. Because these are idealized scenes that are unlikely to be sustained by reality, they carry within them the strong possibility of reverting to the bad scene and thus retraumatizing the individual.

A governing script is defined in this study as a core script that is evident across the life narrative in key memories, stories, and dreams. It is recognizable by similar affects, themes, motifs, and “actions taken in response to affect” in these stories, as well as by the development of counteractive anti-analogs to the original scene.

## CHAPTER 1. INTRODUCTION

Eating Disorders (EDs) associated with a driving preoccupation with thinness have become a major public health concern over the last three decades (Wakeling, 1996). Anorexia nervosa (AN) has long been established as a psychiatric disorder, with the recognition of bulimia nervosa (BN) as a distinct condition occurring more recently during the nineteen eighties (Wakeling). Individuals suffering from AN or BN often face severe personal, familial, and social challenges in recovery (Zerbe, 1992). For some, the grip the eating disorder takes in their lives becomes too powerful to overcome, and they either live chronically diminished lives, or die from the disorder (Thompson & Gans, 1985). Although the rate of eating disorders amongst men seems to be increasing (Philpott, 1995), the majority of sufferers of the condition remain female (Wakeling).

There are numerous ways of understanding the etiology of EDs, such as learned coping behaviours and irrational belief systems, the influence of socio-cultural attitudes about how women should look and behave, and the impact of the early developmental environment on personality formation. Studies examining personality characteristics in women with EDs have isolated numerous traits that were significantly different from control groups. These include a sense of ineffectiveness (McLaughlin, Karp, & Herzog, 1985; Rezek & Leary, 1991; Strauss & Ryan, 1987; Wagner, Halmi & McGuire, 1987;), self-deflected hostility (Lehman & Rodin, 1989; Sheppy, Friesen, & Hakstian, 1988; Williams, Chamove, & Millar, 1990), low ability to be self-nurturant (Lehman & Rodin, 1989), and early attachment disturbances resulting in anxious, insecure attachment styles (Armstrong & Roth, 1989; O'Kearney, 1996; Sordelli, Fossati, Devoti, La Viola, & Maffei, 1996). While these studies have corroborated some aspects of clinicians' theories (Bruch, 1978, 1981; Crisp, 1980; Goodsit, 1985; Root, Fallon, & Friederich, 1986; Stern, 1986) about the common personality characteristics in EDs, many have been limited to self-report questionnaires, with mixed or conflicting results. A study that included a

projective test which ostensibly bypasses conscious values (McLaughlin et al, 1985) found similar autonomous functioning in both ED groups, which contrasted the results from the self-report questionnaires showing anorexics to be similar to controls in reported autonomy.

Vitousek, Daly and Heiser (1991) make a strong case for the use of tests and material that is less likely to be mediated by conscious processes when studying anorexic and bulimic women. This is because of the observed need in anorexic women to appear perfect (Bruch, 1978; Goodsit, 1985).

Dreams tap the unconscious realm and have been shown to reveal underlying characteristics, belief systems, and emotional states in ED women (Dippel et al. 1987; Brink, 1991a; Brink & Allan, 1992; Brink, Allan, & Boldt, 1995; Levitan, 1981). Dippel et al. noted significantly different levels of negative affect and hostile reactions in an ED group. Brink found a sense of ineffectiveness manifested in two attitudes in the dreams, namely "whatever I do I can't succeed" and "whatever I do things turn bad on me", to significantly differentiate the dreams of an ED group from the dreams of a control group. However, the inherent reductionism present in the imposition of a pre-determined (Dippel et al., Brink & Allan; Brink et al.) or theoretical (Levitan) framework on to dream data raised the question of what a "discovery-oriented" approach to dreams might reveal about personality traits in EDs.

Biela (1993) found that a qualitative study of sequence of action in both the dream narrative and the life-story revealed a relationship between the dream story and the context of the dreamer's life. An ethnographic study of an anorexic woman (Brink, 1991b) corresponded with Biela's results, in particular, that concurring schemas or life-scripts are found in both the dream narrative and life-story. Carlson (1981,1986) understands the schemas and attitudes as enduring

scripts (Tomkins, 1970, 1987, 1991) that are revealed in dreams and stories obtained across developmental stages in an individual's life. Early recollections, which are seen as clues to values, understandings and perceived dangers of the world (Adler, 1937; Mosak, 1995; Reekie, 1995) provided important information about the source of script formation in Carlson's studies. An understanding of scripts as an illustration of personality development over the life span led to the question of what the governing scripts might be in women with EDs, and whether there would be any commonalities between the scripts. To date, there do not appear to have been any studies examining personality in women with EDs from the perspective of governing scripts in their lives. The current study was undertaken to explore that question.

#### Approach of the Study

Narrative analysis of early recollections (ERs), dreams, and stories in the life story narrative was used to answer the question of what the governing scripts might be in women with eating disorders. Tomkins' (1979) identification of nuclear scripts as capturing the most compelling and unresolved issues across an individual's life-span seemed to fit the description of a governing script, and Carlson's (1981, 1986) script-theoretic approach to information gathering and analysis of nuclear scripts provided the main methodological tool. Carlson used ERs to access the nuclear scene, with subsequent examination of dreams and stories in the life narrative to assess analog formation in the development of the nuclear script. This approach is based in Tomkins' (1979, 1987, 1991) script theory, but is also congruent with a unifying life-theme approach as espoused by Cochran (1990), McAdams (1993), and Csikszentmihalyi and Beattie (1979). Alexander's (1988) method of accessing scripts via principal identifiers of salience was used in conjunction with Carlson's methodology where applicable.

The narrative approach of meaning-making through the telling of stories formed the research paradigm of the study. Polkinghorne (1988) defines story-telling as a process that organizes experience into a meaningful whole that has a beginning, middle and end. Nuclear scripts (Tomkins, 1979) were assessed via the acquisition of stories, namely ER stories, dream stories, and stories in the life history. Two to three interviews were structured around the questions eliciting these stories, with, where possible, the interviewer going back and forth to the participant in an on-going dialogue of meaning-making (van Manen, 1990). From these interviews, which were recorded and transcribed, narrative accounts of ERs, dreams, and life-history were constructed.

Initially, the ERs were analysed firstly by a general summary, followed by a specific summary, and a noting of the prevailing affects and actions taken in response to the affects. In addition, anything striking was noted, in some cases by using principle identifiers of salience (Alexander, 1988). This was particularly helpful in the stories of participants who had an observed need to minimize the emotional impact of their life experiences. Once the ERs were analysed, stories in the life-history and dream stories were examined for evidence of the affects and actions isolated in the ERs. Tomkins (1979) terms this analog formation, which is the amplification and magnification of the nuclear scene by the occurrence of incidents both similar to and dissimilar from the primary scene. Simple repetition of a scene does not provide the material for magnification into a nuclear script (Carlson, 1981).

The process of analysis of nuclear script formation was not linear, but rather a recursive loop, with evidence gleaned from the dream stories and life-history stories being taken back to re-examine the ER stories in an attempt to find the closest fit possible to the stated experience of

each participant. This process fits van Manen's description of hermeneutic phenomenology, where the researcher attempts to understand the material "from the inside" (p. 8), versus simply grasping it at the conceptual or intellectual level. The following chapter reviews the literature relevant to the study.

## CHAPTER 11. REVIEW OF THE LITERATURE

A qualitative exploration of the governing scripts in EDs calls for an examination of the literature on the theories of etiology, in particular theories of personality and predisposition, and the influence of the family and the socio-cultural milieu. This chapter reviews the theories and empirical data, as well as relevant literature on dreams and early recollections.

### Personality

While there are many different approaches to the study of personality in psychology entailing a variety of different language descriptions, two generally accepted features of personality are that: (a) there is a distinctiveness or uniqueness in personality which some believe to be in the nature of personality characteristics, and others propose lie in the pattern of organisation of characteristics; and (b) personality tends to be stable and enduring over time (Phares, 1984). Researchers of personality in psychiatric disorders define personality as "...a persistent, habitual, and recurrent behaviour (that)...includes...characteristic thoughts, feelings, and perceptions about one's body, oneself, and other persons" (Bronisch & Klerman, 1991, p. 308), which develops from both inborn and acquired characterological determinants. The following section examines the literature on personality characteristics of women with EDs from the perspectives of etiology, and disposition towards the disorders.

### Personality Characteristics in Eating Disorders

#### Theory

Psychodynamic theorists (Bruch, 1978; Goodsit, 1985; Palazzoli, 1974; Stern, 1986; Sugarman, Quinlan, & Devenis, 1981) have viewed the etiology of AN and BN in terms of developmental deficits occurring over the childhood and adolescent life-span, with the mother-

child attachment style as the predicator of future autonomy (Bruch), and the ability to move from primitive defence mechanisms into mature functioning (Stern; Sugarman et al.). Recently, Guidano (1987) constructed a developmental theory of personal cognitive organisation (P.C. Orgs) which also centres around the quality of the attachment experience of the developing child, formulating, amongst others, a cognitive developmental portrait of the ED prone individual. Family systems theorists have examined the interactions of the family and the dynamics of the parental relationship in their impact on the characteristics of the symptomatic child (Minuchin, Rosman, & Baker, 1978; Palazzoli, 1974; Root et al., 1986). Several core personality characteristics of ED and ED-prone individuals have been constructed by these various theorists from their clinical experience, which are as follows:

Mistrust, self-doubt, and a sense of ineffectiveness. Bruch (1978, 1981, 1985), whose decades of work with ED patients has contributed greatly to the body of literature, observed overprotective, controlling, perfectionistic parenting from the primary caretakers of anorexic girls. Stories of early childhood were concerned with rigid adherence to feeding schedules, and interactions between mother and child spoke more of concern with the mother's needs than an ability to resonate with the needs of the child. Bruch understood this parenting style as stifling the healthy individuation process of the young pre-anorexic child, resulting in the development of mistrust and self-doubt. These young girls therefore fail to negotiate the early developmental crises successfully, entering puberty with an insubstantial sense of self and minimal ability to negotiate the crisis of identity formation in adolescence (Bruch). Bruch proposed that the paralysing sense of ineffectiveness she observed in her anorexic patients was the cardinal feature in EDs, which she understood as stemming from the failure to develop a healthy sense of



autonomy. A pursuit of thinness becomes a way to feel in control, be identified with a cultural ideal, and feel special and important. It also gives the girl an identity and sense of separation, while conforming to family values of perfection and avoiding the attachment risk of true individuation (Bruch, 1978). Bruch (1985) does not accept BN as a separate clinical entity from AN, perceiving both conditions as being on a continuum of eating behaviours that centre around a driving preoccupation with thinness.

Those operating from an object-relations and self-psychology perspective perceive the failure of the parents in early childhood to provide an adequate "holding environment" as the cause of severe deficits in the development of a cohesive sense of self in the pre-anorexic child (Goodsit, 1985; Stern, 1986). In this view, the profound sense of mistrust that develops is as a result of the absence of such necessary functions as mirroring and tension regulation in early childhood, and the child is left feeling inadequate, ineffective, and out of control.

Cognitive theory of the particular developmental pattern in EDs also centres on the core feature of a "blurred sense of self", which is understood cognitively as being organised around an oscillation between an overriding need for approval from significant others and a concomitant fear of being intruded upon or criticized by these same figures (Guidano, 1987). Specifically, the ED-prone child achieves her sense of coherence from an enmeshed relationship with her attachment figure, yet in adolescence invariably encounters a disappointment with the same attachment figure and/or the attachment figure in a love relationship. The attainment of a stable sense of self is therefore threatened and undermined. As a result of the enmeshed relationship with parents who do not encourage the recognition or expression of autonomous thoughts and feelings, the child develops a prototypical set of opponent emotional schemata as the underlying

structures of her sense of self. She thus wavers between being "externally bound" to a significant other to achieve her sense of self (in which case her reduced sense of individuality manifests as a sense of ineffectiveness), and in trying to be "internally bound" in defining herself, which, while an act of individuality, leaves her feeling empty and unsupported (Guidano). However, since the only type of self-perception encouraged by the family is that of bodily sensations such as hunger and motility, these act as diversionary schemas for the more challenging feelings of ineffectiveness and emptiness. Guidano proposes that the body of the ED-prone individual becomes the focus of feelings of ineffectiveness and emptiness because of: a) learned awareness of bodily states as the most cogent form of decoding self-perceptions; and b) family emphasis on the primacy of physical appearance in self-estimation. For the individual who "chooses" AN, her rigid control of her biological impulses represents a desperate attempt to ward off the sense of failure, which she locates in a perception of an unbearable body. She then oscillates between her sense of ineffectiveness manifested by a continuing need to lose more weight, and a sense of personal power derived from her ability to dominate her most compelling biological impulses. Guidano understands the obese individual, on the other hand, as sensing themselves as predominantly weak, which manifests as a giving in to the struggle via overindulgence. Within this framework, bulimia would seem to be a "giving in" to the sense of weakness (bingeing), which perceived failure is then counteracted by a desperate attempt to regain a sense of effectiveness through the various purging behaviours.

Development of a "false-self". When the sense of self is firmly lodged in others' judgements, a "pleasing perfection" becomes the most logical and dependable way to maintain a coherent sense of self-esteem in childhood (Guidano, 1987). Stern (1986) and Goodsit (1985)

term this a “false-self” that has no needs and is happy only when giving to others. However, because she feels intensely needy and ineffective underneath her facade, alongside the guilt at having any needs or demands, there is a concurrent development of grandiosity, sense of omnipotence, and a narcissistic self-focus, which is largely hidden until the anorexic state provides a permissible avenue for emergence (Goodsit). Obsessionalism is seen as another coping tool for the sense of ineffectiveness (Goodsit).

Guidano (1987) proposes that it is adolescence, with its emergence of higher cognitive abilities, which brings the potential for disequilibrium in the inevitable disappointment in the attachment figure. The feelings of personal ineffectiveness and emptiness therefore come, once more, to the fore, which Guidano understands the ED-prone adolescent as handling in one of two ways:

1. External causal attribution, in which others are seen as deceitful and intrusive, and the coping strategies to minimize the experience of ineffectiveness and emptiness become the display of positive, controlled and self-sufficient attitudes. In times of disequilibrium this attributional style gives rise to anorexic disorders.

2. Internal causal attribution, in which the sense of ineffectiveness and emptiness experienced in disappointments and invalidations are minimised by attributing them to specific traits of self. In times of disequilibrium this attributional style is more likely to be linked to bulimic disorders and obesity.

Guilt. A sense of guilt is seen as a predominant feature of the personalities of women with EDs, which Stern (1986), and Sugarman, Quinlan and Devenis (1981) understand as repression of primary rage in response to maternal deprivation in the pre-anorexic child. Because it is

accompanied by intense attachment anxiety inhibiting its expression, it is repressed and directed inwards in the form of guilt. Minuchin et al. (1978) noted how families of anorexics used “the highly charged currency of guilt” to maintain loyalty to the family, so that any initiative towards autonomy was equated with betrayal.

Goodsit (1985) differentiates the immense guilt of anorexics from the guilt experienced by those with other neurotic disorders, in that the anorexic experiences a "...pervasive sense of discomfort for simply being or existing, ....feel(ing) guilty for occupying space" (p. 78). Goodsit sees the guilt originating in the mother's inability to allow her daughter to separate and individuate, so that the daughter learns to equate her independence or happiness with hurting or destroying the mother. Guidano (1987) has observed an extreme sensitivity to negative judgements in girls with EDs, which seems linked to the pervasive experience of guilt for simply existing. Like Goodsit, he stresses that this sensitivity experienced by the ED-prone individual is far more intense than any vulnerability to criticism experienced in the personal cognitive organisation of other disorders. He describes the experience of disconfirmation as being an "...unbearable challenge to one's sense of self..."(p. 166) and cites the words of one of his ED subjects:

It's a sense of general darkening and dismay, like being under water and sinking deeper and deeper, and your only hope to ever emerge again is to obtain the other person's approval; and that seems more and more unlikely and beyond hope (Guidano, p.166).

Guidano proposes that the only way to manage the perceived challenge to self is to attribute the criticism to parts of the body.

Anger. The presence of primary anger in EDs is referred to by Palazzoli (1974), Stern (1986) and Sugarman et al. (1981) as one of several developmental issues, with the emotion

being of such a primitive origin as to be tantamount to rage. Stern writes of this rage as the response to primary deprivation in the pre-anorexic infant. Palazzoli understands the rage building under the external cloak of compliance as a result of very controlling parenting, usually, in her observation, from the mother. Sugarman et al. speak of the dread of fusion and the "ordinate oral rage" of the anorexic as a consequence of maternal over-involvement and/or unavailability. They understand this rage stemming from the thwarting of gratification of dependency and nurturance needs in infancy, and manifesting itself as depression, loss and a sense of helplessness. Brink and Allan (1992) comprehend the rage in the terms of Kohut's (1978) theory of the development of narcissistic rage, namely as the self's own emotion at being disavowed by unempathic nurturers. As such, they propose that the repression, projection, introjection and projective identification of rage in early childhood is the central cause of EDs, with the overwhelming sense of helplessness as a secondary response. They agree with Palazzoli (1974) that the body becomes the reified "bad object" in the ED-prone individual, and suggest that the focus of this rage towards the body explains the puzzling self-destructiveness in anorexic and bulimic women's over-conformity to the cultural ideal of beauty.

Tavris (1989) takes issue with psychodynamic theories that anger is held in the body and turned inward destructively if it is not allowed expression. In particular, she argues with the view that deep-seated anger underlies the bingeing and starving patterns of women with eating disorders. She maintains that dieting makes people tense and irritable, and states that these women would "...do better to become angry not at their parents but at society that has made an enemy of their bodies" (p. 106). However, she also recognizes a difference between the anger-perpetuating process of "ventilation" and the unhealthy consequences of unexpressed obsession. Quoting the studies of Pennebaker (1988) who found that those who ruminated on a shameful secret had a far higher incidence of health complaints than those who either had no shameful

secrets, or those who had them but talked about them, Tavris acknowledges that the anger generated by traumas such as abuse in childhood is very different from anger experienced towards a bad-mannered driver or a stuck elevator. While she quotes studies that explode the myth that ventilation of anger is a healthier psychological and physiological mechanism than control of anger, she is unable to demonstrate as convincingly that repression of anger is not necessarily linked to psychological problems. Tavris seems to confuse repression of anger with anger control, which are not at all the same mechanism in psychoanalytic theory. Also, it would seem that in decrying the so-called "cathartic" expressions of anger as misplaced in eating disorders, Tavris is not taking into account her later observations of the destructive effects of unacknowledged anger in shame-based secrets. The value of Tavris' treatise lies in its warning against global assumptions of neatly-fitting theories which may apply to some of the cases some of the time, but should not be applied to every case of an ED, depression, or problem with the expression of anger.

Family traits. Minuchin et al. (1978) in their study of families of anorexics, have observed role reversal between the parent and psychosomatic child, overprotectiveness, and projection of marital dissatisfaction on to the symptomatic child, and enmeshment between parents and child.

Enmeshment is characterised as a dysfunctional lack of self/other differentiation. Guidano (1987) has found these families to be particularly focused on appearances, extending from the presentation of matrimonial harmony by the parents, through the portraits of themselves as dedicated parents, to the excellent performance of their children in all arenas of accomplishment. The tendency for the families to be extremely controlling is much discussed in the etiology of EDs (Bruch, 1978; Minuchin et al.; Palazzoli, 1974; Stern, 1986), where the control is seen to take the form of restraint of the child to conform to parental needs, versus a caring enforcement of limits that are in the child's own interest (Stern, 1986). While the ED

women's experience of feeling controlled is understood as emanating primarily from family dynamics, Orbach (1985a) proposes that societal control of women's behaviour and needs permeates both family and the larger community.

Root et al. (1986) have identified three types of family functioning in families of bulimic daughters, namely the "perfect family", the "overprotective family", and the "chaotic family". They suggest that the chaotic family, which is not classically seen in anorexia nervosa, resembles substance-abusing families where the rule is not to talk, trust, or feel. However, Root et al. understand enmeshment as a feature of all three family types.

Green and Werner (1996) take issue with family theorists' definition of enmeshment, and Minuchin et al.'s (1978) definition in particular, which they maintain is confusing. Green and Werner state that enmeshment is presented as dysfunctional in older children, where the relationship is "too close", yet functional with young children, where it is characterised as a style of high closeness and caregiving. Green and Werner suggest that enmeshment and disengagement, rather than being opposites, are both interpersonal styles lacking in cohesion and closeness-caregiving. They propose that the "dysfunctional" characteristics previously ascribed to enmeshment by Minuchin et al. are better understood in terms of family functioning as "intrusiveness". Family styles that fall under the umbrella of intrusiveness are a) separation anxiety; b) possessiveness/jealousy; c) emotional interactivity; d) projective mystification (the assumption that person A knows what's on the mind of person B); and e) anger/aggression (Green & Werner).

Attachment style. Since several theories of causation in EDs are based on the attachment experience of the ED-prone individual, a section on attachment theory seems relevant. Bowlby

(1988) conceptualises attachment as "...a fundamental form of behaviour with its own internal motivation distinct from feeding and sex, and of no less importance for survival..."(p. 27).

Bowlby's theory of attachment developed from his own observations of infants separated from their mothers (Bowlby, 1973), and was influenced by the seminal work of Ainsworth (1963), Ainsworth, Blehar, Waters, and Wall (1978), and Harlow and Zimmerman (1959).

Bowlby (1988) identifies 3 well-established patterns of attachment, namely:

1. A secure attachment, whereby the infant is confident in the consistent availability, responsiveness and helpfulness of his or her primary caretaker, which frees them up to boldly explore their environment.
2. An anxious, resistant, attachment in which the infant has experienced inconsistency in availability, helpfulness and responsiveness of their primary caretaker, resulting in a tendency to separation anxiety, clinging to the primary parent, and anxiety about exploring the environment.
3. An anxious, avoidant attachment in which the infant has no confidence that his or her primary caretaker will be available and helpful, and has come to expect rejection when she or he seeks nurturance. This results in the development of a false self-sufficiency and a narcissistic self-focus.

Insecurely attached infants in times of threat are either easily and extremely distressed and difficult to soothe at reunion (anxious-resistant), or fail to display separation anxiety, minimising the effect of the parental absence, and often failing to seek closeness at reunion (anxious-avoidant).

The attachment style in infancy has shown itself to stay remarkably stable over development (Bowlby, 1988) and significantly impacts functioning and personality formation (Bowlby, 1973).



As has been demonstrated in the theories of etiology in EDs, early childhood attachment experiences are understood to form the basis for beliefs, a sense of self-efficacy, self-esteem, the development of autonomy, and the ability to regulate emotions. Psychodynamic theory proposes that an insecure attachment style results in confusion and an overwhelming fear of abandonment when faced with the tasks of separation and identity formation in adolescence. O'Kearney (1996), in his review of attachment theory and research as it relates to EDs, states that it is difficult to predict the exact type of insecure attachment in anorexia nervosa and bulimia nervosa, since the "...pathological pursuit of thinness and the exclusive reliance on weight and shape for self-evaluation and self-esteem..."(p. 119) could apply to both anxious-avoidant or anxious-resistant attachment styles.

### Research

This section discusses empirical data in the literature examining aspects of personality theories and family functioning in EDs.

A sense of ineffectiveness. Several studies have been conducted to examine self-efficacy in AN, and to determine whether Bruch's (1978) theory of a paralysing sense of ineffectiveness in AN is as central a feature in BN (Hood et al., 1982; McLaughlin et al., 1985; Rezek & Leary, 1991; Strauss & Ryan, 1987; Wagner et al., 1987). The results of personality inventories were mixed, with the only consistency of significantly higher perceptions of ineffectiveness in both bulimics and anorexics occurring in projective tests in the study by McLaughlin et al. Kerr, Skok and McLaughlin (1991), in their review of current literature examining personality characteristics in EDs, cite studies with findings of overcontrolling egos in AN (e.g. McLaughlin et al.) as supportive of the theory that the overcontrol is a defence against a general sense of lack

of autonomy. Other studies that specifically measure “externality/ internality” in subgroups of EDs, and compared with controls (Hood et al; Wagner et al.), invariably show restricting anorexics as experiencing themselves similarly to controls in terms of an internal sense of control. This would seem to be an example of the ability of anorexics to impart strong conscious values (overcontrol) in certain pencil and paper tests as opposed to revealing their underlying sense of ineffectiveness. Rezek and Leary noted a significant connection between perceived low control and greater restriction in subjects who were high in a “drive for thinness”, which may accord with Wagner et al.’s findings of a sense of ineffectiveness amongst subgroups of EDs as being specific to certain situations, mostly eating, but not to reflect a global personality style. The study of unconscious material via dreams in EDs (Brink, 1991a; Brink & Allan, 1992), demonstrated a marked presence of a sense of ineffectiveness in the combined anorexic and bulimic group ( $p < .001$ ). This finding was supported by results from a causality orientation scale (Deci & Ryan, 1985), which conformed to requirements for bypassing denial in ED studies delineated by Vitousek et al. (1991).

Guilt and anger. The presence of guilt in eating-disordered individuals has been researched variously as “conflict turned inward” (Sheppy et al., 1988), “self-criticism” (Lehman & Rodin, 1989), “self-directed hostility” (Williams et al., 1990), and “self-hate” (Brink, 1991a). In all cases, women with EDs were found to turn their hostility inward in the form of self-punitive thoughts and behaviour (Sheppy et al.; Williams et al.), or dreams of violence towards the dreamer (Brink). Lehman and Rodin observed that high levels of self-criticism were significantly connected to a sense of ineffectiveness and a low ability to be self-nurturant.

Results from a study of dreams of women with EDs (Brink, 1991a; Brink & Allan, 1992) and a subsequent re-analysis of the data using Marascuilo's method of multiple comparisons (Brink et al., 1995) illustrate the centrality of rage in EDs. Both the presence of anger in the form of the expressed emotion and violent dream images, as well as in its self-deflected form of guilt (violence acts against the dreamer) were found to be significantly present in the dreams of an ED group of women (Brink), while significant links were found between a sense of ineffectiveness and anger; the presence of self-hate and an obsession with food; and a sense of ineffectiveness and negative emotion in the ED group (Brink et al.).

Family traits. Research on family patterns in EDs has found varying degrees of control and perceptions of control in family functioning (Calam, Waller, Slade, & Newton, 1990; Sheppy et al., 1988; Williams et al., 1990) but no clear picture of family control as a significant consistent experience in both AN and BN compared with a control group has emerged in the research to date. In their examination of the connection between childhood adversity and adult defence styles in eating disorders, Schmidt, Slone, Tiller and Treasure (1993) found excessive control in 40 percent of the bulimic and bulimic/anorexic women, with no differences between the restricting anorexic group and the control group in reports of control. However, since Schmidt et al. did not screen their control group for EDs, these results would seem to be more significant in terms of the differences between subtypes of ED versus differences between ED groups and controls. Brink et al. (1995) demonstrated a significant pairing of a sense of being controlled with an obsession with food, which accords with Bruch's (1978, 1985) theory of the ED woman's preoccupation with, and control of, food as an extreme attempt to establish personal control in a life otherwise invaded by others. However, the study explored the issue of control through

images of entrapment and stated experiences of "feeling controlled" in the dreams, so that it was not specifically focused on family control.

A study of 88 ED females and their families at a specialised ED clinic for the possible link between familial traits and EDs (Steiger, Stotland, Trottier & Ghadirian, 1996), found: a) similar levels of eating concerns and symptoms between mothers, ED daughters, and female siblings of ED subjects, but not between fathers; b) familial tendencies across all ED family members towards dramatic-erratic traits; and c) somewhat weaker links of familial displays of obsessive-compulsive traits, namely, compulsivity, restricted expression and anxiety in the families of the ED group. However, the researchers did not find the same levels of psychopathology in the sisters of the ED subjects, which led them to suggest that it takes more than family environment to produce an eating disorder. An earlier study (Brouillette, 1988) is in agreement with Steiger et al.'s results regarding similarity of psychological functioning in the mothers and anorexic daughters, which Brouillette interpreted as the pre-anorexic child having to take on the projected split introjects of the mother in order to have the best relationship possible with her parent.

Studies of family functioning using the perceptions of anorexic and bulimic women (Felker & Stivers, 1994; Shisslak, McKeon & Crago, 1990; Waller, 1994) have found bulimic and anorexic bulimic women to perceive their families as significantly less cohesive and expressive, less emotionally supportive, more conflictual, and with poorer communication skills than normal controls (Shisslak et al.). The most significant finding of Stern et al. (1989), in their study of 57 anorexic and bulimic women and 57 controls was that ED families rated themselves as being less supportive, less encouraging of open expression of feelings, and more conflictual than the control group. In particular, low expressiveness was the most consistent finding. Felker and Stivers

findings are in agreement with Shisslak et al., namely that adolescents at risk for eating disorders experience lower cohesiveness, lower expressiveness, and lower tolerance for independence in their families. Waller, however, found that certain perceived family styles such as low cohesiveness were connected to an increase in bingeing behaviour in bulimics, yet the same perceptions in restricting anorexics decreased restricting behaviour. Both groups associated low problem solving ability with increases in their disordered eating patterns. Since Waller's study was predicated on pencil and paper test of perceptions and anorexics are particularly noted to idealize their family functioning (Sordelli et al., 1996), further study controlling for transparency in ideal response might clarify Waller's somewhat confusing findings. Felker and Stivers' study seems particularly useful in that it studies attitudes towards family functioning prior to the onset of eating disorders, namely in high risk adolescents, thus controlling for skewed perceptions that might arise from the conditions themselves.

Schmidt et al. (1993) also found significantly higher levels of parental indifference, family discord, violence both against family member and the patient, and childhood sexual abuse in the bulimic subgroups (BN, bulimia with AN, & bulimia with a history of AN) than in the restricting anorexic group, leading them to propose that restrictive AN is less inclined to be connected to an occurrence of gross childhood abuse.

Grigg, Friesen, & Sheppy (1989) propose that no one style of family functioning can be postulated as an "anorexogenic system". Their controlled study of 22 families with an anorexic girl found seven clusters of family styles, with only 3 of the 7 containing solely families of anorexics ("the discordant distancing family; "the hostile conflicted family"; & "the mistaken family" which presented a confusing blend of warmth and distance). Three out of the remaining

four clusters contained blends of anorexic and controls. Only one cluster was predominantly comprised of controls ("the harmonious transitional family"). The family style that was the closest to Minuchin et al.'s portrayal of the anorexagenic family, namely the "perfect family", contained six control families and only three families of anorexics.

Attachment styles. Harlow and Zimmerman's (1959) well-known study of infant monkeys demonstrated that touch deprivation is a more significant attachment issue than feeding. Researchers (Gupta, Gupta, Schork & Watteel, 1995) assessing childhood experiences of cuddling and hugging, found significant connections between touch deprivation in childhood and body-image disturbances, as well as EDs overall, than compared with a non-clinical group.

In measuring the perceived family environments of anorexic and bulimic women, Humphrey (1986) found that the factors which determine attachment such as parental nurturance, comforting, and empathy were significantly lower in the bulimic groups, with parental styles of blaming, rejection, and hostility significantly present in all three ED groups compared with controls. Research of attachment style in EDs, using the Parental Bonding Instrument (PBI), (Parker, Tuppling & Brown, 1979) support theories of attachment disturbances in women with EDs (O'Kearney, 1996). In particular, anxious attachments, fear of abandonment, and difficulties with autonomy consistently define ED subjects from normal controls. In his review of attachment studies, O'Kearney found that anorexic and bulimic women reported their mothers as less caring in terms of empathy, affection, and warmth, than mothers of controls, and in some cases, less caring was paired with more protective but was not sufficiently evident so as to be supported as a significant feature in mothers of women with EDs. Calam et al. differed from the other studies in attachment in finding that deficiencies in paternal bonding (i.e. paternal

overprotectiveness) differentiated the ED group, with no significant differences in maternal care and protection. While Sordelli et al. (1996) found that anorexics perceived their parents as uniformly caring, with bulimics seeing their mothers and fathers as contradictingly both caring and overwhelming, the researchers understand these results as indicative of primitive object-relations patterns, with loss of differentiation between parents, idealization from the anorexic group, and borderline personality disorganization amongst the bulimic group. Sordelli et al. and Calem et al. point out that the PBI measures perceived parental bonding versus actual parental bonding, which is an important consideration in interpretation of results. Armstrong and Roth (1989) found extreme reactions to separation anxiety amongst women with eating disorders compared with controls who were dealing with issues of identity formation and intimacy (96% of ED women demonstrated anxious attachment; 85% demonstrated severe separation depression). The study would seem to make a strong argument for a connection between ED symptomology and attachment disturbances.

However, O'Kearney (1996) argues that there are many methodological limitations in the studies on attachment disturbances in EDs. He proposes that studies need to draw from multiple sources across the developmental path of both the affected children and their families, in order to provide inclusive and comprehensive evidence. He therefore concludes that, as the research currently stands, there is insufficient proof that a relationship exists between early attachment disturbances and the later development of AN and BN. The following section reviews theories and research of the socio-cultural influence on the development of eating disorders.

### The Socio-Cultural Influence

The role of culture versus personality traits in the etiology of eating disorders is, according to King (1993), inadequately answered in the research. Many results are conflicting, with theories such as sexual orientation, gender, cultural and subcultural messages of the desirability of thinness as the cause of AN and BN being inconsistently affirmed. For example, Herzog, Newman, Yeh & Warshaw, (1992) found lesbian women to prefer heavier physiques and be satisfied with their current shape as opposed to heterosexual women, yet when a similar study was controlled for feminist thinking (Strigel-Moore, Tucker & Hsu, 1990), no difference was found between the two groups. Both King (1993) and Davis and Yager (1992) have found studies of EDs and ethnicity to have many methodological problems, although both also acknowledge that similar problems exist in epidemiological studies of Caucasian samples. B. Dolan (1991) emphasizes the importance of an understanding of difference between "race" and "culture" in epidemiological studies, and finds fault with studies that seem to operate from an assumption that genetic/racial features are the best determinants of eating-disordered behaviour, ignoring the "...mediating effects of culture and the disorder's meaning..." (B. Dolan, p. 75) in their investigations. A recent study by Felker and Stivers (1994) which used students at an exclusive private boarding school, complies with B. Dolan's recommendations. The researchers, who studied the relationship of gender and family environment to EDs, noted that the higher percentage of Black, Hispanic and Asian students demonstrating risk for EDs was more likely to be connected to their high achievement orientation than their ethnic minority status. Interestingly, the percentage of males at risk for EDs was far higher at 23 percent than national



averages of one to two percent, as were the rates of 32 percent amongst women students. Felker and Stivers conclude that this too could be a feature of the type of achievement-orientation required for entry into private schools versus a cultural trend.

King (1993) also questions the generally accepted theory of the centrality of a "morbid fear of fatness" in ED causality. Although this would seem to apply in Western cases of AN and BN, it has not been found to be the case of Chinese women living in Hong Kong (Lee, 1991), or in early reports on AN in the West (Gull, 1888). However, most reviewers affirm the view that EDs are a predominantly Western phenomenon, although how predominantly remains a moot point (Davis & Yager, 1992; King). Davis and Yager have found only two epidemiological studies on EDs in Asian countries outside of Japan.

Schwartz, Thompson and Johnson (1985) comment that there needs to be more of the type of research that polls the socio-cultural milieu outside of medical clinics and hospitals. A number of studies of this sort have been conducted on subcultural groups theorized as being a higher-risk group because of the emphasis on slimness in their professions. Garner and Garfinkel (1980), and Garner, Garfinkel, Schwartz and Thompson (1980) studied models and ballet dancers, finding that: (a) an examination of Playboy centrefold models and Miss America Pageant winners demonstrated a significant decrease in average weight for height and age over a 20 year period for both groups, as well as a significant increase in the number of diet articles published in six popular women's magazines (Garner et al.); and (b) subgroups where thinness was particularly emphasized, such as ballet dancers and models, demonstrated significantly higher incidences of anorexia nervosa than in matched university students. The variable of competitiveness was controlled for by the inclusion of students from a highly competitive music

school, with no increase noted (Garner & Garfinkel). A study in the late eighties by Abraham and Mason (1987) disputes Garner and Garfinkel's results, finding that while abnormal eating behaviours predominate amongst ballet dancers, frank eating disorders are no more common than in the general public. Yet a later study shows ballet dancers as more likely than same-age school students to have an eating disorder when strict Diagnostic and Statistical Manual criteria were applied (Abraham, 1996). A recent study of the influence of the media on body-image in adolescent girls (Tiggemann & Pickering, 1996) seems to address a previous gap in socio-cultural research in EDs. While the majority of body-image studies in EDs have examined body-image in women with existing EDs, Tiggeman and Pickering tested 94 non-symptomatic teenage girls and found a positive correlation between the type of television content watched, namely soap operas and movies, and body dissatisfaction and a drive for thinness.

Orbach (1985a) understands the family as a key mediator in the incorporation of cultural attitudes towards women into the developing girl's sense of self. In particular, in her view, it is the mother, herself circumscribed by the patriarchy, who perpetuates gender-based restrictions on women as a way to help her daughter "fit" into society. Orbach focuses on:

1. The culture's psychological requirements for femininity such as (a) the imperative for affiliation obtained by deferring to others, anticipating and meeting the needs of others, and seeking self-definition through connection; and (b) girls and women displaying dependent behaviour, while at the same time subverting their dependence needs into caring for others.
2. The role of food, and mothers as the providers thereof, in the culture's structure of family functioning. Food preparation and all that that entails are mother's work, so that food becomes

"...her statement of love, power, and giving in the family....(and) the conveyor belt for all manner of feelings expressed among family members" (Orbach, 1985a, pp. 86 & 87).

3. The objectification of the female body in the West, whose "ideal" shape changes from season to season, resulting in the occurrence of an almost "inbred" body dissatisfaction in Western women, which is passed on from mother to daughter in countless barely visible ways. Included in the objectification is the "split-off" sexuality of women's bodies, where sexuality has become attached to a multitude of consumer commodities.

4. The impact of the mother's feelings about her body and sexuality as her daughter moves into adolescence and encounters both the developmental tasks of increased autonomy from the mother, and her changing body and developing sexuality. Orbach suggests that the mother is unable to authenticate her daughter's exciting changes, which the culture feeds into with the message in magazines and TV that "dieting is the password to normal teenage life and the answer to a whole host of named and unnamed problems" (Orbach, 1985a, p. 90).

Orbach's (1985b) central thesis is that AN is a defence against dependency needs, so that the anorexic's self-destructive acts on her body are both an overconforming to the dictates of culture that she deny her immense neediness, as well as an act of defiance in the face of society's attempt to control her. Orbach equates the anorexic's stance with the hunger strikes of the suffragettes in English jails, proposing that the anorexic is protesting against her condition as a woman in society. She states:

If we look at an anorexic's behaviour symbolically, we can see that she has shaped for herself a particularly extreme, intense, and rebellious relationship vis-à-vis the various struggles all women face. She has changed her body dramatically. She has become smaller and smaller as today's culture demands, but so small that her body becomes an indictment against the idealized feminine sexuality of today's society. She has agreed to

take up only a little space in the world, but at the same time, her body state evokes immense interest on the part of others and she becomes a focus for their attention. In other words, her invisibility clamours for recognition. We cannot avert our gaze (Orbach, 1985b, p. 137).

Orbach understands the anorexic's sense of strength and impenetrability as rooted in her sense of having taken an active role in suppressing her needs, versus being a passive victim of society's demands that she subvert her needs.

While Orbach's (1985a, 1985b) feminist theory of ED causality incorporates both intrapsychic and socio-cultural factors, Boskind-White (1985) rejects views of unconscious conflicts or disturbed mother-child relationships and puts herself solidly in the socio-cultural camp. She sees BN not as a disease but as "...a learned habit fostered by an insidious socialisation process which prepares women to accept weakness, sickness, and victimization" (Boskind-White, p. 115). However, she questions the primacy of the ideal body shape as exemplified by top models or female icons in its influence of the numbers of women struggling with eating disorders. She instead draws attention to the dependent roles of women during eras in history when plumpness in women was attractive in certain circumstances with slimness a requirement in other circumstances; the different messages about socio-economic status conveyed by weight following the Victorian era; the difference between youth and age communicated by weight, such as in the "flapper" era; and the prevailing obsession with thinness as equating health, and obesity commensurate with an unhealthy life style. Boskind-White (1979) sees women currently struggling with a paradoxical message to be competent, independent, and high-achieving professionals, yet to still have as their main target attracting and keeping a relationship with a man, in which case they have to be impossibly thin.

While Boskind-White (1979, 1985) and Orbach (1985a, 1985b) make a strong plea for the primary influence of the socio-cultural milieu in their illumination of the conflicts and contradictions in women's lives, Davis and Yager (1992) point out that these theories need to be tested from an intercultural perspective before they can be accepted as playing a significant role in eating disorder causality. A further issue is the acceptability of an undifferentiated view of AN and BN when taking a socio-cultural perspective. King (1993) distinguishes the incidence of AN from BN, seeing cultural pressure to be thin as more connected to the rise in bulimic behaviour, with little change in the occurrence of anorexia nervosa over the decades.

Benfeldt-Zachrisson (1992) takes issue with a cultural view of ED causation, while acknowledging the validity of the function of sexism and the role of the patriarchy in the development of eating disorders. He agrees with object-relations formulations of personality development in AN, which he finds to be closely approximated in the development of BN, yet he argues that the socio-economic system is insufficiently considered in etiological studies of eating disorders. He argues that cultural theories offer an incomplete and sanitized version of what ought to be a socio-economic examination of the contradictory messages in the media about women and their bodies. At issue is how they become internalized in certain individuals, resulting in the expression of the various forms of ED behaviour. These behaviours, he claims, are not manifestly related to the contradictions that constellated them. Benfeldt-Zachrisson states that the issue of power, socio-economic power to be exact, has not been given enough consideration in ED causality, and points to the occurrence of AN and BN in developing nations. In these countries, the EDs are markedly noticeable as occurring in families with significant

economic power, whom he states are "hungrily assimilating" advanced Western capitalism as a means of social distinction (Benfeldt-Zachrisson).

A "risk-factor" approach to causality in EDs (Schwartz et al., 1985) offers a combination of influences which makes intuitive sense. Schwartz et al. include being white, middle or upper class, and having a high-achieving family as risk factors for AN. They also suggest that a culture where the roles of women are complex, conflicting, and in flux, within a context that equates slimness with positive values and obesity with negative values, increases the risk. Like Boskind-White (1985), Schwartz et al. stress the importance of the role of women in the specific historical era of symptom formation. Thus, they liken AN and BN to the hysterical disorders of Freud's time, proposing that they both represent a form of adaptation to cultural pressures that make a psychological statement. In hysteria, the women mimicked the required social roles of fragility and helplessness in their response to the sexual repressiveness of their times. Schwartz et al. note that hysterical disorders are still common in sexually repressed societies such as the Moslem countries, and much rarer in the Western world. They see anorexics' attempt to find some form of control and personal identity as a fulfilment of Western society's current expectations of a woman, namely that she diet and be weight conscious. Orbach (1985b) would extend this to the expectation that she control and deny her needs.

In their social-psychological model of life-adaptiveness, Schwartz et al. (1985) delineate the following factors in ED causality: innate vulnerability to psychological distress; the possibility of early infant behavioural anomalies around feeding that increase the likeliness of inappropriate responses from the mother; early life traumas as mentioned in psychodynamic theory; family and peer influences; and the influences of societal and cultural norms for women, both in

expectations for physical appearance and prescribed roles of femininity. Schwartz et al. believe that the risk-factor model accounts for both (a) the type of individual whose early life experiences would predispose her towards an ED, irrespective of her socio-cultural milieu, and (b) the individual whose ED is more a response to socio-cultural pressure, and who accounts for the rise in incidence of eating disorders in recent years.

Cvetkovich (1992) looks at the societal impact on symptom formation from a more radical viewpoint. Taking a post-modern view of affective disorders in women, such as hysteria in Victorian times, she argues that psychology pathologizes situations and conditions that are actually social and/or political in origin. In this view, affect is constructed as the discourse of women, marriage, and the family, both in family bonds and individual self-expression. Cvetkovitch understands the representation of social problems as affective dilemmas originating in 18th century and 19th century culture, where psychic pain diagnosed the status of middle-class women. In other words, the social and political oppression of women was personalized and removed from the arena of politics via psychic disturbance.

Cvetkovitch (1992) demonstrates how the discourse of Victorian critics of the “sensationalist” novels of the time denigrated “sensation” and therefore “feeling”, linking it to being feminine and therefore of lesser status than intellect or reason. She argues that this was a political move in which affective responses to Victorian sensationalist novels were described in ways that resembled hysteria, the feminine condition of the time. She states that “...to study the politics of affect...is more broadly to study the politics of cathexis and to explore how meanings are given to the energy attached to particular events and representations (Cvetkovitch, p. 24). She discusses how a post-modern view of the 19th century novel would see the invention of the

suffering woman, versus the Freudian interpretation which discovers the repressed feelings and psychic pain of women. In such a view, therefore, mass media might have invented the proliferation of eating disorders.

Examining the Victorian novel "East Lynne", a story that is fundamentally about a woman's economic dependence which leads to extreme emotional cost, the message portrayed, argues Cvetkovitch (1992), is that the heroine would find relief if she could articulate her feelings. In this way, a situation that is fundamentally social and political becomes privatized as a personal problem, which Cvetkovitch sees being played out in current popular psychology. She attests that popular psychology holds, through the discourse of addiction, that women themselves are responsible for their situations and prescribes therapy versus social change. She proposed that the Victorian novel, which links the oppression of women with the suppression of affect, is at the root of this view. In making the problem of womanhood one of the expression of affect, the Victorian novel formed the precursor to Freud's "hysteria" theory, which carried it forth into modern times (Cvetkovitch, 1992).

While at times Cvetkovitch seems to dichotomize psychic sources of affect and social and political causes of suffering, she also states that one should not choose between "mourning and militancy". She declares that to be politically active such as in the AIDS crisis without feeling the emotional pain and loss of AIDS, is as destructive psychically as the view of suffering as natural or inevitable destroys the empowerment of minority groups in society. "The expression of feeling and activism need not be at odds" (Cvetkovitch, 1992, p.127).



### Critique of Research in Eating Disorders

In his review of intercultural research, King (1993) questions why eating disorders, rather than any number of other behavioural or emotional problems, should be the price women pay for liberation and professional equality with men. While theories abound, studies to date of socio-cultural influences in the causation of EDs demonstrate conflicting results, and are limited by methodological problems, some of which have to do with a proper definition of cultural context. Cvetkovitch (1992) proposes a viewpoint that leads to fundamentally different questions than those posed by socio-cultural research in EDs, namely: a) are women still tied to a social message that permits them emotional disorders as opposed to political action? and b) have we as a society constructed the epidemic of EDs as a result of focusing on them as a way for women to deal with contradictory messages about femininity that have social and political origins? While Cvetkovich's contribution is an interesting and thought-provoking alternative to depth psychology and traditional socio-cultural theory on causation in eating disorders, it does not illuminate why it is only some women who develop EDs, versus all women. The question remains then what is it about the lives and experiences of women who develop EDs that makes them more susceptible to the messages about the role of women in society. In other words, why do approximately 20 percent of women "choose" the particular self-destructiveness of eating disorders as a way to cope with their lives?

Reviewed studies of personality characteristics, family environments, and attachment styles in EDs that have used self-report questionnaires for the acquisition of data, raise the question posed by Vitousek et al (1991) as to the validity of their findings given the prevalence of denial and perfectionism in eating disorders. When both self-report and projective tests were used

together, as in the study by McLaughlin et al (1985), the results were often contradictory. It would seem therefore that studies of personality characteristics need to be conducted via several modalities in order to confirm the findings. Qualitative research is one such modality that does not use tests, focusing rather on the dialogue between interviewer and participant, and exploring the subjectivity of the participant's life experience.

Personality inventories per se come under scrutiny from researchers in hermeneutics. Gergen, Hepburn, and Fisher (1986) warn against the validity of findings using personality inventories, which, they propose, ignore the importance of the context of utterances, and can be subject to multiple trait interpretations. All of the research on EDs cited so far in this review has been quantitative, with no evidence of any attention paid to the context of eating-disordered women's lives. Biela (1993) attests to the importance of understanding individuals in context, stating that

...taking a phenomenon out of context neglects how people understand themselves and their experiences and ignores how their understanding is related to their personal, social, and cultural situation. Decontextualization leads to errors and distortions, resulting in misinterpretation of the data (Biela, p. 68).

This study was an attempt to contribute to the current research by exploring the question of "personality" in EDs using qualitative methodology. The following section reviews dreams and early recollections, which provided the avenue for a qualitative examination of governing scripts women with EDs.

### Dreams and Dream Research

The phenomenon of dreams and dreaming has been variously understood in modern psychology as: a disguised expression of the dreamer's unconscious wishes and drives (Freud,

1900/1976); a self-regulatory mechanism of the psyche which compensates conscious awareness by revealing everything that is suppressed, neglected or unknown (Jung, 1934/1970, 1948/1974); and "...self-perception in depth" (Kuiken, 1987, p. 225). Jesuit documents from the 17th century show that Native American Shamanism had some similar views and understandings of dreams as modern psychoanalysis (Moss, 1992). For instance, the Northern Iroquois understood the power of the unconscious desires and viewed their dreams as purveyors of secret wishes. They believed that dreams often spoke to them via symbolic language because they reflected the communication of higher entities existing in a psychic reality that was larger and deeper than ordinary consciousness. This symbolic language then required interpretation so that the Iroquois could understand and obey the messages sent by the soul (Moss).

Dream research in this century has been divided into largely two camps, namely, a focus on the process of dreaming as providing important cognitive information or physiological benefits (Foulkes, 1985), and an attempt to explore the meaning of dreams. Meaning-oriented dream research has several strands: (a) the interpretation of dreams, rooted in the psychodynamic schools of Freud and Jung (e.g. Levitan, 1981); (b) the analysis of dream content (Brink, 1991a; Cann & Donderi, 1986; Dippel, et al., 1988; Hall & Van de Castle 1966); (c) the narrative of the dream as the purveyor of cultural beliefs (Eggan, 1966; Carpenter & Krippner, 1990; Tedlock, 1987); and (d) the experience of certain types of dreams, such as problem-solving dreams (Biela, 1986, 1993), using a phenomenological approach. Most of the research of dreams that takes a meaningful orientation, barring phenomenological studies (Biela), imposes an established interpretive framework on to the dream material, which is either cultural (Eggan; Tedlock), psychological (Hall & Van de Castle; Levitan); or both (Carpenter & Krippner). A review of

recent dream studies (Brink, 1993) found quantitative studies to predominate, with the methodological tool of choice as content analysis. There was equal favouring of standardised content analysis scales and scales particularly developed for the study. The next most common method was the use of questionnaires, which Cann and Donderi (1986) query as appropriate for assessing dream content due to the issue of accuracy of recall. Qualitative studies were far fewer, and erred on the side of rigour of design, thus sacrificing external validity (Brink, 1993).

#### Dream Research and Eating Disorders

Dream research in EDs (Binswanger, 1958; Brink & Allan, 1992; Brink et al., 1995; Dippel, et al., 1987; Frayn, 1991; Levitan, 1981; Weizsacker, 1964/1937) has, with two exceptions (Weizsacker; Binswanger), imposed an established framework of meaning on to the dream material studied.

So-called case studies of eating-disordered women which include dream material (Levitan, 1981; Sours, 1980; Thoma, 1967) are largely comprised of subjective evaluation of dream content according to the writers' theoretical orientation, with no evidence of the rigorous approach to case study research as advocated by Yin (1989). Two earlier studies of anorexic women (Binswanger, 1958; Weizsacker 1937/1964) are the only examinations of dreams in EDs that appear to seek the dreamers' frame of reference. Weizsacker's study, in which he attempts to extract themes from the dreams of two anorexic women and apply them to attitudes in the women's lives, is of particular interest. He formulates his themes directly from the wording in the dreams without any obvious attempt to frame them in a particular theory. Weizsacker understands the story of a dream as a tapestry of images and occurrences of personal, historical, and cultural issues, which he entitles the "myth" of the dream. He attempts to extract the theme

of the dream and relate it to the life of the dreamer, though his narrative analysis of the dreams of two anorexic women in a bulimic phase is not as systematic or as explicit as the dream narrative analyses of Biela (1993) and Carlson (1986).

There are three controlled studies (Brink & Allan, 1992; Brink et al., 1995; Dippel, et al., 1987; Frayn, 1991) of ED subjects' dreams. Frayn (1991) found that anorexics had infrequent dream recall and more frightening dreams than control subjects, as well as more dreams of food, and body distortion, particularly belly distortion. He did not make any assumptions about meaning from his questionnaires about dream content, but suggested that dreams in eating disorders might be used to assess prognosis. The study by Dippel et al. (1987) used a 70-item dream scale which measured aspects of dream structure and dream content. The researchers explored possible connections between EDs and depression by comparing the differences between the dream content of 19 ED and 16 depressed subjects, as well as comparing the dreams of 11 anorexic and 10 bulimic patients. Dippel et al. believe that dream images reflect conscious and unconscious attitudes and coping styles, but were unable to justify their relationship-hypothesis between EDs and depression. ED subjects were found to dream of food in 44 percent of their dreams, while depressives had no food images in their dreams. Differences were found, however, between the anorexic and bulimic dreams, such as a higher incidence of marked affective tone, hostile interactions, and the presence of food, in bulimic dreams.

The content analysis of ED women's dreams conducted by the author (Brink, 1991a; Brink & Allan, 1992; Brink et al., 1995) differs from the study of Dippel et al. (1987) in several ways: (a) by the use of a "normal" control group; (b) the method of acquiring dream reports naturally versus the use of a sleep laboratory; and (c) in the use of a questionnaire involving choices of the

most applicable vignette to describe interactive style (Deci & Ryan, 1985) as a means of construct validity. The results of the study showed a significant presence of the psychological traits of: (a) ineffectiveness; (b) self-hate; (c) negative emotions; (d) an inability to self-nourish; (e) obsession with weight; and (f) anger. A sense of ineffectiveness was the psychological trait that most clearly differentiated the dream material of the ED group from the non-ED group, which was corroborated by results from the questionnaire. The single item that most clearly differentiated the dreams of the ED group, was the presence of a sense of threat in the dream ending. A subsequent reanalysis of the data using Marascuilo's method of multiple comparisons (Brink et al., 1995) found significant links in the dreams of the ED group between the presence of an eating disorder and a sense of ineffectiveness, the presence of self-hate, a sense of being controlled by others, a sense of being watched and judged, an inability to self-nourish, and the presence of negative emotions. A sense of ineffectiveness was significantly paired with the presence of anger and negative emotions in the ED group. There were no significant pairings in the comparison group.

### Early Recollections

Adler found early recollections (ERs) to be a rich source of "life-style" information in the exploration of personality (Adler, 1937, 1954; Mosak, 1995). Although ERs may be inaccurate or complete fiction in terms of what others report happening (Mosak), Adler (1954) held that there are no chance memories. Something is not remembered because it is important, but rather it is important because it is remembered (Reekie, 1995). What the individual chooses to remember reflects most cogently on what currently defines how she or he experiences their life.

The summary of ERs becomes the individual's life-story or governing personal mythology, much of which may reside in perceptive confusion of the "truth". Adler calls these "basic mistakes", which he classifies as follows:

1. Overgeneralizations: "People are hostile". "Life is dangerous".
2. False or impossible goals of security. "One false step and you're dead. "I have to please everyone".
3. Misperceptions of life's demands. "Life is overwhelming". "Marriage is a trap".
4. Minimization or denial of one's worth. "I'm stupid" and "I'm undeserving" or "I'm just a housewife".
5. Faulty values. "Be first even if you have to climb over others" (Mosak, 1995, p.70).

Adler believes that the way an individual begins his or her life story is the most illuminating. He therefore sets great store by the earliest incident recalled, which he believes contains the fundamentals of their life-style and the "starting point" of their developmental history (Adler, 1954). Carlson (1986) argues that the earliest memory does not always contain the seeds of the individual's nuclear script, and that one may need to gather several ERs to find the core governing script. Reekie (1995) is in agreement with this, stating that "safe" recollections may be cited first, prior to moving to less safe, "key" recollections. While this goes against Adler's fundamental theory that one always recollects events that can justify one's current state, he would agree that the action line of the life script is present in any memory, new or old (Adler, 1954). He argues that it is the compression and simplicity of earlier memories that makes the life script more accessible.

Carlson (1986) understands ERs as a source of information about the original scene of a nuclear script. Analog formation of the scene which contribute to the formation of a nuclear script can be found in later life-story events and dreams. Adler (1954) considers certain references in the ER as key in discovering basic mistakes, such as: particular references to the mother or father, which may indicate a special connection with that parent; the recollection of sibling birth in terms of the sense of dethronement; reactions to first visits giving a clue to responses to new experiences; sickness or death in connection with fear of these events; misdeeds as part of a script to avoid repeating them; and dangers, accidents, and punishments which might indicate a tendency to view life as hostile.

#### Studies of Early Recollections in Eating Disorders

Early recollections, in conjunction with Thematic Apperception Test (TAT) responses have been used to compare the psychological dynamics in anorexic and bulimic women with a control group (Williams & Manaster, 1990), with substantiation of several key intrapsychic and family systems theories of eating disorders. The researchers found a greater sense of an external locus of control; more negative affect; less "givingness"; less mutuality tending to greater open hostility; and unempathic mothering extending to depictions of mothers as malevolent and subverting of autonomy in the ERs of the ED groups. The issue of fathering was addressed too, and while hostility from the father was infrequent in the ERs in general, it did emerge in several recollections of the anorexic groups. Adler's theory of the ER's ability to reflect current scripts was demonstrated in the most troubled ED subjects' tendency to use the same characters and themes "over and over" in their ERs, compared with the range presented by the comparison



group (Williams & Manaster, p. 100). Several of these ED subjects were noted as commenting that their memories were "all bad".

Barrett (1980) examined the ERs of three individuals with long-standing and severe AN, and found similar themes of frustration of movement towards autonomy, perceived malevolence of the mother, and feelings of inferiority. Food and weight also occurred only in connection with abnormal and negative imagery. The perceived malice of the maternal figure was particularly emphasized in the ERs of all three subjects, sometimes in quite graphic forms as "the killing mother".

A study of normal mother-daughter relationships based on interviews with 65 non-clinical mother-daughter pairs, (Apter, 1990) reveals a sufficiently different picture of the connection between adolescent girls and their mothers as to raise the question of how significant the kind of mothering found by Williams and Manaster (1990) and Barrett (1980) might be in the etiology of eating disorders. Apter found to her surprise that adolescent daughters do not need to separate from their mothers, that they deliberately work at getting their mothers' recognition and acknowledgment of their adult selves, and that the mothers are able to respond to these efforts with on-going communication. The more she observed the women interact, the more Apter came to understand the mother-daughter relationship as complex, yet fundamentally positive:

Communication itself was a type of argument about self-definition and self-justification. The arguments were sometimes more and sometimes less hostile. They were often filled with love and delight...with anger and frustration, but the aim of the argument was never to separate; it was always characterized by the underlying demand "See me as I am, and love me for what I am" (Apter, 1990, p. 19).

The following chapter reviews the relevant literature on possible methodological approaches to the examination of governing scripts via ERs and dreams in eating disorders.

## CHAPTER 111. METHODOLOGY

### SECTION 1: PRINCIPLES AND RATIONALE

#### Background

The study was conducted to explore the governing scripts in the dreams and early recollections of women with eating disorders, using a qualitative methodology. The decision to conduct the research from a qualitative perspective emerged from a quantitative study examining dreams in eating disorders (Brink, 1991a). The hypothesis of the earlier study was that the dreams of the 12 women with EDs would portray the psychological traits underlying their disorder. The results, which agreed with other studies and reported dynamics in eating-disordered women's lives (Bruch, 1978, 1981, 1985; Crisp, 1980; Lehman & Rodin, 1989; McLaughlin et al., 1985; Palazzoli, 1974; Sheppy et al., 1988; Stern, 1986; Strauss & Ryan, 1987; Woodman, 1980), seemed to confirm the hypothesis. In particular, there were two belief systems that were significantly present ( $p < .001$ ) in the dreams of the ED group, namely "whatever I do I won't succeed", and "whatever I do, things turn bad on me", which contributed to the marked presence of a sense of ineffectiveness found in the ED group's dreams ( $p < .001$ ; Brink). The methodology employed in the study makes a contribution in: (a) the use of a "normal" control group, which has not been used before in content-analyses of ED women's dreams; and (b) the focus on descriptive themes in the dream scale depicting the psychological underpinnings of EDs.

However, as discussed in Chapter 1, an analysis of dreams via the method of content analysis is limited by the presumption of meaning on the part of the researcher. As a result of follow-up dream work interviews offered as a reward for participation in the study (Brink,

1991a), a marked difference was discovered between dream reports written down upon waking and the same dream discussed in a personal interview. The latter contained far more detail in the dream story and included subjects' associations to the dream symbolism, as well as their comprehension of the significance of the dream. This seemed to indicate the importance of subjective data gathered from personal interviews. McAdams (1993) endorses this view in his discussion of dreams as a useful resource in examining personal myth, stating that it is the interpersonal dialogue between the researcher and subject that brings forth life-patterns in the most illuminating manner.

An ethnographic study conducted of a chronically disabled anorexic woman (Brink, 1991b) revealed a striking similarity between scripts extracted from the woman's life story narrative, and themes evident in a reported dream. The isolated scripts from her life-story were: (a) self as victim; (b) self as helpless dependent; and (c) permanent entrapment. The dream report is as follows:

I was in this house and there were doors, doorways to get out but there were no doors on the doorways. And there were windows to get out too. I had this feeling like I had to get out there, get out of the house, but whenever I attempted to get out, there were spider webs, and there were these huge spiders with sort of pink see-through bodies, big bodies, and whenever I tried to go near them they'd get in my hair and they'd start to wrap their web stuff around me. And I'd reach through the window and I'd start to (makes pushing gesture at her hair and face) and you know that spider would get me and then I'd try to go through the door, and it would get in my hair and I, I just couldn't get out.

The study seemed to demonstrate the richness of meaning available in qualitative research, and suggested an avenue of approach to a qualitative examination of governing scripts in eating disorders.

### Qualitative Research Methods

Polkinghorne (1991), in his call for methodological diversity in the human sciences, states that:

the gain in precision from the use of statistical analysis is possible because the mathematical translation of the data has stripped it of the rich overtones and connotations that are carried in qualitative data. Qualitative methods are crafted to work with data that retain the multiple levels of meaning of ordinary language. Their analytic procedures are designed to identify relationships patterned on the various everyday logics. These procedures, although lacking the precision of mathematical analysis, are able to discover patterns within the...links of everyday speech and actions (Polkinghorne, 1991, p. 112).

He asserts that the researcher does away with bias the closer he or she gets to people, not the more distant they become (Polkinghorne, 1994). Colaizzi (1978) is in agreement with this view, arguing that objectivity as it is understood in experimental psychology, does not capture the human experience of the phenomenon under examination, but leads only to the discovery of the manipulative determinants of the phenomenon. The process of operationalization for the purpose of measurability and replicability strips the phenomenon of its experiential aspects. Objectivity in Colaizzi's view is obtained by "...fidelity to phenomena..." (p. 52) through the recognition and affirmation by the researcher of his or her own experience and the experience of those being studied. Polkinghorne (1992) acknowledges the differing needs in psychological research that may call for either quantitative or qualitative methods, positing: (a) the formation of a system of classification for comprehending human phenomena (e.g. Piaget's theory of cognitive development) and (b) the study of the meaning of peoples' experiences, as two areas in which qualitative procedures are appropriate methodological tools (Polkinghorne, 1991). He understands language and human experience as inextricably linked, with stories as the means by which accurate and authentic data are gathered (Polkinghorne, 1994).

### Meaning-Making through Story

Merleau-Ponty (1962) states that meaning-making is permanently tentative, in that understanding of the present time can never be complete. He suggests that it takes a future comprehension of the story to understand the present, yet that future always contains a further future in which understanding may again change. The guiding story therefore continually becomes the lens through which one looks back to make coherence of past events. Ruth and Oberg (1992) call this process the "biographical memory", via which, through the reconstruction of our lives in telling stories, we form our identities and bring coherence to our lives. Therefore it is our subjective interpretations of the present that make sense of the past events, which in turn makes objective memory (i.e. the event as it actually happened) an "unnecessary fiction" (Ruth & Oberg, p. 134).

Polkinghorne (1988) finds the theories of Merleau-Ponty (1962) congruent with his position on narrative expression, namely that language moulds existence and perceptual experiences into "...a meaningfulness that is greater than the meaningfulness they originally hold" (Polkinghorne, p. 31). Widdershoven (1993), in his examination of hermeneutic positions on life history and narrative, extends Merleau-Ponty's position on the role of pre-reflexive life-experience via Derrida's (1988) principle of intertextuality, reaching the conclusion that the story is both more and less than the life it emerges out of. Thus life is both formed by and informs stories.

Josselson (1993) raises the issue of researcher intuition in meaning-making through narrative study. She states that "(g)ood narrative analysis 'makes sense' in intuitive, holistic ways (where) the 'knowing' in such work includes but transcends the rational" (p. xii). This type of subjective knowing is described by Belenky, Clinchy, Goldberger and Tarule (1986) as a "feminine" way of

knowing, and as such is devalued in the logical-empiricist tradition (Belenky et al.; Josselson). Josselson also calls attention to the multidisciplinary nature of narrative research, in that the interweaving of personal experience with historical and cultural reality links psychological explorations of personality with sociological and anthropological approaches, as well as the field of oral history. It also enters the philosophical arena in the question of "truth" versus contextual reconstruction in life stories.

A recounting of dreams fits Polkinghorne's description of a representation of experience in a language message. Therefore in this study, the telling of dreams, early recollections, and life-story, were forms of text considered as narrative.

Of crucial importance in qualitative research is the utilization of a method of data collection and analysis that will access and make explicit the salient themes of the narratives in a coherent, meaningful and yet rigorous manner. The following sections discuss the existential-phenomenological and the narrative framework.

#### Existential-Phenomenological and Narrative Frameworks

Existential-phenomenology claims that people are not simply objects in nature, and that each individual's existence gives meaning to her or his world, as does the meaning of their existence emerge from that world. The world as lived by the individual is the starting point for the researcher and the foundation upon which all knowledge of phenomena is built. The aim of the existential-phenomenological researcher is to participate in and describe the pattern of human experience. Description is seen to be a method of research by which human experience can be captured without the denigration, denial, or transformation of phenomena traditionally found with experimental psychology (Colaizzi, 1978). The researcher begins with individual accounts,

which are then incorporated into collective themes that reflect the common experience of each person (Valle & King, 1978).

The goal in narrative analysis is to explicate the systems that create its specific kind of meaning and to relate these findings to the broader understanding of human existence (Polkinghorne, 1988). Polkinghorne distinguishes two types of narrative research, namely (a) descriptive narrative research, which describes the narratives already held by individuals or groups, and (b) explanatory narrative research, which explains why something happened. Descriptive narrative explores the many levels of narrative schemes in operation for an individual, both those held in awareness and those below awareness, and was therefore the appropriate type of narrative research for an exploration of governing scripts in EDs.

Whereas the logico-scientific mode searches for universal truths, the narrative mode seeks the connecting thread between events. The essence of a narrative approach is the focus on the story, and in particular, the organizational theme of the story which Polkinghorne (1988) terms "the plot". Individuals learn to order their stories early in life via "emplotment", which is a complex dialectic of moving back and forth from a significant theme to an event or series of events. This process is so pervasive in the development of language skills that it is generally outside conscious awareness, and children have usually mastered it by their tenth year (Polkinghorne). Polkinghorne has found that individuals develop typical plots in their lives which they then use to order their life experiences, such as the "tragic plot" in which he or she is always defeated.

Accessing the various levels of meaning in individuals' narrative accounts is by nature an inexact process, bearing in mind the temporality of the researcher, and the subjective

constructions she or he brings to the project (Polkinghorne, 1988). As such, it is a process that fits a postmodern epistemology, with the goal being a pragmatic "knowing how" versus a pursuit of absolute truth (Polkinghorne, 1992). It is important as a researcher, therefore, to be mindful of the contextual nature of the process (Widdershoven, 1993), and understand the findings as one of several possibilities of meaning that could arise in other research contexts. Bugental (1987) illustrates this process from a clinician's perspective, citing three different interpretations of the same dream at separate times. He asserts that the "...meaning of the dream is not a fixed, single matter...(but) an evolving process due to the reflexive nature of subjectivity (whereby) interpretation...is always set within a particular time-affect-relations matrix" (Bugental, p. 10).

Investigations of descriptions of personal experiences, such as the studies of breakthrough dream experiences (Biela, 1986, 1993) utilize a system of collaboration between researcher and participants where the significance and relevance of emerging themes are re-checked through successive interviews. This process provides the rigorous adherence to personal experience necessary for the formulation of common themes. Narrative analyses, such as those employed in script analysis (Alexander, 1988; Carlson, 1981, 1986) and the current study, which isolate narrative schemas that may be below conscious awareness, are less likely to be shared and checked with the participant (Polkinghorne, 1994). As such, confirmation or criticism of the investigator's analysis via consultation is an important aspect of verification (Georgi, 1985).

Prior to beginning to investigate a given phenomenon, the researcher must "bracket" his or her presuppositions and preconceptions, which is done typically by explicating the presuppositions about the phenomenon (Colaizzi, 1978). This process both keeps the interview



structured on the fundamental question of the study, and sensitizes the researcher to his or her biases, and to the phenomenon, throughout the whole research process.

### The Narrative Interview

The narrative interview is a collaborative interaction, co-constructed by the interviewer and the participant (Mishler, 1986), where the participants are made fully aware of the fundamental question guiding the study. This stands in contrast to quantitative studies where the hypothesis is concealed from subject in order to control for possible influencing of subject behaviour. As such, the interview in a qualitative study feels more respectful as there is no attempt to withhold information from the participant. While it is central for the researcher to allow the fundamental question of the research to structure his or her approach in the interview (van Manen, 1990), the influence of interviewer agenda on the replies of the respondent is also an important consideration to bear in mind (Mishler). McAdams (1993) likens the process of the interviewer guiding people through the series of questions about their life-story to the "movie's sympathetic listener", where interjections are an attempt to affirm and help clarify, being careful not to pass judgement, offer advice, or fall into the role of counsellor. Open-ended questions such as, "What happened next?", "What else do you remember about that time in your life?" and "How do you understand that action now?" are the forms of questions that facilitate exploration without predicting an answer. Polkinghorne (1994) has found that trained counsellors are ideal researchers for the narrative interview because of their experience in detecting the underlying subtleties of human expression, and their ability to refrain from influencing the interviewee's story with their own preconceptions.

Mishler (1986) asserts that acquiring stories is never a problem in interviews. Indeed, many types of interviews, such as medical interviews, are structured to suppress stories, and interviewers are more guilty of cutting stories short than struggling to acquire reports in story-form.

The following section discusses in detail the various approaches that have been taken in the qualitative search for themes in life-story and dreams.

#### Life-Themes and Scripts in Narrative

Several writers and researchers have written in recent years on the evolution of personality through the development of life-themes (Csikszentmihalyi & Beattie, 1979; Cochran, 1990), personal myths (McAdams, 1993) and life-scripts (Alexander, 1988; Carlson, 1981, 1986; Tomkins, 1979, 1987, 1991). They have used the theories of personality and identity development of Adler (1927) and Erikson (1963) as their springboards. Cochran, Csikszentmihalyi & Beattie, and McAdams take the approach of a total thematization of a life, and their ideas are discussed first.

#### Life-Themes and Personal Myths

Cochran (1990) has examined the total thematization of life from the standpoint of vocation, suggesting that a completed life experience involves four phases, namely (a) incompleteness; (b) positioning; (c) positing; and (d) completion. The repetition of experiences creates a rhythm of cycles of a repeated theme that has a unity of meaning spanning the lifetime. Cochran has found that any rounded experience takes the form of a complete story, with a beginning, middle and end, and is typically characterised by an opposition between the nature of the beginning and the nature of the end. He proposes that the ending of the story is dependent on how it begins, and

that the desired end can be deduced from an examination of the beginning: "The end brings closure of some kind to what was aroused in the beginning, and that closure can be intensely positive or negative" (Cochran, p. 29). In a long story, namely, the total theme of life, the coherence of the main character rests upon a consistent composition of stances.

The story of the enduring life-theme starts with a sense of incompletion, a sense of yearning, coupled with some kind of inspiration as to what would complete the incompletion. Personal history, a growing sense of meaning, and sense of what is required, contribute to the development of a metaphor for the desired experience, such as Yehudi Menuhin's ideal of the way of the Cherkessian warrior (Cochran, 1990). This leads to the formation of a regnant dramatic unit. The next phase involves positioning, a time of becoming, in which repeated actions begin to bridge the gap between the sense of incompletion and the desired end. Cochran likens positioning to a "rite of passage" that involves a "...battle between a protagonist and an antagonist (which) begins when the negative drama is strong and overwhelming and the positive drama is weak and embryonic" (p.74). The next phase of positing comprises repeated enactment of the regnant dramatic unit, and mastery. The final phase, completion, is a sense of ending of this particular incompletion, where the individual no longer is desirous of something she or he is lacking.

Cochran (1990) has formulated this pattern of phases for whatever unifying theme evolves in a person's life, be it a sense of vocation or some other dramatic unity such as self-discovery through relationships or illness, for example. He is also careful to point out that some individuals may never advance past the stage of incompletion, where they remain trapped and

overwhelmed by life's circumstances. That in itself would be a theme, which Cochran terms a "negative hero".

McAdams (1993) looks at the development of a life-theme as a form of identity construction via the creation of personal myths. These myths evolve through a person's interaction with his or her culture and individual life-history, in the context of the various life-stages. McAdams understands the personal myths in terms of "imagoes", such as "the warrior", "the friend", and "the sage". The concept of imagoes seem similar to Jung's theory of archetypes, and, like Jung (1954), McAdams uses the characters of Greek mythological figures to flesh them out. Yet McAdams defends his difference from a Jungian archetypal view, arguing that imago formation results out of an intermingling of cultural experience and biological preparedness, versus Jung's view of the collective unconscious as each human being having access to "...a universal storehouse of information about human life that is biologically transmitted" (McAdams, 1993, p. 134). However, McAdams' view of biological preparedness to receive the cultural experiences in imago form seems remarkably close to Jung's idea of archetypes as imprints in the psyche brought to life with imagery, ideas, and motifs gained from life experiences.

McAdams (1993) proposes that there is a sacred aspect in the structuring of personal myth that entails a challenge for each individual, namely, to discover and live her or his personal truth. He understands many of the struggles and difficulties of men and women as originating out of the striving, albeit unconscious, to find unity and purpose in their lives. What makes the struggle a particularly difficult and lonely one is the "demytholized" nature of the current age (McAdams, 1993). He understands power (agency) and love (communion) as the two great motivational

themes in the creation of personal myth, and that these themes characterize the fundamental beliefs and values of personal ideology.

Csikszentmihalyi and Beattie (1979), like McAdams (1993), understand the socio-cultural milieu as being a major impact on the development of unifying life-themes over the course of life-history. They define the evolution of a life-theme as a progression through four stages, namely: (a) the recognition of an existential stress; (b) the finding of the problem causing the stress; (c) a statement of the problem; and (d) the method the individual uses to solve his or her problem. Extensive life-histories are then examined with these criteria in mind.

McAdams (1993), on the other hand, scrutinises life-story interviews for the narrative tone (i.e. optimistic or pessimistic); the mythic form (i.e. comedy, tragedy, romance or irony); the characteristic imagery of the individual; and the motivational theme (i.e. agency or communion).

He particularly notes "nuclear episodes", which is his term for key events that provide important information about dominant themes in personal myth, as well as being rich in imagery and tone. Some of these key events are peak experiences; nadir experiences; turning points; earliest memory; and an important memory in childhood, adolescence, and adulthood.

Script theory differs from the total life theme approach in isolating any number of scripts in a given individual that determine how she or he responds to a variety of life situations.

### Script Theory

Tomkins (1987) developed script theory as a way to address his concerns about the narrowness of personology as currently practised, although the idea of governing life-scripts or schemas is not new (Adler, 1954). Tomkins' script theory is an attempt to include in the study of

personality as many of the components as possible that make up the unfolding of the human person, and is grounded in a view of affect as the primary source of script formation.

Tomkins (1991) views affect as the most potent innate biological motivating mechanism in humans, without which drive becomes meaningless. Guidano (1987), who examines tacit and explicit knowing within an evolutionary perspective, is in agreement with this view, proposing that feelings and emotions were the first organized system of knowing, with cognitive abilities as one of the final products of development. Tomkins (1987) posits that scripts are developed by the processes of "affect amplification" and "magnification". In affect amplification, a single primary affect is triggered in a momentary episode (i.e. the scene). Whether the experience endures depends on magnification, which connects a series of amplified scenes via additional thoughts, feelings, memories, affect, and actions (i.e. the script). Positive scenes tend to be magnified by the production of "variants" (Carlson, 1981), in other words the accumulation of different positive events around a solid core of experience, such as friendship, which allows for an expansion of the core experience. Negative scenes, on the other hand are magnified by the formation of "analogs", in which similarities to past negative experiences are detected in the current event. Analog formation is a more reductive process than the production of variants and is characterised by a hypervigilance "...in which new situations are scanned for old dangers and disappointments" (Carlson, 1981, p. 503).

In script formation, therefore, initial scenes prescribe scripts, but with the passage of time, scripts so influence experience as to prescribe scenes, particularly in the case of negative affect scenes. Tomkins (1987) proposes a ratio for script magnification where the denominator represents the number of rules for ordering scenes, and the numerator represents that expanded

number of scenes, both from the past and into the indefinite future, which are ordered by the smaller number of compressed rules. Tomkins isolates many types of scripts, ranging from instrumental to ideological scripts. However, it is the "affect scripts" that pertain most to counselling psychology.

### Affect Scripts

These scripts essentially involve the management, control, and salience of affect. Control scripts govern the consciousness of both negative and positive affect, whereas affect management scripts dictate what behaviours will be called into play to reduce negative affect. In the case of management of negative affect, the person can have anything from sedative scripts, through pre-addictive scripts, to full-blown addictive scripts. Affect salience scripts deal with how much weight the individual grants to affect, the extreme of which being when "affect payoff" governs most interactions.

Tomkins (1987) isolates a further class of "cost-benefit-risk" scripts. Of these, the contamination script, which regulates ambivalent affect scenes, appears relevant to the current study, with the central one being nuclear scripts, namely, a good scene, laden with positive affect, always turns bad. Tomkins states that:

All individuals enjoy some scenes via scripts of affluence, remedy some negative scenes, are plagued by some continuing ambivalence and plurivalence, and are threatened with toxic scenes via scripts that are precarious and fragile at best. The critical question raised by the...ratio of positive to negative affect is how general and extreme this ratio is and how it may be partitioned (Tomkins, 1987, p. 161).

Affect management scripts, and nuclear scripts were judged as particularly relevant to the current study.

Affect management scripts. These scripts are distinguished by the need to reduce negative affect, either once it has occurred, as in sedation scripts, or as a hedge against it occurring, as in addictive scripts. In researching addictive scripts, Tomkins (1987) became interested in the psychological aspect of addictions, in which he includes eating compulsions. He understands the script underlying addictive behaviour as one in which the sedative of the sedation script, such as food and/or vomiting or starvation, has become an end in itself, so that thought of absence brings intense panic, and participation in the behaviour becomes automatic and outside awareness.

Nuclear scripts. A nuclear script captures the individual's most compelling and unresolved issues, usually in an interplay of "heaven" and "hell", where the scene starts off very well, with lots of positive affect, and ends up very badly. In other words, it is an attempt to transform the original bad experience by linking with its opposite, modelled or mirrored in idealized others. However, the power of the original trauma, and the sense of ineffectualness to transform it in the individual, results in a reversion to the bad scene.

Nuclear scripts arise from the unwillingness to renounce or mourn what has become irresistibly seductive and the inability to recover what has been lost, to purify what has become intolerably contaminated or conflicted, and to simplify or to unify what has become hopelessly turbulent...(Tomkins, 1979, p. 197).

Tomkins (1987) calls it a script of self-victimization, in which what is most longed for cannot be effectively pursued. Factors governing nuclear script formation proposed by Tomkins include a history of both "heavenly" bliss and "hellish" trauma at the hands of a caretaker or caretakers in the early developmental years. Even if these experiences were momentary or short-lived, if later occurrences served as magnifications of the original affect, a nuclear script develops. Tomkins (1979) states that the magnifications of the nuclear script begin with the intention of reversing



the nuclear scene into better scenes, namely anti-analogs of the original scene, that then invariably turn into replays of the bad nuclear scene. As magnifications grow through development, the nuclear script becomes increasingly stable so that any changes that have the potential to transform the script are more likely to become assimilated and absorbed into the nuclear script via accommodation. Tomkins (1979) posits the process of increasing skill in analog and anti-analog formation, and the integration of a succeeding number of scenes into the nuclear script as creating the endurance of the nuclear script over time. Thus the individual continues to refine the "maps" of nuclear script orientation.

The details of how good turns to bad depend on the particular features of the individual's nuclear scenario, such as the intermingling of Freud and Jung's nuclear scripts in the destruction of their intense and mutually esteemed relationship (Alexander, 1982). In his thesis, Alexander argues that Freud's assumption of the oedipal father role in his relationship with Jung led him to fear betrayal by the son, as he had betrayed his own father, whereas Jung expected the father figure to turn dogmatic and demand "belief" in his views, versus demonstrating an ability to tolerate and encourage his questioning. The power of the re-enactment of the affect-laden nuclear scene made resolution of the relationship difficulties seem impossible other than by complete withdrawal.

Tomkins (1991) has found many eating-disordered individuals to possess so much ambivalent conflict in their lives as a result of parents swinging "...wildly between indifference, overcontrol, nurturance and brutality..." (p. 551) that there is no single change from good scene to bad scene, but rather a constant multiplicity of good-bad scenes. This so terrifies the individual as to seriously discourage attempts to "decontaminate" the good-bad scene into a

totally good scene. Tomkin's view accords with Stern's (1986) theory of "malignant" control in eating-disorder families, where the child is alternately smothered and abandoned as the families move in and assume total control at the first sign of weakness, while reacting to defiance or assertion with physical punishment or the withdrawal of love. Some subjects' dreams in the eating-disordered group collected in the dream study (Brink, 1991a) were good examples of the good-bad scene of the nuclear script, such as the following dream:

It was in the early evening and I was walking through the park. The night air was warm and the moon was full. I was admiring the scenery when all of a sudden someone grabbed me from behind. I tried to break free but he was too strong. He pulled me down behind the bush. He was crushing me. I tried to scream but he covered my mouth....I started panicking and managed to break free. I tried to crawl away but suddenly there was a sharp pain in my back and I could feel the blood coming out.  
Feelings: Happy; complete; frightened, panic, shame.

Tomkins has found that nuclear scripts can be further magnified by being incorporated into other scripts, such as an addictive script, where it either invades the addictive script or is transformed into an addictive nuclear script. Invasion of an addictive script by a nuclear script results in the kind of compulsive eating and vomiting orgies that can be associated with eating disorders, which Tomkins calls "...a hopeless attempt to sedate what cannot be sedated" (Tomkins, 1987, p. 211). He differentiates this from a pure addictive script in that the addictive behaviour does not bring relief of negative affect.

Script theory puts forward the idea of personality development as a two-way process throughout time. Namely, scenes and scripts that predict how a person anticipates, responds to, or controls events are not necessarily statically rooted in childhood. They form, grow, or decline over the life-time in response to current events that radically change or further endorse them (Carlson, 1981). Carlson expresses excitement over Tomkin's departure from developmental

stage theory and suggests that the "time-free constructions" of script theory link it to a contextual or dialectical view of development.

Guidano's (1987) theory of tacit and explicit knowledge provides a cognitive framework for script formation. The concept of an hierarchical structure of knowing illuminates how tacit processes can govern explicit processes without actually appearing in them. Namely, tacit processes furnish the "apperceptive scaffolding" through which conscious attention is filtered, which seems similar to the psychodynamic concepts of the unconscious and the conscious. These "tacit boundaries of meaning" therefore provide a deep ordering function which structures mental processing (Guidano). Guidano demonstrates his congruence with Tomkin's theory in his understanding of the core role of emotional schemas in maintaining coherence and internal consistency of perceptions of self to external events. He agrees with Tomkins that these emotional schemas become differentiated into nuclear scenes which he conceptualises as being "...ordered in a recursive loop that oscillates between opponent boundaries of meaning" (Guidano, p. 56). He understands the maintenance of coherence of one's ordering processes as the stabilising process in identity formation.

Guidano's (1987) theory of identity development proposes that it is not only the individual's distinct personality organisation (rooted in emotional schemas) that dictates how he or she interprets and deals with the world, but also their developmental stage. An essential aspect of the ordering of self-knowledge throughout development is the quality of the individual's attachment to significant others (Guidano). He sees the task of the infant and toddler as developing a sense of "me" and "not me", wherein an emotional attitude towards the social world develops, similar to Erikson's (1963) concept of basic trust and mistrust. The nature of the early care-giver

relationship forms the base for the scaffolding of core feelings, with the end of the pre-school years marking the first solid collection of nuclear scenes. The maintenance of coherence of self-identity in childhood takes the form of a co-assembly of emotional schemas and related scripts into an apperceptive scaffolding that filters and interprets immediate experience. In adolescence, with the ability to incorporate abstract thought, Guidano advances the concept of "metascripts" as a useful tool in understanding the higher level of abstraction of emotional schemas. He gives the example of an early childhood script of "withdrawal of love" from a father that in adolescence may be abstracted into a metascript of "love relationships equal abandonment".

The correspondence of Guidano's cognitive framework to psychodynamic theory, as evident in the similarity between the structures of tacit knowledge and the concept of the unconscious, also appears to extend into the area of repression and projection of feelings. Guidano states that:

emotion can exist in consciousness independent of cognition; that is, to experience anger and to cognize anger are two different phenomena....Only feelings belonging to the selected emotional range will be properly decoded and experienced as emotions, while unrecognizable feelings are likely to be experience as externally caused "strange phenomena" (p. 87).

These correspondences between theories are important when considering the role of dreams, traditionally key in psychoanalysis, as purveyors of unconscious aspects of self (Jung, 1964), scripts, or tacit knowledge. One powerful avenue by which dreams communicate is via metaphor. Turner (1974) writes of metaphor as "metaphorical", namely, having the power to transform, and he cites metaphor as a vehicle by which the unknown becomes known. Turner makes the point that metaphor has been used since time immemorial to communicate complex philosophical systems, and that metaphor illuminates "root paradigms" which "...reach down to the irreducible life stances of individuals, passing beneath consciousness".

### Script-Theoretic Narrative Analysis

Script theory can be applied to personal data in the form of life-story, diaries, letters, early memories, and recorded dreams (Alexander, 1988; Carlson, 1986). Alexander asserts that these types of accounts contain information about the range and magnitude of affect, as well as the cognitive and motivational referents underlying personality.

Alexander (1988), Demorest and Alexander (1992), and Carlson (1981, 1986) have each developed methods for script analysis that they have tested on autobiographical accounts. Alexander (1988) developed two procedures for extracting embedded "scripts" or "themas" from autobiographical essays and directed interviews of lived experience, namely (a) letting the data reveal itself, and (b) asking the data a question.

Letting the data reveal itself. This process entails the creation of sets of salient units, which renders the raw data more workable both by the reduction of sheer volume, and by the creation of the scripts underlying conscious communication. The first step necessitates sorting the raw data using a set of nine markers which Alexander (1988) terms "principle identifiers of salience". Primacy, an important key to meaningfulness in psychoanalysis, presumes that information presented initially in an interview has particular meaning in the individual's life. Frequency of a theme is also a communication of salience, although there appears to be a fine line between significant frequency and overuse, the latter being more indicative of strong conscious values. Alexander suggests that the use of frequency coupled with other salience indicators may be a more reliable way to reveal less conscious scripts. Uniqueness as an expression of salient themes can take several forms, for example, stated singularity in a statement like, "It was the most unusual thing I have ever done", or more subtle indicators such as shifts in modes of speech.

Negation of meaning, another important cue in psychoanalysis, can also be a significant marker of salience, whether combined with frequency or uniqueness, or on its own. Omission, either in the form of an element of the story, or affect appropriate to the content of the story can also indicate salience. Error and distortion are identifiers of underlying issues that may be difficult for the researcher to isolate, barring the obvious type of "Freudian slip" which has long been held as a significant communication of hidden motives. Sometimes the narrator will indicate an error by musing over it, or the researcher can spot significance by noting error in an otherwise error-free or minimally distorted sample. Nonsequitors, or statements in isolation from the topic under discussion should alert the researcher to the likelihood of high salience, as should incompletion. The task is then to determine the underlying "means-end" expectation. Alexander gives the following example of this process:

As a young child my parents were never terribly happy about my eating habits. By the time I was 10 I was sent off to a private school where I did well in my studies. Now as an adult I eat everything"....(The) logical gap between sentences call attention to the salience of the sequence...an analysis of (which) would yield the means-end expectation that not pleasing authority -> separation -> independent success -> adoption of parental norms (Alexander, 1988, p. 277).

All salience indicators can be viewed as a type of emphasis, however Alexander views the use of emphatic words such as "always", "absolutely", and "never" as specific instances of salience through emphasis.

The second step entails transforming the salient extractions. This is accomplished by rewriting the extracted sequences in their most general form, as illustrated in the reduction of the story of the child who wouldn't eat well and was sent to private school. A completed set of salient units can form miniature stories, with an introduction, an action, and an outcome,

although in certain units, the researcher may be left with fragments of salience, but no meaningful story. Close examination of these "stories" or fragments leads to the generation of hypotheses about the narrator's underlying scripts.

Asking the data a question is a method that may be used on its own as a way of sorting the data pool, or it may be used to further refine the themes emerging out of the previously explicated method. In the latter, specific issues extracted out of the data, such as "success", may be posed to the original data pool as a question. This would lead to the formation of a number of units dealing with what factors contribute to the outcome of success or lack thereof. On the other hand, the researcher can test general hypotheses about a group, or specific hypotheses about the individual in this manner.

Demorest and Alexander (1992) used a two step process for identifying scenes and hence scripts in autobiographical accounts. First the emotion and sentences in the text relevant to the emotion are isolated, to delineate the scene. Once the scenes have been constructed, they are transformed into scripts by abstraction and sequencing. This converts the scenes into abstract form and then the sequence of abstractions capture the story of the underlying script. The authors followed analysis of autobiographical accounts by a projective test. Their findings confirmed that their method of targeting emotions and converting the scenes into abstract and sequential form reliably predicted scripts.

Early recollections, dreams, and the nuclear script. Carlson (1981) has developed an approach that is less complex than the method employed by Demorest and Alexander (1992), whilst appearing more unifying and compelling in its communication of a life-pattern of thinking, behaving and feeling. Carlson's method incorporates both an aspect of Tomkins (1979)

script theory and the concept of a unifying life theme, which she demonstrates in an examination of an early nuclear scene and its import on the thoughts, feelings and actions of an adult woman over 30 years later. Firstly, she attempts to access a nuclear scene through the request for ERs. The potency of this becomes evident through a sifting process of cogent themes and the examination of subsequent material, such as stories of life and dreams, for evidence of analog formation from the original scene. Carlson does warn, however, that no single ER is guaranteed to illuminate a nuclear scene.

Each ER is dealt with by a number of steps illustrated by Carlson (1981) in the case of Jane W:

Four-year-old Janie is playing when she hears her mother cry for help. Running into the hall, she finds her mother lying on the floor in a heap of boxes, having fallen from a makeshift ladder to the attic. Mother asks Janie to call her father. Father arrives, helps mother to her feet, and supports her as they walk to the living room with Janie hovering nearby. Janie hears her father say "Sit here, honey" and promptly perches on the designated couch. Father angrily yells, "Get out of here!" and pushes Janie away so that her mother may lie down. Janie retreats in confusion, feeling deeply ashamed (Carlson, 1981, p. 504).

The steps are as follows:

1. A broad summary of the overall theme (e.g. "good things turn bad").
2. The theme is then made more specific by focusing on specific words and actions in the good/bad scenario. This may lead to a clarification, such as: "seduction (sit here honey) then betrayal (get out of here)".
3. The memory is examined for key affects, which may include conjectures about repressed feelings, evidence for which would then be looked for in subsequent data (this is where the



context of the life-story plays a role). In this case, the explicit emotion is shame, and the conjectured emotion anger.

4. The memory is then analysed for the action taken in response to the affect (withdrawal and inhibition), which is a secondary feature of the scene.

5. The memory is examined for anything else that is striking, which in the case of Jane "W" Carlson included the category of "disorientation in space". This was confirmed by later stories exhibiting similar reactions.

Once the content of the early memory or memories is analysed for possible nuclear scenes, the next task is to look for remote analogs of the main features of these nuclear scenes. Carlson stresses that a childhood experience does not become a nuclear scene simply because it is intense or stressful. It becomes a nuclear scene only when it organizes and gives coherence to previously disjointed experiences, and future events cause it to grow into a meaningful framework. It is the occurrence of events both similar and dissimilar to the nuclear scene that cause growth and development into a nuclear script. Simple repetition of a scene will not do it. Carlson also identifies anti-analogs as important sources of information about nuclear scenes and scripts. She describes anti-analogs as "...idealized scenes that capture the perfect negation of old dangers and disappointments" (p.503), noting however that anti-analog formation, while it provides more information about the nuclear scene, is a survival technique, and therefore illustrates a coping strategy. Carlson outlines four rules of evidence for analog formation:

1. The use of more than one kind of datum, for example, interview, memories, dreams, which tap both the conscious and the unconscious realm.

2. Material from different developmental periods, so the researcher can get a sense of the evolution of the early nuclear scene.

3. Presence in the different materials of combinations of magnified features of the original scene.

4. Absolute consistency of nuclear script is not necessary throughout the data to make a case for analog formation, since magnifications of the original scene will be present when the nuclear script is triggered in some way, and absent when it is not.

Each feature of the original nuclear scene is then meticulously elaborated on by subsequent analog evidence found in alternate materials.

Carlson (1986) also has developed a three step approach to a script-theoretic analysis of dreams, namely: (a) formation of a script summary, which entails an intentionally "naive" examination of the dream story, ignoring the imagery, to access a story line; (b) scene construction, in which specific affects and their objects are coded, utilizing Tomkin's (1979) definition of minimal criteria for a scene, namely at least one affect with at least one object of that affect. However, a scene can include much more, such as setting, time, place, actions, and actors (Carlson, 1986), all of which should be included if possible; and (c) identification of sequences of action/outcome relations both within each dream and across all dreams of the individual. Carlson finds that some knowledge of the dreamer's more persistent problems are necessary to understanding the import of action/outcome sequences in dreams, and this is where she links dream scripts back to the script in the original scene of an early memory.

Evidence of analogs of the nuclear scene in the dreams and life-stories of Jane W included themes of seduction and betrayal, vulnerability to shame, inhibition of action and withdrawal,

and experiences of places and spaces as dangerous and problematic. In a subsequent study of Jane W's dreams, taken after years of psychoanalysis, Carlson (1986) notes examples of reparative scenes where a "good surrogate father" is reassuring and affirmative, amongst some partial replays of the bad scene.

Reliability. Both Carlson (1986) and Demorest and Alexander (1992) utilized independent judges to verify her analyses, since this form of narrative analysis does not lend itself to the method of verification by co-researchers as employed by Biela (1986, 1993). Giorgi (1985), whose method for extracting meaning units from narrative is comparable to Alexander's (1988) proposal, also points to the importance of confirmation or criticism of the researcher's analysis via consultation.

### Critique

The approach to life-story as a total life-theme (Cochran, 1990; Csikszentmihaly & Beattie, 1979; McAdams, 1985, 1993) differs from script theory in the search for the one coherent strand that is the defining mythology in the individual's life, versus the many scripts that Tomkins (1987) isolates. Yet there are many similarities in the theories of life-theme development and script formation. McAdams (1985) writes that

...Tomkins' script theory resembles...the life-story model of identity....conceiv(ing) of the individual as a...story-teller magnifying salient, affect-laden scenes from his or her past in order to compose dramatic scripts which not only help him or her understand self and the world but also exert a paramount influence upon daily functioning... (p.140).

Understanding personality via the search for a unifying theme in life, or via the isolation of governing schemas as found in script theory, provided several viable methodological alternatives for the examination of personality in this study. While the total thematization of a life is clearly

a productive way to look at the varieties of normal development and life-pattern, script theory, with its focus on schemas, seemed more applicable to the question of isolating governing scripts in EDs. Researchers (Alexander, 1988; Carlson, 1981, 1986; Demorest & Alexander, 1992) who have utilized Tomkins' script theory, have developed methods of analysis which focus on different aspects of Tomkins theory, namely: a) procedures which minutely extract salient units in autobiographical accounts (Alexander; Demorest & Alexander); or b) procedures demonstrating how script examination can be incorporated to assess a unifying pattern of experiencing and responding, such as in the isolation of the nuclear script (Carlson, 1981, 1986).

The intricacies of analysis and the numbers of possible scripts that might emerge through the procedures utilized by Alexander (1988) and Demorest and Alexander (1992), were determined as possibly complicating rather than clarifying the question of governing scripts in the lives of women with EDs. Carlson's (1981,1986) focus on ERs for information about the nuclear scene, with an examination of the life-story and dreams for development of the nuclear script, was judged as the most applicable and promising method for this study. It seemed particularly appropriate in that it incorporated the script analysis of dreams. However, Carlson's (1986) explicated method fails to delineate how to access the "unknown" or tacit knowledge conveyed by the metaphor in dreams, which Turner (1974) stresses as a such a powerful and ancient form of communication of deep rooted life stances. Yet interpretations of metaphor are evident in Carlson's dream summaries (1986), perhaps indicating the utilization of the intuitive knowing practices described by Josselson (1993) as a part of effective narrative research.

One aspect of Alexander's (1988) method of letting the data reveal itself which seemed relevant as an adjunct to Carlson's (1981) script-theoretic analysis, was the possible use of

identifiers of salience in ERs and the life-story narrative. The following section details the research procedure used.

## SECTION 11: THE RESEARCH PROCEDURE

The principles of rigour in the design and execution of the study were closely adhered to, in order to comply with existential-phenomenological principles of objectivity. The first step was to recognise any preconceived meaning that might be ascribed to the data by explicating researcher assumptions and presuppositions. These were written prior to the commencement of the study and are as follows:

### Presuppositions

Initially, my interest in exploring dreams in ED women came from a Jungian understanding of dreams as the purveyor of all that is repressed or unacknowledged in our waking lives (Jung, 1964, 1934/1970). My clinical observation of women with eating disorders seemed to verify the theories of a high level of denial and repression in AN and BN (Bruch, 1978; Goodsit, 1985; Vitousek, et al., 1991), thus the use of dreams in counselling practice to access underlying issues in EDs appeared relevant. The decision to investigate whether dreams did in fact reflect underlying psychological states in eating disorders seemed a fruitful avenue of initial exploration (Brink, 1991a). Some of the most strongly significant findings in the ED group appeared in the form of what the study termed "attitudes" (i.e. "Whatever I do I won't succeed", and dreams ending in the experience of, "Whatever I do things will turn bad on me"). Since conducting that research and a subsequent ethnographic study (Brink, 1991b), I have come to understand these attitudes as schemas or scripts, and the extent of the role that scripts can play in determining how one experiences the world. I have also discovered that dreams seem to be an important

source of discovering these scripts (Biela, 1993; Brink, 1991b; Carlson, 1986). My presuppositions about governing scripts of women with EDs are that they feel out of control and helpless in their lives, and have an overriding expectation that no matter what they do, things will turn bad on them. I also expect that their susceptibility to perceived criticism is profound and that they experience a great deal of anger that is mostly self-directed in the form of guilt. Clinical work with anorexic and bulimic women has demonstrated the existence of a high level of inwardly-directed anger in the form of punitive self-criticism, as well as an overwhelming sense of helplessness in their lives. However, I also believe that women with EDs are fundamentally strong, and that it is this strength coupled with the self-directed rage that forms an integral part of the life and death struggle they can often enter into with food and those around them.

The initial study of dreams in eating disorders revealed the added depth supplied when a subject tells the story of the dream, versus relying on written dream reports. This was an added incentive to use a qualitative methodology for the current study. Another supposition that I have is that the life story will unfold as long as the researcher plays an empathic and non-intrusive role in the interview. In other words, the investigator does not need to have a long list of appropriate questions, but rather be guided by the core focus of the study.

I assume that the examination of dreams and ERs in the context of life-story will reveal culturally and family-imposed scripts about perfection, food and eating, body image, and gender stereotypes. While I believe that bulimic symptoms might well have a strong component that is socially constructed by the media and peers, I question that restrictive AN falls prey to the same influences.

The explication of presuppositions was an on-going process throughout the collection of information as a reminder to remain open and sensitive to participants' experiences. As such, it also provided an important focus for staying as close as possible to the contextual "truth" of the narratives during analysis. The next step in maintenance of rigour was in the process of choosing participants for the study.

### Participants

Women with anorexia nervosa and bulimia nervosa were approached via psychiatric clinics, psychology practices, and family practices, by informing practitioners of the nature of the study (see Appendix B), and requesting that they pass on the information (see Appendix C) to any patient or client who fulfilled the DSM 1V (APA, 1994) requirements for AN or BN. My criteria for inclusion in the study were: (a) that she was interested in participating in the study, (b) that she remembered her dreams, and (c) that the attending doctor/psychologist/ psychiatrist agreed that the participant qualified with a current diagnosis for an eating disorder. Seven women with eating disorders approached me about participating in the study, and five were selected according to the principles of theoretical sampling. The process of theoretical sampling, as delineated by Glaser & Strauss (1967), requires each case to be analysed before another is added, until saturation point is reached, namely, that there is no additional information found. While commonalities seemed evident after the first three analyses, a further two participants were added out of interest and for confirmation of the findings. However, the amount of analysable narrative was so large by this point, that it was not practical to continue to include the remaining two women.

The ages of the participants ranged from 27 to 36 years of age. Four were born and raised in Canada, and one came to Canada from the United States at the age of 17 years. Further information on their lives and EDs is provided in each portrait in Chapter Four.

The structuring of the interview in an appropriate manner for qualitative research was the third step in the development of the study.

### The Interview

The aim of the interview or interviews was to obtain a number of key dreams and early memories in the participants' life. The life-story was also important in that it provided the context for the dreams and ERs, and the stories from different developmental times for the examination of analog formation. The amount of time per participant averaged two interviews of one and a half hours, or three one hour interviews.

Interview questions. I began the interview by repeating the information that had been in the handout (see Appendix C) which stated that I was interested in hearing about early memories and dreams. I then asked each participant where they wanted to start, either talking about their dreams or the early recollections. Most of them began with dreams. My goal was to use mainly clarification and open-ended questions as a non-intrusive way of tracking the dialogue and keeping the conversation focused on the central question. In this way, I tried to remain cognisant of van Manen's (1990) cautions about the mass of meaningless information that might accrue if the interview lacks sufficient structure, while providing an empathic and open context in which the participants felt comfortable sharing their lives with me. As such, I was able to stay focused on the two main sources of information, namely dreams and ERs, and acquire a large amount of detail about the participants' life-stories. Questions exploring the possible social construction of



EDs were asked at the end of the interviews to provide further information on socio-cultural factors in the development of EDs.

The following are some of the guiding questions I used in structuring the interview:

1. When we spoke on the phone to set up this interview, I asked you to record any dreams you might have between then and now. Do you have any to tell me about?
2. How about other dreams that you remember over your life time such as recurring dreams, nightmares, or any that you remember for whatever reason?
3. What can you tell me about your life?
4. What are some of your earliest specific memories?
5. I am interested in the question of what factors influence the development of eating disorders. As such, a) what books/TV shows were important to you growing up? b) were there any life stories of famous personalities that intrigued you? c) did you hear any stories about women with eating disorders before you developed one yourself? d) if you did, do you feel that the story influenced you developing an eating disorder?
6. What do you think caused you to develop an eating disorder?

I continued looping back through questions 1 to 4 until I felt that I had acquired enough information, which usually took two interviews. I do not recall ever asking question three, since stories about the participants lives emerged spontaneously during the recall of dreams and ERs. I asked questions five and six at the end of the interview series, once I had gathered enough stories about ERs, dreams, and life stories. I was particularly careful about the ethics of interviewing the participants, several of whom had very painful and disturbing memories and dreams. As such, I tried to maintain a balance between my counselling training which necessitated the

preservation of safety via appropriate expressions of empathy, without allowing the interviews to develop into therapy sessions that lost touch with the focus of the study. I also took care to give them time to debrief the interviews, and any painful emotions that had emerged. With all participants I checked back on them after a few days to see how they were doing. Of the ones that I managed to connect with, no-one reported any lasting negative effects from the interviews.

The analysis of the narratives was the forth step in the structuring of the study, which took place after each interview.

### Analysis

A script-theoretic approach to dreams and early memories as used by Carlson (1981, 1986) was used for the narrative analyses. Each participant's narratives were condensed into a series of ERs, dreams, and narrative stories. The steps taken to analyse the ERs and dreams are outlined as follows:

#### Early Recollections

Each ER was dealt with by the steps laid out by Carlson (1981). The steps are as follows, using the ER from participant H:

Well, I do have an earliest memory and its going to that aunt's house, and staying for a weekend. I found out now, they took us to Stanley, or me, it was my aunt and uncle, they were elderly, they took me to Stanley Park, and I remember a mother bear, with her cub, just being brought in for the zoo, and the baby cub was crying, and it was almost like, "Mama, mama", it was just crying, and I remember thinking, "Where's its mama?", you know....[If you had to take a snapshot of the most intense or most memorable part of that memory, what would it be?] Well, just that they were separating the cub from the mother, that would be it...the workers of that Stanley Park, 'cos that's what was happening, they were taking that cub away from the mum.

“Anyway, I talked to my mom about that...memory, and she said, ‘Oh, you were about two’, and she said, ‘We left you,’ they drove out to Oregon and they took my oldest sister but left me, because it was already a packed car and I was the youngest, so they left me with the aunt”.

Broad Summary. An overview of the story, in this case, “Bad then good then bad”.

Specific Theme. The theme was then made more specific by focusing on words and actions in the good/bad scenario. “Fun at the park, then I’m reminded of why I am here by a cub being separated from its mother”. The core theme appears to be “abandonment by mother” (“We left you”; “mama, mama”; and I remember thinking “where’s its mama”).

Key affects. The memory was examined for key affects which may have included conjectures about repressed feelings, with subsequent stories being examined for evidence. In this case the explicit emotions were lonely, sad and alone. Most likely also abandonment, although that was not specifically stated.

Action taken in response to the affect. As is typical of a young child’s memory (Carlson, 1981), H takes no action and just remembers feeling upset.

The memory was then examined for anything else that is striking. Alexander’s (1988) markers of salience were used, if applicable, at this point.

Dreams were then examined for evidence of analogs, by the process of developing a script summary, constructing scenes identifying specific affects and their objects, and looking for sequences of action across all dreams, particularly for replays and reparative strategies of the original scene. A similar method was applied to stories in the narratives taken from different developmental periods. Carlson’s (1981) caution to look for similar and dissimilar scenes as evidence of analog formation of the nuclear scene was consistently kept in mind in this process.

Of particular note was the replay and/or development of similar affects either expressed or conjectured in the nuclear scene.

Carlson utilized "naive" judges to confirm affect/object relations coding in the dreams, as well as the script summaries, although the latter were given in a free response style and therefore not easily quantifiable. In this study, verification of analyses was obtained by detailed consultation with the committee chair (J. Allan, personal communication, March & April, 1997). This involved an on-going dialectic with respect to interpretive errors or distortions, possible omissions, appropriateness of the choice of ER as the nuclear scene, and whether the analyses "made sense".

I found that analysing the ERs for nuclear scenes, and then checking the stories in the narratives and dreams for analog formation was not a linear process, but seemed to evolve as a recursive loop. While one ER might seem to present as the nuclear scene, examination of the affects and stories in the dreams and narrative stories would seem like an incomplete fit, until I went back and re-examined the ERs with the dreams and life stories in mind. Sometimes I would discover that I hadn't quite captured the experience in the specific summary. Sometimes I was looking at the wrong ER. At some point there was invariably an "aha" experience when suddenly everything fit beautifully into place. It proved to be an arduous but exciting and ultimately exhilarating process. I found myself saying before each analysis that this one really didn't seem to have any coherence in theme or similarities to the previous portraits, and then the process would predictably unfold to reveal the pattern.

## CHAPTER IV: RESULTS

### NUCLEAR SCRIPTS

This chapter represents the analyses of each participant's narrative for the nuclear scene and analog formation that would indicate the formation of a nuclear script.

#### Analysis of the Nuclear Scripts in Each Participant's Narrative

Nuclear scenes capture an individual's core unresolved problems. These grow by the development of thoughts, feelings and actions that are related to the primary experience (Tomkins, 1979; Carlson, 1981, 1986). Early recollections, proposed by Adler (1937) as a key source of information about life scripts, were collected from five participants and analyzed for potential nuclear scenes. The narrative of each participant was then examined for the development of analogs to the nuclear scene, which would confirm the specific ER as a nuclear script, and provide information about the individual's personality development.

Carlson (1981) stipulates 4 rules of evidence in the examination of analog formation, as a way to stay true to script theory and minimize the circularity that occurs in case analysis. They are: a) that evidence for analog formation should appear in various forms reflecting differing levels of functioning, such as interviews, memories, and dreams; b) that evidence of the growth of a nuclear scene should come from various developmental periods; c) that there be evidence of various combinations of the nuclear scene in the narrative to illustrate how aspects co-assemble in a variety of ways; and d) that absolute consistency of magnifications of the nuclear scene throughout the case material is unlikely, and not necessary for validation.

The narratives were scrutinised for anti-analogs, which Carlson (1981) describes as "...idealized scenes that capture the perfect negation of old dangers and disappointments"

(p.503). It is, however, important to note that anti-analog formation, while it provides more information about the nuclear scene, is a survival technique, and therefore illustrates a coping strategy. Carlson (1981) stresses that Tomkin's (1979) theory of anti-analogs is a more positive concept than the psychoanalytic concept of defense mechanisms.

All the portraits involve similar steps, namely, an examination of the ERs, followed by identification of the nuclear scene. Analog formation is examined via stories in the narrative, anti-analogs, and dreams. Each portrait concludes with an overview of the governing script. The format varies somewhat with participant Y which was dictated by the narrative material. All names and places cited in the text have been changed to protect the identity of the participants.

#### Portrait of K

K is in her mid-thirties, and has struggled with alternating bouts of overeating, vomiting and restriction since her early teens. However, she reports the earlier disordered eating patterns as happening spontaneously without any intent to lose weight, and these bouts also spontaneously resolved themselves without becoming entrenched. It was after the death of her mother when K was her late twenties that K began serious restriction, and has since then struggled alternately with anorexia nervosa and bulimia nervosa. She has had many years of individual therapy, some marital therapy, several hospitalisations for suicidal ideation, and is currently attending a support group for women with eating disorders which she finds helpful. K grew up in an intact family, the second eldest of four children. She was the oldest girl, and carried many responsibilities for the younger children that her older brother was not expected to bear. K suffered repeated episodes of sexual abuse, first at the hands of her cousins at the age of 10 and 11 years old, then later at the age of 14 she was raped by a man for whom she was baby-sitting. Her early disordered eating patterns are

connected to the time-period of these episodes. K never felt able to tell her parents about any of these experiences, and has only recently disclosed them to her counsellor. In her family, her brother was physically abused, but she states that she was spared that form of abuse.

K is married with two children, and describes her marital relationship as uncaring and unsatisfying. However, she feels trapped in the marriage, being unable to envisage either leaving or staying long-term. She has made two suicide attempts over her life, with the first occurring when she was fifteen years old and the second four months before we met for our first interview. Nobody knew, or in her family yet knows, about the first attempt.

K presented three ERs when asked for the earliest memories she could remember, which are reported and analysed in the following section.

### Early Recollections

The ERs are written in the order they were reported, followed by the script-theoretic analyses delineated by Carlson (1981):

I guess it would be the hospital when I was four and a half. I'd fallen down the back stairs and knocked myself out. I don't remember that part of it, I only remember what people told me. But I remember being in, whether it was the emergency room or wherever it was, with bright lights and lots of people and I remember calling my mom. But they told me that she couldn't come in, that she wasn't allowed to come in. I was terrified. They were holding me down, I was screaming, I wasn't just saying, "Mommy, mommy", I was hysterical. And I just remember the one doctor saying, "Your mommy can't come in here, she's not allowed to come in here"...I just remember being in there and screaming.

Broad summary. "Bad turns worse".

Specific theme. Entrapment then total lack of caring. K finds herself in a scary, strange place, unable to leave, being held down by a lot of strange people ("they were holding me down, I was screaming "Mommy, mommy"), then her emotional needs are completely disregarded

("your mommy can't come in here, she's not allowed to come in here"). Should this aspect of the scene become magnified, one might expect K to demonstrate an assumption that powerful strangers or authority figures don't care about her feelings. Also that she would assume in situations where she feels that she is not being listened to or that she has no choice, that the person or people involved don't care about her feelings. Reading more deeply into this scene, one could presume that she felt abandoned by her mother, wondering why did she not come in and rescue her from these frightening strangers. If this were to be magnified, K's later experiences and dreams would demonstrate themes of abandonment. The abandonment scene could also be compensated for by anti-analogs of happiness and togetherness, with a sense of being loved. If the sense of abandonment by the mother were magnified by later events, it could result in the development of one of two insecure attachment styles noted by Bowlby (1973, 1988).

Key affects. Panic and terror. If these emotions were to become magnified as a nuclear scene, one would expect a) fear and/or terror and panic to predominate in later narrative accounts and dreams, and b) experiences invoking the emotion of fear/terror/panic to be accompanied by a sense that no-one cares about her, with an corresponding hopelessness and helplessness about escaping from the frightening and/or entrapping experience.

Action in response to affect. Hysterical action, with no change being effected. K is screaming "hysterically", and she was being held down, which implies that she was struggling and kicking, trying to get away. She is therefore active in response to the scariness, but she does not succeed in changing anything. Later magnification of this scene might therefore involve



passivity, a sense that “no matter what I do, nothing changes”, or fighting in non-physical, more manipulative ways when she experiences terror and/or entrapment.

Anything striking. K appears to be disoriented spatially in this experience. She wakes up in a strange, frightening place with bright lights and lots of people. She has no idea where she is. If this were magnified, spatial confusion might predominate in later anecdotes and dreams. Also, confusion about “safe” space versus “scary” space.

The second ER occurred in late childhood, when K was 10 years old:

We were camping on Alice Lake and we had walked from our campsite down along the lake...My brother had packed this little kayak boat...I was 10 so he would have been 12. And my sister was three. And my little brother must have been just about a year and a half...Anyway, we walked down to the beach and my mom and dad decided that it was time that they took my little brother back to the tent to have a nap so they left me in charge of my sister and she almost drowned. I was playing on a log that...one end was on the shore and the other end was floating in the water...and when I looked up...she was out in this little boat. I don't know where my brother was, my older brother, I don't know where, if he was swimming or where he was. I wasn't aware of where he was. I just remember looking up and seeing her in this boat, and I yelled at her and she dropped the little paddle, and when she stood up to get the paddle, she fell out of the boat. The boat tipped over and she fell in. And I swam out to get her and I dragged her into the shore and my brother appeared magically from where he was, I don't know where, and he ran back to the campsite to get my mom and dad. And...they were really mad...at me because I let her...fall out of the boat and I guess they were worried about her and I remember my dad yelling at me that if I'd done what I was supposed to do, I was crying, and I remember him telling me to shut up. That I had no right to cry, that if I had just done what I was supposed to do this never would have happened. And then he yelled at me to go back to the camp-site. And I did, and I remember sitting in the tent and...being afraid that she was going to die, and thinking...that if she died they wouldn't love me any more. That it would be my fault that she was gone and then they would hate me....we had a lot of secrets in my family. That was never talked about again. They took my sister to the hospital...they left my brother and I with my younger brother at the campsite...And they came back later that night and we packed up our stuff and went home, and it was never talked about again. Nobody ever talked about it.

Broad Summary. “Good turns bad, then worse”.

Specific Theme. Fun turns frightening, then rejection and abandonment. A pleasant family time turns bad and frightening because K does not understand what is expected of her, then her parents reject her and abandon her ("shut up! You have no right to cry. If you had just done what you were supposed to do this never would have happened"). Should this scene become magnified, one would expect K either to become overly responsible in future caretaking situations, or to be paralysed by responsibility. Also, to shut down on future displays of fear, sadness or panic.

Key affects. Panic, fear, shame, and humiliation; loneliness and abandonment. If these emotions were to become magnified as a nuclear scene, one would expect them to predominate in later narrative accounts and dreams. Because she is shamed and humiliated for her actions, if this scene were to be magnified, later experiences should reveal vulnerability to perceived criticism. Because she is left alone with her fear and her shame, nobody talks, later experiences might demonstrate a belief that her feelings don't count, that nobody cares, and she might respond to a bad experience by withdrawal and silence. There is also a possibility of the presence of anger towards her father for his unfairness. She saved her sister and nobody acknowledged that. The presence of taking issue with unfairness, anger towards unfair treatment of her, or possibly even passive aggression, towards perceived unfairness in later stories would confirm this conjecture.

Action in response to the affect. Action then withdrawal. K yells in response to panic, then takes action and swims out to save her sister. Later, crying, namely, showing your fear and panic, leads to being yelled at and blamed for having "inappropriate feelings", so she withdraws into silence in her tent, where her loneliness and fear of loss and abandonment remains unexpressed and unattended to by her parents. Because she is shamed and humiliated a) for being

preoccupied with her own fun and b) for then taking action, if this scene were magnified she might respond to later activations of the scene by feeling guilty about doing pleasurable “selfish” things, and become immobilized or withdraw when she is panicked or distressed.

Anything striking. Using Alexander’s (1988) indicators of salience, there is a marked repetition of her brother’s, “I don’t know where my brother was, my older brother, I don’t know where, if he was swimming or where he was. I wasn’t aware of where he was”. Then later: “my brother appeared magically from where he was, I don’t know where”. This might indicate unacknowledged anger towards her brother, the older one, for abandoning her, and/or against her father again for inappropriately allocating the task of caretaking to her, instead of her older sibling. This might become later magnified as an issue with unfairness, particularly gender bias, or once again, abandonment.

The third and last ER occurred once again in early childhood:

I remember, when I was about five years old I had a friend, her father used to sell market produce in our area and she used to be dropped at my house to come and play with me, about 2 or 3 times a week. And then suddenly she didn’t come any more and my mother said she wouldn’t be coming any more, and it was only years later that I found out that there’d been an accident. But nobody told me, nobody spoke about it. I wondered why nobody cared, like they never talked about it, and I remember that my mom would say that, “It was OK” that, “Soon I would be going to school and I would make new friends”...It was like nobody cared that she wasn’t coming any more except me. I remember asking, once, why she wasn’t coming anymore and I don’t really remember what my mom said except that I didn’t really get an answer. I don’t remember if she tried to make something up but I remember not, still not, after having asked the question, still not knowing like why she wasn’t coming.

Broad summary. “Good turns bad, then worse”.

Specific theme. Friendship then abandonment. Good times with a friend ends suddenly. No-one explains why or cares about K’s feelings (“It’s okay. Soon you will be going to school and you will make new friends”; “It was like nobody cared that she wasn’t coming any more except me”).

Magnification of this scene might lead to anecdotes about lack of trust in the permanence of friendships, or anecdotes about parental/authority figures not caring about her feelings.

Key affects. Sadness, loss, and confusion. Feeling like nobody cared about her feelings.

Action in response to affect. Action then withdrawal. K asked once why she wasn't coming any more, but got no satisfactory explanation, so gave up asking. This could lead to later reports of an inability to ask painful questions, a sense of "what's the point" (i.e., withdrawal and passivity in interactions with more powerful figures when the nuclear script is activated).

### The Nuclear Script

"Good turns bad, then worse" as a general formulation of K's experience is reflected in several of her succeeding analogs and memories, with the other form being "bad turns worse" as occurring in the first memory. While all the themes and affects of K's ERs weave throughout her narrative, her first ER seems to be the primary organizing framework for her later experiences, and therefore the nuclear scene. The succeeding ERs seem to have created two scenes of similar affect and experience which provide the material for the growth and psychological magnification of the nuclear scene (Tomkins, 1979; Carlson, 1981). Primarily, a) the themes of abandonment in the second and third ERs would appear to have magnified the conjectured experience of abandonment in the nuclear scene; and b) the overt message in both succeeding ERs ("when bad things happen, don't talk about it") is experienced at the covert level ("no-one talks to me because no-one cares about how I feel"), thus magnifying a core aspect of the nuclear scene, and adding the powerful inhibitor against talking that governs K's life story. The action taken in response to the affects moves from "hysterical action with no change being effected" to "action then withdrawal" in the

succeeding scenes, which makes sense in terms of the pointlessness of action experienced in the nuclear scene.

The affects present in K's first ER, namely, extreme fear, terror, and entrapment, predominate in her narrative anecdotes. The perception that "nobody cares about her feelings" and more generally, that "nobody cares about her", prevails. However, evidence for the nuclearity of ER 1 is particularly compelling in K's dreams. All of her six recurring nightmares deal with being trapped, alone and terrified, or struggling against overwhelming odds. Broad summaries of the six nightmares reveal 5 having the theme of "bad turns worse" (ER 1), and 1 having the theme of "bad stays bad". Four of the five "bad turns worse" themes include "bad turns worse, then death", as does the "bad stays bad" theme. In other words, 5 out of the 6 dreams end with death, and in one, death brings peace, and in the other, death is the only way out of the struggle. K's three recent, one-time dreams have the theme of "good turns bad", with 2 out of the 3 being "good turns bad, death seems inevitable". Life experiences revealed by K seem to clarify why the first ER became activated as her nuclear script, and why the option of death became included in the scenario. While the second ER, with the shaming, humiliation, and fundamental unfairness by a parental figure, would seem to have all the elements for a nuclear script, there is minimal evidence of these affects in K's narrative anecdotes, and none in her unconscious material. Although guilt is evident in a number of anecdotes and may well be a core script in less overwhelming times, it would seem that the traumas that occurred in K's late childhood and early adolescence magnified her sense of the world as a terrifying and unsafe place, where no-one cared about her or her feelings (ER 1). The following section examines analog formation of the nuclear scene in some of K's stories, anecdotes, and dreams.

### Analog Formation

#### Stories in the Narrative

The following quotes are four stories taken from different developmental periods of K's life, which demonstrate how they built on to the nuclear scene. Included at the end of each example are summaries of my understanding of the core theme, affects, and relationship to the nuclear script. They are taken from three interviews spanning several months, and quoted in the order that they appeared in the narrative. The first anecdote occurred two weeks before K's 14th birthday:

I was baby-sitting for somebody, it was the first time that I had met them and he came home early, without his wife, and, he raped me. And I never told anybody. I just lived with the fear for years and years and years. I used to sleep with a knife under my pillow...actually I still do when my husband's not home at night....But I could never tell anybody that...I thought I could keep it forever...As a teenager I never thought that anybody could help me with that. I thought that it would just mean trouble if I told anyone, and...later on ...I thought that if I just ignored it, it would go away. If I did all the normal things...got married, had kids...that it would just go away and I could always pretend that it had never happened.... Just recently I read a story about a woman that had been raped...and she had a very supportive group of friends and family and I had nobody....When I think back...on some of the things that went on I think, "How could they not have noticed?" When I came home from baby-sitting on a Saturday night and didn't leave my room for a week, why didn't anybody ask any questions?... when I was fourteen and a half and I was coming home drunk more often than not, couldn't they smell it? Couldn't they see it? They never asked any questions...Its funny...my parents never said to me, "I love you" or, "You're special" or anything to me like that.

When asked what message she got from her parents not asking questions, K stated, "That they didn't care, they just didn't care, they didn't want to hear anything unless it was good...my Dad always used to say 'Don't tell other people your problems. People have enough problems of their own they don't want to hear about yours'...".

Summary. "A terrible thing happened, and nobody noticed my feelings, nobody cared about me". While K reported this memory in a very flat manner, and only alluded to feeling lonely and isolated in the aftermath of her trauma, it is hardly a leap to speculate that she felt trapped, terrified,

and powerless in the rape incident. This story has all the elements of her nuclear script: She is in a strange place, away from her parents, where she is trapped, only this time she really is treated cruelly and badly hurt, whereas that was more of a fear in the core memory. "Bad turns worse" when her parents don't even notice her distress, which communicates to her that they don't care about her emotional needs. They don't care about her. This anecdote was reported without prompting, very early in the first interview, which, using Alexander's (1988) identifiers of salience, indicates its importance by virtue of its primacy. The following event occurred one month prior to the first interview with K:

When I was at my grandma's funeral I had this panic attack or something. I've never had that before, so I went all the way over to Chilliwack to spend 10 minutes at my grandmother's funeral. I spent the last 45 minutes walking around the parking lot...I remember thinking on the way over on the ferry. I was alone, and, I remember thinking...a lot about my mom, about her life with them, with her mom and dad, and what that was like for her...I remember thinking that my last link to my mom was gone now. I think that my grandma dying brought up a lot of things about my mom, like it was more about my mom than it was about my grandma.

Summary. "A bad thing happened, then I realised I lost my connection with my mother. I was all alone with my feelings". "Bad turns worse". This is another twist on the nuclear scene and confirms the sense of abandonment in that scene. The affects of the nuclear scene, namely loss, longing for connection with mother, and panic over the disconnection, are all magnified in this experience, contributing to K's sense that this ultimate disconnection is more than she can cope with.

The following disclosure occurred late in the 3rd interview, prefaced by the comment that she'd been doing a lot of thinking about this experience in the past few months without ever talking about it. They had been doing a lot of visiting of relatives, and she had been having flashbacks to

the scene, and then dissociating for long periods of time, feeling overwhelmed by “that feeling of being trapped”. She had spent a lot of time with her “head hanging over the toilet”.

It was...sexual abuse that happened to me over a couple of summers and I was 10. The first year I was 10 and...the next year I went back there again, I was 11 then and then the next year I didn't go back...There was a closet in that room and usually, after a couple of hours that's where they would put me, I was kind of a mess by that time...and so the closet was where I would end up and then they would come back some time later. I guess after I had kinda calmed down...they would come back and let me out of the closet and that's when I would run...when they let me out of that closet...and I could run, I bet you, five or six miles. I ran...until whatever it was I felt was gone or until I didn't feel anything...And then I would walk back and by the time I got back I was...relatively composed. I couldn't, I didn't think I could tell anybody...no, it didn't, there wasn't anybody that I could tell straight out...I think that...I probably did things that nowadays people would question....Like the second year that I went there and I wouldn't get out of the car...I didn't sleep for about a week before...I went there and, and I kept saying, “I didn't want to go there, I didn't want to go there,” and I went there anyway and when we got there I wouldn't get out of the car and they left me standing in the middle of the road screaming and nowadays people would say, “Well there must be something wrong if this kid doesn't want to go,” so maybe nowadays, I like to think if it was nowadays somebody would say...“hey, wait a minute”.

Summary. “A terrible thing happened and I couldn't tell anyone. I told them in the only way I felt permitted, but they didn't notice (they didn't care)”. “Bad turns worse” when adults indicate their lack of caring by not noticing her distress. Once again, this story has all the elements of the nuclear script, with similar affects, namely extreme fear, terror, and entrapment. K takes action, “running and running”, but, like the hysterical struggling in her nuclear scene, it doesn't stop the bad experience. She also tries hysterical screaming to alert her parents to the danger, but again, it doesn't work. The abandonment conjectured in the nuclear scene is evident here, with K being abandoned by her parents to these relatives a second summer, despite her efforts to show them her pain.



The final example of an analog from the narrative concerns recent events in K's relationship with her husband. An earlier anecdote illustrates her sense that he does not care about her feelings, needs or desires, which is alluded to again in the following example:

I think that one of the things that happened was that I got scared. Even before November when I tried to commit suicide...I was afraid of him and I don't know whether I knew that I wanted to leave for sure then or whether I was just getting ideas that that might be the road to take because of the problems and because of his unwillingness to change even tiny things about the way things were. I was afraid he would hurt me and I knew I had to do something but I didn't have any...confidence in myself to be okay on my own so I kind of felt like I was stuck there. I couldn't live with him and I couldn't live without him...The thing that he said to me....was that...I would be there forever so I would have to make the best of the way things were with him... One of the things that he did then and he still does now is to hold on to me when I want to leave. Physically...now he says he's not doing it, while he's doing it....he just thinks that it will be the way he wants it to be. Its not going to be the way he wants it to be, I know its not....I'm going to try to get out again, one way or another... and he's still not going to have what he wants, I'm still gonna be gone, whether I'm gone to the other side of the country, or whether I'm gone dead. I'm still gone.

When asked what feelings she experienced in this incident, K stated that it was "...mostly fear....Its a huge, a huge thing....maybe the shift in me was just the fear that he was going to hurt me, eventually. And...at that point...it seemed like it was going to be sooner than later...."

Summary. "I'm trapped in a marriage with a man who doesn't care about how I feel, and now I'm scared he could get violent. The only control is choosing to die". "Bad turns worse, death seems inevitable". This anecdote is K's most recent statement and the broad summary is reflected in two out of three of her recent, one-time dreams. It contains some elements of the nuclear scene, namely the affects of fear and feeling physically, emotionally, and situationally trapped, with the addition of death as a way out of the entrapment and fear. Death has been the ending of the majority of her recurring nightmares since adolescence, and this addition to the script emerges in the narrative of her private reflections and recounted behaviour after the rape at

age fourteen. This anecdote also demonstrates a passive-aggressive way of dealing with being trapped, hypothesized as one behaviour form that might emerge in response to controlling, entrapping situations where she feels she has no power to change things.

### Anti-Analogs

There is some evidence of scenes in K's narrative that attempt to negate the trauma of abandonment experienced in the nuclear scene, namely in a) her report of a relationship with her aunt and uncle, and b) in her representation of her adult relationship with her mother. The first is in response to a question about whether there had been any people in her life who had been good to her. She then spoke about the aunt and uncle she had stayed with when the abuse occurred:

My uncle, he died two years ago...when I was very young he was good for me. When I ...stayed over at their place and I couldn't get along with the other kids, he would take me wherever he was going. He...would take me bowling with him, to the Dairy Queen...and he taught me how to golf when I was 10. He took me to the golf course and I remember...he was meeting three friends at the golf course...and his friend said to him, "What d'you bring her for?" and I can still remember the look on the guy's face 'cos my uncle said, "Oh, shut up, D, we're going to teach her how to golf" and he did...over a period of time...and...his friends didn't approve and some of them made the odd complaint but...he listened to me, and he talked to me, and he gave me choices...I mean my aunt was there too in a big way but she was away in the daytime...whereas my uncle wasn't. So they were both really good listeners...and made that time bearable, and I still kick myself that I couldn't have told them....but I couldn't, I didn't think I could tell anybody....And even now with my aunt, I mean my aunt is still alive, but I could never tell her.

The second anti-analog is K's report of her adult relationship with her mother. Despite many stories of her mother's inability to communicate compassion or caring towards her daughter, K continues to hold tenaciously to that relationship, as evidenced by the following quote:

[So even although your mom, you couldn't really talk to her and you couldn't share your life with her in any significant way, it sounds like she was meaningful in your life] She was. My mom and I got really, we started doing stuff together and she did start to talk to me a bit when I moved out of the house when I was 20 or 21. It was like after I didn't need her any more, then she had time for me. We took painting classes together and ceramic classes together and

drank gallons of coffee together. I saw her just about every day for the last 3 years, 4 years (of her life). And it was only in those last, once I grew up and had all of the, and could be a friend, she was there. But when I was a kid, she had nothing to give. I'm still trying to make sense of all that, how that could change so much....There was still a lot of stuff I never told her [Did you ever tell her about the rape?] No. I was going to take that to my grave with me.

K reports a later story how no-one would tell her that her mother was dying of breast cancer, how when she questioned her father, he said, "Yeah, everything is okay, there's nothing to worry about". Later confrontation of her mother with the cytotoxic pills, questioning what they were for, brought the response: "Oh, nothing, just some medicine I have to take," and when K persisted, she reports, "She wouldn't tell me. She just changed the subject and we ended up talking about something else". The compelling nature of K's need to connect to her mother seems another confirmation of the power of the abandonment scene in K's life.

As she was reporting each of these anti-analog scenes, they shifted back into replaying the bad scene, namely that K couldn't talk to anyone, in the second anti-analog because nobody seemed to care or wanted to listen. The following section examines dreams for evidence of affects and themes of the nuclear scene.

### Dreams

The subsequent four dreams are examples taken from a total of nine reported dreams. All K's reported dreams are nightmares. She does not appear to have pleasant or even neutral dreams. Two nightmares have been taken from her reports of recurring dreams, as representative of "bad turns worse than death" in a hostile, strange place, and "bad turns worse than death in a known, intimate place"; one recurring nightmare that captures a different aspect of the nuclear scene; and one dream from her one-time dream reports. The summaries follow each dream report:

A dream that comes back to me a lot of times...I first had it right after my mom died....I dream about falling through the ice into a frozen lake...and not being able to get out, and not being able to touch the bottom, and not being able to find the hole to get back out again. Being really scared and really cold and really alone, and I struggled with that for a long time in the dream and then finally I couldn't hold my breath any more so I just inhaled and when I did it, it wasn't frightening any more, the water warmed my body and I just totally relaxed and...like it was over. It's always the same. It's always exactly the same, except possibly the amount of time I spend struggling...When I wake up I feel , usually my heart is still beating really fast, but I feel relieved that - the fear is over... 'cos when I'm struggling, when I'm under the water struggling and I can't hold my breath any longer, I know that if I don't hold my breath, that's it. I'm scared, but when I wake up there's that sense of relief that the fear is over, the hope.

Script summary. I'm trapped, totally alone, in a scary, cold place. I struggle and struggle to get out, but eventually I give up hope of surviving. Now I'm dead and relaxed and at peace.

"Bad turns worse then peace through death"

Scene construction. a) affects and objects: trapped by the ice and the freezing water (trapped by something much bigger than her), no matter how much she struggles; really scared (terrified) by the entrapment; and alone in this scary, cold place. b) dream environment: A hostile, dark, strange place. Underwater. c) action: Endless struggling.

There is one dream that I have had, that I still have, and...I want to know who it is that's after me in the dream and I never do find out who it is. I've had it maybe three times in the last couple of years. It starts out that I'm alone in my room, I'm in bed, it's night time and I hear a noise and so I get up. It sounds like it's coming from the kitchen...my husband's not there, my kids are not there either, and I get up and I go to the kitchen and there's nobody there so I walk through the kitchen and through the dining room, and I'm looking around and...I'm walking like I'm afraid. 'Cause I know there's somebody in the house. So I go down the stairs and I look in the basement around and I come back up the stairs. And as I come up the stairs there's this person who was I guess either crouched or on his knees or something, and he stands up and he's holding his hand over his head, and he's got a knife in his hand, and I scream and run toward the kitchen and back through the kitchen and down the hallway. And as I get to the bedroom doorway I fall and he falls on top of me. And he says, "Now I'm going to kill you" and the knife comes down about an inch away from my head. And the dream is always exactly the same and I never do find out who it was....And it's a strange dream because it's dark, but it's not so dark that I shouldn't be able to see, but the person, as I'm coming up the stairs, the person is there with the hand over his head, but I can't see. It's just that I don't remember, I don't

notice, I don't take notice of the face or something. (I'm) scared...In the dream I'm just scared [it's almost like you know you should know this person?] Yeah, maybe it's the voice.

Script summary. I'm alone and at risk even in my own home. There's an intruder and I'm afraid, but I take action to find him. Then I see him. He's familiar yet I can't let myself recognize him. He brandishes a deadly weapon and I run, terrified, but I don't quite get to the safety of my bedroom. He traps me and is going to kill me. "Bad turns worse then death".

Scene construction. a) affects & objects: alone and scared since someone has intruded her private space and there's no-one to help her; terror of the threatening man; trapped by him falling on top of her with a knife; b) dream environment: Familiar, intimate place that is dark and therefore somewhat unfamiliar and scary. c) action: Trying unsuccessfully to escape.

Before I went in the hospital last time in November, and even while I was in there, I kept having this... I didn't have it for a long a time but last week I had it again...this dream about a box, a wooden crate, I was in the water with it, trying to keep it from sinking and trying to drag it to shore at the same time. And I could hardly ever get my head above the water. My body was always under the water, trying to keep the crate from sinking and sometimes it felt like I struggled all night with that crate, trying to keep it from sinking and trying to save it. And there were people on the shore, I don't know how many people, I never remember seeing them in the dream, I just had a sense there were people there, and one voice a couple of times kept saying, "Let it go, let it go", and it wasn't a case of hanging on to it because I wanted to, I had to. There wasn't a choice. If the crate was going down, if I couldn't save the crate then I couldn't save myself. Whoever was saying, "Let it go", didn't realise that I couldn't let it go.

Script summary. I'm trying to keep something afloat that is impossible to keep afloat. I have no choice in this. If it goes down then I go down too. I'm struggling and struggling, and it's dragging me down, so that I'm almost always totally submerged. People are watching from a distance and giving me advise, but nobody helps me (nobody cares?). "Bad scene. Death seems inevitable".

Scene construction. a) affects & objects: trapped ("I had no choice") and alone, endlessly struggling with an impossible task; hopeless about being able to accomplish the task. b) dream environment: Outdoors, public place. In the water and underwater. c) action: Endless struggling.

I've had a lot of....dreams where things turn into something else. Like in one part of the dream they're one thing, and then immediately, or...very soon, they change into something else. I had a dream where our cat was running up the same set of sundeck stairs and when I called, "Here, kitty, kitty", and she started running up the stairs, she was this little cat. And when I turned back from the food dish to look it was a cougar. It was huge. The dream ended with the cat, the cougar, grabbed a big piece of my neck and was shaking me around...I was trying to scream. I don't think any sound was coming out, but...

Script summary. Something familiar and harmless changes into something monstrous and attacking and tries to kill me. Good turns bad. Death seems inevitable.

Scene construction. a) affects & objects: trust in something that seems harmless, then betrayal of that trust; terror towards the wild, attacking animal; panic (trying to scream but nothing comes out); b) dream environment: Familiar and private. Seemingly safe, but turns unsafe. c) action: No action. Helpless to escape.

Discussion of analog formation in the dreams. The most evidence for the nuclearity of the first ER occurs in K's dreams, where it is compellingly re-enacted, co-assembled with the events from her later life. In all of her nine reported dreams, she is invariably a) trapped in some way, either literally or by running away from someone with no hope of escape; b) struggling to free herself from a scary situation where she is ostensibly alone; and c) fearful, terrified and panicked. Dreams two and four seem to bring in the details of the rape scene, and dream one appears to represent the abandonment fear taken to extremes with the recent death of her mother. The action in the dreams mostly represents the "hysterical action" of the nuclear scene, where she is struggling and struggling with no change being effected.

There is some evidence in K's dreams of the spatial disorientation that was hypothesised from the original scene. This takes place in the form of confusion about safe spaces/scary spaces: Home is safe, yet not safe; her bedroom in one dream seems to offer an escape through the window, but when she pulls up the blind, she finds that it is an illusion: "...there never was a window there". In other words, safety has always been an illusion. In the second interview, K stated: "I get the sense that most people view the world as a relatively safe place with a few unsafe people and things in it. And my view of the world has always been that the world is a very unsafe place with a very few safe things somewhere in it". The three of K's one-time dreams all have the theme of something or someone appearing to be safe, her acting in trust of that, and then having that trust betrayed. Safe turns frightening, death-threatening, and in two out of three dreams, attacking and vicious.

### K's Governing Script

K's nuclear script would therefore appear to be lodged in the first memory that she recalled, and is fundamentally one of "entrapment and total lack of caring" with abandonment by her mother as her core life theme. There are many subsequent traumatic situations in which her mother fails to be "there" for her. K would appear to have developed an anxious, insecure attachment style (Bowlby, 1973, 1988). She demonstrated a calmness and sense of self-sufficiency in the interviews, but her stories, and particularly her dreams showed high anxiety. While she was easy to talk to, she manifested many behaviours that indicated that she did not expect me to care about her and, despite three interview sessions together, did not feel connected to me in any significant way. Her physician, a very caring and nurturing woman, stated that K had repeatedly left her practice, just when she felt as if they were getting somewhere. K's story is one of loneliness, isolation and

despair, with no-one in her significant relationships appearing to show any inkling of her suffering. Throughout K's narrative stories and dreams is evidence of the "action response to affect" in the nuclear scene of struggling with no change being effected.

K's later experiences of sexual abuse in late childhood and rape in early adolescence explain why the first memory became magnified versus either of the second two, although there are clearly links between all three. This fits Carlson's (1981) statement that an original scene only becomes magnified when it is built on by both similar and different aspects of the original trauma, in other words, there is growth of the original experience versus mere repetition. Unfortunately, it would appear that death as the only way out of the fear and entrapment has been one part of the growth of K's core script, which she made clear to me early on in the first interview, stating: "I know that things aren't going to work out for me. I think I've always known that". K's eating disorder first became evident to herself and others when her nuclear script was reactivated by the death of her mother.

#### Portrait of H

H is in her early thirties and has had an eating disorder since her mid-teens. She initially developed anorexia nervosa as a response to a sudden weight gain, and after a year of restriction, began to purge by means of laxatives, eventually moving into the bingeing and vomiting cycle of bulimia nervosa. This has stayed her way of coping with stress ever since. The onset of H's eating disorder coincided with being kicked out of the house at age 15 by her mother following an argument, after which she moved into the foster-care system for a while. A particularly hurtful part of her mother's rejection of her was that her mother had been incensed by H's step-father's similar treatment of H's brother, and had stated it as the prime reason she was separating from him.



Although not stated specifically, H seemed to see this as evidence that her mother loved her brother more than her. This is congruent with a family theme that boys count and girls do not. H is currently suffering from one of the secondary effects of a chronic eating disorder, namely osteoporosis, and is unable to work. She is the youngest child out of a family of three, two girls and a boy, and has had a very turbulent family life. Her mother and birth father separated three times in the first three years of their marriage, getting back together to conceive another child and then splitting up again. Her father left for good when H was three years old. Her family then lived with her grandparents, grandmother being very dominating and a fanatical fundamentalist Christian, until her mother married her step-father in H's late childhood. The time with her grandparents was intermittently disrupted by bizarre and terrifying behaviour from her grandmother who was later diagnosed as manic-depressive. However, life with the step-father was no improvement, since he was an extremely controlling and violent man, whom her mother eventually left when H was 15 years old. H is single, and feels unable to form lasting relationships because of an inability to trust men. This troubles her, because she experiences herself as a loving person with a lot to give. She has a history of being unable to trust therapists and doctors, and her referring doctor reported that she has been "fired" by H several times. She was the only participant in the study to withdraw after the first interview, which she did by ignoring my phone messages, despite my assurances that she had every right to withdraw and that I just wanted to know if anything had happened that had been upsetting to her. Our first interview went for one and a half hours, and was very informative, so there were sufficient stories for the study. Once the study was completed, I received a call from H stating that she had some more dreams and memories she would like to share with me, she had just been so busy.

H had only one response to my request for early memories, and then a number of subsequent memories emerged in the narrative, which I have explored for analog formation.

### Early Recollection

Well, I do have an earliest memory and its going to that aunt's house, and staying for a weekend. I found out now, they took us to Stanley, or me, it was my aunt and uncle, they were elderly, they took me to Stanley Park, and I remember a mother bear, with her cub, just being brought in for the zoo, and the baby cub was crying, and it was almost like, "Mama, mama", it was just crying, and I remember thinking, "Where's it's mama?", you know....[If you had to take a snapshot of the most intense or most memorable part of that memory, what would it be?] Well, just that they were separating the cub from the mother, that would be it...the workers of that Stanley Park, 'cos that's what was happening, they were taking that cub away from the mum.

"Anyway, I talked to my mom about that...memory, and she said 'Oh, you were about two', and she said 'We left you', they drove out to Oregon and they took my oldest sister but left me, because it was already a packed car and I was the youngest, so they left me with the aunt....I remember it as being hard... I remember being fearful of her because she just was so meticulous about everything in her life..."

Script-theoretic analysis was applied to the memory and the development of the scene, and the following interpretation emerged.

Broad Summary. "Bad then good then bad".

Specific Theme. Fun at the park, then I'm reminded of why I am here by a cub being separated from its mother. The core theme appears to be "abandonment by mother" ("We left you"; "Mama, mama"; and I remember thinking, "Where's it's mama?"). Should this scene become magnified, one would expect H to be very sensitive to perceived abandonment, and perhaps protect this sensitivity by being the first one to terminate significant or parental-type relationships prematurely in confusing and unclear ways.

Key affects. Lonely; sad; alone; Magnification of these feelings could lead to a preponderance of loss and sadness stories in the narrative. If the aspect of being alone with her feelings were magnified, there might also be a strong theme of nobody caring about her. This could also be compensated for by anti-analogs of happiness and togetherness, with a sense of being loved. If the sense of abandonment by the mother were magnified by later events, it could result in the development of one of the two insecure attachment styles noted by Bowlby (1973, 1988).

Action taken in response to the affect. Typically of a young child's memory, she takes no action (Carlson, 1981) and just remembers feeling upset. Magnification of this feature of the memory might show a sense of hopelessness and passivity around the experience of loss or abandonment.

Fear is a secondary component to this memory, namely, staying with the scary aunt who didn't understand children. If later fearful events were to occur in connection with abandonment scenes, the nuclear scene might develop to include fear in the analogs and dreams.

### The Nuclear Script

Using Carlson's (1981) four rules of evidence in the examination of analog formation, H's data was examined for evidence of growth of the nuclear scene "abandonment by mother". Out of 13 stories isolated in the narrative, 6 dealt with fear of abandonment or actual perceived abandonment; 4 of the 6 abandonment stories included feeling "shocked" at the realization that the abandoning parental figure doesn't care about her, and in 3 out of the 4, the figure was H's mother; 2 stories dealt with loss through sudden death; and 5 stories were about physical violence and assault of H or violent, frightening behaviour, all within the family, and of these 2

resulted in abandonment of H by her mother. One story is not really an anti-analog, but more like a corollary to H's unstated experience that no-one cares about her, namely, a story of the display of minimal caring by her sister (grabbing her hand at the age of seven as they crossed the street) with accompanying amazement at the show of "fondness".

Anti-analogs were evident, not so much in story form, but in statements that conveyed strong explicit values of unconditional loving and togetherness, yet were contradicted within the narrative and by the examination of script formation.

Out of 5 dream reports, 2 were about abandonment and rejection; 2 concerned struggling or running away, to no avail, to prevent something bad happening to her (helplessness); and 1 appears to illustrate H's pattern of covering up bad things in the family by trying to pretend everything is normal. Two of these dreams involve feelings of extreme fear at the helplessness of her situation. The following section details the growth and development of analogs to the nuclear scene in H's life stories and dreams.

### Analog Formation

#### Stories in the Narrative

The experience of abandonment and loss felt by H in the nuclear scene seems to have been built on by several abandonment scenes involving her mother, a number of which include the component of physical violence as growth of the abandonment experience. Four anecdotes follow which are taken from different developmental periods of her life, and demonstrate the growth of the nuclear script. Included at the end of each example are summaries of the core theme, affects, and the relationship to the nuclear script:

I remember him (my father) coming to the house, and I must have been about five, and my sister about six, and he wanted to kidnap my sister and take her. He wanted her, specifically because she was the first born and, and mom saying, "Run". And so we ran. He was at the door already, and we ran out the back door to those people, the granma's, those kids' house, and hiding, waiting an hour or two until he left. And I guess mom came and got us and we went back home, and she said, "Oh, if he ever shows up again I'm throwing a boiling pot of hot water at him, blah, blah, blah" and then nothing ever again.

When asked what it was like to hear her father being spoken of in that way, she responded, "Oh, it was scary...I thought 'Oh, my goodness, who is this person, coming to take my sister away?' ..."

Summary. A scary person tries to take my sister away from my mother. We run and hide and eventually he goes away, but it seems that he could come back ("if he ever shows up again"). "Bad scene". The strongest emotion in this experience is fear, most likely fear for herself, that he would try to come and take her away from her mother. This is another version of the abandonment scene, and seems like a development of the nuclear scene with the cub being taken away from it's mama. Here someone is trying to take her sister away from her mother, and then finding out that this is her father, that parents do this. The family rule that things weren't talked about is evident here (she said, "Oh, if he ever shows up again I'm throwing a boiling pot of hot water at him, blah, blah, blah", and then nothing ever again). In the following story, H is 10 years old:

But I remember when they were dating too (mom & step-dad) and...my mom was my, wooh, angel, she was perfect, as far as I was concerned, and I liked him, but, I mean, with kids, when you make a promise you should keep it, right? and I remember going into the bathtub and saying, "Oh mom, be there, at least say 'goodbye' before you go"...and I remember getting out and they were gone. And thinking, "God...she said she'd say good bye and never did". Well, I was devastated. I remember being devastated. Plus I had all these chronic earaches all the time, tubes and what, and I think I had an earache at the time, and it was major to me that she would leave me when I was sick, not even say goodbye, and go off. But I mean I understood, I guess I understood [It sounds like you've understood it...] now, yeah.

Summary. Even though I was sick and needy, mom didn't care about me ("that she would leave me when I was sick, not even say goodbye, and go off"). She went out and left me, and then

didn't even say goodbye. "Bad scene turns worse". The dominant affects in this scene, namely, devastation, shock, abandonment, and loss all appear to be developments of affects in the nuclear scene. H is shocked by the realisation that her mother doesn't care. It is as if she can't avoid seeing this because of the request ("Oh mom, be there, at least say 'goodbye' before you go"). The following story builds on this experience and includes the first example of physical violence as growth of the abandonment scene. It occurred after her mother had remarried:

That's when it started, he started bashing me around and he beat me up in a parking lot. Well, we went to Calgary...I had my own money, anyway, so I must have been older, maybe thirteen, fourteen, and I wanted, we were supposed to have Kentucky Fried Chicken...and I thought, "OK", so we had done things all day and I had prepared for dinner...and he had decided to go get some steaks and go back to the campsite and cook them up. And I said, "Well, I have my own money, I'll go to Kentucky and buy my own". "Well, if you do that you can get yourself back to Courtney as well, pay for your way back!" So fine, I went over to Kentucky and my brother came over and said, "What 're you're going to do?" And I said, "I'll just go, if that's what he wants...I'll get my way back", and so...I watched him and when he came out I started pretending I was going to walk to the bus depot and...he just came over and grabbed me and said (unintelligible) or whatever, I can't remember, but I went to say, "Fuck off" and the "f" came out of my mouth and he slammed me in the nose, my nose was bleeding, and I was bawling my eyes out and I went back to the car and my mom never said a word, she just sat there. And I said, "Mom, lookit, Oh my God". "Well, its your own fault"...It was terrible, because my mom always came to our defence, always. And I remember going into the camper...and...was bleeding, trying to wipe up, and crying and....And I remember thinking, "My God, I thought mom loved us". I remember thinking that...The love I always felt was being taken away by a man who abused me.

Summary. Having a fun time, then when I try being independent, my step-father out of the blue beats me up and kicks me out. But the biggest shock is my mother's abandonment of me in my time of need. "Good turns bad then worse". Once again, the story is similar to the nuclear scene in terms of affects and experience, namely, abandonment by mom, and includes the shock and sense of betrayal evident in the previous report ("Well its your own fault"; "And I remember thinking 'My God, I thought mom loved us'..."). Thus the growth of the nuclear scene would

appear to include shock and a sense of betrayal at the abandonment, as well as the component of physical violence in abandonment scenes. It also includes fear, which was a secondary element to the original scene and would seem to provide the material for magnification of that aspect. While the incident is a further negation of the belief that mother cares, with more evidence for the core script that "nobody cares", H continues to maintain her strong explicit view that mother does care, extended to "everybody cares", thus making her susceptible to repeated shocks to her belief system. She acknowledges this when talking about feeling "stunned" in a dream: "I've had lots of people react to situations that have involved me that have stunned, totally...reacted exactly the opposite way that I think they would react, or just totally flipped over something that I did which I wasn't even aware that I had done". The following incident exemplifies this experience, and illustrates the continuing role of physical violence in H's family story. It also builds on to the connection between physical violence and abandonment by a family member. This report covers two incidents in H's adulthood, and is preceded by a question as to whether she still is unconnected to her sister:

Oh much closer, because of her kids, I think, but...we still have incidences...she's always been jealous of me because I've been more outgoing...so I've had much more friends and experiences than her. And I went to stay with her one time, and I think she was thinking I was overstepping my boundaries, and she physically beat me up, that's the first time she's ever done that. And then I just went to Merritt with her about...three weeks ago, and she flipped on me, she said I was after her husband and, she was drunk, she's an alcoholic now...

Summary. I feel closer to my sister now because I care for her children, yet she turns on me and beats me up for no reason. "Bad scene". Although the affects were not stated, it would seem that fear and shock (stunned) were part of the experience, as well as maybe anger towards her sister. The account calls into question H's statement in the narrative that she and her sister were just

distant, and implies that there were hostilities and resentments as well. In a statement about her relationship with her brother, she cites very conflictual behaviour as a normal sibling relationship:

It was me and my brother that were like that (crossing fingers). Because I was kind of boyish and I was kind of, I would like to do everything...I never was, limited myself to anything, so me and him would dig around in the dirt, and...always had fun. 'Cept he'd hit me though...we used to have fights, he used to slap my face into the ground and, but I could take it...

The following story is one of the two "loss by sudden death" stories, that seem to have added on the idea that someone can be there and then just as suddenly be taken away from you:

I had another major one. With my sister going to a birthday party? And, we were at the birthday party and I left my sister to run home and she stayed behind and her and another girl left together at the same time...and the little girl she was with ran across the road and was hit, by a car. Died. And then my sister came running in, "Oh my God, Sandra's been killed". And then we went running up there and I just puked. She was all over the road. Her shoes, her balloon, that she had from that bloody birthday party, I just left her. And she was dead, they were taking her away, and...it was terrible, 'Cos I never forgot, in fact I still visit the grave, 'cos it was so traumatic for me that, I'd just left this little girl, she ran after a cat or whatever...she was killed instantly, 'cos we lived on that road. Busy, busy road.. And then the family moved out and oh, it was devastating for the whole neighbourhood. That was the same age, about seven...six maybe.

Summary. A happy time turns into something horrible. Tragedy strikes so unexpectedly; you leave and the next thing that person, who is like part of the family, is dead ("I just left her. And she was dead, they were taking her away"; "I'd just left this little girl, she ran after a cat...she was killed instantly"). "Good turns bad". The experience of loss and abandonment in the nuclear scene is co-assembled with the idea of traumatic severance, and perhaps the growth of a sense of the impermanence of meaningful people in her life-script. Evident here is also the emotion of shock, which becomes a familiar component of abandonment scenes in the growth of H's nuclear script. Apparent also in this story is the family's inability to talk about or process difficult emotions and experiences, as illustrated in the following extract:



...but they were best friends, and I wonder if my sister ever got over that [Have you talked about it together?] No, not really, she doesn't want to talk about the past, no way ...I don't know, she didn't talk about it at all. [Has your family ever talked about that?] No, not really, no...Well, I dunno, we probably did, like, "See, that's why you don't cross the road by yourself" [but not, "What was that like for you?"] Right, no, not the emotional side, no, I don't think, no, no....I think maybe mum hugged us and cried and we all were devastated, will pray to God to take her home or whatever, maybe, and then the next day I think it was wrapped up and then, "On with life". Probably not, probably the next few days were centred around that incident, probably. [But...you're saying "probably", so you're thinking, "Well, it most likely happened" but you don't remember?] No, no, I don't remember. No, no grieving, no, umum.

Conspicuous here too is H's strong value that her family be seen as close and loving and functional.

### Dreams

The following are 3 examples taken from a total of 5 reported dreams. While not all the dreams might be classified as nightmares, they all involve uncomfortable or distressing emotions, and none are pleasant or even neutral. I have chosen a nightmare from her childhood; a dream that she sees as "the main one" and illustrates how she copes with traumatic family experiences; and one example of her two "abandonment and rejection" dreams. Dream summaries are included at the end of each dream report.

There's only one dream that I really remember when I was a child, I was probably about 7 or 8, and it was that I had friends that lived right behind us, her grandmother, their grandmother, lived up the road. In the dream we went over to visit the granma and we were looking around the house and I opened up the closet and her head rolled out. And I went running out the house and it followed me down the side, she had a side driveway, it came after me and I was running away and then I woke up....Its just in the main living room area and I open it, its just a closet that I open and there she was, rolling after me....it came out of the closet right after me, I tried to get away and still I saw it coming down the driveway.

"I remember being scared in the dream, running away from that head, but I don't think it affected me. I did remember it, so I guess it did affect me. But I liked those kind of things, I was intrigued by scary things...". When questioned about the grandmother, H stated: "Well...she was a stern grandmother...I remember being fearful of her because she just was so meticulous about

everything...Her house was spotless and I...had a aunt similar to her....we'd go to stay at my aunt's house and we'd be like 'Ooooooh' and they had the same...personalities".

Script summary. I go into a house of a person that I know, but who scares me. I'm in an open, public part of the house, but when I start snooping in her things, a horrifying part her appears and starts pursuing me. I run away in extreme fear, but she keeps pursuing me. "Bad turns worse"

Scene construction. a) affects & objects: extreme fear at the decapitated head. Also at being unable to get away from it. b) dream environment: Familiar, private place. c) action: tries to run away, but unable to escape. What is noticeable here is the connection of the grandmother's personality to the scary aunt, who is the person she was staying with in the original abandonment scene. Evident once again in this report is H's need to present herself as a strong, coping little girl who was never scared. The following dream is an example of the rejection theme:

There is a reoccurring theme...they're all along the same lines. The atmosphere chaotic, several familiar faces milling about as I enter the room unannounced. Several individuals looked up from the conversation at hand and a look of shock covering their faces when they realised it was me before them. However, I integrated into the crowd, stopping to chat with those who I had once known intimately, it was like groups of years of my life, those friends, and everywhere I went I would try to become involved in the groups, and one of them had, it's always a guy, but M..., M.... was there and they were deciding whether I should be involved in the group, and I could hear them whispering and discussing it, and he said..."We can't let her in because we can't trust her" and he said, "She left the Copper Kettle one day and she never returned"...I tried to explain to him why, but he wouldn't listen to me at that point. And that's what was happening throughout these groups, I would go to, they'd have a problem with something, I would try to explain it, but at that point they were beyond listening to my explanations.

Script summary. As I look over all the friends I've had in my life, its always the same. I feel uninvited, but I try to join in, yet ultimately they judge and reject me ("we can't let her in

because we can't trust her"). It doesn't matter how I try to explain, they won't listen. "Bad turns worse"

Scene construction. a) affects & objects: Rejection; abandonment by friends; hopeless about being able to change anything; b) dream environment: chaotic, private gathering. c) Trying to explain, but nobody listens; trying to be included, with nothing changing. This dream introduces the theme of not being listened too, no matter how she tries to defend herself, which is evident in some of her abandonment stories concerning her mother. Evident in this dream is a pattern which could create an anxious-resistant attachment style, namely a repeated expectation of being rejected (Bowlby, 1988). The following dream H describes as "the main one":

It's about my brother. I was at home and all by myself, and he arrived, and he wanted to kill the dog next door...he was in a rage...and I thought, "Oh, my God, why?" And I remember going outside the house, round the corner, I could see him, we had a pool in the back yard, and he was trying to drown this dog. And all the water became murky and it wasn't blood, it was dirt from the animals fur and I thought, "Oh, my God, I've got to go and get help", so I...ran looking for help, but I knew it was too late, at this point...All of a sudden I was in my classroom, at...my high school...and...I had just been to the Festival, and saw the Farmer's Daughters (a group)...and in the back of this classroom they were sitting there and I went, "Oh, my God, I just chatted with you guys", and...they were giving the class assignment for the day, and I had to...locate a certain picture on the wall, and come back and tell them which Farmer's Daughter it was in the picture, and I did it, and I was on my way back, and I ran across this guy that I had just had a relationship with, and he said, "Oh, isn't it too bad that your brother could never stay in school", and I said, "Yeah, it is, too bad, but he's got his own life to live" and I was thinking, "Oh, my God, he's just killed this dog" and I didn't want to tell him about that...and then I went back to the Farmer's Daughters, gave them the answer, and then I moved on to the next level which was to pick up garbage along the street, and I went out to do that, and I knew I was gonna uncover this dog.

Script summary. (H summarized this dream as "trying to save and protect"; "cover up").

There are terrible things going on in my family, but I have to cover up and pretend that everything is normal. So I do what is expected of me, but all the time I am thinking about this

awful family secret. I try to clear up the mess that has been made, but I worry that in the end its just going to reveal the secret. "Bad scene"

Scene construction. a) affects & objects: Fear at what her brother had done; hopeless about fixing things. b) dream environment: First, private, intimate space, then more public, familiar place, then public street. c) Looking for help, but hopeless about fixing it; trying to cover up, but knowing it won't work. As stated earlier, this dream seems to illustrate H's coping strategies of making everything in her family appear normal when in fact, brutal and frightening things are going on. This coping strategy is strongly evident right throughout H's narrative, and will be discussed further in the section on "anti-analogs".

Discussion of the evidence of analog formation in the dreams. There seems to be sufficient evidence in H's dreams to support a view of her stated early memory as embodying her nuclear script. Affects and experiences in her life that appear to have contributed to the growth and development of the script are also evident in her dreams. Abandonment and rejection are clearly core themes for H, and appear in 40% of her reported dreams. Helplessness to change frightening situations comprise the other 60%, and in all dreams she is alone in her fear or abandonment. The actions that H takes in response to frightening or upsetting situations in her dreams, namely trying to change things through passive action where no change is effected, or trying to cover up, resemble the actions taken across her life stories, including anti-analog stories. It would seem that being "happy, outgoing and fun-loving" and seeing her family as loving and functional were an important way to develop to ward off the constant fear of abandonment. This too is portrayed by a dream, namely, "keep pretending no matter how bad it is".

### Anti-analogs

The following quotes illustrate H's means of finding a way to belong in a family where abandonment was imminent. As Carlson (1981) says, anti-analogs are a more positive framing of coping mechanisms than such psychoanalytic concepts as denial or repression. Contradictions to the "good" themes are taken from the narrative and written in italics:

I wasn't, you know I was pretty happy...when sadness occurred it was hard for me...(I) did the outgoing stuff...Running up to people and, "Hi, I'm H, can I sing you a song?" I remember all of that, going out on Halloween and saying, "I'll sing you a song before I leave" and then doing it. Vivacious, kind of thing, yeah I was, never fearful about anything....*lots of scary memories actually, I have.*

He would always be happy and giggling his change and always singing and, very happy environment we lived in. Never fighting, or very rarely. Never violent, because it was...unheard of...God didn't like apply violence in his...so it was just mainly singing and dancing and happiness, as I remember... But I loved granma too, you know she'd take us to the river and... [You got on with your grandparents?] Oh, yes, loved them. *Except the religion. They were very strict....My grandma was out of control with the religion and a control-type person freak and dominated the whole household....Oh, yeah, violence from my granpa towards my granma, oh yeah, but long before I was born....and she went through a period...where we thought it was her religion, but found out later she was manic depressive, and... her potassium must have gone out, she started eating the bible, literally ... and mom said, "Don't look at her eyes or" and I remember looking at them and thinking, "Oh my God, I looked at her eyes!" ...and I remember being "Oh, my God" (scared voice) and I remember mom rushing us out at three in the morning, getting us all up because she was doing some silly thing....She'd eat raw meat.*

Mom was just getting her education and trying to better her life, but she said every day, "Have I told ya that I loved ya today?" I mean we always knew we were loved, unconditionally there. *my mom has, kind of manly, like she's tough, cold, and capable of anything*, because she's had to be independent.

H compensates for her experiences of repeated abandonment by seeing people as desperately wanting her, and not being able to take her in due to some reason quite outside of herself:

1. "I had to go out on my own. So I went to my friend, Laura's, *who I know loved me, they were like my second home away from home...* But they already had six, seven kids..."

2. 'cos a friend of mine at school...she had just moved from the mainland to the island and was living with her dad and she said, "Oh, come to my house, my dad takes in foster kids, *we'd love to have ya*". So anyways, I went, sure, and...so *he really wanted me to come and live with him*, but it was in C.... and too far out for me...

### H's Governing Script

The theme of abandonment conjectured from H's early recollection has clearly been magnified throughout her life, and co-assembled with similar events that have augmented the original scene to include fear, helplessness, and physical violence. The original scene fluctuates between "bad then good then bad" and most of the analogs in the narrative and dreams are "bad turns worse", or simply "bad scenes", with one "good turns bad" memory, and one "good turns bad, then worse" memory. H would appear to have developed an anxious, insecure attachment style (Bowlby, 1973, 1988) as a result of her life experiences, where she both expects to be rebuffed and yet is repeatedly stunned by rejection. This is evident in her stories of abandonment by others and her own confusing rejections of people who seemed caring and might therefore let her down in ways that would be too difficult to tolerate. She presents herself as strong and fearless, yet in her stories she takes no action to change frightening situations, and a theme of powerlessness runs through her narrative. Thus, her response to her feelings in the nuclear scene, namely "no action", can be seen throughout her life-story in response to key abandonment experiences. While H never stated that she felt that people didn't care about her, in fact stating quite the opposite, this development of the nuclear scene is clear in several stories in the narrative. The story that H has constructed for herself, namely of being a happy, outgoing little girl with a loving, supportive home bears no support on examination of her narrative. On the contrary, her interview is replete with stories of loss, death, physical violence, and various levels

of abandonment by parental figures. These include mainly mother, but also grandparents, step-father, sister, as well as foster parents, where the theme was "somebody I thought cared about me turned out not to care".

#### Portrait of Y

Y is a 27 year old woman who has had anorexia nervosa since she was 17 years old. Her restrictive dieting has been much less self-destructive since getting married a year ago and having gone through a year of therapy before that, but she still feels controlled by the thoughts associated with starving and being thin. Y always felt inferior in physical looks to her step-sister who was a model. Her anorexic patterns began in her last year of high school when she was feeling increasingly lonely and withdrawn, and unhappy at home.

Y has a step-sister 4 years older than herself and was in an intact family until the age of 8 years old, where the values were traditional with Dad working and Mom staying home with the children. Then her parents went through a bitter divorce where there were custodial battles, "mud-slinging" from both parents, and it ended with Y and her sister being "kidnapped" by her mother when her father won custody, and spirited away to a different city. She lived with her mother until the age of 12 years, after which she moved in with her mother's ex-boyfriend, Norm, who took care of her up until she finished a year and a half of university. The move occurred because Y's mother began a job as a janitor in which she worked nights, so that Y was alone at home after school and all night. Y used to visit Norm during her lonely times, and he, becoming concerned that she was so much on her own, offered to have her come and live with him. Y's sister did not accompany her in the move to her mother's ex-boyfriend since she was

"...four years older, much more independent...modelled, and had tons of older men in her life".

Y has little clarity around the issue of the move, stating that:

I guess I said 'yes', I don't remember. My mom didn't say 'no', I don't remember. I think she said 'yes' thinking that it would be temporary, and I'd spend weekends with her, but I didn't end up visiting her at all. I don't know why. I know Norm hated her and didn't want her coming to the house to pick me up...she never really offered to pick me up on weekends.

Y was forbidden by her mother to have contact with her father until she was legally an adult, because both Norm and her mother were convinced that "...he would take me away if he found out what situation I was living under, since he hated Norm with a passion".

Y's anorexia started in earnest after she noticed that her formerly perfect skin was starting to break out, and was noticeable in pictures. Norm always took pictures of her, but at the time he seemed to be taking less and less pictures of her, and she wondered if he no longer cared about her because she wasn't attractive anymore. She also noticed that she appeared "pudgy" in some recent photos he had taken of her. At the time, she was also aware that he was depressed, and felt guilty and responsible about his depression, that she couldn't be perfect enough to cheer him up. She stated that she felt "evil", because she drew people into her pain, and "they would fall in the pit with me". She began dieting and exercising as a way to cope with her feelings, and found that the more weight she lost, the more confident she became, and the more she smiled and worked incessantly at her summer job, the better she felt.

Y is married to a man who has appeared quite controlling and hostile from some of the telephone contacts I have had with her. Y responded to those situations by being sweet-natured and placating.



Y presented as very agreeable and shy, and smiled a great deal during the interviews. She laughed whenever she talked about anything sad, upsetting or maddening. She was very eager to assist any research that would help others struggling with eating disorders. She came up with three stories in response to my request for early memories, although her first recollection came the most freely of the responses. Each story is followed by a script-theoretic analysis (Carlson, 1981, 1986).

### Early Recollections

Y reports the first ER as occurring sometime between infancy and early childhood: "I know that I slept in a crib until I was quite old...like I remember climbing out every morning, that's how old I was".

I remember being very young and sleeping in a crib and...I used to rock myself to sleep...I would be on my hands and knees, and I would bang my head on the front of the crib board and...I would fall asleep doing that, and I remember...waking up one time because I heard my mum banging on the door saying, "Let me in, let me in"...and what had happened is...I had been banging my head in my sleep that I had rocked the whole crib across the room in front of the door so she couldn't get in, but I guess I was making lots of noise, maybe. And I remember her being frustrated a bit with the fact that...I was noisy. I was making noise. Feeling guilty..."Oh, somehow I'd distressed my mum in any way" and I remember feeling bad, and also in another...way, not feeling one way or the other, just like, "Oh, OK, well I've got to get out of the crib and move it and, and open the door", 'cos I was shocked that I had moved the crib...when I woke it was like, "Oh, why am I over here, and oh, in front of the door and my mum's trying to get in", she's not happy...so...I'd better hurry up and get out and open the door" ...and just a lot of thoughts, mostly surprise, and shock, and guilt.

Broad Summary. "Good suddenly turns bad"

Specific Theme. "If you only think of yourself, you will upset mother". Minding my own business and then finding I've been upsetting mother ("let me in, let me in"; "Oh, somehow I'd distressed my mum in any way"; "she's not happy"; "I guess I was making lots of noise maybe"). You can be taking care of your needs and then discover you've upset a parental figure. If this

scene were magnified by later events, there might be stories of extreme sensitivity to upsetting mother's moods or unhappiness, or feeling like she has to put mother's needs and wishes first, before her own.

Key affects. Surprise; shock; guilt. If these affects were to become magnified as a nuclear scene, one could expect a) sensitivity around what might be seen as "selfish acts" such as seeking her own pleasure or self-satisfaction, and b) perhaps hypervigilance in terms of her own needs so that she doesn't ignore mother's needs, which could be generalized to anybody's needs.

Action taken in response to the affect. "Take action to avoid upset". Hurries up to do what mother wants ("I'd better hurry up and get out and open the door")

Anything striking. Confusion and disorientation (shock to reality by mother's angry voice breaking into her trance). Using Alexander's principle identifiers of salience: 1. An error was noted: "Oh, somehow I've distressed my mother in any way" (meaning to say, "I mustn't distress my mother in any way"). This error seems to signify how the scene has grown into a script that mother is not to be upset. This could be generalized to "parental figures", or even "anyone", is not to be upset in any way; 2. The frequency of her statement about being noisy (I guess I was making lots of noise, maybe....I think I was noisy. I was making noise). Her sense of herself as noisy is perhaps an indication of how "not being noisy" might have grown into an important part of "not upsetting mother". The second ER occurred when she was 4 years old, visiting her maternal grandparents in Germany:

What I remember...was I made my grandfather very angry. He...used to call me... his little angel and, when we first got there, and then one day... he took me for a ride in his car and we just drove around the countryside and he was pointing out things to me...and then we stopped and I said I wanted an ice-cream cone. So we stopped at a corner store and...the reason why I said I wanted an ice-cream cone was I saw a picture of an ice-cream cone...

But...he couldn't understand English, and he didn't know really what I was saying except for I was pointing at the picture and he had me on his shoulders, I remember, in the store, and I was saying, "Ice-cream cone, ice-cream cone" and really...getting mad because he couldn't understand me...and so finally he found the ice-cream section and he got those little...cups of ice-cream and you get a little wooden spoon...that goes with them, but I was really mad because that's not what I wanted, I wanted a cone, and I kept saying that, "No, an ice-cream cone"...and so he...was feeling a little bit bad because...he didn't understand me and...maybe they didn't have them either...anyways, he ended up buying these little...containers and we went home and we had those, and he says, "Oh, are you happy, is this what you wanted?" and I was like (pulls a face), I didn't know how to react because I realized I'd made him feel bad...I guess I was just beginning...get that awareness of...if I was hurting somebody else, because...a little bit before that, you don't really care, you just say what you want...and...the one thing was I realized that he was trying to make me happy...it was ...way after the fact that it hit me when I was at home is that I was still mad because it was not what I wanted, but then the inkling came into my mind..."oh, but he's trying so hard and, and he's asking me if this was what I wanted" and I didn't know what to say...well, not say anything 'cos basically...I couldn't get mad, again...because in a way I knew that it wasn't his fault...I didn't know what to think...I got confused...I got mixed up...all I knew was I was mad, I wanted a ice-cream and, and I also knew that he was trying to accommodate that...I guess I felt like I might have made him totally frustrated...and he didn't like me anymore. He didn't call me his little angel after that. That's what my mum said, he didn't call me his little angel anymore but I took it really seriously...like he had something against me now.

But my mom said later...like four years later....that he didn't anymore...laughing... "Oh, wasn't this funny when Y did this...and then Opa didn't call her his little angel anymore, like laughing about it and...I guess what hit me was I didn't think it was funny...I thought that, "Oh, that's awful...he didn't love me anymore because I got mad...because I had a temper tantrum", or whatever ...and I thought. "How dare I, how could I have had a temper tantrum...and isn't that awful that he didn't like me any more"...I don't mean that he was awful but...

Broad Summary. "Good things turn bad"

Specific Theme. "Love turns to rejection when I show anger". A happy, loving time becomes frustrating and confusing, and eventually rejecting and guilt-ridden ("He used to call me his little angel"; "Oh, are you happy, is this what you wanted?"; "He's trying so hard; in a way I

knew that it wasn't his fault"; "and then Opa didn't call her his little angel anymore"; "How dare I, how could I have had a temper tantrum...and isn't that awful that he didn't like me any more").

Magnification of this scene would demonstrate the avoidance of any display of anger, maybe generalized to any negative feelings, for fear of rejection as a dominant theme in her stories and dreams. One would expect this to be carried through from parental figures to relationships with boyfriends and life-partners, so that Y would have stories demonstrating hiding negative feelings from significant people in her life.

Key affects. Happy and special, then very frustrated and mad, confused, then guilty (shame and rejection) when she hears mother recounting the story, as well as being deeply upset).

Action taken in response to the affect. "Speaking up, then silence and inhibition" Initially, she is frustrated and takes action by insisting that she gets what she wants and then showing her displeasure when she still doesn't get it. When she realizes the consequences she takes no further action, but is overcome with feelings of confusion, shame and guilt. Y does not get upset with her grandfather for rejecting her, but rather feels ashamed that she was so out of control of her emotions. Magnification of this scene would likely be demonstrated by extreme inhibition of negative emotions, and a sense of shame, guilt, and fear of loss of love if even minor displays of displeasure were ever to emerge.

Anything striking. Confusion is once again an aspect of this recollection. In this case, really questioning her reactions, yet not knowing what she should have done differently. Magnification of this aspect of the scene might be shown by stories of confusion around her needs and reactions, not knowing what to do or say in certain affect-laden experiences.

Using Alexander's (1988) principle method of salience, 4 identifiers emerged from the recollection, namely: 1. Primacy: "The time I made my grandfather mad". The focus of the story is therefore her perception of the devastating consequences of her anger versus her grandfather's inappropriate reaction to a small child; 2. Emphasis: "laughing about it....and I didn't think it was funny". This suggests the power of the humiliating experience. 3. Frequency: "he was feeling a little bit bad".... I didn't know how to react because I realized I'd made him feel bad...beginning...to get that awareness of, if I hurt, if I was hurting somebody else"; 4. Omission: Oh, well, he used to call me his little angel and, when we first got there, and then one day, like he took me for a ride in his car (the implication being: and I upset him, and after that he didn't call me his little angel anymore). This seems to indicate how deeply the rejection upset her, even though she conceptualizes the learning as needing to be better behaved. The last ER also occurred during Y's trip to Germany:

I remember...someone was taking a picture of my sister and I with my grandfather and...two military friends,...'cos he was in the military as well, and they were in their uniforms for something and so he wanted my sister and I to be in the photo with him and his buddies. So I was in the photo and...then I changed my mind, I got scared or something...I couldn't decide if I wanted to be in the photo or not and I think they were asking me, "Well, do you want to be in the photo?" They were asking me not telling me, so I got confused, 'cos I was a little bit scared and then...I said, "Oh, no, I don't...want to be in the photo", and then they took the picture, so my sister was in the picture but not me, but right after they took the picture I was like, "Oh, no, I wish I was in the photo now"...and I just remember feeling that ...always regret..."Oh, I wanted to be in the photo" but not voicing it...just having real troubles making up my mind. If I'd said that, and had they said, "Oh, well you can go in the photo now"...I would have been afraid because then it was, "Oh, I'm making extra work for people, now they have to set everything up again" and just, "Oh, I don't want people to fuss over me"....I would have said "no" even though I meant "yes".

"I used to always get so confused, all these thoughts would go through my mind 'cos I guess always trying to figure out what other people were thinking".

Broad Summary. "Good turns bad".

Specific Theme. "Centre of attention then missing out". Being included in a special occasion ("so he wanted my sister and I to be in the photo with him and his buddies"), yet Y is confused about what she wants because nobody is deciding for her ("Well, do you want to be in the photo?"), and then she blurts it out, only to find that she was wrong ("I don't want to be in the photo"; "Oh, no, I wish I was in the photo now"), but is now unable to change her mind without upsetting someone ("Oh, I'm making extra work for people"). Magnification of this scene might lead to later experiences of more generalized inhibition, so that she would not trust speaking up about her thoughts and feelings, no matter what they were.

Key affects. Confused; scared; regret. It would seem that she also feels some shame at having made the wrong decision.

Action taken in response to the affect. "Speaking up then withdrawal and inhibition".

Feeling scared and confused, so she takes the action of blurting out that she doesn't want to be in the picture. Then when she feels regret, she takes no action, staying silent, not wanting to make a fuss because her change of heart would make extra work for people.

Anything striking. Again Y is confused and disoriented, this time by being asked what she wants to do versus being told what to do, which seems a magnification of the sense of confusion about her needs and the appropriate expression of those.

### The Nuclear Script

The second ER, "Love turns to rejection when I show anger" has all the elements of a nuclear script as described by Tomkins (1979,1987), where one of the key components is an interplay of heavenly bliss and hellish trauma at the hands of a caretaker. It is the most highly

charged negative affect scene of the three reported ERs, and would seem to be the scene that organized and gave meaning to her first ER (“if you only think of yourself you’ll upset mother”), and all subsequent experiences. Tomkins makes the observation that a “good turns bad” nuclear script becomes a script of self-victimization, because scenes of “heavenly bliss” are constantly scanned for the “hellish trauma” that will result. Therefore, what is longed for cannot be effectively pursued.

Both the first and third ER contain the necessary components for magnification of the nuclear scene, namely similar and dissimilar elements that expand the original scene through additional thoughts, actions, and feelings (Carlson, 1981). The third ER adds “don’t ever say what you want, because you could be wrong and then you can’t change your mind without upsetting people”, to the script of vigilance to the possibility of rejection by upsetting parental figures. As such, it is a development of the nuclear script and brings the consequence of “missing out” by showing your feelings. All three ERs co-assemble to create the compellingly powerful theme that shows up in Y’s narrative and dream reports, namely of being unable to speak up for her needs for fear of upsetting anyone. The core experience is fear of loss of love, which is illustrated by Y’s tearful comment at the end of the first interview, when the themes in her life of suppression of anger became clearer to her:

...my anger, I didn’t know how to deal with and it seemed like something, well, when I was that young it was something that I had no control of, I just did what I felt and so in a way at that time it was like I had no control of my anger. And wishing I had when I looked back on it because of the effect...it ended up having on me. I felt...that it took love away from me.

There are several forms that Y’s stories and dreams take in referring to the nuclear scene, namely a) those showing growth and development of the core theme of “love, then rejection

when I show anger”, b) idealized scenes that confirm Y’s developing coping mechanism of staying silent about feelings or needs that might upset anyone, or c) idealized scenes that embody her yearning for a different life. Out of seven stories in the narrative, five demonstrate development of the nuclear scene with similar affects such as confusion, shock, and deep upset (heartbreak), with the development of a) fear in terms of upsetting mother, and b) a sense of being trapped. Shame and guilt are not reported in Y’s stories, mostly it would seem because Y is so governed by the nuclear scene that she goes to extreme lengths to make sure she does nothing to invite rejection. However, shame and guilt are evident very strongly in a recent dream. Of the remaining two stories, which are both ideal scenes, one confirms that her coping mechanism brings love and attention, and the other acts as an ideal contrast to the painful suppression of her character that she experienced in her family.

The following section examines the growth and development of the nuclear script through analog formation in life-stories and dreams.

### Analog Formation

#### Stories in the Narrative

The following quotes and summaries span the developmental periods of early childhood through elementary school to adolescence, and illustrate the growth and development of the nuclear scene “love, then rejection when I show anger”. The first example occurred when Y was aged about four years old:

Because there was no kids around and I wanted to be with kids so badly...felt kind of lonely at home . I can still remember that even being four and younger ...wishing that there were other kids around. So...I wanted, I can actually remember 'cos I'd heard of play school, asking my mom if I could go to play school but I was too scared to ask, and...wishing that for a year, it seemed..., that my mom would put me in play school...



When asked what she was scared of, Y stated that she wasn't sure if it was not asking a lot, "Maybe...my mom would take that, 'oh, well, she should have thought of that herself'...I didn't know if it would hurt my mom if I said it, so better not to say it ...just in case".

Summary. This seems to connect to the nuclear scene in "maybe I'll make her feel bad like I made my grandpa feel bad about not being able to meet my needs, then she won't love me anymore" and expands on the first memory "If I do what I want, I run the risk of upsetting my mother". Once again there is confusion, with the growth of fear of upsetting mother. Introduced for the first time in this anecdote is the idea that Y needs to be so vigilant to the possibility of upsetting her mother, and hence risking loss of love, that even if she's not sure, it becomes a deterrent "just in case" she might risk rejection. This is the vigilant stance that Carlson (1981) describes as developing when a negative affect scene becomes magnified, so that all new scenes are scrutinized through the lens of old perils. In this story, the inhibition about showing anger seems to have become generalized to showing any negative feelings or needs.

When Y eventually went to kindergarten, she was terribly excited about being with other children, and made a new friend immediately. However, by the time she got to grade school, she was starting to feel more fearful about friends:

...as grade one, two...came along, I got...more fearful...and I became more attached to my school work, or I guess what it was, was looking for something, kinda....I ended up becoming closer to my teachers...like becoming teacher's pet.

What seems to have happened was that her mother objected to her best friend made in kindergarten:

She was Christian and my mom didn't like that...she didn't like religion...so...I don't know if she said anything directly, but if I would sense that it would bother her in a way then I would stop seeing that person...just in case...but I know that she didn't like religion at all.

In this story, Y is ecstatically happy, then she finds out mother's reaction, and it becomes safer just to like your teachers and say that work is more important than playing. So she doesn't even wait for the good to turn bad, she preempts that happening by hypervigilance of mother's needs, "just in case". This is the beginning of a growth of the theme of "perfection at school in response to parental upset", as an adjunct to not risking rejection by showing negative feelings to a parental figure. The incompleteness of the statement "I guess what it was, was looking for something, kinda" poses the question of what she was looking for in the choice of "perfection at school"? Given Y's nuclear script, it would seem most likely that it was love, from her teachers, and from her parents for being such a good student. In the next story Y is in early grade school:

She wouldn't let me join Brownies when I was little. My best girlfriend...was in Brownies and her mom kept saying, "Oh, you should join with Sarah"....And...Sarah was saying, "We go camping and we do all this stuff" and I thought, "Wow, with other kids"...and that's what I thought was great, like other kids my age I get to go do fun things...and I said to my mom, "Oh...I really want to join Brownies" and she was like, "No". And I said, "Why?" "Because they say the Lord's prayer". Supposedly, they say something that has the word "God" in it at the beginning of every meeting...I was just like, "Oohh", I was heartbroken...because I was trying...for any opportunity where I could be...with other kids...in a social way.

This story has a slight twist on the "don't upset mother for fear of rejection theme". It would seem that here Y is so invested in going that she is prepared to at least question her mother's refusal, but what she learns is that "it doesn't matter how badly you want to do something, if mother doesn't like it, it won't happen". "Good turns bad" accompanied by shock and heartbreak, which reconfirms the inevitability of the good/bad scene. While Y's anger seems closer to the surface in this story, once again, she does not question that she has to "do what

mother wants". It is a scene of total powerlessness and lack of control for Y, yet she does not articulate these emotions.

Two stories occur at the time of Y's parents' separation and custody battles, which span the ages of 8 to 13 years. In the first, Y is "kidnapped" by her mother as a result of her father's custodial victory, and taken to live in a different city. It was an immensely difficult time for Y:

I remember crying myself to sleep almost every night...and...I used to have the shakes...I used to shake so bad that, I was just always shaking....I never noticed it too much until I was on the phone one day and there was something rattling and I was like 'what's wrong with this phone?' and it was me, I was just shaking like this.

But the magnification of the original "don't show anger (your feelings) and you won't lose love" into "perfection at school in response to parental upset", grew and developed further at this point: "I guess I got so into my school...the more stress that happened the better my grades got. And I just kept smiling...I guess that's what I did, I just smiled a lot and got good grades". This would seem like a desperate attempt to ensure love in a very volatile situation. The second story from this period illustrates the growth of "don't show your feelings and risk losing love" into "don't even know your thoughts and feelings to make sure you don't make a mistake". In answer to the question, "Did you miss your dad?", Y replied:

At that point I didn't know...because I was so mixed up with so many different thoughts and feelings...I didn't know what I wanted...I suppressed...all the thoughts of what I may have really wanted or what I felt, because I was living with my mum and my mum hated my dad...and he was a bad man and evil, and, "Oh, he was lying"...I would hear all the stories every time she came back from court...my mum would say, "He lied about this and he lied about that" and she would be swearing about...everything he was, and...so for me it was like ...he had visiting rights at that time so I did go visit him, and but then he would ask..."what are the...men my mum was bringing around the house" and I would be silent, I would pretend like I didn't know and he says, "Well, what are their names?" and I'd just go, "Oh, I don't know"....And I would have to lie...and I felt really trapped, so I guess not saying anything was the safest thing to do....I didn't want anyone to get hurt 'cos if I said something

it would incriminate one of them or the other...It was a fear, it was a fearful time...but I couldn't really allow myself to feel that, because I had to cope, I had to get by...

While Y did not let herself feel, it was clearly a time of great fear of loss of parents, where her nuclear scene would have been profoundly activated, and her whole *raison d'être* became keeping the love of these two important people in her life, no matter what it took. Y's conscious interpretation of her coping mechanism is consistently stated throughout her narrative, namely that she doesn't want to hurt anyone. It is only at the end of the interview, when she is beginning to make sense of some of the themes in her life, that she starts to recognize that it's about losing love. Although she still internalizes it as her lack of control over anger versus becoming outraged at how her feelings were controlled and manipulated.

Y told a story about her first boyfriend which occurred when she had begun the restriction and excessive exercising that developed into anorexia nervosa over the summer before going to university. She was working in a restaurant and the owner's son "fell in love" with her:

I'd never had a real boyfriend before...he was from the in crowd my sister was in and was extremely attractive. But he was obsessed with me...he complimented me on my sveltness. He said I was beautiful...he brought me flowers...I couldn't believe this. I couldn't understand what he saw in me...I saw this as leading to marriage...I was afraid he would find out who I really was...I was afraid I wouldn't be able to stop long enough to be with him...I was afraid that I'd need to be like his mother who was a "supermom". I felt I couldn't live up to his standards....these were things I had felt but never spoken. I tried to avoid (him)...I cried each evening as I did my paper routes. I wrote a poem about the pain I felt about our relationship but never gave it to him...I avoided him and by the end of the summer I went to university full-time and so no longer worked there. I did not return his millions of phone calls. I just kept going and going.

In this story, when love and admiration actually came her way, Y was unable to deal with it. All her worrying and questioning of herself made her unable to respond to what she appeared to have striven so long to find.

Anti-analogs. There are two stories and a dream that represent idealized scenes. The first took place in Germany, where she experience the original scene and is also with her grandfather, which seem significant in negating the earlier trauma:

He...knew how to fix jewelry...and I remember...being in his home in his living room and him fixing a old silver ring...so that I could wear it, and I remember that being so wonderful, and I still have that ring somewhere, it has a little red ruby which is my birth stone in it and...I just thought it was so precious and I wore it and wore it...I really , really liked it...and then he made my sister one too, I think he did.

Here Y feels very special and wonderful. Her grandfather made her the ring first, before her sister, and she's not even sure he ever made one for her. She is ecstatic, which is reminiscent of the beginnings of her "good/bad" scenes. However, the ecstasy lasts, because Y doesn't say or do anything to spoil her experience of being special. She is just a passive recipient of a parental adult being nice to her. Hence, everything works out well and she has good memories about it for ever. This ideal scene seems to confirm for Y the benefits of her coping strategies, which is illustrated quite graphically by a dream she had a few weeks prior to the interview, and which I have entitled "The Million Dollar Smile":

I dreamed that I was rich and famous, because...I was Santa's helper...of course there's only one Santa Claus and he was travelling all round the world and going to malls and stuff and...I was with him, and I was the one who would...go to the kids and say, "Oh yeah", and lead them to Santa Claus and they'd sit on his lap and...I was his helper...there's always a lady in the mall who takes the money or something and usually smiles and is really nice to the kids... And I was that lady, or girl...I was quite young...maybe...fifteen, and the reason why they were paying me millions is because I had a big smile. All I had to do was smile and be friendly...and I was rich because of that...And it was like...wow, and it was just so...oooh it was better that a dream come true...I didn't have to be confrontational or do anything....All I had to do was be pleasant and smile and...maybe be a little bit of a leader because you have to be a little bit motherly with the kids...but basically all I had to do was just have a big smile...that was the main criteria and so I was on TV because I was Santa's helper...it was really neat 'cos I thought, "Well, isn't it great that I can just make money off of this and I don't have to worry about anything else...and it was funny...in the dream I was darker skinned...and I had kinky black hair...so I guess I had a little bit more African in me.

Dream script summary. I am the centre of attention, and an associate of the most loved person in the world, all because I'm so agreeable and friendly-looking, with a big friendly smile. I need never risk my reputation by having to confront anyone, even using my leadership skills are within the context of being warm and motherly, and I get paid a million dollars for this. This is how I've always wanted the world to be. I feel delighted.

In this dream Y's chosen way of being is validated and amply rewarded, and she doesn't have to think, or deal with anger and negative feelings. She is excited and happy because everyone loves her simply for being nice and having a big smile. She is ecstatic because this is the world she always dreamed of come true. All these affects are those of the first part of Y's good/bad scenes, but this dream provides the perfect anti-analog to the fears and confusions of her life. In the real world she is trapped into being silent, not feeling, smiling and being perfect, yet things go wrong anyway, and she feels terrible inside. The ending of the dream links to the second ideal scene that emerged in the narrative, namely in finding that she is black. In this scene Y describes going to her sister's friend's home, a black family, whom she describes as:

...the nicest people and the thing was they were the exact opposite of my family because they were really outgoing and I'd never really experienced...people who actually talked to me...not in a dependent sort of way but...like I thought real parents should be and...I thought they were so wonderful and ...they had lots of kids and they were all running around and having fun and it was like such a neat atmosphere"....it was so alive....And I guess after that I used to secretly...I had the thought that, "Oh, wouldn't it have been nice if I had been born into that family... because I had this part in me too that was quite outgoing but my family we were very quiet...and subdued and introverted...and I just thought, "Oh, wouldn't it be neat to be like those kids just be dancing and singing".

This memory demonstrates how stifled Y felt as a child, and is marked because it presents her yearning for self-expression. This is such a contrast to the self that she has felt compelled to

develop to ensure that she holds on to love. It illuminates the sense of repression in all three ERs, and Y's loneliness and isolation within her family. Y had a anti-analog type dream that was similar to this anecdote. While she married into the type of family that she came from ("They're very... "try to fit in with society, don't make any waves" type people... very simple but very... powerful people... in their jobs... people are almost scared of them... its almost like they have this little bit of controlling thing in them, but they're not overly exuberant or outgoing), she had a dream about them living in an exciting and adventurous place with waves crashing into an unusual backyard inhabited by a fascinating and complex sea-creature. Once again, all aspects of her yearned for self:

I just remember going to my husband's parent's place. They live up in Parkesville near the water, but in my dream they lived on the water in... a really nice house... right on the rocks with pillars and everything. And in their back yard, which was the ocean, they had this big pen with dolphins... maybe it was just one dolphin... and I just thought, "Oh, that's kind of neat" and I just remember the waves crashing in... into the big pen.

"My husband's parents actually live in just... a mobile home, so its very unpretentious, very simple... and the thing is that instead of being so conservative like they are in their life... nothing... pretentious or exciting in any way and... here they were in this... beautiful home and there was so much happening... and it was exciting..." The following section examines analog formation in Y's dreams.

### Dreams

Out of four dream reports, Y had two dreams already quoted which fell into the category of idealized scenes; one nightmare that recurred over a fifteen year period and is an extreme version of the "good/bad scene", and the following dream which she had had a few weeks prior to our first interview, and which contained core aspects of the nuclear script. She introduced the dream

by stating that a cousin of her husband's (T) had been living with them ever since they were married which was "...a little bit tense for me, being that we were just married, (but) I never, ever lost my temper and I was very patient with him":

*I dreamed that that he was drowning us, or he was drowning me, but I think he was drowning my husband as well, and the reason why he was doing that was because I had yelled at him and got angry. He was playing in a band in front of a liquor store...people giving him money...throwing him loonies and stuff...but I remember the band wasn't good...and then...he stopped playing for a little bit and...I just couldn't hold it in, my anger, anymore...and I just said..."why don't you get a place to live...like you're taking advantage of us"...but I got really angry...I was really forceful with my anger and he's quite a forceful person too, and... somehow we ended up in the water...my husband and I were in the water and he was in a canoe...I don't know if he tipped our canoe...and he was pushing my head under the water because he was mad at me because I had said anything...I think I had a life jacket on, but he was pushing my head under the water and I was thinking, "Oh, I should have kept my mouth shut, but I couldn't keep my mouth shut any longer".*

Y summed up the dream in the first sentence (in italics), and then went back to the beginning and filled in the details, as she did when reporting the nuclear script (What I remember...was I made my grandfather very angry. He...used to call me...his little angel...when we first got there).

This is an example of salience (Alexander, 1988) using the identifier of primacy. Y stated that she was furious in the dream, yet also felt regret about her actions, that she had felt so trapped by her anger and not knowing what to do with it. She felt bad about being so undisciplined, vulnerable at having revealed herself to the cousin, and extreme guilt at perhaps having ruined her husband's friendship. In real life she had been unable to even tell her husband that his cousin's presence was upsetting her.

Dream script summary. T is a mediocre kind of guy and I'd got to the end of my rope with him. I just let him have it about his selfishness, but immediately the words were out of my mouth I felt guilt and shame at my lack of restraint and self-discipline, mostly because that made



me vulnerable to his power to reject me. My fears proved to be true, because he tried to silence my anger forever. Even so, I was more worried about having hurt his relationship with my husband than about my survival.

Scene construction: a) Affects & objects: trapped in an untenable situation: either I say something and make myself vulnerable, or I stay strong and silent by bottling it up forever; Extreme anger, fury towards T; guilt and shame from Y about the angry interaction; that she had no self-restraint; that she had ruined her husband's relationship with his friend/cousin; extreme vulnerability: ("oh, now I'm in such a vulnerable position and he's going to use it against me"); regret for having revealed herself in the first place. b) Dream environment: a public place; out in the open; unstable medium, water. c) Action: Yelling in anger then regretting it.

This dream contains all the affects from ER 2 and later analogs. There is the display of anger and then the guilt and shame at having been so unrestrained and undisciplined in the nuclear scene, the later experiences of feeling trapped by being unable to show her wishes and desires to her mother, and then even more so in the custody battle that went on between the parents. The dream also deals with her worst fears, namely the extreme vulnerability to rejection when she shows her negative feelings ("oh, now I'm in such a vulnerable position and he's going to use it against me"), and she is indeed overpowered and rejected by the dominant male figure. This echoes her nuclear scene almost verbatim ("but I took it really seriously...like he had something against me now"). However, there is also a demonstration in this dream of her potential, as yet largely unrealized, to bounce back ("I think I had a life jacket on"). In Y's statements, it is evident that silence is power, that it is the only weapon she has against controlling people ("...just try to stay...strong but silent"), evidenced by how she dealt with her

parents at the time of the separation. She clearly sees herself as a powerful person, although it is also clear that she does not view power positively ("I was really forceful with my anger and he's quite a forceful person too"; "because he's really bright and pushy himself, and more pushy than me"). So it would be this perceived "forcefulness" that got her into so much trouble with her grandfather, and which she has been trying to discipline all her life. The following dream is Y's recurring nightmare, first the overall theme, followed by two examples:

...the one thing that was always the same was I would be grabbed by an invisible hand and it would come and grab me always on my left wrist and be pulling me and there was nothing... my loved ones, when they were in my dream, could do. And...the thing was I couldn't see it. I didn't know when it was going to come and get me and it was the most terrifying dream I've ever had...The feeling is one of fear, incredible fear, and...I had no power whatsoever...I was totally powerless against it. Absolutely. And so was everybody else....They could say they loved me a thousand times...or do anything they wanted to show their love, but they couldn't stop it either...not even the people who were more powerful than me...

a) ...one instance...I was in my own apartment and I dreamt my mom and my sister were there and then all of a sudden just out of...thin air like 4 feet high it just started pulling me and I remember screaming and my mom and my sister were holding on to my shoulders and trying to pull me back, but they couldn't stop it and...except for trying to hold me back.

b) ...being by myself and walking down this...pathway behind our house and there being a bush there, it was one of those ones with the blue flowers that are sometimes purple....I walked by the big bush and all of a sudden a hand came out and grabbed me and was pulling me into the bush and I was just...screaming and it would catch me totally off guard...and...there's nothing I could do...about it...

General script summary. "Good turns bad". There is nowhere where I am safe from being attacked by a powerful, invisible, totally unpredictable force and dragged away from the people I love. I am completely powerless in the face of such force, as are all the people I thought more powerful than me.

Scene construction. a) affects & objects: She feels incredible fear and total powerlessness in the face of the force of this invisible power; b) dream environment: A familiar and generally intimate place. c) action: Struggling to no effect.

The recurring nightmare demonstrates the powerlessness and out of control feelings conjectured as Y's experiences in anecdotes in childhood as well as during the time of her parents' highly conflictual divorce. At another level, given Y's tearful statement at the end of her interview that her undisciplined anger had cost her the loss of love, this dream could be a metaphor about the force of that anger that she has struggled so long and hard to subdue. By now, it has become so enormous and unpredictable, and far more powerful than any attempts to stay connected to the love of her family. The force of the unconscious anger is evident in the dream about the drowning too, and in the dominant male's efforts to literally "kill it".

#### Y's Governing Script.

The evidence of Y's narrative and dreams seems to point quite clearly to Y's nuclear script of "Love then rejection when I show anger" as being the primary organizing framework for her life at the current time. It gives meaning to the first ER and was augmented by the third ER and subsequent experiences over her life, becoming generalized in middle childhood as "don't risk loss of love by showing any negative feelings, just in case". As a result of Y's parents' bitter custody battles, this was taken to extremes in late childhood as "don't risk the loss of love by even knowing your feelings".

Y's script could be characterized as "A quest for love". Her idealized scenes are of being the centre of attention and fully loved. In the dream "the million dollar smile", by being Santa's helper, she comes as close as possible to being the most loved person in the world herself. Y's

anorexia nervosa kicked in when she thought she was losing the love and attention of her mother's ex-boyfriend who was her unofficial guardian. It is also interesting to note that Y's eating disorder seemed to improve a great deal when she got married and "found love". Her lifelong struggle in this quest for love has been perceived by Y as being insufficiently disciplined with her troublesome and overpowering anger. The central themes in the recurring nightmare appear to connect those two themes (the quest for love and the quelling of anger), namely, the unpredictability of the force and the issue of love's capacity to save her from the force (They could say they loved me a thousand times...or do anything they wanted to show their love, but they couldn't stop it either). However, Y also demonstrated fear of "too much" love in the story she told about her first boyfriend, which would seem to indicate her anxiety and ambivalence about loving relationships.

While Y's nuclear scene is centred in the rejection by her grandfather, Y's mother seems to be the central figure in the drama of her developing script. Her father is a peripheral figure whom she states that she loves "very, very much" but seldom mentions. Y's earlier action in response to her affect, namely "speaking up then withdrawal and silence", appear to have developed into simply "withdrawal and silence". However, in her most recent dream, there remains evidence of "speaking up". Other positive signs in Y's dreams are: firstly, in the sense that she might have a life-jacket on in the drowning dream, and therefore may not allow the expression of her anger to be suppressed for ever; and secondly, in the compensatory dream she has about her husband's family which appeared to be a longing for the exciting, mysterious and adventurous.

### Portrait of W

W is in her late twenties, single, and began eating patterns of dieting and bingeing in the course of an 8 year relationship with her now ex-boyfriend. When the relationship ended, she began serious restriction and lost so much weight that her hair began to fall out and her body was "covered in bruises". While W's sister-in-law had made a comment on how "skinny" she was getting, her father and step-mother "...preferred to keep their heads in the sand...they love, they care, but if it means something's going wrong...they take it too personally". A year before the interview, she was down to 115 pounds, which at her height of 5 foot 10 inches was drawing questions from strangers and co-workers as to whether she was anorexic. She liked how she looked, and thought she could even lose more, but became alarmed at the bruises, and at the realization of how isolated she had become in her eating rituals. At this point she asked her sister to help her, and began the search for a therapist or program to assist her recovery. She knew about anorexia nervosa, and had read stories and seen TV documentaries about women who had died from it, which she had found deeply tragic, but "...never thought for a minute" that she could be one of those people.

W grew up in the southern United States and was the first child born in her father's second marriage, with two children from the first marriage who did not live with him. She has what she describes as a "very enmeshed relationship" with her father:

It was great at the time, but now, trying to extricate from it all its kind of difficult....he was my protector...but for as much as he protected me, I felt this need to protect him. We always had a really strong, strong bond and sometimes it became too close...sometimes we have to remember that, "Woh, Dad, you're my father and I'm your daughter, and so I don't always want to hear your too intimate thoughts, that's for your wife"...and so, in some sense, I almost felt like a parent.

At the age of six and seven years, a brother and sister were born, and by the time she was eight years old, her parents were separated. Her mother is described as suffering from “a number of problems” (“she’s very paranoid”) and appeared unable to care for her children at the basic level of providing adequate food and clothing, yet W and her siblings lived primarily with her until W was eleven, in severely challenging situations. At that age she could no longer take her mother’s unpredictable abusiveness and begged to go and live with her father. She then had to go through the ordeal of the courts, personally having to declare that she didn’t want to live with her mother as she was deemed old enough to be able to make a conscious decision.

Thereafter, W lived with her father and his third wife in very affluent circumstances. Two children from her step-mother’s previous marriage, a younger boy and a girl her own age, lived with them. W came to view her step-mother, an ultra-thin, fashionable, perfectionistic woman, as her “mom”. High school was socially demanding on W, particularly the emphasis on high grades and perfect looks, and when her father’s third marriage seemed to be running into difficulties prior to her grade 12 year, she took a chance to escape it all by going to spend her last year of high school with her step-brother and his wife in Canada. She has been in Canada ever since.

I moved because I couldn’t, I couldn’t function in both the Alabama society with my family, with everything, and I had to leave. And I left a huge part of myself back there. And I became a new person, and in some ways it was just a side of myself that I developed, but this whole other side I rejected, I left there.

When she moved to Canada at the age of 16, W changed her first name from one that was her birth mother’s name, to a name that was closer to her step-mother’s family (“then I could pretend that I was named after her father”).

### Early Recollections

W presented four memories when asked for her earliest memories. They are illustrated below, with analyses, in the order that they were reported:

I remember...waking up in the middle of the night, I was in my crib, that's how I...knew I was about a year and a half or two, and I guess was lonely, so I called for my father because my father and I were close, my mother and I weren't at all. And...like a little kid, crying, crying, crying, "Daddy please come" and he finally came but obviously he was tired, so..."Go to bed, go to bed" and I didn't, I didn't want to stay in my bed by myself, it wasn't that I was sick or anything...I didn't want to be in there by myself. And he said, "Lay down and go to sleep" and he left, I remember crying for a long time. I remember crying myself to sleep, but the predominant feeling was more the sense of just not wanting to be alone, like, "Don't leave me alone".

W stated with tears in her eyes: "Like I just wake up in the middle of the night and just want someone to be there...just don't want to be alone right now...not...necessarily scared...I've noticed that that is a feeling...I often feel when I use food to inter-relate to myself...Feeling kind of empty, and needing someone to be there, someone or some thing and that not fitting the need or being there or anything like that".

Broad Summary. "Bad turns worse".

Specific Theme. "Abandonment by Daddy because he doesn't notice how bad I feel".

Waking up alone and scared ("daddy please come") but daddy doesn't listen ("go to bed, go to bed"; "I didn't want to be in there by myself").

Key affects. Lonely; empty. ("Just not wanting to be alone...Its not that you're necessarily scared"). Conjectured: Powerless to change things. Magnification of this scene might demonstrate loneliness, longing for someone to be there as a core theme in later anecdotes and dreams, as well as a sense of powerlessness to change the loneliness. Specifically, feeling neglected and alone because no-one notices her pain. In the context of eating disorders, and

given the commentary she adds to this recollection, if other incidents happen that equate food with nurturance/lack of nurturance, compensation for the loneliness and emptiness by overeating.

Action taken in response to the affect. “Endless crying”.

W reported the following ER from about the same period:

I cut my head open, I was playing...and I cut my head open and my nanny had to take care of me... traumatic in the sense that...it was an injury....I was just playing by myself on our hearth and it had a sharp, and I remember falling and cutting my head, and my nanny who I loved came running up and just panic, panic, panic, and the last thing I remember was she grabbed me and just stuck my head under the sink and I could see the blood coming down and that was the last of that memory.... I just remember falling and hurting and seeing the blood and that's all...

“My father would describe how I went to get stitches...I don't remember any of that”. When asked what the most intense picture of that memory was, W stated: “Just the pain of hitting myself, of falling...it was just...sort of this jolt of pain...this jolt to reality”.

Broad Summary. “Good turns bad”

Specific Theme. “Sometimes I forget that life is painful. Then I am reminded by a jolt”.

Happy, playing, I forget about the sharp edge, but I am soon reminded by intense pain and bleeding. “Jolt of pain...jolt to reality”. In other words, being happy, playing, is not reality. Reality is pain, being hurt, bleeding. This scene would seem to be more of a comment on the pain of W's life, and as such creates the expectation that W might describe the “reality” of painful experiences in her life quite candidly, and perhaps demonstrate little faith in long-lasting pleasure.

Key affects. Shock.

Action taken in response to the affect. “No action”. W is passive in response to the shock of the pain. While she is attended to by a nurturing figure whom she experienced as very loving, being nurtured is not a marked experience in this recollection.



Anything striking. Using Alexander's identification of salience, the incompletion in "I was just playing by myself on our hearth and it had a sharp, and I remember falling and cutting my head", might signify some importance, such as the extent of the shock of "reality" in the incomplete description of the traumatizing surface.

W is somewhat older, about three or four years old in the next ER:

...on my birthday I had gone with my mother to my grandparent's place in Kentucky. I'm from Birmingham, Alabama. So I'd gone to my grandparent's place in Kentucky and when we arrived my natural mother phoned back to say, "Hi, we're here" and my dad said, "Oh, we had a fire in the office", he lived in, he worked in a big office building downtown. I remember I cried and cried and cried that a thing like that could happen to my father.....so when we got back I went and took a look at the office and it was all charred and burnt out and it was just a really terrifying thing for a little girl. It wasn't my house it was his office.

Broad Summary. "Good turns bad"

Specific Theme. "Bad things happen to daddy when I leave him". Excitement then devastation. A different version of "abandonment by Daddy", and given W's stated enmeshment with her father and her sense of herself as his parent and protector, the possible merging between the two abandoning experiences could lead to a theme of: "If I leave, Daddy is taken away from me". If this scene were to be magnified, one would expect avoidance of or terror around partings from loved ones, in particular, attachment figures. Also, confusion between herself and her father/parents as the abandoning figures.

Key affects. Shock; terror. Conjectured: A sense of powerlessness, created by an experience that could convince her that control is located externally and there is therefore nothing she can do about it. The presence of a sense of powerlessness in later anecdotes and dreams would validate this supposition.

Action taken in response to the affect. “Endless crying”. This is similar to the first ER, where Daddy abandons her and all she can do is cry and cry, with no change being effected.

Anything striking. Error: W first stated that, “He lived in”, then corrected herself to, “He worked in”, when describing the fire in her father’s office (my dad said, “Oh, we had a fire in the office”, he lived in, he worked in a big office building downtown). There is then a repetition (frequency) of the correct version (“It wasn’t my house it was his office”). This would seem to indicate how the child heard the news, namely that his house, and therefore he, were destroyed, which is illustrated by a recurring dream she had for many years after that. In the dream, it is her bedroom that is destroyed, and she is dead. This would appear to depict the symbiotic relationship of the child with her father, namely, if his house is destroyed, and he is dead, than her “inner sanctum” (her words) is destroyed and she is dead too.

W’s fourth and last ER also occurred in early childhood, around the same time as the “fire” ER:

I remembered this one instance when...we had this bag of Tootsie Rolls. I loved these things. We had this whole bag of them, and I wanted them, but I didn't feel like if I asked I would be allowed to have one, so I took the whole bag and went behind the love seat that was in my room, where my father read to me and sang me to sleep...And I ate the whole thing, and I must have been about three...the feelings around it is something I still carry with me, in terms...of secrecy and a bit of shame, and just not, if I asked for what I needed in that sense, especially with food, I wouldn't necessarily get it. So I had to steal to take it and not just have...one but take as much as I could get while I got it.

Broad summary. “A good/bad scene”.

Specific Theme. “Self-nurturance accompanied by guilt and shame”. If I ask for what I want I won’t get it. Even if I steal nurturance and consume it in a place that I associate with love and caring, I can’t enjoy it because I’ve had to do something wrong to get it. If this scene were to

become a magnified script, which W alludes to (“the feelings around it is something I still carry with me”), then issues of self-nurturance, so-called “selfish acts” might be accompanied by guilt and shame, with a focus in her narrative on giving versus receiving.

Key affects. Feelings of shame at having to be secret about satisfying her needs.

Action taken in response to the affect. No action.

### The Nuclear Script

An initial examination of W’s narrative seemed to point to the first ER as the nuclear script, with the core issue being “abandonment by Daddy because he doesn’t notice how I feel, despite my showing him”. There are several anecdotes in the narrative which deal with abandonment by daddy in quite similar yet sufficiently dissimilar scenes to provide the growth and development of this ER as the core script. However, further scrutiny shows that it is more likely the highly charged third ER (“fire in Daddy’s office”) that provides the organizing framework for the first ER. Namely, W is away with her mother with whom she was “not at all close”, and a seeming death experience happens to her father while she is gone. This provides a framework of “Daddy as abandoner”, with “self as abandoner” as part of W’s explicit knowledge. This framework can be seen throughout her narrative, as it grows into a core script of abandonment and rejection on various levels of parental love and nurturance. The “Tootsie Roll” memory exemplifies the development of the lack of trust that her nurturance needs will be met, as well as the guilt associated with trying to take care of herself. Several stories about different abandonment experiences in the narrative depict W “crying and crying and crying”, powerless to make any change, as she was in her nuclear scene, and before that in her bed wanting her daddy. However, it is once again in the dreams that the affects of the nuclear scene are the most clearly validated.

The emotions of shock, terror, fear, loss, and a sense of powerlessness predominate in all three of her dream reports. Two of the dreams have recurred most of her life.

In early adolescence, “abandonment by Daddy” gains the component of “rejection by Daddy because I don’t look perfect enough”, which had been fed by earlier rejection experiences at school and an adolescent “crush”. The memory about the “jolt to reality” would seem to be another organizing framework that has developed as a result of her life experiences where she faced such painful hardships, from the day to day concerns about food and clothing, to the more existential issues of loneliness, rejection, and abandonment. The next section details how the nuclear scene grew and developed through analog formation in the narrative and dreams.

### Analog Formation

#### Stories in the Narrative

In examining analog formation in W’s stories, two strands of development are illustrated, namely “abandonment by Daddy” and “rejection by Daddy”, which contribute to the growth of her nuclear scene.

Abandonment. W spoke about her trauma of leaving her mother at the age of 11 in three different anecdotes in the narrative, which have been integrated as follows:

Firstly, W mentioned in matter of fact tones how she left her mother and moved in with her father at the age of 11 years:

“I had to leave my brother and sister behind which was very difficult, but I was old enough to make a decision and they were much younger, they were four and five so...it had to go through the courts...I still had to go through the courts. But I could leave and have it be finalized or legalized through the courts. I was perceived to be mature enough to make a conscious decision, whereas they were too young”.

Further questioning brought out her deep distress at the overwhelming responsibility involved for such a young child ("I can't believe I did it, I can't believe I did it"), and also her anger towards her father for abandoning her to make this immense decision on her own:

There was a lot of resentment on my part, subconsciously...because I had to be the one to make the move...that it had to be myself who stood up to my natural mother who has a lot of problems...it was known in the courts that she had a lot of problems...that it had to be me who made that so....I mean, he was there when I called, but I had to call. I didn't have any resentment towards him then, he was like the saving grace. Its only now, like, wait a minute...

The trauma of the court experience at such a young age is evident in the frequency (Alexander, 1988) with which W states the occurrence. At the second interview, W disclosed more of the trauma around this decision:

After every visit with our father I would be expected to sit there and answer all her questions. I would be grilled for sometimes a few minutes up to a coupla hours. I would be made to feel guilty if something happened that she didn't like. It was my duty...I had these two neat bits of information to share with my mother and...she took every single one of those and twisted it to where it was something negative that I should feel guilty for...And it was just like, "I can't keep balancing this".....Then when she started to criticize me...This was something I had found exciting...I just cried and cried and cried and cried and cried and then that night...my father was in a minor car accident but my mother blew it all out of proportion, we had to go and see him... and I tried to tell my father, "She's being mean to me right now", but he didn't pick up on it so we came back and...she lit into me again...and she...hit me and dragged me up the stairs by my hair and made me pray and...repent for talking to her that way...and I said, "No, I wanna leave".....And after that I became scared. I was scared...that she would come and take me away.

Here W is abandoned by her mother as she tries to connect with her in telling her something she had thought would please her, so the "abandonment by a parental figure" theme grows with another twist to it. Her mother is also, once more, the one who could "could take her away", as in the nuclear scene. There is a repeat here too of the first ER, namely thinking that she is telling her father how she feels, and wanting him to take action, but he doesn't notice. Of particular note is the same action in response to a sense of powerlessness from the nuclear scene ("I just

cried and cried and cried and cried and cried"). Thus W's choice to leave becomes an abandonment scene whichever route she takes, and the entwinement of the tacit knowledge of father as abandoner with the explicit knowledge of self as abandoner is further developed. This is graphically illustrated by her last anecdote on this event:

But the next weekend...I drove up with my brother and sister, he was dropping (them) off ...and he's like, "OK, so you're living with me but do you want to stay?" and I'm like, "No", and she comes to the car and starts pulling me out of the car, "OK, you're coming to stay with me" and I'm like, "No, I don't want to, I'm scared of her" and he says, "Well, I can't take you away, you have to tell me 'I don't want to stay'...", and that was the hardest decision I ever had to make and...I kind of resent that. That I had to make that, but he goes, "But if I take you I will be accused of kidnapping, you have to decide"...so with her pulling on me here, my little brother and sister crying there, and my Dad saying, "You have to decide". I had to decide...it was beyond fear...I was scared to be with her because I had dared to go against her will, so I did not know what would happen to me once Dad left...

The connection to the "Tootsie Roll" memory is also evident here, and portrays how the theme of taking care of herself has become further ingrained with the experience of guilt. There is no way to take care of herself without feeling responsible for hurting a loved one ("so with her pulling on me here, my little brother and sister crying there, and my Dad saying 'you have to decide'...").

As can be seen, it doesn't stop W taking steps to get herself out of difficult situations, but she cannot free herself from the guilt of those decisions. The following incident, which took place at the age of 16 years and is again reported in two parts, illustrates the growth of the guilt in the development of the daddy as abandoner/self as abandoner script.

W reports making the decision to join her step-brother and his family in Canada for her final year in High School, because "...I couldn't function in the Alabama society with my family, with everything, and I had to leave". Guilt permeates her statements:

I jumped at the chance...but I felt like I left them behind and, as we were catching the plane for me to leave to Canada, I missed it because I had been saying goodbye...for too long, that's when my step-mother had her aneurysm.

Once again, she was accused of being accountable for her mother's illness by her selfish behaviour: "My step-brother actually accused me (of) being responsible. I was the one who got mother so riled up because we were late for the plane, we ran for the plane." Thus terror and fear at the loneliness of being abandoned, are compounded by the growth and development of guilt as the abandoner: "I felt that I left them (natural brother and sister) twice, leaving them at age eleven and then when...my step-mother and my father's marriage was not going very strongly, and then my comfort at the school I was at and who I was and everything just wasn't good". Rather than fulfilling the conjecture made of the nuclear scene that partings might prove to be fearful, this seems to be a replay of "If I leave, bad things happen to a parental figure". However, there would seem to be enough of a difference in the bad thing that happened to satisfy the "dissimilar" requirements for growth of the nuclear scene (Carlson, 1981). Certainly her sense of accountability is very clearly stated.

The second part of the story, her step-mother's aneurysm which was followed 2 years later by her father having a bout with cancer, elicited that same panic at the thought of loss of a parent that was evoked in the nuclear scene. As with the nuclear scene, it is as if he had already died:

When he had cancer...I had anxiety attacks...and that lasted for about a year...I hit rock bottom, emotionally, everything... 'cos I was so tied up with my parents...the thought of losing my father was just devastating...I thought I was going to be so strong and I ended up being weaker or more vulnerable than when my step-mother had gotten sick two years before.... When my step-mom was sick I lost a lot...I stopped eating...I had no appetite, I was an emotional basket case. So with my father I thought, "OK, I'm going to be more of a support, I'm going to be stronger and... keep it more together" and I lost it in a different way because the panic attacks started coming...

The final illustration in W's narrative of analog formation in the development of the abandonment script came one year prior to the interview. W had finally confronted herself that there was something seriously wrong and it probably was some kind of eating disorder, yet in trying to name it and get help for the out of control feelings that were overwhelming her, she felt abandoned by the medical system:

I knew something was wrong (yet) they wouldn't term it as an eating disorder because, I hadn't lost control completely...For me I felt like I'd lost control. In their eyes I hadn't in the sense that I wasn't bingeing and purging...even though I was incredibly skinny...I'd lost all this muscle, everything...so I phoned some clinic and she talked to me and she said, "Well, you know you're not typically this".

When questioned what that was like for her, she started crying and said: "I felt really lost because I didn't fit any definition but I knew that what I was feeling was...true. I felt like I needed validation for what I was feeling and I wasn't getting that, like, 'No, you don't fit this textbook definition therefore you don't feel what you feel'..." As will be seen in W's stories about her rejection experiences, the theme of the lost child who doesn't fit in anywhere spans both strands of the script development and is manifested in W's desperate attempts to be the best and look the best so that she can fit in and belong somewhere. Her repeated leave-taking from places where she doesn't fit in can also be understood as an on-going quest to find that place where she will finally be accepted and validated. "Lost" would seem to be another version of "abandoned". This story of abandonment by the medical system is similar to the theme of "being abandoned by Daddy because he doesn't notice how she really feels, even though she tells him", yet sufficiently dissimilar to act as growth of the abandonment scene.

Rejection. W had some rejection experiences at key points in her life, where, according to Erickson's (1963) developmental theory she was entering the stage of identity crisis.



The first reported scene occurred when she was in grade six and still living with her mother in severely difficult circumstances ("she was not able to care for us, not able to go shopping or...keep our clothes clean... and so my pants were too short, they were too small and I got a pair of jeans finally and I would wear the same pair of pants every day"). She was shunned and ridiculed by her school mates, often times people she didn't even know ("Oh there's the girl with those jeans again"). W thinks that this contributed to her sense, when she lived with her father, that she finally had a stable, secure family in that at least she was able to have "decent clothes". This experience clearly had a deep effect on W: "I remember that very, very clearly and it wasn't just a one shot deal it was...for a period of a month or two months or whatever".

At puberty, an incident involving her step-sister contributed to a theme of being less perfect than her, and ultimately, as can be seen in later incidents, unable to compete with her for her father's attention. In the next scene, it is rejection by a male figure that develops the rejection theme. This, taken with the later stories of direct rejection the hands of her father, would seem to have contributed to the script of abandonment by her father. Once again, the lines between being rejected, left out, and abandoned become amalgamated into a life style (Adler, 1954) of searching to fit in:

My step-sister was very developed. Everything I wanted to be, and, at about the age of thirteen a friend of the family, and at that summer we were camping together and, little summer-time crush (pause), he had a crush on my sister. So that devastated me but, "OK, I can accept that", but then he teased me because I was so small chested and she was, for thirteen, very nicely developed. Well that just took a real blow to my ego...Yeah...that really hit...

An omission (Alexander, 1988) appears to indicate the extent of wounding of this experience.

She doesn't actually say that she had a crush on this boy, it's clearly too painful to own that, which

is highlighted by the pause: "...at about the age of thirteen a friend of the family, and at that summer we were camping together and, little summer-time crush, he had a crush on my sister".

Then little things...my father...was trying out a new flash on his camera...it would have been about the same age, and my (step) sister was very photogenic. So he said "Judy, I want you to model for me while I try out the flash on this camera" and I was crushed, because I wanted to.... We were very competitive, I was very competitive with her....So I go and model for him and we get the pictures back and Judy's were all perfect. And mine weren't bad...in hindsight I see them now...but I saw them as horrible and my parents saw them as not that good....My stepmother said some things, not clearly but it was always just, "No, W, you aren't very photogenic"

W states that she heard that as, "W, you're not very pretty". Once again a correction of an error (Alexander, 1988) marks the significance of it being W who felt competitive, with the reason being obvious. A more recent experience is further evidence for the development of the script of being left out and abandoned from the position as the "chosen child", yet W reports this scene with what would seem to be the beginning of a sense of explicit anger towards her father as sexist and inappropriate:

He always would, actually I remember once...last year I was playing some old home videos and we were just looking. Our whole family was at a lake and my sister was laying out at the pool and he panned right on her chest. And that really bothered me. It really bothered me. Its like, "Dad"...'cos you see him he's like a straight business man. He's not a guy who sits in front of the TV and watches hockey....Very intelligent entrepreneur and it's just like mmmmm (making an angry noise).

### Anti-analogs

W has three apparent anti-analog stories which demonstrate her stated craving for nurturance and unconditional attention. Given Carlson's (1981) definition of anti-analogs as the perfect negation of old fears and dangers, these anti-analogs further illustrate the nuclear script of fear of abandonment by a parental figure. In the first, she is describing a nanny she had for the first two and a half years of her life:

I had a real sense of being nurtured and that's a big issue for me...she was great...she was with us for two and a half years...after that my mother found some reason to dislike her...and put me into Montessori schools...she was this elderly black woman who was just...a wonderful woman, wonderful woman....in hindsight, she was just wonderful...would take me on walks all the time...I would get into things...I don't think she was necessarily always there in my presence... because I'd always end up falling...but the concern she would always show me was phenomenal, and the love I felt with her was incredible. And that really stayed. I remember that a lot.

At the time, W did not connect going to school, which really excited her, with leaving her nanny.

When I asked her if her mother had ever explained the nanny's departure to her, she stated: "No...I didn't get it, I didn't get it. My father's alluded to some things". W does not seem to remember any sense of trauma about losing the woman, or betrayal when she found out that it was more about her mother finding a way to get rid of her, than about going to play-school.

The second anti-analog I have termed "Longing for mother", and is thus very similar in construction of the perfect scene of mothering as the previous story. In this story, W is talking about her plan to go back to visit her mother in Alabama whom she hasn't seen since she was 11 years old. Later in the narrative, which I have included in the second part of the quote, W contradicts the idealized portrait of her step-mother's love and nurturing:

1. I guess its just I'm going back to get my mother and...as much as I love my step-mother, and she is my mom, she is the woman who nurtured me and raised me when my natural mother couldn't...to create a sense of security, I tried to convince myself that my step-mother was my mother, and she's not (crying) ...(She's) someone I love dearly and to me she will always be mom, she will always carry the title of "mom"...I want to say I owe her that, part of me owes her that and part of me wants to give her that. And my natural mother...I don't feel comfortable giving her the title of "mom"...But when I call her my mother, something just rings true (more tears)...I'm starting to see that she is my mother....

2. Sometimes I just wish I could be mothered...I'd like to have a role where I'm the daughter, and I don't have that, not even really with my step-mother because I just feel that she needs so much taking care of...I really play that role in my family, and I want to be taken care of, that's why...my natural mother...right now...seems to be at a point that she can

maybe give that to me...I feel like a real little girl...I just get this feeling that all I want to say is, "I want my mommy".

The third anti-analog is W's idealized picture of her father's nurturing, in contrast to the numerous times that he was not able to respond to her needs:

He would sing me to sleep every night, he would read to me every night, we had a ritual where I'd wake up in the morning and I'd call to him wherever he was in the house, I wouldn't get out of bed, and he'd bring me a glass of orange juice before I got out of bed. A lot of security groundwork was laid.

W's statement of the symbiotic relationship between her and her father, and the terror experienced in the "fire" ER, indicate that this was more likely, in reality, an insecure attachment. The following section examines dream material for the presence of analogs to the nuclear scene.

### Dreams

W had two recurring dreams, the first lasting until she was 18 years old, and the second still recurring periodically. The third dream was a vivid nightmare from her pre-school years. The following recurring dream first took place after the occurrence of the nuclear scene, and is a graphic portrayal of how W experienced the scene, much like a post-traumatic shock experience:

I would have been about four or five and for years after that, I can see the pictures as vividly as if I had the dream now. I had this dream of my bedroom being that same charred look, but it was me floating through it, and through the house. I wasn't walking. It was sort of just this floating through and seeing my bedroom, it always would start off in my bedroom. And I would go to different parts of the house, but the bedroom would be there as well....and then just the sort of terror all the way in there...the bedroom, that was the main...Its like I had died...it was like me coming back, and taking a look at the remains after...It was kind of "eooo".

When I questioned W as to what her bedroom represented to her, she replied, " Oh that was my inner sanctum...my bedroom has always been my haven wherever I've been....That was my space,

me, that was either where I had great memories, which was that room, or where I would use to hide away from the painful things that were going on in my various families”.

Script summary. My life is over, my inner sanctuary destroyed. All that's left to me is to observe the devastation of all that I hold dear.

Scene construction: a) affects & objects: Terror at the sight of the charred remains.

b) dream environment: Familiar, intimate space: Home. c) action: No action. Outside looking in.

The second recurring theme that W has had since late childhood takes the form of taking care of her brother and sister, and having to struggle with her natural mother who is attempting to abduct them (“Sometimes she'd win sometimes I'd win”). Her siblings range between the ages infancy to 10 years old in the dreams: “It could be anywhere....But...its me as their protector”. The following report is one of these such dreams:

...it was represented by one of my father's apartments...and I just remember hearing...the doorbell ringing, and there might be a baby-sitter there or something....I can't remember if she knew we were there or if she didn't...but...she would see my brother and sister and want to take them away and they were too young to know what she was about. And so they would start to take her away, or she would start to take them away and I would yell after her, “No, No, Dad's not here you can't take them away” and she would get really angry and we would have this fight and there'd always be some sort of obstacle, there would be some sort of something to fight through... just a sense of not being able to move quickly enough, not being able to get to them. And it was in an open stairwell that was outside and so they, she would be starting to take them downstairs and I would just be screaming after them..., “Don't take them away” and I can't remember if at this point there was a fight at the car. It was a matter of no resolution, either way. I didn't get them, she didn't give them up, but she didn't necessarily take them away, it would end up at the struggle point.

W stated tearfully that she felt “powerless” and “a huge sense of loss” in the dream. Also, guilt and fear “...this fear that I wasn't taking care of them enough...because...at that age they were so

naive...they were just looking for someone to love, anyone". She also acknowledged rage at the level of "a hatred towards her".

Script summary. Even in my father's house I am not protected from my mother ("No, No, Dad's not here you can't take them away"). No matter what I do, I can't stop the abandonment: me, my siblings, my mother, my father. This is an on-going struggle and there is never a winner.

Scene construction: a) affects & objects: Powerless and fearful in the face of her mother and the obstacles encountered; guilty about her inability to be a protector; tremendous loss in the many levels of abandonment; b) dream environment: Familiar, intimate, private space, moving out into more public, open space. c) action: Fighting, struggling, with no change being effected.

An error is striking in this dream ("And so they would start to take her away, or she would start to take them away"), which would seem to indicate the depth of her fear of the invasiveness of her mother. Also, the statement "...they were just looking for someone to love, anyone" could just as easily be about W, and would seem to summarize her life and how her nuclear script had impacted her.

The third dream is "...a real scary one I had when I was little, I only had it once, and it was probably one of the only ones where I screamed in my sleep. I might have been five or six...I can't remember it all I just remember this":

I think I swallowed a snake and my father was in it somehow, and I was calling to him, "Daddy, daddy, help" in my dream, and I guess I was actually calling out, but I remember this utter revulsion, terror...that there's this snake inside, I don't how it happened, I can't remember exactly how it happened or (makes shuddering sound) I'm just remembering the feeling I felt. I don't know if it just got in, or if someone made me, it wasn't something I did voluntarily by any stretch of the imagination...It got in, yeah. And like this horror that it was in there, you know, like if you ate an apple and you swallowed a worm..."Get it out, get it out"...And the thought that there was something in there, just, yeah, I remember that fear....

"...and I remember that fear of my father coming in and saying, and my mother was behind him,... "What's the matter," because...that's the first time I'd ever done anything like that was to scream out, normally, if I was to scream like that I would be awake, but he had to wake me up, and, I remember feeling so glad that it was just a dream".

Script summary. Somebody, maybe Daddy, forced me to swallow a snake-like thing. I thought it was going to be something nice but it turned out to be something horrifying. I just went crazy trying to get it out.

Scene construction. a) affects & objects: Fear, horror and terror at having the snake inside her; b) dream environment: No stated place, more an internal experience. c) action: Struggling and screaming helplessly.

There also appears to be an error in W's statement, "I remember that fear of my father coming in", which leads to the conjecture that maybe at a tacit level she feared her father, which leads to an hypothesis that this dream may have been about oral sexual abuse by the father. Y. Dolan (1991), in her book about sexual abuse, makes the following comment about snake motifs in dreams:

Common themes in the recurring nightmares of (those)...abused as children include...attacks by coiling snakes...Typically in these "post-traumatic nightmares" the victim experiences extreme terror and helplessness and is apt to be paralyzed or in some...way unable to find any kind of help (p. 15)

However, another hypothesis would suggest unresolved oedipal fantasies in the dream (Levitan, 1981), which would be congruent with the theme of the symbiotic relationship between W and her father.

Discussion of analog formation in the dreams. The presence of the affects, behaviours, and beliefs of the nuclear scene are compellingly present in W's 3 reported dreams. Terror pervades all three dreams, with loss a significant part of both dreams one and two, and the conjectured sense of powerlessness in the nuclear scene evident in both the second and third dream. The first two dreams have recurred for most of W's life. In the view of dreams as bringing unacknowledged issues to the dreamer's awareness (Jung, 1948/1974), recurring dreams are theorized as carrying special significance in illustrating problems of particular importance to the dreamer (Robbins & Tanck, 1992). The dreams therefore would seem to confirm that W's nuclear script is lodged in her memory of her father's abandonment of her. The protector is not there for the protected, and W's blurring of that role is evident in both the second dream and in several anecdotes in her life narrative. In both the second and third dream W reports screaming and screaming with no change being effected, which is a variation on the helpless "crying and crying" in the nuclear scene.

#### W's Governing Script

The stories in W's narrative and dreams seem to demonstrate the growth and development of the "fire" ER as her nuclear script, namely "if I leave, Daddy is taken away from me" which can be modified to "Daddy as abandoner (self as abandoner)". The "self as abandoner" has been the explicit element of W's script, with "Daddy as abandoner" receiving growth and development through her life experiences at the level of tacit knowledge. The guilt associated with the "Tootsie Roll" ER appears to have become embedded in the nuclear script of perceiving herself as the abandoner when she takes care of her needs. The first ER seems to have contributed significantly to the development of W's nuclear script in growth of the theme that "Daddy abandons me because he doesn't notice what I feel". From those early days, W's experiences



with her mother added the element of "abandonment by mommy" in terms of basic nurturance needs. This element is clear in her narrative ("I want my mommy"). W's life-long script can therefore be understood as "searching for love", which has been taken from her words used to describe her younger brother and sister ("they were just looking for someone to love, anyone"). The loneliness, longing for love, and development of the theme of rejection of her "imperfect" physical self for not being beautiful enough to get her the love she craves, seem to have provided the groundwork for the development of an eating disorder. This occurred when her abandonment script appears to have become activated by her boyfriend ending an 8 year relationship.

W does not question that she abandoned her younger siblings and her parents, and that it was a selfish thing to do. She is beginning to make explicit the tacit element of "daddy as abandoner". There are some cognitive disturbances that are occurring for her currently in the therapy she has been receiving, which are allowing the beginning of some questioning of her father, and his motives behind the apparent favouring of her step-sister. These are very distressing to her, and she can only touch on them and then move away:

Ughh. This is where I get kind of angry with him. He was very attracted to her...Judy had a real sexuality about her...like she just had this...its one of those things I never really want to get into...Its an uncomfortable area 'cos I don't think, I don't know, I don't think, I don't think my dad would have done anything but I know that one of the things about him that really irritates me is...in an indirect way he's womanizing in the sense of physical bodies. He's always aware of a nice body....My mom goes, "Oh, well, if your father stops looking, he's ready for the pine box".

The gender stereotypic family values are clear in the step-mother's comment, namely "boys will be boys". However, W is starting to experience some anger at these values, as well towards her father for the way he abandoned his role of truly loving and supporting her: a) when he didn't "take her away" from her mother, even though everyone knew she "had problems"; b) at letting her and her

siblings be inadequately fed and clothed, even though he had money; c) at favouring her step-sister when she, W, was his own daughter; d) at “burying his head in the sand” over her anorexic state because he didn’t want to feel accountable; and e) at his inappropriate relationship with her vis-à-vis his wife. The list goes on. The emergence of this anger is particularly painful for W, because of the idealized picture she has carried in her mind of his loving and supportive relationship.

A theme of helplessness in response to negative affect occurs in several of W’s ERs and the majority of her dreams. Yet she does demonstrate taking action through her life story as a way to get out of family situations that are not working for her. This however would seem to be evidence of a “reparative” subscript to the nuclear script (Tomkins, 1979) in which she continues to pursue the “good” of the nuclear scene by moving on when things threaten to turn bad.

#### Portrait of E

E is a 36 year old woman who has been dealing with bulimia nervosa and alcoholism since the age of 23 years, namely when her mother died suddenly and prematurely of lung cancer. E cites this event as “just catastrophic”. E had been abstinent of alcohol for 8 months prior to the first interview. Her abstinence brought the seriousness of her bulimia nervosa to the forefront of her awareness.

E grew up in an intact family, the younger of two children. Her brother was two years older than her. Her mother struggled with alcoholism for as long as E can remember, with drinking problems in both sets of maternal and paternal grandparents. However E only remembers the drinking of the women as causing family difficulties. Her father remarried two years after the death of E’s mother to a woman he met in Alanon. E classifies herself as “...the nurturing, caring...look after everybody, make sure the world’s sunny and shiny” kind of person, and her brother as “...sort

of spatial, analytical not huggy”, stating that, “He’s very much like my dad, I’m very much like my mother”. The family was very concerned to present the perfect picture, and the children needed to look like “perfect little kids” (“That’s why mom’s drinking was such a horror and embarrassment because we were such a nice little family....a little typical family”). The alcoholism was never talked about in the family. E has been married since her early twenties to a man whom she sees as very similar to her father (“my mom always said opposites attract, and my husband and I are like that too...it’s the old thing...‘gee, did I marry my father?’ ”). She has no children, but is devoted to her pets and “...would go into a burning building to get them”.

E presented as a perfectly dressed and coifed woman who kept her distance through rapid chatter interspersed with laughter. She had cancelled several scheduled interviews before we finally met. While she appeared to be quite disclosing in some of her stories and statements, the overall tone of her interviews was light and superficial, with an observed need to minimize much of her life experiences and the affect surrounding them. It appeared that she was able to talk more freely about insights that she had already encountered in therapy (i.e. her mother’s drinking, her own alcoholism, and some of the family dynamics), but even these she would often normalize by comments like “as everybody did in those days” or “but I’m sure that’s...natural too”. Some of the other areas of the narrative such as ERs and statements about her relationship with her father and husband, carried many contradictions. It was in her dreams that she was most revealing, possibly because of a view of dreams as separate from reality. However, there were times where minimization was evident in the reporting of her dreams too. For example, she would start out by giving an account of very intense affect which by the end of the questioning she had modified quite

substantially. In those cases, I have taken the initial statement as the accurate one, using Alexander's (1988) theory of primacy as an important marker of salience in a narrative account.

E's narrative contained very few stories about her life. While my request for dreams and ERs provided a spring-board for many related stories with the other four participants in the study, E stuck to my stated request and spoke mostly in generalities about the rest of her life. Not surprisingly, there were more life stories that fit into the category of "anti-analogs", versus those fitting in "analog formation". E came up with three ERs when asked for her earliest memories. The first two ("There's two very specific memories I have when I was three") are reported and summarised in the following section. The third ER I have included in the "anti-analog" section.

### Early Recollections

I was very, very sick with viral pneumonia, really ill...and my mom was a nurse so she was trying to take care of me at home, you don't notice that things are getting bad sometimes when you are doing it yourself, and a friend came over and said, "What are you doing? Get her over to the hospital". I had a couple of rings around my mouth and they said, I remember specifically being in, they had sort of like an oxygen tent over my bed or crib, and I didn't like being in there, I felt closed in. I felt like it was breathing for me although I think they were putting in...good oxygen in there...nothing attached to my mouth but I kept always turning around and sticking my feet in and the nurse would come in and say, "Now honey, you gotta turn around"; "Aw, I don't like it"...but that was very vivid...and our neighbour, I always played with their kids and there dad was a doctor, and he always scared the hell out of me. He was a mean, rough, dark eyebrows, dark everything and he just terrified me as a little kid playing with his children. And he came in and I would just scream and yell and kick and go nuts, and he would say, "I can't do anything with this goddammed kid", so she got this other doctor...who I went to up until she retired two years ago...and I never forget her coming in, my mom called her Dr. Wendy....and she was just the most soft-spoken, gentle touch woman and I remember I was just the best patient in the whole hospital, it was just specifically that doctor that was so awful. And she was just so gentle and so loving and her voice was just so soothing.

E stated two images that stood out for her in that ER, namely: "As a photograph I remember very much my feet being in the oxygen tent and my head being out, but then as a sensing one, I

remember Dr. C's voice and just the soothing calming feeling I had with her". She first stated that she felt "claustrophobic" in the tent, but followed that with "Although the picture of me in the oxygen tent with my feet wasn't a horrible thing, it was just, "I don't like this and I'm going to turn around"...I wasn't terribly upset...it was just 'I don't like this and I'm going to fix it'...". While E did not state her experience with the doctor as a key image, when I mentioned that part of the memory as the gruff doctor, she stated emphatically: "Terrifying doctor...totally". Given E's tendency to minimize her feelings and experiences, her choice of the "fix it" image might be an indicator of strong explicit values. As such, this value structure should then show up in other stories in the narrative.

Broad Summary. "Bad turns worse then better"

Specific Theme. I nearly died because my mother didn't realize how desperately ill I was, and then I was put in hospital in a suffocating thing that I kept trying to escape, and a terrifying doctor scared me. However, I made such a fuss that they got me somebody kind and soothing.  
Terror then soothing because I make a fuss.

Key affects. Feeling "closed in"; "claustrophobic"; terrified of dark, scary doctor; calm in the presence of the soothing doctor. Given the literature on the potential for deleterious effects of hospital experiences on very young children in terms of attachment issues (Bowlby, 1973, 1988), it is feasible that E felt abandoned by her mother, which either developed or exacerbated an insecure attachment to her. Interestingly, she attached to a "mother-like" figure in the form of Doctor Wendy, which is similar to Bowlby's (1973) stories of children's attachment to a nursing figure in the Tavistock studies. However, Bowlby reports clinging alternating with hostile behaviour towards the surrogate mother figure, whereas E would seem to have wholeheartedly

taken on the identity of a good patient in order to continue to get the nurturing attention she desired. There is a second level of "abandonment by mother" evident in the recollection, namely mother not having spotted how seriously ill she was. A further speculation is that E felt extremely panicked and out of control, firstly by being "closed in" in the tent, and secondly, by the presence of the scary doctor, of which her kicking and screaming is indicative. A strong presence of the hypothesized emotions in later stories and dream would confirm the hypotheses, and indicate magnification of the scene.

Action taken in response to the affect. "Hysterical screaming then best patient". She reacted to a) "closed in" by extricating herself; b) terrifying doctor by screaming and "going nuts"; c) soothed and becoming "the best patient in the whole hospital".

Anything striking. There are several markers of salience in this story, namely: 1. She emphasizes two parts of the memory that she doesn't focus on as the part she would capture in a photograph, namely, how ill she was ("very very sick with viral pneumonia, really ill") and the terrifying doctor ("he always scared the hell out of me. He was a mean, rough, dark eyebrows, dark everything and he just terrified me"); 2. An incompletion of what was said about how ill she was ("I had a couple of rings around my mouth and they said, I remember specifically being in"), leading to development of the conjecture that there may be some affect for her in the fact that her mother neglected to notice how desperately ill she was. Later stories about panic reactions to being seriously ill, or feeling out of control of her health and perhaps fear of dark men, might demonstrate magnification of these salient themes. There is also the question of possible anger towards her mother for mismanaging her illness in such a dangerous way, given that her mother

was a trained nurse. She rationalizes her mother's negligence by adult minimization, namely, "You don't notice that things are getting bad sometimes when you are doing it yourself".

Magnification of this ER could take several forms. Firstly, if later experiences show negative affect being comforted and soothed by calming, reassuring authority figures, then E could develop an expectancy of bad turning to good in any adverse situation, and the ability to soothe herself in difficult times. If, however, comfort and attention become associated with having to be the "best patient/little girl" or the person who "fixes" bad things, then the ER could become magnified as having to be perfect and coping to get attention. If the conjectured abandonment by mother is indeed an issue, and were to become magnified, stories indicative of an insecure attachment to mother such as a) an on-going need to connect with mother; b) panic over any sense of disconnection with mother; and c) anti-analogs about motherhood and nurturing might indicate the validity of the supposition. The following ER occurred at the same age:

When we picked out our first Basset hound, I remember very distinctly there was a set of stairs going down to this concrete basement and I was crying and scared at the bottom of these stairs because there were like 9 Basset puppies clambering all over me and whenever I tell this one to adults I think, "I love animals more than anything, how could I have been so scared?" but all these Basset puppies just absolutely, and, and we did pick a dog and that was fine...

E stated, "It was kind of dark and...all these excited puppies jumping all at once it was a little overwhelming I guess for a 3 year old. But I never did then, and of course now, I've never had a fear of dogs. Now I love dogs". The recounting of this ER is a demonstration of how E initially indicates intense affect ("I was crying and scared....how could I have been so scared") and later on reduces the intensity of the experience ("it was a little overwhelming I guess for a 3 year old").

Broad Summary. "Good turns bad"

Specific Theme. “Excitement turns scary and overwhelming”. The excitement of going to pick our first puppy turns to fear and overwhelm as they clamber all over me..

Key affects. Fear (conjectured, because of the crying: extreme fear, such as terror) at being overwhelmed by 9 puppies.

Action taken in response to the affect. “Crying helplessly”. No action, other than crying.

Anything striking. Incompletion as a marker of salience (Alexander, 1988) in the statement “I love animals more than anything, how could I have been so scared? but all these Basset puppies just absolutely, and, and we did pick a dog and that was fine”. This might indicate a degree of intensity of affect too at odds with her perception of herself as an animal lover and little girl who “coped with difficulties”.

### The Nuclear Script

E’s nuclear script is difficult to ascertain simply by “eye-balling” the two ERs since, while the first ER seems loaded with potential negative affect, she acknowledges very little negativity in her description of the parts that were the most intense for her. The second ER would seem to contain more overt negative affect, and has many affective components that appear in subsequent narrative material. However, if the conjectured experience and indicators of salience of the first ER are used as the more truly representative experience, then Es narrative and dreams appear to point more strongly at the hospital experience as the nuclear scene that has been co-assembled with other life events to continue to act as an organizing structure in her life. Given E’s observed need to minimize the trauma in her life and present a socially acceptable portrait of herself, having to rely more strongly on markers of salience in the narrative to find consistency makes intuitive sense.



The themes of the first ER that occur in E's narrative and dreams are: being ill in hospital (once in the narrative in an anti-analog form); self or other being critically ill and dying or almost dying (once in the narrative and twice in her dreams); a sense of being very exposed and vulnerable as a patient (twice in her dreams); and feeling lonely and abandoned in a hospital setting where she is critically ill (once in her dreams). The affects of terror, panic and an external sense of control are present in two narrative stories and two dreams. The conjectured anger towards her mother is present at an extreme level in a life-long recurring dream about her mother. Therefore, 2 out of 2 narrative stories contain themes and/or emotions of the nuclear scene; all three anti-analogs offer an antidote to the various affective experiences of the nuclear scene, in particular, abandonment by mother; and 5 out of 7 reported dreams contain either themes or affects connected to the nuclear scene.

The second ER about the puppies would appear therefore to have been organized through the framework of feeling overwhelmed and out of control in the nuclear scene. In both recollections, E appears abandoned to these terrifying experiences by her mother, since there is no mention of her mother's presence, let alone soothing her. E's mother does however take action to get her the doctor who becomes a soothing "mother-figure". That this mother-figure was of great significance to E is clear in her statement that she continued to see Dr. Wendy as her family physician until she retired.

#### Analog Formation

This section examines the growth and development of the nuclear script through analog formation in life stories and dreams.

### Stories in the Narrative

The first thing E mentioned in her initial interview was her nightmare about a tornado, that has recurred at least once a month since childhood, which stemmed from the movie "The Wizard of Oz" which she saw as a 7 year old. While she does not have a definite recollection of seeing the movie for the first time, she has watched it repeatedly over her life, and described it as follows:

...its just right near the very beginning...there's this big, huge tornado...it really is a terrible dark, dark, tornado coming across the Kansas prairie and they're trying to get into the storm shelter, and Dorothy gets locked out and she's pounding away trying to get in and nobody can hear her because the tornado's coming, you know, and its black and its windy and terrifying and she runs back in the house and gets knocked out, and supposedly this tornado takes the house and...

She then asked me if I knew the difference between a hurricane and tornado, and when I indicated that I wasn't clear, she branched off with the following description:

...a tornado is the funnel cloud that just cuts a swath and it could miss you and totally destroy the house next door...you physically see them, they can be small vortexes, there are massive ones, and the power is just awful...Ohh, its just terrifying...it is just huge and its just so uncontrollable, like...a hurricane...its a constant thing that builds and builds, you have time to leave...your city... but if a tornado comes through, it can come up quickly, it can swath through a neighbourhood, in five minutes you've got half the neighbourhood destroyed, and there's no warning often... there's no warning, very much...It could...in a second it could turn this house into just sticks...Its just one of those fears that I have...even when, we watched a program...on TV....about tornadoes ...I'm sitting in the chair with my mouth open, it terrifies me so much....just the thought of it terrifies me. Once or twice we've had funnel clouds forming in V...and I'm in a mild panic.

In this recounting of her perception of the movie and the phenomenon of tornadoes, which has haunted her her whole life, E describes an overwhelming, terrifying, random force that projects a strongly external sense of control. There is evidence of both the first and second ERs in this anecdote, namely a) a repetition of the theme of the dark and terrifying doctor that "...scared the hell of me", where "doctor" could be substituted with "tornado" with little change in the experience;

and b) the “puppy” ER, which developed the powerless experience in the nuclear scene by being terrified by an overwhelming external force down in the dark basement. Given that E has never lived anywhere near areas where tornadoes could strike, her fear would appear to be more symbolic of some inner fear than having any reality in the outer world. In the following story, she describes the impact of her mother’s unexpected death:

My mother died of cancer in '82, when I was 23, she was just 48. She was an alcoholic, so...it was difficult growing up in the alcoholic home, and all the garbage that goes on and we fought tremendously in the teenage years, of course we were very much alike, then when I moved out when I was 19 we started getting along extremely well...phoning me every day and, even though she was still drinking, but anyway this was all very shocking and awful and happened in two months and was very quick, diagnosed and died two months later. My husband and I moved back home...and lived in their house and I took a leave of absence and looked after her, and she did die at home. My dad and I looking after her which sort of compounded things. And at that time, nobody in my family had died, I had all four grandparents...so it was definitely a really huge shock to the system. And I know that's when my eating disorder kicked in, big time. Huge, I just couldn't deal with anything. I was just eating and drinking...And I was like that for quite a few years after that, just really out of control.... depressed and angry...the whole nine yards.

E describes her experience of her mother’s death and her subsequent bulimic and alcoholic behaviour in the same extreme tone as she describes the tornado (“very shocking and awful”; a huge shock to the system”), and with the same sense of external control (“Huge, I just couldn’t deal with anything”; “just really out of control...just everything”). It would seem to be a similar experience to the “puppy” ER, and very likely the true emotional experience of her first ER, the nuclear scene. This is particularly at odds with her explicit value of being a “fix-it, coping” child.

Both stories indicate the predominance of E’s sense of being out of control in the world, and would seem to confirm the hypothesized underlying emotions of the nuclear scene, namely terror, panic, powerlessness and abandonment by mother. Thus the image of perfectionism,

control, and coping that E presents of herself masks a profoundly opposite experience in her script. The death of her mother is the ultimate abandonment.

E had a commentary on her view of men that would seem to be further evidence of the uncontrollable external forces that she perceives herself to be subject to in her life:

I have a lot of men that I love very much in my life, yeah, I'm one of those people that walks around with pepper spray on my key chain, and often I have a lot of anger at men, its very much... "Why are they the way they are?" Like I can get into a really good conversation about how angry they make me, they rape, they murder, they this they that, all that kind of thing and that very much upsets me, makes me angry...I'm not a man hater...I wouldn't go quite to that extreme...I think in a lot of situations, not just in the boardroom but out there in the world, I can't go for a walk at night. That makes me angry. They can. I have to lock my car door, and not go in undergrounds...I have to alter things in my life, I feel, because of men, very very generally.

While E's statements could be seen as reflective of a collective anxiety that women have in Western Society, it would seem to be extreme, given her response to a question of whether she had had bad experiences at the hands of men: "Well no, the men in my life, personally, have been... 95% of them, 99% of them positive, kind, gentle people who I enjoy being with very much. Its just men out there, the ones on the media, news...but no, not in my life. I only had one sort of threatening and slightly violent boyfriend way, way, way back, no, otherwise they're good people".

This contradiction between her stated personal experience and her perceptions about men is puzzling, and exemplifies the confusion that is present in much of her narrative.

#### Anti-analogs

E told the following story as a third ER, which develops the theme of being ill in hospital, this time noticeably in the role of the "best little patient". Thus it would appear to illustrate the nuclear script in the form of an anti-analog which negates the fears and dangers of the original scene. The

recollection demonstrates the growth of E's explicit value of herself as a "fix-it" child who copes with adversity:

I remember...my brother and I got our tonsils out at the same time, in the hospital once again, and, it was sort of a good memory actually, because my brother was being an obstinate patient, even though he was two years older than I was, and I was as good as gold....I remember (him) kicking and screaming, getting needles...in his behind before the surgery and I was just laying there, and they were saying, "Oh what a good little pretty girl you are". And...my dad was reading us the Wizard of Oz, and (he) would come in and visit us because we were both in the same room and I remember he sat on the bed and I got sick all over my Dad and...he was the typical male type, wasn't the type that could handle it, and I went, "Oh, that's OK Daddy, don't worry about it we'll just call the nurse". My Dad's sitting there going green.... It was just like, "Ooooh I'm going to be sick", he can't handle things like that...kind of like, "I'll take care of you now, Dad".

In this story E introduces for the first time the theme of competitiveness with her brother in her role of being the "best child". Once more she talks about her health ("I always had bronchitis and asthma problems and they decided to take my tonsils out"), but, again, it does not appear to be a concern at the level of explicit knowledge. The story seems to be an anti-analog to the abandonment experience of the nuclear scene by emphasizing how good she was, and how well she coped with hospitals, and also by building on the idea of her mother, and nurses in general, as good, reliable people ("I'm extremely medically oriented and I think that definitely was in my genes...hospitals really didn't scare me, nurses were good, my grandmother was a nurse, my mother was a nurse, no big deal. Whereas my brother was like my father, "Hospitals, doctors, no thank you"). Evident also in this story is the role-reversal that occurred between parent and child.

The next three anti-analogs seem to be a negation of the many levels of parental abandonment that occurred over E's life, and illustrate her longing for connection with a parental figure. The first example deals literally with her yearning for a secure attachment with her mother:

She died of cancer before she, she was just starting to think about going to AA...and...when I moved out when I was 19 we started getting along very well. And so when she died she was...only 48 and I was just 22...So there was no resolution at all. I know now, today, I know she would be sober. I know it, because I know her so well and I know that we would have been extremely close, and we would have been able to talk over the years about all that garbage that went on. So...there's this huge unresolved thing that I just, sometimes it can just make me cry that...I just want to sit down and talk to her about it. Because I've changed so much that I'm becoming so much more of an open and honest person knowing that you have to just talk these things over, and it would be good. I know that she would share that.

In the next anti-analog, E ambivilates between her idealized picture of her relationship with her father, and the reality that she's not yet been able to connect with him. In other places in the narrative she alludes to his distance ("He's an engineer-type, quiet, soft-spoken, unemotional"; "...my Dad worked a lot of shifts that he wasn't always home"). She starts the following story by stating that, "We're just, we're always getting closer he and I. Just adore my dad"; yet in response to a query of whether there had been some resolution between them, she said:

Not as much as I'd like but I'm really healing a lot in the last 8 months. I think he, he recognizes that and he's really pleased that I've stopped drinking and stuff. He's just thrilled. So I think there's time in the future for us to sit down and have a good talk. Before...I'd want to talk to him but probably after a few glasses of wine and he's not going to want to listen because he's been through that with my mom. The door would just shut, and I would get too emotional probably. So I'm glad I never pushed it, previously, even though I thought I needed to do this, I'm glad I've waited.

E's description of her father's second wife in the last anti-analog offers an antidote to the abandonment by her mother in the nuclear scene by presenting the idealized mother-figure:

I adore her. She is just an amazing, amazing woman, and I guess if I was to have any mentor... she was my mentor for many years. She's just so wonderful, I just love her to death...I think just extremely highly of her...one of the most predominant things that always sticks out is her peace, oh her sense of peace. She's just...so calm, and at peace with herself. Like deep in her soul...Sure, she's got her problems and irritations, like anybody else, but she has such a peace about her, and just this glow about her and she's just very...slow and happy about everything, and she accepts everybody and anybody for who they are. Now in her mind she may be going, "Oh, they need some soul work"...but she never, ever judges anybody and she's always there to support and listen....You can make a real soul

connection. I can tell her anything, anything, and I know she'll be very interested...and she'll have comments and opinions about it too. And she's just so full of love...she's just great...I'm so thankful that my father's married to her...I just love them both to death. I just adore them. She was married to an alcoholic...so they just suit each other.

Evident also in this extract is the extreme position E takes about people and situations, which she acknowledges in the narrative ("things with me can be very black and white, you either do it or you don't"). However, this is another example of the contradiction between E's seeming self-awareness and her actions, almost as if she has learned the words but not yet integrated the concepts into changes in her behaviour.

The following section details examples of analog formation in E's dreams and recurring nightmares.

### Dreams

A nightmare that has been recurring about once a month since childhood is linked by E to the trauma she experienced watching the movie "The Wizard of Oz". She states that it changes to whatever place she is living in at the moment.

...its very short 'cos I usually am already in the basement with the cats, just...literally cowering in the back corner where its all concrete looking out in this huge picture window with this big tornado, black, black tornado coming across the big, flat fields, and coming right towards the house, and it never gets there, its never gotten there.

"my animals are always there, whenever I've had a dog or other cats...my fear is to make sure that they are safe....so I have to make sure that they are with me"

Dream summary. Even though I'm hidden in the most secure place I can think of in my home, with my loved ones, I don't feel protected from this huge, black, terrifying threat of destruction that rolls towards me.

Scene construction. a) affects and objects: extreme terror and panic at this random and uncontrollable force of destruction; b) dream environment: Intimate, familiar, private place. c) action: Helpless passivity.

In the second example of a recurring dream, E stated that "...ninety per cent of my dreams have to do with my mother, they're always very negative, she's always drinking, and (I'm) always angry, angry, angry, angry. I always wake up feeling really upset...I just feel so bad, I wonder why...I always get to think such bad thoughts about her?" She also commented that in these dreams it's she and her mother who are always fighting with "...everybody else just ignoring everything", which captures how it was at home because her brother would "...just shut the door and lock out the world" and her dad worked "...a lot of shifts that he wasn't always home".

She was in her bedroom...it was one of our old houses we lived in (when I was a child)...she was pretending she was watching TV with the door closed, and she would come out occasionally and every time she would come out she'd be drunker and drunker and drunker, and I started arguing with her. So...I would argue and yell at her..."Who do you think you're kidding here" and "Why do you want to get drunk" and...she had that dumb, drunk look on her face but she also looked very hurt...I could tell I really hurt her and I felt really bad. And then I...woke up.

Dream summary. From childhood my mother had pretended everything was normal, but in reality, she abandoned me by getting drunk all the time. I'm so mad at her for leaving me. I'm so mad at her for pretending that she's not. Then I feel guilty for being mad and hurting her.

Scene construction. a) affects and objects: Very angry at mother for abandoning her by drinking; Very bad (guilty) about being angry and hurting her mother's feelings; b) dream environment: childhood home; intimate, familiar, private space. c) action: Yelling.

The next dream is another slant on E's experience of her mother's drinking, and illustrates her description of growing up in her family ("there was never any surety, or any stability"). She stated



that the dream reminded her of the time her family had seasons tickets to the symphony when she was a teenager, and her mother would “always rush out for her drink”: “There was always that thing...hanging over it. It would...cast a pall over the whole evening and....It was always there....at the theatre, or at home...there was always that edge”:

My brother and I got a special package gift to give to my grandparents...it was a limo ride to the theatre. We were going to see Showboat and my granny and granddad were there, and my dad and my brother and I. It was Christmas time, and we went for dinner and then for this fancy limo ride, and it was all so special and wonderful....My grandmother in this limousine had on this brown fake fur coat that I remember ever since I was little. I used to go and bury my face in it the closet. It was just so vivid....It was so neat....It...made me feel all warm and fuzzy. You know, granny's coat...I remember being concerned in the limo because there was champagne in the car, and my grandmother was an alcoholic, as was my mother...I was worried that my granny would get drunk before we got to the show, and worried that she'd drink...when they have the intermissions...I think at the very beginning of the dream my mother was involved in all of this, but then really she wasn't for the majority of it. I...wondered why it ended up just being my dad, my brother and my grandparents.

Dream summary. “Good turns bad”. (“it was good to begin with, but then it got a little uneasy....not real negative, but just kinda, uugh, no, no, no, no, let's not go down this road”). A perfect family celebration turns anxiety ridden with the threat of mother/grandmother ruining it all by getting drunk.

Scene construction. a) affects and objects: Excitement at the special occasion; anxiety about the presence of alcohol; about granny drinking; b) dream environment: Public place. c) action: No action, just anxious dread. Also evident in this dream is the repetitive theme of longing for mother/mothering, in this instance, the nurturing presence of the fake fur coat.

The following three dreams deal with themes from the nuclear scene of hospital and serious illness in different ways. E introduced the first dream in the series by stating that she had often had dreams of getting checked out for cancer because her mother “...got so sick so fast and died”:

It was just like a whole crowd of people were all milling around me and standing around me. I wasn't even being examined, it was just like a big light on me and everybody was just sort of looking...they weren't doing anything at all and nobody seemed to care what was happening or what was going on...The main feeling that I had in the dream...was absolute sheer terror about the whole thing. My husband was at work...in my dream he was at work, and I remember just wanting to cry but all these people were around me, and afterwards I went back to a room...like a hotel room and I was alone again and I once again wanted to cry...I remember ...after I woke up from this dream I was very upset for about a half an hour afterwards, just really distraught.

E stated that, "Having the cancer, dying" was the worst part of the dream. "It was definitely a hospital setting and hospital people standing all around me...lights on looking at me...I just remember feeling really alone then...that hospital thing that nobody seemed to care, nobody was really there, even though you were surrounded, you were really alone...and when you go back to the hotel room, once again you're alone".

Dream summary. The spotlight is on me, everybody is looking at me, I'm critically ill, yet no-one cares. I feel all alone in this scary hospital, not even the person who is supposed to love me is here. Then later I'm literally alone, all by myself. I'm so upset, I want to cry, but I don't let myself.

Scene construction. a) affects and objects: Absolute, sheer terror at being in the hospital and thinking she's dying; terribly lonely with no-one there to care about her; very distraught over how alone she is; b) dream environment: institutional setting, very invasive; no privacy. c) action: Passivity.

A striking element of this dream report is E's statement about hospital experiences ("that hospital thing that nobody seemed to care, nobody was really there, even though you were surrounded, you were really alone"). In this dream that seems to be a symbolic replay of the nuclear scene, the statement gives support to the conjecture that E felt alone and abandoned in the

original nuclear scene, despite later assurances that she liked hospitals and nurses. Also striking is the presence of E's apparent strong explicit value of coping ("I remember just wanting to cry but all these people were around me").

E reported the following "very distressing" dream about a 42 year old director in her company who was currently undergoing "huge doses of chemo and radiation", in the context of a declaration that she has always had a terrible fear of cancer, particularly breast cancer:

We were on this cruise ship and this other lady that we work with was instigating herself into the whole conversation and I don't particularly like this lady, so I was sort of saying..."go away, leave us alone, I want to talk to Sally and see what she's doing" and then I did some shiatsu on Sally and I remember it was just such a wonderful healing thing and it was good.

After telling the dream, E stated that she felt "some calmness" and "some unsettling feelings...she's just so sick". This dream report is an example of E's modification of the originally stated intense affect, in this case the modification of "very distressing" to "some unsettling feelings". The dream captures the "bad then good" aspect of the nuclear scene, with E playing the calming role of Dr. Wendy.

Dream summary. I'm in a holiday place but I'm focused on my friend who has a life-threatening illness. I want to help her. I don't want to be distracted. I'm very distressed at how sick she is, but I feel good about being able to do something healing for her.

Scene construction. a) affects and objects: distressed about her friend's life-threatening illness, about how sick she is; calm because she could help her. c) action: taking action to help "fix" her friend.

The third dream in the series repeats the theme of invasion of privacy in a "patient-type" setting, as well as the theme of "healing" coming from women. This can once again be seen as a

repetition of the nuclear scene with an aversive experience at the hands of male figures, and soothing and calming coming from female figures, yet the overall experience is one of vulnerability, invasion of privacy, and extreme anger:

In this...women's centre/fitness place/retreat...a big room with...different partitions...in it, very open planned to allow women the freedom to move around and mingle and interact. And...it had art therapy in there and a work out place and little beds...with...partitions...not separate rooms...and there were some men I guess on the other side of this building. Sort of there as a patient...and...I was put in a...vulnerable position, I don't know if it was the shower area...but it was kind of all open, and I've always been an extremely self-conscious person, so...I just felt really vulnerable..."I don't like this, what am I doing out here?" And all of a sudden all these men from the other side of the building started walking through this whole area and I remember being extremely mad, extremely mad that they were there and that nobody told me that they were going to walk through the building. Nobody was there to...monitor the situation. Then all the women...gathered around me because I was just raging away, and they were trying to do this anger therapy thing on me...they had me laid down and they were chanting and...laying their hands on me, like...healing hands...and I remember it was starting to work and I was feeling good, calm, and then all of a sudden these men all started coming around again and looking in on the whole thing and so I got angry all over again, and then I woke up.

Dream summary. I'm in a place that seems safe, yet I'm put in a very vulnerable position as if I'm a patient in a hospital. Then a group of men invade my privacy without warning, and I'm extremely angry, particularly because nobody seems to be in charge of what happens in this place. The women gather around me and soothe me, but they are unable to stop the men reappearing and I get angry all over again.

Scene construction. a) affects and objects: very vulnerable at the lack of privacy; extremely angry at the invasiveness of the men, and also at not being told they were there; calm from the soothing of the women; b) dream environment: dream environment: institutional setting/therapy centre, very invasive; no privacy. c) action: Angry, but takes no action.

In the movement from bad to good then bad again, this dream captures the multiplicity of "good-bad" scenes encountered by Tomkins (1991) in the scripts of women with eating disorders. Tomkins puts this down to the individual having been subjected to swings of parental involvement between overcontrol and concern, to indifference, and even to brutality.

The last dream is like an anti-analog in that it captures a happy family scene, the kind that E longed for, without the undercurrent of anxiety about her mother's drinking:

My mom and my dad and I and we were all out and sitting at the beach and eating food and watching fireworks and that and I remember when I woke up from that it felt so strange I thought, "Wow, a good dream, she wasn't drunk, wow". It was really very unusual....this one just sort of felt so light, it felt so good".

Dream summary. We are a family together, doing normal things, having a nice time.

Scene construction. a) affects and objects: Light and happy because mother isn't drunk and everything is normal; b) dream environment: outdoors, public place, fun place.

Discussion of analog formation in the dreams. E's dreams are replete with references to the nuclear scene. The conjectured emotional experiences of the nuclear scene, namely terror, panic, and loss of control, are present, as is extreme anger, and variations of the story of the nuclear scene are replayed in three of the dream stories. The abandonment by her mother through E's life-time, which contributed to the growth and development of the nuclear script, is also captured in three of the dream stories. The dream of E as deathly ill, and abandoned by her husband in the cold and uncaring hospital, would seem to reflect the true emotional experience of the nuclear scene, and illustrates how the nuclear script has grown into adulthood with her.

E's recurring dreams, and thus indicators of particular significance (Robbins & Tanck, 1992), deal with her sense of being terrified and profoundly out of control in the face of an

external force; her anger towards her mother for her life-long abandonment of her; and the issue of loss of loved ones in her life ("I often dream about all my animals, and family members that are...gone 'cos in over 8...years I lost 8 family members...and I often dream about my little kitties ...that died because I'm very, very attached to them"). E also spoke of recurring dreams of perfectionism, in which she is "just fussing and getting in a knot because things just aren't so". Her external perfectionism, well documented as a coping style in women with eating disorders (Bruch, 1978; Crisp, 1980), is likely a response to her internal experience of feeling overwhelmed and out of control, and is captured in her explicit value of being a "fix-it" and "the best little girl". Most of E's dreams involve passivity, taking no action in response to her feelings. In one she takes action to fix the situation, in the "fix-it" role of the medical caretaker that appears to have become an anti-analog to the helplessness she experienced in the hospital scene.

### E's Governing Script

E's nuclear script would seem to centre around the abandonment she experienced by her mother in the hospital scene, which was then developed through her childhood by her mother's alcoholism and her father's coping style of emotional distance and physical absence. This culminated in the premature and sudden death of her mother in E's early twenties. Illness, caretaking the ill, and hospital experiences dominate E's narrative and dreams, in particular, a sense of powerlessness in the face of terminal illness, barring her sense of herself as a caretaker. E's response when I asked her if she saw herself as a caretaker, was given in the context of illness: "Oh, definitely, definitely, one hundred and fifty percent, if anything is wrong with

anybody in our family I'm the one on the phone asking them all these things and if I have to I'll phone the doctor".

The theme of abandonment is supported by evidence of the development of an insecure attachment ("recognition has been a big thing for me over the years, that I've always needed it, maybe a bit more than is normal"), illustrated by the yearning displayed in her anti-analogs, and the deep and lasting distress she suffered at the deaths of her various family members. After her mother's death, E experienced similar devastation at the death of her grandparents ("I've always felt badly about them dying. But that's another long, involved story"), and still has recurring dreams about her dead animals and relatives. E also demonstrates a theme of helplessness of action in response to her key affects, excepting when she moves into the compensatory "caretaker" role.

E cites loving family connections, yet there are many contradictions in the narrative. In response to a question about the loneliness in her dream of abandonment in the hospital, she indicates how isolated she feels underneath her chatty exterior:

I've spent a lot of time alone over the last...16 years...I've had a husband...the whole time but he's busy and what have you and I've been...dealing...with alcohol...so yeah, I really had a lot of problems with loneliness, even though I'm surrounded by people and friends... extremely lonely. I didn't realise how unconnected I've been even though I'm surrounded by people and work... everybody thinks you're socially just great, inside its like huuuuh (makes a crying noise).

As with the rest of the participants in the study, it would seem to have been an occurrence in her life that reactivated her nuclear script, in this case the untimely death of her mother, which provided the precipitating cause of an eating disorder. It also unleashed the inconsolable longing

for connection with the mothering figure that she never had, which dominates her stories and dreams.

### Summary of Themes in Governing Scripts

All five participants have a similarity in that abandonment or rejection by a parental figure forms their nuclear script. In 4 out of the 5 narratives (K, H, Y, & E), abandonment or rejection by the mother was the centre of the developing script, with the insecure attachment being focused primarily on the mother in the stories of K, H, and E. It would seem that Y's attachment focus was also her mother, evidenced by her difficulty remembering why her mother sent her to live with the ex-boyfriend, and her confusion over the unfolding of the events of her mother's abandonment of her in adolescence. One would expect that kind of trauma to be indelibly printed on a child's memory. Yet her attachment concerns seem generalized to any parental figure, which is consistent with her nuclear scene. Even in W's story, where the central abandoning/insecure attachment figure was the father, the mother was more profoundly abandoning over W's infancy and childhood. Connecting to the common theme of abandonment by mother was the story-line evident in four out of five life-histories (K, H, W, & E), namely "longing for mother". In Y this was more general, being a "quest for love", yet this theme could apply to the other 4 participants as well, so that both themes seem parallel and interconnected. The observation by Adler (1954) that particular references to topics such as illness and death in ERs is indicative of a special fear of these events fits the stories of H, W, and E. All mention death, perceived death, and/or illness in their childhood memories, which thread through their narratives as part of a fear of abandonment.



Woven through the stories of abandonment is a common inability in childhood and adolescence to talk to their mothers about difficult feelings and thoughts. K cites several difficult experiences where her attempts in early childhood to speak to her mother were unsuccessful, such as trying to find out why her little friend wasn't coming to play anymore, and then later never even considering telling her mother about such traumas as the rape: "It wasn't even an option to tell her. It never even entered my mind that I could tell her that....I just knew that I wouldn't, I couldn't". H continually attempted to speak to her mother, and was shocked each time it was unsuccessful, such as in the account of being physically assaulted by her step-father and turning to her mother for support, only to find it wasn't there ("my mom never said a word, she just sat there....'Well, its your own fault'..."). Y clearly received the message that she was not allowed to talk to mother about anything that would upset her: "I was not supposed to say anything, or ask for anything, or make any problems...all these thoughts would go through my mind that...if it would hurt my mom... better not to say it...and kind of sacrificing a little bit". When E was questioned if she felt able to talk to her mother about the kind of things that children get upset about, she replied, "No. No...It wasn't total non-communication, but, no, I don't ever recall ever having a closeness". W stated numerous times in her narrative that she and her mother "were not close at all". Her story of her mother's terrorizing behaviour and physical assault of her when she felt driven to making the choice to live with her father illustrates her mother's inability to hear and empathize with her daughter's pain.

The adoption by each participant of personalities that reflected the parents' values of the "perfect child" appears to be tied the nuclear script of abandonment or rejection by a parental figure. How the participant's respective families saw that role varied. For K, "I spent a lot of time

trying to do what...I was supposed to do, even though I wasn't always sure exactly what that was. I just...tried really hard to keep my little sister out of trouble and do well in school and make sure the house was clean and that my little brother and sister didn't fight". H became "...the pet. Oh yes. 'Cos I was the most responsive child. You know I always was kissin' and huggin' and laughin' and singin', whereas the others were more withdrawn, I was outgoing". The worse things got for Y, the more she smiled and got good grades. W stated: "I was a good student, I was an excellent student...that was my role at home...the achieving student". As she moved into adolescence and become aware of her father's response to perfect female bodies, having a perfect body and the "right" designer clothes became part of the picture too. E was "...nurturing, caring...look after everybody, make sure the world's sunny and shiny" in response to her father's distance and her mother's alcoholism.

In all participants, their eating disorders appear to have started when their nuclear script was reactivated. In the case of K, H, and E, where the nuclear scene was "abandonment by mother", situations where the abandonment affect was intensely felt seemed to trigger the onset of the disordered eating. For K, her anorexia nervosa became apparent to herself and others after her mother died. In H's case, it started after her mother very unfairly and abusively kicked her out of the house in adolescence, which she described as "...the worst experience of my life". E's bulimia nervosa and alcoholism commenced during her mother's terminal illness and went really "out of control" after her death. W's nuclear scene was abandonment by father, which extended to include "rejection for not being perfect". Her disordered eating patterns, which began during an 8 year relationship, developed into anorexia nervosa after her boyfriend broke off with her. It is of interest that the nuclear theme of "self as abandoner/father as abandoner" was present in this

drama, since W was ambivalent about her boyfriend for many years, and had contemplated breaking off with him but was never able to bring herself to the point of doing it. The response of anorexia to imminent loss of a parental figure was also evident in her inability to eat when her step-mother was life-threateningly ill with an aneurysm. For Y, her perception of rejection by her unofficial guardian Norm, pitched her into the frenzied exercising and restriction characteristic of anorexia nervosa.

While the family histories of all five participants varied considerably, there are several commonalities in family functioning that permeated the nuclear scenes and subsequent scripts. While very similar so as to appear overlapping, they are sufficiently distinct in the narratives to merit individual attention. The most noticeable was the family rule that "if bad things happen, don't talk about them". In K's family, her father's motto was "Don't tell other people your problems. People have enough problems of their own they don't want to hear about yours". After K's little sister almost drowned, "...that was never talked about again...Nobody ever talked about it... even 5 years ago when my mom was dying, I asked a whole bunch of times what was going on. Nobody would talk". Testimony to the strength of this rule is evident in K's inability to tell her parents about the sexual abuse at ages 10 and 11, and the rape at age 14 ("I was going to take that to my grave with me"). In speaking of the traumatic death of her sister's little friend after a birthday party, H responded to the question of whether her family had ever talked about the incident with:

no, not really, no...well...we probably did, like see, that's why you don't cross the road by yourself but no, not the emotional side, no I don't think, no....no, I don't remember. No. No grieving, no. No. No. I just remember the family moving out and asking, "Oh?"...almost knowing why, because her daughter, or maybe mum said, "Oh, they're moving today"... that's probably all, the end of it.

Y, with her sensitivity to perceived rejection, picked up the family “no talk” rule acutely, stating, “It always seemed safer to not say anything and just be silent because I didn’t want to hurt anybody”. When her father and mother went through their bitter divorce, Y learned that: “I had to be careful with everything I said, everything ...I’d never say anything about anybody because I don’t want anyone to be hurt...that really got instilled in me at that age...to keep your mouth shut”. E stated that, “Nothing was ever discussed in our family, as in most, I’m sure... Zero. Absolute zero. Everything was ignored...” About her mother’s alcoholism she said, “I don’t recall until...late teenagehood of telling any friends or anybody about my mom being a drinker. That was totally a non-discussed issue...something that was never discussed within the family or outside”. W described how her anorexic state was ignored by her family: “I mean, I was covered in bruises and it just...I had bruises all over my legs....My sister-in-law....said, “W, you’re getting so thin” and I’m like, “No, no, no I look great”...but that’s all that was said...And my parents put their head in the sand a lot...I tried to tell them on a couple of occasions and they just sort of glossed over it”.

The second common family rule that strongly governed the participants’ life stories was “Don’t show negative feelings”. All five participants were strongly controlled about the display of anger, while their parents would at times yell and scream at their children, to the point of physical violence. However, nobody in any of the five families showed emotional pain. K stated about her family and extended family: “Strong back then was whether they didn’t cry...male or female...If you didn’t cry you were strong. And I didn’t cry”; “...there’s still that kind of area where you don’t talk much about anything that hurts...or if you do talk you keep it real superficial...no feelings are involved.... its...like a news story”. As quoted earlier, H’s family dealt with tragedy by moving on

and ignoring the painful feelings. Also evident of this rule in H's family is her taking on the role of the happy, outgoing child, to keep everybody happy. Y too, was given the message that only happiness and smiles were what was acceptable, as illustrated in her dream "The Million Dollar Smile". When questioned as to whether smiling and being pleasant was a value in her family, Y stated, "Oh, yeah, to be agreeable and that stuff". In her family "...people were always silent, never said anything until they were pushed to the limit and then they would explode and yell and scream". E said she had never seen her father cry, and when asked if she was allowed to cry as a child stated: "No. No, no, no. We didn't do that. No, no, no, it's not acceptable. No anger, no crying, or I'll give you something to cry about. That was a good one. No, there was just no expression of that kind of thing". As demonstrated, W was unable to show pain or anger to her mother, and she was too scared to even get in touch with any negative feelings that might disrupt her picture of her father as her saviour.

Each participant had many stories that indicated a perception of home as an unsafe place, which was contributed to by the low tolerance of negative affect and upsetting events, as well as the swinging of parental style between over-control and indifference. K's narrative exemplifies this style, where her mother's punitive control of her eating in the following story contrasts with the seeming parental indifference to her coming home in the wee hours as a young teenager, smelling of alcohol:

I can remember...sitting at the table when everyone else had gone and my mom used to sit there...and if I wouldn't swallow or if I wasn't eating fast enough, she'd smack me with the (laundry) stick...that would go on until I either ate the food or she got tired and sent me to bed...

In particular, each reported a nightmare in early childhood or a recurring nightmare that takes place in a private intimate place. In 4 out of the 5 participants, the nightmare literally occurs in their home. K has had numerous recurring nightmares that take place in her home where things that appear safe become terrifying or monstrous. Or she's being pursued by an intruder and finds her only escape to have been an illusion all along ("the window's not there, there's just a wall, there never was a window there"). This seems to illustrate how trapped she felt in the dangerous home, as well as symbolizing the difference between public appearances (i.e., the blind on the wall which implies a window and therefore freedom to leave), and her true experience in her home (there is no escape). H's nightmare of the grandmother's head rolling unexpectedly out of the closet seems to reflect the unpredictability of shocking occurrences that took place in her childhood and teens. Y had to walk a tightrope in the home not to upset her mother, and experienced her home as a controlled and dead place that would sometimes erupt. When her parents divorced the experience of walking the tightrope escalated, and it was from that time that she began to have the recurring nightmare of the uncontrollable force grabbing her, that always took place in her home. E's sense of safety in the home was deeply affected by her mother's alcoholism, which she stated a couple of times in the narrative:

...we weren't physically abused. We always had a roof over our head, and...decent clothes. And...would go on holidays...but yeah, there was never any surety, or any stability....You came home from school and you wouldn't know. I never brought anybody home because you never know what you are going to get when you walk in the door".

This sense of lack of stability is graphically portrayed in the frequently recurring nightmare of the advancing tornado that E has had ever since childhood, again, always taking place in her current home. W's home life went through many levels of experienced lack of safety and security,

leading her to judge stability and security in adolescence by the parameters of being able to have “decent clothes”. Her recurring nightmare of the fire having destroyed “her inner sanctum” began at age four or five after her nuclear scene.

Four out of the five participants told a story of a traumatic experience in connection with food during their childhood or adolescence. The only participant who stated that there were no negative experiences with food growing up was E. She, however, had traumatic memories connected with her mother’s alcoholism. Given a) that alcoholism was her other compulsive behaviour; b) that she was the only participant who was solely bulimic (i.e. without a period of restrictive dieting); and c) the links research has made between bulimia and a history of alcoholism (Bulik, 1991; Jones & Cheshire, 1985; Zerbe, 1991), this may be meaningful.

A sense of powerlessness dominates the action line of the majority of ERs, narrative stories, and dreams. In some nuclear scenes there is an initial attempt to take action in response to the negative affect, but it seldom leads to a positive outcome, so that the script becomes one of hopelessness about effecting any change. In scenes where some action got the participants what they wanted, such as in some of Y, E and W’s stories, the ambivalence or outright negativity associated with those “successes” was sufficient to act as a deterrent against similar actions in the future.

All the women told stories that seemed to indicate a dislike of their body image and self image predating the onset of the eating disorder. K was the only participant who stated that weight and looks had never been a concern for her. However, her story is confusing, because she also talks about overeating and weight gain after the rape at age fourteen (“over...the summer from March until...July or August that year, I gained 35 pounds...I have lot of memories of that time”), yet states

that she had no issues about being overweight until after her anorexia nervosa started in her twenties ("I didn't think I was too heavy lets lose weight, it was only after I lost the weight that I became afraid to go too far back the other way."). It would seem that after the rape her already vulnerable sense of self deteriorated into self-hate ("I know that after that happened I hated myself. I hated being alone with myself. I hated the way I looked. I probably hated everything there was to hate about me"). H prided herself on looking perfect and fitting in, which is evident in her comments about her stepfather's reactions to her ("he cut my pant legs off my clothes 'cos I was too vain, and he could not figure me out like why does she care at thirteen about her appearance?"). After her mother kicked her out the house and she gained about 25 pounds, it only took one remark from her sister on her weight gain to send her into extreme restriction:

And I remember eatin', eatin', eatin', eatin', eatin', and I'd gained weight 25 pounds, and ...my sister...I hadn't seen her in a year at least, but she worked in another restaurant up the street, and...I thought , "I'll go say Hi" and I went in and she said, "Oh, my God, are you ever fat now" and that was it. That was all it took. And I thought, "Oh, my god". I'd never starved, but I was starving from that day forth.

Y became sensitized to her looks by comparing herself with her step-sister, who was 4 years older than her: "I had an older sister who was a model and she was told frequently how beautiful she was. She was gorgeous and outgoing and desired by all the guys at school. She was extremely popular. We looked nothing alike. When we were together she would be called beautiful and I would be called, maybe, cute". An outbreak of her previously perfect skin in grade twelve, and a sense that her guardian no longer found her attractive because he stopped taking photos of her, was the precipitating cause of the frantic dieting and exercising that led into anorexia nervosa. W would cut herself out of her yearbook, which she states was "...very much tied to my relationship with food. Very, very much. Because whatever I did, or however I used or abused food was because



I didn't like myself. There were these hidden pockets I didn't want to show anyone, or, I wanted to create a pretty package to hide what was inside and who I really was..." E did not experience herself as overweight as a child, although acknowledges some sense of her body being imperfect in her teens ("I never had a weight problem or thought of it when I was a kid...maybe when I was a teenager, but I was slim then and...all teenagers were a bit concerned, but...none of my girlfriends I was with at that time were obsessive about it."). However her body-image vulnerability manifested itself in self-consciousness: "I am a very private person, very self-conscious, both mentally and physically...even in school I would never shower after gym class...things like that, so there's always been that sense of privacy and vulnerability and self-consciousness".

The narrative analysis of four out of the five participants presents each one as having a very narrow and rigid sense of "self in the world". K feels that "nobody cares" and "nothing is going to work out for me"; Y remains convinced that if only she could have controlled her anger, she wouldn't have paid the price of so many losses in her life; both E and H see themselves as "nurturing, caring...look after everybody, make sure the world's sunny and shiny" and "happy, outgoing, and fun" respectively, which is not substantiated by the inner misery revealed in their narratives and dreams. Tomkins (1987) states that script analysis of stories from individuals with such a narrow sense of self reduces the complexity of the isolation of personality themes, compared with trying to analyse more "developed" personalities. W is the only one of the 5 participants who seems to be expanding her view of herself to include an awareness of her father's inappropriate behaviour on so many levels, and his abandonment of her as a child and teenager. She is therefore in the process of moving from seeing herself as the abandoner, and confronting the myth of her father as the "saviour-figure". Even so, W's life stories and dreams demonstrated strong

consistency with the theme of her nuclear scene, and thus making the nuclear script easily identifiable.

The following section outlines the responses to the questions that explored whether social construction played a part in the development of EDs, and looks at some commonalities in socio-cultural factors.

#### Socio-Cultural Influence on the Development of an Eating Disorder

While no uniform pattern emerged that suggests the social construction of eating disorders as a strongly contributing factor in causation amongst the women studied, this study did not look at these issues in any depth. Therefore, the following observations are given in the understanding of the limitations of the questions that were asked of the participants.

There were no reports of the idolization of famous people or media personalities who could be seen to represent the stereotypic model of female beauty, namely very thin and youthful, and/or obsessed with their physical looks. In fact, there were few reports of specific identification with media personalities at all, but those that there were, were perceived as strong, intelligent women with minds of their own. E cited Katherine Hepburn as an inspiring woman because "...she's so tenacious...so intelligent, quick-witted, yet...she's kind of graceful...but...not mean-spirited, or sharp-edged, or tough or hard. She also doesn't take anything from anybody...she speaks her mind". W spoke of Sandra Bullock as having appeal for her because she comes across as "...this is me, take it or leave it. I look good but I'm not going to fall into any of society's standards". Both women appear to be struggling with a way to define strength positively in women. E's unstated experience is that strong and intelligent has also gone along with being hard and mean ("a lot of strong intelligent people can get.... mean"). Certain statements E made about

her mother's utterances in her youth appear to indicate a tough, uncompromising attitude ("Mom said tonsils are good for nothing, just get 'em out"). W associates strength in women with being domineering. When questioned about a facial grimace in connection with the stated "strength" of the women in her family, she said, "Well, there's strong and then there's bulldozer strong". Y admired Laura Ingalls Wilder because she was "strong-willed and full of life...she made something of herself". These are qualities in herself that Y has pushed down persistently throughout her life in order to be loved and accepted. The personalities mentioned are therefore almost like anti-analogs to each participant's nuclear script. No-one mentioned any famous personalities who have gone public about their struggles with eating disorders.

The only common interest in books in childhood was the Laura Ingalls Wilder books (Little House on the Prairie). Once again, these books were like anti-analogs to the participants' lives. They related to them because they represented: caring, loving, connected family where the children could talk and the adults listened to them (K, Y); "There was so much goodness in those stories...so much positive things and everybody was happy with the simple things" (E); and a longing for traditional family things "...to sort of see what that was like, because I didn't have that" (W). A similar theme in the various books and television shows mentioned was stories that provided a contrast to their lives, or validated a side of themselves that was denied in the family, such as independence and self-sufficiency from family, strength, and adventure.

Four out of the five women (H, Y, W, & E) had heard about eating disorders before they became anorexic or bulimic themselves. However, only E stated that if she hadn't read about college girls' stories of bulimia in a women's magazine, purging by vomiting might never have occurred to her ("...that's what sort of caught my eye...restricting calorie intake, hmmm...while

I knew it was wrong, I also ...remember very distinctly thinking, well, there's a thought"). Y could well have been influenced in her choice of starvation at a time of her life when she felt so depressed and lonely. She had previously read "Karen", which is the story of how Karen Carpenter died of anorexia nervosa, and remembers finding story "very touching, very real". She had no idea what anorexia was before that, but at the time it seemed like "a very noble escape." H and W had heard about women dying from anorexia nervosa, but both were shocked at the illness. H had a girl in her school who was an emaciated anorexic and whom H thought was "weird", and W thought the stories she saw on television were "tragic". Both recall not wanting to admit that they were anorexic, nor that they were like those women in any way. However, H was influenced in her decision to take up laxatives as a form of purging ("...and then one of my friends said 'Oh, you should take laxatives, some of my friends do that'. Wrong thing to say. 'Cos I totally started abusing them, like boxes at a time, boxes, boxes..."). K never heard or read anything about eating disorders.

Only W stated specifically that she received the message growing up that thin equalled beautiful. Neither K, H, nor Y mentioned it as a specific message they got either in school or at home. Yet Y felt inferior to her sister's beauty, which was continually remarked on, so physical attractiveness would seem to have been an issue in her generalized sense of insecurity. K mentioned her husband as being derogatory about "fat people", and H's sister had a negative reaction to H's weight gain after being kicked out by her mother. W was surrounded by the goal of perfection in her family and cultural milieu ("Birmingham is a society that judges a lot on image and as a result I have come to judge myself on those issues...if I were to show someone that I wasn't top of my class, top 5%, but I wasn't top...I wasn't the prettiest..."). However, she

states that "...men's perceptions laid the groundwork..." of her eating disorder, with the strongest influence being her step-mother's continuous dieting:

I remember her taking diet pills when I was young....She used to be very, very thin and now she's heavy, so she's dieting a lot and always saying...how fat she is and my father coming to me and saying, "Your mother's gaining weight, I don't find her attractive any more" and between he and my ex-boyfriend telling me...I was about five pounds lighter than I am now and my ex-boyfriend said, "Yeah, you could still lose some weight"...so between the two of them, in terms of men, it really kind of messed things up.

E felt significantly impacted by the images of acceptable beauty as a teenager, specifically stars like Farrah Fawcett with their perfect teeth and hair, "...comparing yourself to other girls in school and stuff". Although stating that she doesn't remember worrying strictly about weight at that time, it took the form of insecurity about her looks in general ("I still have a bit of a problem with that...I'm very, very, hard on myself, body-image wise...I'm just not good enough).

While there was no uniformity in the five participants' statements about the impact of cultural messages, the presence of traditional gender roles and attitudes towards women in their families paints a somewhat different picture. Despite variations in such patterns as working mothers, with both Y and H having working mothers after their marriages split up, there were other indications that all five participants grew up with strongly traditional views of women's role in the family and society, as well as what comprised "femininity". H's mother appeared to provide a positive role model in moving from being a welfare recipient to becoming an RN. However, when she married a dictatorial and physically abusive man, she let his word rule the household despite deep distress in her children. Also, males were shown a strong preference over females in the intergenerational families. W's blended family was dominated by male values about femininity, and her step-mother

...would spend...several thousand dollars US...in a year on clothes. Her circle were the kind where they would get up, get the kids off, spend the rest of the morning getting ready, getting their face on...meet at 10 o'clock, go shopping, go for lunch, go shopping, come home so the kids will be home...so it was what they wore and how they looked, and what clothes they wore, what designers they wore.

E has stereotypic views about men and women, expecting and accepting distance and non-communication in the men in her family ("they're spatial, analytical, not huggy"), as well as displaying an accommodation of her brother and grandfather's alcoholism as never giving any trouble and never being a real problem ("their eyes would just get a bit red"), yet being judgmental and angry about the female alcoholics in her family. In K's family, she was expected to do the baby-sitting and caretaking of her younger brother and sister, despite having an older brother. Y received a consistent message that young girls smile and be agreeable, and has herself married a powerful and controlling man who reinforces that stereotype. None of the participants seemed to have received positive, helpful messages about being female in which they were validated for their personal characteristics, or encouraged to be independent and think for themselves. None of them had positive, supportive relationships with their mothers, nor did women seem to be valued in the family structure of any of the participants. E had a dream which could be understood as symbolizing the struggle between masculine and feminine values, where she is trying unsuccessfully to integrate the two:

I have two bosses, one male, one female, and my male boss and I were out trying to buy a present for the other boss...and I was trying to help him choose something special for her...we were looking at this weird sort of outdoor flower place and there was...poppies that were...6 feet tall and I just love them...they're my favourite. But we didn't like them, because when we got up near them we realized they were all made out of paper, they weren't real. They were like huge birds of paradise....huge gladiolas....Then we went back to work, and my one boss started making my other boss a bracelet out of metal...he was working on this...with a blow torch...and hammer, making this bracelet. I came up with the idea of....getting a few different things to do with angels. And I was so set that I had this brilliant

idea to get her angel earrings, or an angel pendant...it was just so strong that this was just a wonderful idea I had....And he wasn't really sold on it, he said to me like, "Uuhh".

First they see beautiful "feminine" flowers, but they turn out to be fake, appearances not living up to reality. Then E has a "brilliant idea" for incorporating the masculine and feminine in a gift, but the male authority figure rejects it.

In conclusion, all participants were asked for their views as to why they might have developed an eating disorder. K had "no idea", other than that it might have been initiated by her sexual abuse, which had been suggested to her. However, she didn't feel as if that theory fit for her. Y thinks it has partly to do with

...isolation. Internal isolation. Fearing saying one's thoughts, having poor communication skills, and being alone with your thoughts which get very skewed, with no-one to give you perspective....Feeling torn between what someone else wants and what you want, and feeling trapped, cornered, like freezing inside, because you don't want to hurt anyone.

W thought it was all to do with her family values about weight and appearance, especially the impact of the men; also the message about perfectionism in everything that she grew up with, coupled with the negative connections she gained from living with her birth mother between nurturance and being fed. She did not think that any story about anorexia had any impact, other than maybe helping her put on the brakes when she started to realize that she could be like one of the women who died. E thinks that her family's inability to talk about the negative things that went on is the reason "...I got so dysfunctional over my life...I never learned how to cope with anything, so I've done it all in negative ways...by drinking or bulimia". While H was unable to think of a direct cause, she made a connection between having a goal and feeling fulfilled about herself, and her eating disorder improving significantly, and feeling insecure and repressing her feelings, and her bulimia getting worse:

I was working towards a goal, and it was one of the best times of my life because I ate lunch, dinner, breakfast, never worried about eating, got...excellent grades in school...I didn't have much confidence in myself at all by that point and I got a job right away and it was a really good time, and then...real life hit me. I went to work at the Lodge, I had to be serious, responsible at twenty, and I wasn't liking this, because I was always wanting fun, or happiness, and it was...a tedious, mundane existence, and I got totally throwing up and bulimic at that time. Plus...I was a doormat to a lot of my friends, and I struggled about being more assertive, (expressing) feelings...If I felt a certain way about somebody I would never say, "I hate your guts"...I could never say that, "Oh, don't worry about it", was my, until I got to the point where I was going nuts....just all that insecurity was the main thing.

It would seem that none of the participants in the study had much of a sense of a social construction of their eating disorder, with most of them citing intrapsychic issues as playing the dominant role. However, there is some evidence of various levels of influence in the stories of E, H, and Y, and their slant on their particular ED causation could well be created by the intrapsychic-focused stories of EDs that they might have heard from their encounters with therapy.. Further study is needed in order to explore this question in depth. The implications of the results of the narrative analyses are discussed in the following chapter.



## CHAPTER 1V

### DISCUSSION

The purpose of this study was to explore the governing scripts in the lives of women with anorexia nervosa (AN) and bulimia nervosa (BN) via early recollections (ERs) and dreams. While there was not an expectation that there would be a common script, the study was undertaken to examine whether there were any commonalities in the governing scripts of women with eating disorders that might further inform theory, and counselling practice. A narrative examination of stories, namely life stories, early memory stories, and dream stories, was conducted via personal interviews as the means to access the scripts. Tomkins' (1979, 1987, 1991) script theory provided the theoretical underpinnings to the research, with Carlson's (1981, 1986) script-theoretic analysis as the methodology of choice. Alexander's (1988) method of accessing scripts via principal identifiers of salience was used in conjunction with Carlson's script-theoretic method when applicable. In addition, sixteen themes in attitudes and family functioning were identified in the data, of which six were common to all five participants.

#### Limitations

In evaluating the results of the study, it is important to bear in mind the limitations to the current findings. Firstly, the purpose of the study was to make meaning out of the text that emerged from the life stories, ERs and dream reports of the five participants. The chosen route of this meaning-making was to discover, by a specific form of analysis, the governing script in the lives of each participant. The small number of participants does not make the findings of the study "generalizable" to other women with eating-disorders in a statistical sense. However, narrative research seeks the connecting threads between events, and as such suggests that the

common meanings that emerged from all five of the life-stories may have similarities to the life experiences of other women with eating disorders.

All five women grew up in North America. One had a parent who had grown up in Germany, but all were subject to the particular social influences of Western Society. Therefore, assumptions cannot be made about connections between the life-stories of the five participants and women with EDs outside of North America. As well, these women's stories represent a particular time and group in culture. These stories would not be found in other times in Western history, or possibly other cultural groups living in North America, such as Chinese women.

All the participants, barring H, have a history of late onset EDs, namely late teens or twenties. The women may not therefore be representative of the majority of females with EDs who still predominate in early adolescence (Wakeling, 1996).

The study only examined the life-stories of females with EDs. While a recent study of males with EDs (Philpott, 1995) found men to struggle with similar issues of self-doubt and body-image distortions as women, studies of governing scripts in men are needed to establish whether there are commonalities in the life-stories of eating disorders across males and females.

Given the limitations of group selection, small number of participants, and possible lack of representation of the majority of ED sufferers, these findings cannot be presumed to fully explain the etiology of EDs.

As in any narrative research, the results are limited to what the people reported. While the design of the study aimed to go beyond the conscious meaning-making of the participants via ERs and dream reports, some participants spoke more freely than others. Therefore, although personal awareness was not such an importance issue as it was to Biela (1993) in her study of the

meaning of transformative dreams, the context of utterances between the researcher and participant varied between participants and affected the acquisition of stories.

Finally, the themes found in the study cannot be considered exhaustive nor can the definitions of the nuclear scripts be considered "the truth". The meaning interpreted from the text has always to be taken as tentative and incomplete (Merleau-Ponty, 1962), with the possibility of future understandings that could change the current meaning. While great care was taken in the thorough examination and analysis of the ERs, life stories and dream reports of all five participants, which were then scrutinized by the committee chair (J. Allan, personal communication, March & April, 1997), other interpretations are always possible.

#### Implications for Theory

This section examines implications of the commonalities that emerged out of the study of governing scripts in the lives of women with EDs.

Insecure attachment style. The common finding of a nuclear scene involving abandonment and/or rejection by a parental figure as central to the nuclear script of all five women suggests the development of insecure, anxious attachment styles in all participants. The studies of Ainsworth et al. (1978) demonstrate attachment style as a process that starts in infancy, and Bowlby's (1973, 1988) studies of children separated from their parents illustrate how separation and loss impact the developing child's sense of attachment. All of the nuclear scenes of the four participants whose script was one of abandonment, involved perceived loss of the key parent. While there are obviously no stories of the infant-mother relationship to draw from, evidence for attachment disturbance as an on-going style is substantiated by the nuclearity of the abandonment scenes in the women's current lives, both awake and asleep. Stories of family

environments that felt unsafe, that repressed negative affect or the telling of negative events, and the difficulties all participants experienced connecting with their mothers, are all factors that would contribute to the development of anxious attachments styles. The adoption by each woman of the surface personality style most reflecting the family values of the perfect child would also seem to be a response to the attachment anxiety they experienced.

The finding of an insecure attachment as a common theme in the governing scripts of women with eating disorders corroborates theory (Bruch, 1978,1981; Crisp, 1980; Goodsit, 1985; Guidano, 1987; Stern, 1986) and research (Armstrong & Roth, 1989; Calam et al., 1989; Humphrey, 1986; Sordelli et al., 1996). The marked separation anxiety and abandonment fear displayed by all the participants during key times of loss or perceived loss in their lives, accords with Armstrong and Roth's findings of extreme separation anxiety in the ED group when they compared them with women struggling with issues of identity formation and intimacy. K and W experienced panic attacks over the death or imagined death of a parental figure; E became an out of control bulimic and alcoholic at the death of her mother; H was "devastated" each time her mother let her down and wasn't available to her; from early childhood Y watched her every word and expression so as not to risk rejection by her parents, in particular her mother, which intensified during and after their divorce so that she was literally shaking all the time.

One seemingly key finding of the role of nuclear scripts in the lives of the five participants was the connection observed between the reactivation of the nuclear script and the development of the ED. There do not appear to be any studies to date of the lives of ED women from the perspective of a governing life-script. Theories of precipitating causes in EDs have suggested loss (Brouillette, 1988), rejection by a loved one (Guidano, 1987; Boskind-White, 1979), and key

developmental challenges such as puberty, or leaving home for which the ED-prone individual does not have the appropriate coping skills (Bruch, 1978; Orbach, 1985a). While all these theories are clearly relevant and were also evident in the life-stories of the five participants, the current study appears to make an additional contribution to theory that does not seem to have been made to date in the research literature. The possible link between an individual nuclear script and the onset of the ED has implications for Tomkins' script theory (1979, 1987, 1991).

Script-theory. Tomkins (1991) views affect as the most powerful innate motivating mechanism in humans. The nuclear script, with its seductiveness of the "good" and the seeming inevitability of the "bad" as a necessary component of the good, is the most compelling script in the range of scripts available to individuals (Tomkins, 1979). The action taken to deal with the "bad" aspect of the scene inevitably makes the core emotional response worse, not better, and as such, becomes a script of "self-victimization" (Tomkins, 1979, 1987). For example, K withdrawing into her tent after her parents' emotional and physical abandonment of her following the drowning incident increased, rather than decreased, her sense of loneliness and isolation. As her life progressed, this action in response to terror and panic continued to make bad scenes worse, not better.

While the nuclear scenes of the five participants do not necessarily comply with Tomkins' definition of "heavenly bliss" turned to "hellish trauma", ranging from "good turns bad" in the scripts of Y and W, through "bad turns worse than better" (E), "bad then good then bad" (H), to "bad turns worse" (K), the findings seem to accord with later observations by Tomkins (1991) of the wild fluctuations of the good-bad scenes in the lives of eating-disordered individuals. Tomkins understands the multiplicity of good-bad scenes in ED individuals as being linked to a

parental style that oscillates unpredictably between "...indifference, overcontrol, nurturance and brutality". All five participants told stories of family functioning that fit this description in various ways, which would fulfill the 5 characteristics of "intrusiveness" as defined by Green and Werner (1996), versus the more confusing family characteristic of "enmeshment" described by Minuchin et al. (1978).

The anti-analogs that were evident in the narratives of the five participants varied in formation. Some, such as those of H and E stood on their own rather than degenerating into the replay of the bad scene as proposed by Tomkins (1979), but were in stark contradiction to many of the stories, dreams and statements that occurred in the rest of the narrative. Y and W, too, spoke of idealized scenes that stood as enduring memories, such as W's nanny in early childhood, and Y's happy time with her grandfather while he made her a ring, while others went back and forth between good and bad scenes such as in W's description of mothering at the hands of her step mother. K's anti-analogs took the form described by Tomkins where the idealized scene invariably reverts to become a replay of the bad scene.

Difficult mother-daughter relationship. The disconnection all five participants felt from their mothers, and the inability to be able to talk to their mothers about feelings and experiences seems an important finding. Palazzoli (1974) noted hostile, enmeshed relationships between anorexic daughters and their mothers. Jungian clinicians (Rufini, 1985; Woodman, 1980) working with eating-disorders have observed similar dynamics between mother and daughters, writing of the sense of disconnection from the feminine principle in the ED female, where they are actually starving for compassionate nurturing from their mother figures. The theme that I called "longing for mother" in the stories of K, E, H, and W, seems to correspond with the

Jungian theory of ED women. In Y, this theme became more generalized as “a quest for love”, perhaps out of a sense of hopelessness that mothering could ever happen for her. Y appears to have coped with the pain of her mother’s abandonment of her in adolescence by “forgetting” how it happened that she ended up living with her mother’s ex-boyfriend with her mother never organizing any visits between them.

Studies of attachment disruptions in EDs, with the exception of Calem et al., (1989), showed anorexic women and bulimic women experiencing their mothers as less caring in terms of empathy, affection, and warmth than mothers of controls (O’Kearney, 1996). Studies of ERs in women with EDs (Barrett, 1980; Williams & Manaster, 1990) go even further, where descriptions of unempathic mothering extend to depictions of mothers as malevolent, subverting of autonomy (Williams & Manaster), and of such profound levels of perceived malice to be represented as “killing mother” (Barrett). Y, K, W, & H all told key stories where their mothers played a role that could be defined “killing mother”: a) K talks of her mother hitting her with a laundry stick each time she didn’t eat fast enough as a small child sitting at the table long after everyone had gone; b) K’s mother’s complete lack of empathy and disregard for her distress in the drowning incident; c) W’s tale of how her mother physically attacked her and tried to undermine her stated need to go and live with her father; d) many stories of extreme suppression in Y’s childhood where her needs and wants went entirely unnoticed if they clashed with the mother’s needs; e) H’s mother’s turning against her when the step-father physically assaulted her, and herself physically assaulting H at the of age 15 when she kicked H out of the house.

The results of the current study, and corresponding findings from previous studies of parental styles in EDs stand in contrast to Apter’s (1990) examination of the mother-daughter

relationship in a non-clinical group. While Apter observed anger and frustration between the mother-daughter pairs as the daughters wrestled with their mothers to be seen for who they were, she also saw love and laughter, and a fundamentally positive, although complex, relationship. Apter's understanding that the daughters retained a very strong attachment to their mothers, could be applied to K, E, and H. Yet again, attachment needs to be understood in terms of a secure connection or insecure clinging/idealization. In the stories of K, E, and H, the attachment manifested more as "longing for mother" than any real sense of connecting with mother.

As in Williams and Manaster's (1990) study, hostility from the fathers was mentioned, but much less frequently, with H, and Y literally having absent fathers, and E experiencing her father as emotionally distant. Yet K reports a story of extreme lack of empathy and nurturing from her father in the drowning incident. H had a step-father who was violently abusive. W's father was presented as far more of a central figure than any of the fathers in the other participants' stories, but he was also a figure representing inconsistent nurturing alternating with emotional and physical abandonment. None of the participants spoke of a truly loving and nurturing relationship from their fathers.

Family rule that negative feelings and events are not to be talked about. This family rule is evident in numerous studies of ED families, and ED women's perceptions of their families, portrayed variously as restricted expression (Steiger et al., 1996), and low expressiveness (Shisslak et al., 1990; Stern et al., 1989; Waller, 1994). Stern et al. found that low expressiveness was the most consistent finding in their study of 57 ED women and a parent of each. This finding appears to tie into Tomkin's understanding that it is the inability to mourn for what has been irretrievably lost that feeds into the seductiveness of the anti-analog as a way of



negating the bad scene, and thus contributing to the magnification and stabilization of the nuclear scene. None of the participants appear to have been allowed to express or grieve any of the traumatic events that they experienced in childhood or adolescence. This finding also adds credence to Miller's (1981) theory of etiology in narcissistic disturbances, namely, that it is not the traumas of childhood that make individuals emotionally ill, but the inability to express those traumas.

Sense of home as an unsafe place. Perceptions of family environment and the experience of childhood adversity vary amongst quantitative studies (Calam et al., 1990; Grigg et al., 1989; Schmidt et al., 1993; Shisslak et al., 1990; Steiger et al., 1996; Williams et al., 1990) depending on the instrument used and the sub-group of eating disorder. Sordelli et al. (1996) and Vitousek et al. (1991) offer some possible reasons for the inconsistencies in findings, namely a) the tendency of restricting anorexics to idealized relationships (Sordelli et al.) and the transparency of the instrument (Vitousek et al.). In this study, the use of a life-history narrative, which was inclusive of ERs, and material from the unconscious realm of dreams, illustrated a perceived lack of safety even in the stories of H and E who had an observed need to idealize their families and/or minimize their life traumas. Given the special significance of the recurring dream (Robbins & Tanck, 1991), the strong presence of a recurring nightmare depicting extreme danger in their homes would seem to express the centrality of the experienced lack of safety in the participants' lives. The theme of lack of perceived safety in the home also links to the core attachment experience in all five participants.

A sense of powerlessness. The evidence of a script of powerlessness in the "action response to affect" of the ERs, life-stories, and dream stories of all participants corroborates theory

(Bruch, 1978, 1981, 1985; Goodsit, 1985; Guidano, 1987; Stern, 1986) and research (McLaughlin et al., 1985; Rezek & Leary, 1991; Strauss & Ryan, 1987; Wagner et al., 1987) in eating disorders. In addition, the current study provides material from the narrative analysis of stories, which fulfill the criteria of Vitousek et al. (1991) for bypassing strong conscious values. The pervasive theme of powerlessness is in agreement with the content analysis of ED women's dreams (Brink, 1991a; Brink & Allan, 1992) which showed a sense of ineffectiveness as the most strongly significant attitude in the ED group.

Dislike of body-image/self-image predating the onset of an eating disorder. This finding was not a surprise, given the plethora of literature from psychodynamic (Bruch, 1978, 1981; Goodsit, 1985; Palazzoli, 1974; Woodman, 1980), cognitive (Guidano, 1987), and feminist (Boskind-White, 1979, 1985; Orbach, 1985a, 1985b) theorists about the roots of body-image/self-image dislike in childhood and/or socio-cultural messages prior to the onset of anorexic or bulimic symptoms. Recent research (Tiggemann & Pickering, 1996) has corroborated an aspect of socio-cultural theory, namely the impact on body image and drive for thinness of certain television content on non-symptomatic adolescent girls. However, there were some differences amongst the participants in terms of the history of the development of their body-image dissatisfaction. While W and Y felt the primary influence to be the home, in female role models, and male parent/guardian's attitudes to sisters who were perceived as "more perfect" in looks, H and E felt the influences came more from peers and the adolescent culture. K was the only participant who stated that she never felt fat or received any messages about body-perfection. Her body-image dissatisfaction, stated as "hatred" for everything about herself, followed the rape at the age of 14 years. K's story is in agreement with the findings of Byram

and Wagner (1995) who note that body-image dissatisfaction in non-ED female students was not predicted by sexual abuse per se, but that there was a significant connection between body-image dissatisfaction and sexual abuse of a short duration at an older age. Byram and Wagner's study throws some light on why K's earlier abuse at the hands of her cousins did not seem to impact her sense of her body in the same way as the later rape. The type of sexual abuse may also have played a role in how it impacted K's experience of her body.

The presence of body-image disturbances prior to the onset of the EDs in conjunction with a central theme of insecure attachment styles may also be important. Gupta et al. (1995) noted a significant relationship between reported touch deprivation in childhood in ED women and body-image disturbances, compared with a non-clinical group. While Gupta et al. stress that their research is preliminary and that studies using more objective measures of touch deprivation need to be undertaken, the current study makes a contribution with its use of the personal interview and early recollections for data gathering.

The commonality of traditional gender role attitudes in the families, in conjunction with the stories of body-image dislike prior to onset of the ED, has bearing on Orbach's (1995a) theory of the role of patriarchal family values on the development of EDs, as well as current research. A study of sex-role identifications and irrational cognitions in ED women (Steiger & Fraenkel, 1989) found a significant link between hyperfeminine identifications and EDs. However, only the anorexics demonstrated body-image distortion, which led the researchers to conclude that low body-weight might be a factor in distorted body-image. The stories the women told in the current study about disliking their bodies, and more profoundly, disliking themselves, before the onset of aberrant eating practices do not support Steiger and Fraenkel's conclusions.

### Summary of Implications for Theory

Despite the evidence of anxious attachment styles in the nuclear scripts and life stories of all five participants, the question remains how, if at all, this might be related to the development of an eating disorder. Clearly many individuals become insecurely attached without developing EDs in later life. Bearing in mind O'Kearney's (1996) caution that there is insufficient evidence linking insecure attachment styles to the later development of eating disorders, the current study provides information from a different methodological approach than the quantitative studies he was critiquing, and would seem to fulfill one of his criteria for data from diverse theoretical approaches as providing inclusive and comprehensive study of multiple pathways. The use of a qualitative methodology offers a rich source of subjective material that is not available to the quantitative researcher, and thus enables the discovery of patterns and connections that might be missed by the statistical analyst (Polkinghorne, 1991).

While low tolerance of negative affect and the inability to deal functionally with negative events might occur in many families whose daughters never develop an eating disorder, a possible clue to the connection with an insecure attachment might be in the combination of patterns observed, namely: a) the extent of the disruption of the mother-daughter relationship which robs the developing girl of an experience of nurturing and acceptance so vital to the development of her ability to nurture and accept herself (Lehman & Rodin, 1989; Rufini, 1985; Woodman, 1980); b) the degree of perceived lack of safety in the home evidenced in the recurring nightmares; and c) a home which espoused traditional gender roles and attitudes towards women. It seems feasible that all these factors might contribute to the developing

vulnerability of the young girl, making her particularly exposed to the social messages about her body and the pursuit of thinness.

### Implications for Practice

Counselling women with eating disorders has classically been a difficult and slow process (Crisp, 1980; Zerbe, 1992), which has come under fire from therapists working in the narrative and brief therapy traditions (White, 1989). However, the discovery of abandonment and/or rejection by a parental figure as the core script of the ED women in the study seems to suggest that the therapeutic environment proposed by Stern (1986), namely the provision of a "holding environment" based on the characteristics of Winnicott's (1965) mother-infant holding environment, may be the most appropriate form of counselling for these women. This does not necessarily mean the creation of a hospital program as suggested by Stern, although it may for some women, but for every counsellor working with ED women to bear in mind the necessity of creating the relationship of the "good-enough" parent with their client (Winnecott). As such, the counsellor needs to be aware of the attachment style of the client, and that it will likely provide many challenges to the therapeutic relationship that will approximate the level of trust that has developed in the ED client. K and H were examples of this, in their routine "firings" of their family physician, and in H's manner of withdrawing from the study. However, Y, W, and E also displayed varying and confusing behaviour at times during the study in respect to phone-calls, setting up interview appointments, and response to follow-up.

The common theme of the participants' inability to express their traumas to their parents seems to validate the use of emotionally expressive therapies in counselling ED women. This lends support to Miller's (1981) clinical theory of the necessity of narcissistically-wounded

individuals to mourn the traumas of their childhood in order to move from the grandiose "false-self" who has no needs, to a more authentic sense of self.

The use of ERs and dreams proved to be very helpful tools in understanding the participants' worlds. While the interviews were not therapy sessions, the recounting of ERs in the context of the life-story, interwoven with dream reports, elicited strong emotional reactions from the women, as well as insights that several stated they had not had before. It seemed a rapid process to the heart of their issues, and as such, struck me as a very useful counselling approach. Dream interpretation was not a part of the process, but if script information from ERs were to be used in counselling in the manner that they were linked to the dreams in the narrative analyses, it would seem to be an effective type of dream therapy.

The evident power of the nuclear script in the lives of the participants generated a key counselling question, namely, what role might the counsellor play in transforming the negative scripts of ED women? Solution-Focused and Narrative Therapy might offer some clues here, with the emphasis on strengths, as opposed to deficits, and the re-authoring of people's stories (White, 1995). However, it would seem from the findings that this would need to be done in a therapeutic holding environment, where grieving and emotional release was a permissible avenue of expression. An emphasis on brevity would also appear to be deleterious in working with ED women, who have such a longing for mothering in their lives.

#### Implications for Future Research

This study appears to be the only narrative exploration of governing scripts in the lives of women with eating disorders to date. The use of Carlson's script-theoretic analysis of ERs and dreams proved to be an effective and meaningful method for accessing scripts in the context of

the life story. More research of this kind is needed to build on the current findings, and establish whether the common patterns noted are similar for other women with EDs. Case studies which incorporate material from families and other sources would be useful in examining life stories in EDs.

Narrative studies of governing scripts in men with EDs would also be an important field of exploration, as would studies of individuals with EDs in other cultures. Such studies would address the concerns of socio-cultural researchers (King, 1993; B. Dolan, 1991) and offer an alternative methodological approach that could bypass some of the concerns expressed about existing quantitative studies.

While the focus of the study was primarily intrapsychic, some of the observations made of the possible socio-cultural influences in the development of EDs might have information for future studies examining social construction in eating disorders in more depth.

### Summary

The purpose of this study was to examine the governing scripts in the lives of women with eating disorders. This investigation appears to be the only study of nuclear scripts as a unifying life theme in women with EDs. Studies of ERs in EDs (Williams & Manaster, 1990; Barrett, 1980) have looked at common themes in the actual recollections, but did not trace these as enduring frames of perception through a life-time.

Interviews were conducted with 5 women with EDs, whose ages ranged from 27 years to 36 years. An average of two interviews per participant took place, with each interview being recorded and transcribed. The interviews centred around ERs and dream reports which were gathered in the context of their life-stories. The participants were recruited from private

counselling practices, psychiatric practices, and family practices, and were considered suitable for the study if a) they expressed an interest in participating in the study, and b) their attending therapist or doctor was satisfied they fit the DSM-IV (APA, 1994) characteristics for an ED. For three of the women, the ED started in their twenties, whereas the remaining two developed AN at age 15 and 17 respectively. Two participants (W; Y) had had AN but were approaching a low end of normal weight at the time of the study, although each continued to feel controlled by thoughts of food, dieting, and body dissatisfaction. Two participants (K; H) had started with AN, but moved into the bingeing and purging cycle of BN after about a year of restriction. At the time of the study they were not yet able to put a stop to their bulimic behaviour, which had been continuing for four and fifteen years respectively. E had never been anorexic, but had been struggling with BN for 13 years, alongside an alcohol addiction.

Carlson's script-theoretic analysis (1981, 1986) was used as the primary methodological tool, with Alexander's (1988) method of accessing scripts via principal identifiers of salience used as an adjunct when necessary. The study utilized the narrative approach of meaning-making through the language of stories (Polkinghorne, 1988) as the main research paradigm. The study showed Carlson's script-theoretic analysis (1981, 1986) to be an efficient and effective methodological tool for examining nuclear scripts as a unifying life-theme, with the use of ERs and dream stories as key in accessing nuclear scenes and the magnifications of those scenes.

The findings of this study corroborate other studies of EDs examining family environment (Gupta et al., 1995; Humphrey, 1986; Shisslak et al. 1., 1990; Steiger et al., 1996; Stern et al., 1989; Waller, 1994), relationship of ED women with their mothers (Barrett, 1980; Williams &



Manaster, 1990), attachment styles of ED women (Armstrong & Roth, 1989; Calem et al., 1990; Sordelli et al., 1996), the influence of cultural stereotypes and expectations for women on their view their bodies (Steiger & Fraenkel, 1989; Tiggemann & Pickering, 1996), and the effect of sexual abuse on body-image perception (Byram & Wagner, 1995). The study also extends these investigations by providing an alternative methodology to the quantitative approaches used with the ability to access patterns and connections that might be missed by statistical analysis. The study appears to be the first to examine governing nuclear scripts via ERs and dreams. The finding that: a) a story of perceived loss of the parent or parental figure was at the heart of each nuclear scene; and b) activation of the nuclear script was common to each participant in the development their EDs, do not appear to have been written about in the research literature to date. The nuclear script threaded through each woman's life as a theme of "longing for mother" and/or "a quest for love". More narrative research of the lives of women with EDs is needed to confirm and support these findings.

## REFERENCES

- Abraham, S. (1996). Characteristics of eating disorders among young ballet dancers. Psychopathology, 29, 223-229.
- Abraham, S., & Mason, C. (1987). Ballet dancers and eating behaviour. In S. Abraham & D. Llewellyn-Jones (Eds.), Eating disorders and disordered eating. Australia: Ashwood House.
- Adler, A. (1927). The practise and theory of individual psychology. New York: Harcourt, Brace & World.
- Adler, A. (1937). The significance of early recollections. International Journal of Individual Psychology, 3, 283-287.
- Adler, A. (1954). Early recollections and dreams. In H. L. Ansbacher & R. R. Ansbacher (Eds.), The individual psychology of Alfred Adler: A systematic presentation in selections from his writings (pp. 350-365). New York: Basic Books.
- Ainsworth, M. D. (1963). The development of infant-mother interaction among the Ganda. In B. M. Foss (Ed.), Determinants of infant behaviour (pp. 67-104). New York: Wiley.
- Ainsworth, M. D., Blehar, M. C., Waters, E., & Wall, S. (1978). Patterns of attachment: Assessed in strange situations and at home. Hillsdale, NJ: Lawrence Erlbaum.
- Alexander, I. E. (1982). The Freud-Jung relationship - the other side of Oedipus and countertransference: Some implications for psychoanalytic theory and psychotherapy. American Psychologist, 37, 1009-1018.
- Alexander, I. E. (1988). Personality, psychological assessment, and psychobiography. Journal of Personality, 56, 265-294.
- American Psychiatric Association. (1994). Diagnostic and statistical manual of mental disorders (4th edition). Washington, D. C: American Psychiatric Association.
- Apter, T. (1990). Altered loves: Mothers and daughters during adolescence. New York: St. Martin's Press.
- Armstrong, J., & Roth, D. M. (1989). Attachment and separation difficulties in eating disorders: A preliminary investigation. International Journal of Eating Disorders, 8, 141-155.
- Barrett, D. (198.). Early recollections of anorexia nervosa patients: Reflections of lifestyle. Journal of Analytical Psychology, 5-14.

- Belenky, M. F., Clinchy, B. M., Goldberger, N. R., & Tarule, J. M. (1986). Women's ways of knowing: The development of self, voice, and mind. New York: Basic Books.
- Bendfeldt-Zachrisson, F. (1992). The causality of bulimia nervosa. International Journal of Mental Health, 21, 57-82.
- Biela, P. M. (1986). An investigation into the meaning of breakthrough dream experiences. Unpublished master's thesis, University of British Columbia, Vancouver.
- Biela, P. R. (1993). The meaning of transformative story in dreams. Unpublished doctoral dissertation, University of British Columbia.
- Binswanger, L. (1958). The case of Ellen West: An anthropological-clinical study. W. M. Mendel & J. Lyons (Trans.). In R. May, E. Angel, & H. F. Ellenberger (Eds.), Existence: A new dimension in psychiatry and psychology (pp. 237-364). New York: Basic Books.
- Boskind-White, M. (1979). Cinderella's stepsisters: A feminist perspective on anorexia nervosa and bulimia. In J. H. Williams (Ed.), Psychology of women: Selected readings (pp. 436-448). New York: W. W. Norton.
- Boskind-White, M. (1985). Bulimarexia: A sociocultural perspective. In S. W. Emmett (Ed.), Theory and treatment of anorexia nervosa and bulimia: Biomedical, sociocultural, and psychological perspectives (pp. 113-126). New York: Brunner/Mazel.
- Bowlby, J. (1973). Attachment and loss, volume 2. Separation: Anxiety and Anger. London: Penguin.
- Bowlby, J. (1988). A secure base: Parent-child attachment and healthy human development. New York: Basic Books.
- Brink, S. G. (1991a). A comparative study of the dream content of eating-disordered and non-eating-disordered women. Unpublished Master's thesis, University of British Columbia.
- Brink, S. G. (1991b). The spider's web: An ethnographic study of an eating-disordered woman. Unpublished manuscript.
- Brink, S. G. (1993). A review of current dream research and implications for counselling. Unpublished manuscript.
- Brink, S. G., & Allan, J. A. B. (1992). Dreams of anorexic and bulimic women: A research study. Journal of Analytical Psychology, 37, 275-297.

- Brink, S. M., Allan, J. A. B., & Boldt, W. (1995). Symbolic representation of psychological states in the dreams of eating-disordered women. Canadian Journal of Counselling, 29, 332-334.
- Bronisch, T., & Klerman, G. L. (1991). Personality functioning: Change and stability in relationship to symptoms and psychopathology. Journal of Personality Disorders, 5, 307-317.
- Brouillette, C. (1988). A Rorschach assessment of the character structure of anorexia nervosa and bulimia patients and of their mothers. Unpublished Doctoral thesis, University of Toronto.
- Bruch, H. (1978). The golden cage: The enigma of anorexia nervosa. Cambridge, MA: Harvard University Press.
- Bruch, H. (1981). Developmental considerations of anorexia nervosa and obesity. Canadian Journal of Psychiatry, 26, 212-217.
- Bruch, H. (1985). Four decades of eating disorders. In D. M. Garner & P. E. Garfinkel (Eds.), Handbook of psychotherapy for anorexia nervosa and bulimia (pp. 7-18). New York: Guildford Press.
- Bugental, J. (1987). The art of the psychotherapist. New York: W. W. Norton.
- Bulik, C. M. (1991). Family histories of bulimic women with and without comorbid alcohol abuse or dependence. American Journal of Psychiatry, 148, 1267-1268.
- Byram, V., & Wagner, H. L. (1995). Sexual abuse and body image distortion. Child Abuse & Neglect, 19, 507-510.
- Calam, R., Waller, G., Slade, P., & Newton, T. (1990). Eating disorders and perceived relationships with parents. International Journal of Eating Disorders, 9, 479-485.
- Cann, D. R., & Donderi, D. C. (1986). Jungian personality typology and the recall of everyday and archetypal dreams. Journal of personality and Social Psychology, 50, 1021-1030.
- Carlson, R. (1981). Studies in script theory: 1. Adult analogs of a childhood nuclear scene. Journal of Personality and Social Psychology, 40, 501-510.
- Carlson, R. (1986). After analysis: A study of transference dreams following treatment. Journal of Consulting and Clinical Psychology, 54, 246-252.
- Carpenter, B., & Krippner, S. (1990). The interplay of cultural and personal myths in the dreams of a Balinese artist. Humanistic Psychologist, 18, 151-161.

- Cochran, L. (1990). Sense of vocation: The study of career and life development. Albany, NY: State University of New York.
- Colaizzi, P. F. (1978). Psychological research as the phenomenologist views it. In R. S. Valle & M. King (Eds.), Existential-phenomenological alternatives for psychology (pp. 48-71). New York: Oxford University Press.
- Crisp, A. H. (1980). Anorexia nervosa: Let me be! London: Academic Press.
- Cvetkovitch, A. (1992). Mixed feelings: Feminism, mass culture and Victorian sensationalism. New Brunswick, NJ: Rutgers University Press.
- Csikszentmihalyi, M., & Beattie, O. V. (1979). Life themes: A theoretical and empirical exploration of their origins and effects. Journal of Humanistic Psychology, 19, 44-63.
- Davis, C., & Yager, J. (1992). Transcultural aspects of eating disorders: A critical literature review. Culture, Medicine, & Psychiatry, 16, 377-394.
- Deci, E. L. & Ryan, R. M. (1985). The general causality orientation scale: Self-determination in personality. Journal of Research in Personality, 19, 109-134.
- Demorest, A. P., & Alexander, I. E. (1992). Affective scripts as organizers of personal experience. Journal of Personality, 60, 645-663.
- Derrida, J. (1988). Limited Inc. Evanston, IL: Northwest University Press.
- Dippel, B., Lauer, C., Riemann, D., Majer-Trendel, K., Krieg, J. C., & Berger, M. (1987). Sleep and dreams in eating disorders. Psychotherapy and Psychosomatics, 48, 165-169.
- Dolan, B. (1991). Cross-cultural aspects of anorexia nervosa and bulimia: A review. International Journal of Eating Disorders, 10, 67-78.
- Dolan, Y. M. (1991). Resolving sexual abuse: Solution focused therapy and Ericksonian hypnosis of adult survivors. New York: W. W. Norton.
- Eggan, D. (1966). Hopi dreams in cultural perspective. In G. E. Von Grunebaum & R. Caillouis (Eds.), The dream and human societies (pp. 237-264). Berkeley: University of California Press.
- Erikson, E. H. (1963). Childhood and society (2nd Ed.). New York: W. W. Norton.

- Felker, K., & Stivers, C. (1994). The relationship of gender and family environment to eating disorder risk in adolescents. Adolescence, 29, 821-834.
- Foulkes, D. (1985). Dreaming: A cognitive-psychological approach. New York: Lawrence Erlbaum.
- Frayn, D. H. (1991). The incidence and significance of perceptual qualities in the reported dreams of patients with anorexia nervosa. Canadian Journal of Psychiatry, 36, 517-520.
- Freud, S. (1976). The interpretation of dreams. (Trans. & Ed. J. Strachey). London, England: Pelican Books. (original work published in 1900)
- Garner, D. M. & Garfinkel, P. E. (1980). Socio-cultural factors in the development of anorexia nervosa. Psychological Medicine, 10, 647-656.
- Garner, D. M. & Garfinkel, P. E., Schwartz, D., & Thompson, M. (1980). Cultural expectations of thinness in women. Psychological Reports, 47, 483-491.
- Gergen, K. J., Hepburn, A., & Fisher, D. C. (1986). Hermeneutics of personality description. Journal of Personality and Social Psychology, 50, 1261-1270.
- Giorgi, A. (1985). Sketch of a psychological phenomenological method. In A. Giorgi (Ed.), Phenomenology and psychological research (pp. 8-22). Pittsburgh, PA: Duquesne University Press.
- Glaser, B., & Strauss, A. (1967). The discovery of grounded theory. New York: Aldine.
- Goodsit, A. (1985). Self psychology and the treatment of anorexia nervosa. In D. M. Garner & P. E. Garfinkel (Eds.), Handbook of psychotherapy for anorexia nervosa and bulimia (pp. 513-572). New York: Guildford Press.
- Green, R-J., & Werner, P. D. (1996). Intrusiveness and closeness-caregiving: Rethinking the concept of family enmeshment. Family Process, 35, 115-136.
- Grigg, D. N., Friesen, J. D., & Sheppy, M. I. (1989). Family patterns associated with anorexia nervosa. Journal of Marriage and Family Therapy, 15, 29-42.
- Gull, W. (1888). Anorexia nervosa. Lancet, 17, 516-517.
- Guidano, V. F. (1987). Complexity of the self: A developmental approach to psychopathology and therapy. New York: The Guildford Press.

- Gupta, M. A., Gupta, A. K., Schork, N. J., & Watteel, G. N. (1995). Perceived touch deprivation and body-image: Some observations among eating-disordered and non-clinical subjects. Journal of Psychosomatic Research, 39, 459-464.
- Hall, C. S. & van de Castle, R. L. (1966). The content analysis of dreams. New York: Appleton-Century-Crofts.
- Harlow, H. F. & Zimmerman, R. R. (1959). Affectional responses in the infant monkey. Science, 130, 421.
- Herzog, D. B., Newmna, K. L., Yeh, C. J., & Warsaw, M. (1992). Body image satisfaction in homosexual and heterosexual women. International Journal of Eating Disorders, 11, 391-396.
- Hood, J., Moore, T. E., & Garner, D. M. (1982). Locus of control as a measure of ineffectiveness in anorexia nervosa. Journal of Consulting and Clinical Psychology, 50, 3-13.
- Humphrey, L. L. (1986). Structural analysis of parent-child relationships in eating disorders. Journal of Abnormal Psychology, 95, 395-402.
- Jones, D. A., & Cheshire, N. (1985). Anorexia nervosa, bulimia and alcoholism: Association of eating disorder and alcohol. Conference on Anorexia Nervosa and Related Disorders (1984, Swansea, Wales). Journal of Psychiatric Research, 19, 377-380.
- Josselson, R. (1993). A narrative introduction. In R. Josselson & A. Lieblich (Eds.), The narrative of study of lives (pp. ix-xv). Newbury Park, California: Sage.
- Jung, C. G. (1954). The development of personality. Collected Works, Vol. 17. Bollingen Series XX. Princeton, NJ: Princeton University Press.
- Jung, C. G. (1964). Approaching the unconscious. In C. G. Jung & M.-L. von Franz (Eds.), Man and his symbols (pp. 18-103). New York, New York: Doubleday.
- Jung, C. G. (1970). The practical use of dream analysis. In J. Jacobi & R. F. C. Hull (Eds.), C. G. Jung: Psychological reflections: A new anthology of his writings 1905-1969. New Jersey: Princeton University Press. (original work published in 1934)
- Jung, C. G. (1974). On the nature of dreams. In R. F. C. Hull (Ed. & Trans.), Dreams. Princeton: Princeton University Press. (original work published in 1948)
- Kerr, J. K., Skok, R. L., McLaughlin, T. F. (1991). Characteristics common to females who exhibit anorexic or bulimic behaviour: A review of current literature. Journal of Clinical Psychology, 47, 846-853.

- King, M. B. (1993). Cultural aspects of eating disorders. International Review of Psychiatry, 5, 205-216.
- Kohut, H. (1978). Narcissistic rage. In P. Ornstein (Ed.), The search for the self: Selected writings of Heinz Kohut: 1950-1978, Vol. 11 (pp. 615-658). New York: International University Press.
- Kuiken, D. (1987). Cognitively based theoretical considerations of dreaming: Dreams and self-knowledge. In J. Gackenbach (Ed.), Sleep and dreams: A sourcebook. New York: Garland.
- Lee, S. (1991). Anorexia nervosa in Hong Kong: a Chinese perspective. Psychological Medicine, 21, 703-711.
- Lehman, A. K., & Rodin, J. (1989). Styles of self-nurturance and disordered eating. Journal of Consulting and Clinical Psychology, 57, 117-122.
- Levitan, H. L. (1981). Implications of certain dreams reported by patients in the bulimic phase of anorexia nervosa. Canadian Journal of Psychiatry, 26, 228-231.
- McAdams, D. P. (1993). The stories we live by: Myths and the making of the self. New York: William Morrow.
- McLaughlin, E. F., Karp, S. A., & Herzog, D. B. (1985). Sense of ineffectiveness in women with eating disorders: A clinical study of anorexia nervosa and bulimia. International Journal of Eating Disorders, 4, 511-523.
- Merleau-Ponty, M. (1962). The phenomenology of perception (C. Smith, Trans.). New York: Humanities Press.
- Miller, A. (1981). The drama of the gifted child: The search for the true self. New York: Basic Books.
- Minuchin, S., Rosman, B., & Baker, L. (1978). Psychosomatic families: Anorexia nervosa in context. Cambridge, MA: Harvard University Press.
- Mishler, E. G. (1986). Research Interviewing: Context and narrative. Cambridge, MA: Harvard University Press.
- Mosak, H. H. (1995). Adlerian Psychology. In R. J. Corsini & D. Wedding (Eds.), Current Psychotherapies (pp. 51-94), Ithaca, Illinois: F. E. Peacock.
- Moss, R. (1992). Blackrobes and dreamers: Jesuit reports on the shamanic dream practices of the Northern Iroquois. Shaman's Drum, 30-39.



- O'Kearney, R. (1996). Attachment disruption in anorexia nervosa and bulimia nervosa: A review of theory and empirical research. International Journal of Eating Disorders, 20, 115-127.
- Orbach, S. (1985a). Accepting the symptom: A feminist psychoanalytic treatment of anorexia nervosa. In D. M. Garner & P. E. Garfinkel (Eds.), Handbook of psychotherapy for anorexia nervosa and bulimia (pp. 83-104). New York: Guildford Press.
- Orbach, S. (1985b). Visibility/invisibility: Social considerations in anorexia nervosa. In S. W. Emmett (Ed.), Theory and treatment of anorexia nervosa and bulimia: Biomedical, sociocultural, and psychological perspectives (pp. 127-138). New York: Brunner/Mazel.
- Palazzoli, M. S. (1974). Self-starvation: From the intrapsychic to the transpersonal approach to anorexia nervosa (A Pomerans, Trans.). Sussex: Human Context Books.
- Parker, G., Tuppling, H., & Brown, L. (1979). A parental bonding instrument. British Journal of Medical Psychology, 52, 1-10.
- Pennebaker, J. W. (1988). Confiding traumatic experiences and health. In S. Fisher & J. Reason (Eds.), Handbook of life stress, cognition and health. New York: Wiley.
- Phares, E. J. (1984). Introduction to personality. Columbus, Ohio: Charles E. Merrill.
- Philpott, D. (1995). More than mere vanity: Men with eating disorders. Unpublished Master's thesis, Memorial University, St. John's, Newfoundland.
- Polkinghorne, D. E. (1988). Narrative knowing and the human sciences. Albany, N. Y: State University of New York Press.
- Polkinghorne, D. E. (1991). Two conflicting calls for methodological reform. The Counseling Psychologist, 19, 103-114.
- Polkinghorne, D. E. (1992). Postmodern epistemology of practice. In S. Krale (Ed.), Psychology and Postmodernism. London: Sage.
- Polkinghorne, D. E. (1994, June). Narrative psychology: Theory and practise. Workshop presented at the annual Canadian Psychological Association Conference, Penticton, B. C.
- Reekie, F. (1995). Early Recollections: A window into career values. Paper presented at the annual Canadian Guidance and Counselling Association Conference, St. John's, Newfoundland.

- Rezek, P. J., & Leary, M. R. (1991). Perceived control, drive for thinness, and food consumption: Anorexic tendencies as displaced reactance. Journal of Personality, 59, 129-142.
- Robbins, P. R., & Tanck, R. H. (1992). A comparison of recurrent dreams reported from childhood and recent recurrent dreams. Imagination, Cognition, and Personality, 11, 259-262.
- Root, M. P., Fallon, P., & Friederich, W. M. (1986). Bulimia: A systems approach to treatment. New York: W. W. Norton.
- Rufini, M. T. (1985). A case of anorexia nervosa: An archetypal approach. Analytical Psychotherapy and Psychopathology, 2, 35-47.
- Ruth, J.-E., & Oberg, P. (1992). Expressions of aggression in the life stories of aged women. In K. Bjorkvist & P. Niemela (Eds.), Of mice and women: Aspects of female aggression (pp. 133-146). San Diego: Academic Press.
- Schmidt, U., Slone, G., Tiller, J., & Treasure, J. (1993). Childhood adversity and adult defence style in eating disorder patients: A controlled study. British Journal of Medical Psychology, 66, 353-362.
- Schwartz, D. M., Thompson, M. G., & Johnson, C. L. (1985). Anorexia nervosa and bulimia: The sociocultural context. In S. W. Emmett (Ed.), Theory and treatment of anorexia nervosa and bulimia: Biomedical, sociocultural, and psychological perspectives (pp. 95-112). New York: Brunner/Mazel.
- Sheppy, M. I., Friesen, J. D., & Hakstian, A. R. (1988). An ecological-systems analysis of anorexia nervosa. Journal of Adolescence, 11, 373-391.
- Shisslak, C. M., McKeon, R. T., & Crago, M. (1990). Family dysfunction in normal weight bulimic and bulimic anorexic families. Journal of Clinical Psychology, 46, 185-189.
- Sordelli, A., Fossati, A., Devoti, R. M., La Viola, S., & Maffei, C. (1996). Perceived parental bonding in anorectic and bulimic patients. Psychopathology, 29, 64-70.
- Sours, J. A. (1980). Starving to death in a sea of objects: The anorexia nervosa syndrome. New York: Jason Aronson.
- Steiger, H., & Fraenkel, L. (1989). Relationship of body-image distortion to sex-role identifications, irrational cognitions, and body weight in eating-disordered females. Journal of Clinical Psychology, 45, 61-65.

- Steiger, H., Stotland, S., Trottier, J., & Ghadirian. (1996). Familial eating concerns and psychopathological traits: Causal implications of transgenerational affects. International Journal of Eating Disorders, 19, 147-157.
- Stern, S. (1986). The dynamics of clinical management in the treatment of anorexia nervosa and bulimia: An organizing theory. International Journal of Eating Disorders, 5, 233-254.
- Stern, S. L., Dixon, K. N., Jones, D., Lake, M., Nemzer, E., Sansone, R. (1989). Family environment in anorexia nervosa and bulimia. International Journal of Eating Disorders, 8, 25-31.
- Strauss, J., & Ryan, R. M. (1987). Autonomy disturbances in subtypes of anorexia nervosa. Journal of Abnormal Psychology, 96, 254-258.
- Streigel-Moore, R. H., Tucker, N., & Hsu, J. (1990). Body image dissatisfaction and disordered eating in lesbian college students. International Journal of Eating Disorders, 9, 493-500.
- Sugarman, A., Quinlan, D., & Devenis, L. (1981). Anorexia nervosa as a defence against anaclitic depression. International Journal of Eating Disorders, 1, 44-61.
- Tavris, C. (1989). Anger: The misunderstood emotion (2nd ed.). New York: Simon & Schuster/Touchstone.
- Tedlock, B. (1987). Zuni and Quiche dream sharing and interpreting. In B. Tedlock (Ed.), Dreaming: Anthropological and psychological interpretations (pp. 105-131). Cambridge: Cambridge University Press.
- Thoma, H. (1967). Anorexia nervosa (G. Brydone, Trans.). New York: International Universities Press.
- Thompson, M. G., & Gans, M. T. (1985). Do anorexics and bulimics get well? In S. W. Emmett (Ed.), Theory and treatment of anorexia nervosa and bulimia: Biomedical, sociocultural, and psychological perspectives (pp. 291-303). New York: Brunner/Mazel.
- Tiggemann, M., & Pickering, A. S. (1996). Role of television in adolescent women's body dissatisfaction and drive for thinness. International Journal of Eating Disorders, 20, 199-203.
- Tomkins, S. S. (1979). Script theory: Differential magnification of affects. In H. E. Howe, Jr. & R. a. Dienstbier (Eds.), Nebraska Symposium on Motivation (Vol. 26). Lincoln: University of Nebraska Press.

- Tomkins, S. S. (1987). Script theory. In J. Aronoff, A. I. Rabin, & R. A. Zucker (Eds.), The emergence of personality (pp. 147-216). New York: Springer Publishing.
- Tomkins, S. S. (1991). Affect imagery consciousness Volume 111. The Negative Affects: Anger and fear. New York: Springer Publishing.
- Turner, V. (1974). Dramas, fields, and metaphors: Symbolic action in human society. Ithaca, New York: Cornell University Press.
- Valle, R. S., & King, M. (1978). An introduction to existential-phenomenological thought in psychology. In R. S. Valle & M. King (Eds.), Existential-phenomenological alternatives for psychology (pp. 3-17). New York: Oxford University Press.
- van Manen, M. (1990). Researching lived experience. London, Ontario: Althouse.
- Vitousek, K. B., Daly, J., & Heiser, C. (1991). Reconstructing the internal world of the eating-disordered individual: Overcoming denial and distortion in self-report. International Journal of Eating Disorders, 10, 647-666.
- Wakeling, A. (1996). Epidemiology of anorexia nervosa. Psychiatry Research, 62, 3-9.
- Wagner, S., Halmi, K. A., & Maguire, T. V. (1987). The sense of personal ineffectiveness in patients with eating disorders. One construct or several? International Journal of Eating Disorders, 6, 495-505.
- Waller, G. (1994). Bulimic women's perceptions of interaction within their families. Psychological Reports, 74, 27-32.
- Weizsacker, V. V. (1964). Dreams in so-called endogenic magersucht (anorexia). In M. R. Kaufmann, A. Blau, F. Brown, C. Fisher, P. Goolker, M. Heiman, E. Joseph, L. Linn, S. Margolin, L. Roose, & V. Rosen (Eds.), Evolution of psychosomatic concepts. Anorexia nervosa: A paradigm (pp. 181-197). London: The Hogarth Press. (Original work published 1937)
- White, M. (1989). Anorexia nervosa: A cybernetic perspective. In M. White, Selected Papers (pp. 65-75). Adelaide, South Australia: Dulwich Centre.
- White, M. (1995). Re-authoring lives: Interviews and essays. Adelaide, South Australia: Dulwich Centre.
- Widdershoven, G. A. M. (1993). The story of life: Hermeneutic perspectives on the relationship between narrative and life-history. In R. Josselson & A. Lieblich (Eds.), The narrative study of lives (pp. 1-19). Newbury Park, California: Sage.

- Williams, E. L., & Manaster, G. J. (1990). Restrictor anorexia, bulimic anorexia, and bulimic women's early recollection and thematic apperception test response. Journal of Individual Psychology, 46, 93-107.
- Williams, G-J., Chamove, A. S., & Millar, H. R. (1990). Eating disorders, perceived control, assertiveness and hostility. British Journal of Clinical Psychology, 29, 327-335.
- Winnecott, D. W. (1965). The maturational process and the facilitating environment. New York: International Universities Press.
- Woodman, M. (1980). The owl was a baker's daughter: Obesity, anorexia nervosa and the repressed feminine. Toronto: Inner City Books.
- Yin, R. K. (1989). Case study research: Design and methods. Newbury Park, California: Sage Publications.
- Zerbe, K. J. (1992). Eating disorders in the 1990s: Clinical challenges and treatment implications. Bulletin of the Menninger Clinic, 56, 167-187.

## Appendix A

## Transcript: Participant H

All identifying names and place names have been changed.

S: So, the kinds of dreams that I'm interested in are not the psychic dreams that you mentioned on the phone, because that's different, more like nightmares and recurring dreams that you remember, um, recent dreams, any dreams you remember from your childhood, things like that. And, um, we can start with that or we can start with looking at some of your early memories, so, wherever...

H: Well, there's only one dream that I really remember when I was a child, and it was that I had friends that lived right behind us, her grandmother, their grandmother, lived up the road. In the dream we went over to visit the granma and we were looking around the house and I opened up the closet and her head rolled out. And I went running out the house and it followed me down the side - she had a side driveway - it came after me and I was running away and then I woke up. That was about, that's the earliest dream I remember and the only really nightmarish dream I remember.

S: And have you ever had that dream again or was it only just that one time?

H: Umum. Nope. Just the one.

S: OK. Hm. What, what comes to you in terms of the grandmother, do you have any...

H: Well, she was quiet, but I think she was a stern grandmother, you know, kind of, she didn't spend much time with those grandchildren that I remember, but I remember being fearful of her because she just was so um meticulous about everything in her life. I notice her house was spotless and I, I had a aunt similar to her. When we went over there we were never allowed to touch the walls and, and I think I associated that maybe [with you aunt] umhmm.

S: So she was a bit of a, a frightening person for you maybe?

H: Well, she was to me, 'cos I remember not knowing her very well and main, we lived with elderly people, my grandparents, and they were so outgoing and friendly and jovial, whereas she was more withdrawn and, so...

S: So she was a neighbour, she wasn't a relative?

H: Not to me. We'd run up there to visit her every once in a while.

S: It seems that she resembled your aunt?

H: Umhmm, 'cos that, we'd go to stay at my aunts house and (makes a shuddering noise) we'd be like "Ooooooh" and they had the same similar personalities, I guess.

S: So in that dream, the dream, you go up into the house and you go up into the attic.

H: No, its just in the main living room area and I open it, its just a closet that I open and there she was, rolling after me.

S: So all you remember is the head.

H: That's right, that's all I remember. But I, when I was a child, I loved all those scary movies, I just was totally fascinated with them, so, to have a dream like that was, I mean it was uncommon thing but I was, it didn't scare me in the least because I liked those kind of shows.

S: OK, so the actual dream was not a scary dream for you.

H: No, just I remember being scared in the dream, running away from that head, but I don't think it affected me. I did remember it, so I guess it did affect me. But I liked those kind of things, I was intrigued by scary things.

S: And you ran away but the head kept coming after you.

H: Yup. 'cos it came out of the closet right after me, I tried to get away and still I saw it coming down the driveway (said in a dramatic voice) And I was probably about 7 or 8. And I don't really remember any other dreams.

S: Um, just thinking back, in terms of early memories, what do you remember about specific memories, what is the earliest memory that you have?

H: Well, I do have an earliest memory and its going to that aunt's house and staying for a weekend, I found out now, they took us to Stanley, or me, it was my aunt and uncle, they were elderly, they took me to Stanley Park, and I remember a mother bear, with her cub, just being brought in for the zoo, and the baby cub was crying, and it was almost like, "Mama, mama", it was just crying, and I remember thinking, "Where's it's mama?", you know, Anyway, I talked to my mom about that dream, or memory, and she said, "Oh, you were about two", and she said, "we left you", they drove out to Oregon and they took my oldest sister but left me, because it was already a packed car and I was the youngest, so they left me with the aunt. So that was my earliest memory.

S: So your parents, or your mom...

H: Mom

S: Your mom 'cos your dad had left by then [right] your mom, uh, left you and took your sister

H: My granma and granpa were in the car

S: Oh, all of them. OK.

H: I remember it as being hard, no, 'cos we had - well, I was two then but we had spent a lot of time with that aunt and uncle over on the mainland

S: The scary one...

H: Umhmm. 'Cos she was my granpa's sister, so

S: Oh, she was your granpa's sister, so she was like a great aunt.

H: Umhmm. Exactly. But, I don't think, they only had one son, not used to a lot of kids being around. So when mom would pack us, all three kids over it was like, you know, you're seen and not heard.. You know, you stay in this area and never waver, so we were kind of... you know..

S: Yeah, nervous [umhmm]. On edge.

H: Right, because we had to do things we never had to do. Umhmm. Oh, its always there. Except for that son. He was fun. And he'd take us in the car and, he had a little sports car I remember, and, um he'd tell us like um its green to stop and red to go and, and I remember him coming home, and he must have been drinking, 'cos he was sick in the bathroom, but I didn't know that then. But she was so protective of that son. Like he was everything, you know so, but he was, I liked him. He was the only part about the visit that I liked

S: OK. So he was nice to you.

H: Mmhmm. He was fun and....

S: He was fun, that was the big thing?

H: That was the big thing in my life. Anybody fun.

S: Yeah. So there was you, your sister was older than you [umhmm], and there was your sister and you

H: And then a brother, younger, I was the middle.

S: He hadn't been born yet at that point?



H: Probably not at that point, no. Yeah, well, they, my mom and dad, would get, like mom got pregnant, had to get married, and they'd break up, and they'd get back together and she'd be pregnant again, and then they'd break up, and then she'd get pregnant again. And then finally she said, enough, enough, I don't want five kids (laugh)

S: So how old were you when they finally split up?

H: I must have been about three. Because it was shortly after my brother was born that he left, so, or maybe two or three. Somewhere around there.

S: Do you remember anything about your dad?

H: Well, I remember him coming to the house, and I must have about five, and my sister about six, and he wanted to kidnap my sister and take her, he wanted her, specifically because she was the first born and, and mom saying, "Run". And so we ran. He was at the door already, and we ran out the back door to those people, the granma's, those kids house, and hiding, waiting an hour or two until he left. And I guess mom came and got us and we went back home, and she said, "Oh, if he ever shows up again I'm throwing a boiling pot of hot water at him, blah, blah, blah", and then nothing ever again.

S: What was that like for you to hear him speak about him that way?

H: Oh, it was scary, of course, you know, I thought, "Oh, my goodness, who is this person, coming to take my sister away?"

S: You didn't think of him as dad?

H: No, I never did. I didn't even know he was my dad, and finding out after the boiling pot of water things asking, "Well, who is he anyway?" And then finding out, "Oh, that's your father"

S: So, when you found out that was your father, what was that like?

H: I think I said, "No, granpa's my father, he's not my father, he's not my dad. You know, because I never, because my granpa was my dad. I even tried to call him dad for a while when I was that young, but it wasn't natural.

S: You didn't want to even think of this man...

H: Nor did I. I never even really thought of him at that point. I had enough people in my life, you know my granpa, my uncle John lived there as well, but he was, well a teenager but, you know that, I didn't know any other way, really.

S: Ummhmm. That's your earliest memory living in that kind of setting.

H: Umhmm. Right.

S: How were things with your grandparents?

H: Oh, loved them. Except the religion They were very strict. That, my granpa was our, everything. All of us felt the same way about him. 'Cos he was a peacemaker. My grandma was out of control with the religion and a control-type person freak and dominated the whole household, so he was the one we sought out for peace and you, and he was, like he would always be happy and jiggling his change and always singing and, very happy environment we lived in. Never fighting, or very rarely. Never violent, because it was, it was unheard of. God didn't you know, God didn't like apply violence in his, you know, so it was just mainly singing and dancing and happiness, as I remember.

S: Hmm. And so, but, so when your grandmother was picky about things she wouldn't yell at you [umumm] it would just be that it was quite rigid.

H: Right. The way and that was it. We never argued.

S: OK, but then if you wanted to have fun, it sounds like he was fun?

H: Who my granpa? Oh he was, oh man he was fun. He'd take us, load us up, 'cos he worked Monday to Friday, and then every Saturday, Sunday, we got to spend all day with Granpa. He'd load us up in his car and take us down to the lawnmower shop and to the Dairy Queen, and he was everything to us, all of us felt the same way. Umhmm. But I loved granma too, you know she'd take us to the river and, 'cos she, but I think they raised us mainly. Mom was just getting her education and trying to better her life, but she said every day, "Have I told ya that I loved ya today?" I mean we always knew we were loved, unconditionally there. I think that's the only way I survived, to this day, is because I did have that foundation originally. Its, a, you know, I mean I've seen other people that didn't have any love and they're much, I mean everybody has problems but some people just never heal. And I think that's why I can heal, because I know what love is. Umhmm. I was the pet, oh yes. 'Cos I was the most responsive child. You know I always was kissin' and huggin' and laughin' and singin', whereas the others were more withdrawn, I was outgoing.

S: So, what was your relationship like with your brother and sister?

H: Well, my sister and I never spoke. Rarely. She was shy, introverted, and I was outgoing, so I'd be, you know, out doing whatever I did, and she was shy and quiet. The only fondness that she ever showed me was one time when we were walking to school, and we were going across the road and she grabbed my hand to walk me across the road.. And I went, "Wow" because we just, had nothing to do with each other

S: How old would you have been then?

H: Well, I was going to grade one, so probably six or seven, probably seven.

S: You remember that as one instance.

H: Right, I do.

S: And you remember being quite amazed.

H: Umhmm. Totally amazed because she was just totally introverted, you know, rarely spoke to people at all, anyways, I mean, she was happy in her own little way, I suppose, but I very rarely saw it.

S: How much older was she than you.

H: She was just eleven months, we were all eleven months apart actually. And it was me and my brother that were like that (crossing fingers). Because I was kind of boyish and I was kind of, I would like to do everything, whether it was, I never had feminine roles, or masculine, I like to climb trees or, I never was, limited myself to anything, so me and him would dig around in the dirt, and, you know, always had fun (laugh) 'Cept he'd hit me though, he, we used to have fights, he used to slap my face into the ground and, but I could take it because

S: So, would you say it was a normal sibling relationship?

H: Oh, sure, exactly.

S: But you don't remember fighting with your sister?

H: Maybe arguing over a Christmas present or something but never physically.

S: Just not having anything to do with her?

H: Not much to do with her at all.

S: And now, do you...?

H: Oh much closer, because of her kids, I think, but I mean we still have incidences, 'cos she, one time I went to stay with her, she's always been jealous of me because I've been more outgoing, right, so I've had much more friends, and experiences than her. And I went to stay with her one time, and I think she was thinking I was overstepping my boundaries, and she physically beat me up, that's the first time she's ever done that, and then I just went to Merritt with her about, two three

weeks ago, and she flipped on me, she said I was after her husband and, she was drunk, she's an alcoholic now, oh yeah, absolutely

S: Is that a thing in your family?

H: Oh, yeah, big time. My brother, or my uncle, my dad is alcoholic, my uncles are all, except for one, Jake, the youngest son of my grandparents, they're all alcoholics, my brother was, well he's addicted to heroin now. He's in jail for heroin right now. My mom has a tendency to drink, and I could, if I wasn't bulimic I think I probably would have been the drunk. And my granpa was an alcoholic as well. But I never saw him ever take a drink, because by that point he had "found religion" (dramatic voice) So he never drank. Never saw it. Was not raised around it all at all, either.

S: But your mom had been?

H: Well, she wasn't then, its later now, probably in her forties

S: No, I mean your mom had been raised with him as an alcoholic, so she had gone through that?

H: Umhmm. Umhmm. Oh, yes, quite. Yes, absolutely. By all accounts that I've ever heard, she did not have an easy time.

S: And so did your Granma find religion the same time as your grandpa or had she always been religious?

H: No, she got religion when she was young, twenty three or four, and then granpa of course continued on doing his ways, whatever, drinking with his friends and, I guess she worked on it for years and years to get him (pause) converted, and finally he just gave in and stopped drinking and stopped smoking and just, and really, in the long run, that's great, you know, that he would give that up for her

S: So he did it for her, that's your sense?

H: Umhmm. Well, I think because my granma's overbearing right? So eventually he just, "OK, I'll do that then" (shaky voice), but, my mom was the only girl, and it was all boys, so I imagine, and my mom has, kind of manly, like she's tough, cold, and capable of anything, because she's had to be independent and, you know, but I'm sure she had, she told me, what she told me about her life was she was shipped out all the time to her granma's in Vancouver. So every summer she'd go to school, you know, a year until summer, and then she'd go to her granma's for the whole summer and granma loved her sons, and the daughter was, illegitimate, number one, in the beginning, and then, she just loved her sons. Her sons were her everything. So mom felt slighted. I know that.

S: So your mom had a harder time with your grandparents than you did?

H: Yes, but she had a mom and dad , and, but they, I mean, there was a struggle when, because granpa and granma got married, he was just working, they lived in camps for most of my mom's first, earliest years, they lived in logging camps with no running water, no this or that,

S: Hard life

H: Mmmm. So I mean, it's amazing what my mother has accomplished, starting from such humble roots.

S: What has she accomplished?

H: Well, she's an RN now, and, oh yeah, and good, darn good, at her job.. But she's always been driven. You know, get a life , a better way of life, and I think that was my struggle was to rise above all of that, you know,

S: When you say "all of that"...

H: Well, I mean I, I, we weren't rich, I knew that, I remember shopping at the Goodwill when mom, and, 'cos mom was a single mother and, struggling to get her job, like she was on welfare in the beginning, I remember, and I remember her going to school, taking her LPN and waiting at the window for her to come home, and, you know, and then we moved out on our own when I was about seven or eight, and thinking, "Wow, we can" and, having to go back to my grandparents house, because I loved being out on our own, because it was a freedom. We got away from the religion and, and that only lasted for 6 months

S: Oh, and then you had to go back

H: Go back, uhuh. Mom couldn't afford it and go to school and three kids

S: So even though you loved your grandma and grandpa it was hard being around that strict religion

H: That fanaticism, or whatever the word is, because every summer we were sent out to, you know, vocation bible school, or taken to river bottom revivals where they were thumpin' around, fire and brimstone, falling down, and we were like, "Oh my God, oh my God, they're dead", (laugh) you know, and then the speaking in tongues, my granma was totally involved in all of that , and she, and she went through a period when I was about eight where we thought it was her religion, but found out later she was manic depressive, and she went, she'd starve for 14 days, fasted, for God, and then went, her potassium must have gone out, she started eating the bible, literally. It said in the bible somewhere "eat the word of God" and she was eating paper, and mom said, "Don't look at her eyes or" and I remember looking at them and thinking, "Oh my God, I looked at her eyes!" And she'd be walking to Campbell River every day and back, she was totally high, and hyper and,

and I remember I had an earache and I stayed home from school and she came up with the bible and put my head on the bible and prayed, "I rebuke you" or whatever, right? And she'd lay on the bed all day and say, "The blood, the blood, the blood of God" and I remember being, "Oh, my God" and I remember mom rushing us out at three in the morning, getting us all up because she was doing some silly thing. She'd eat raw meat. Anyway, the final straw was she took off in the middle of the night with no clothes on and ran through town, and they found her in a ditch, nude, and granpa had been called in the middle of the night and having to go get her from the hospital or the cop-shop of whatever. And that wasn't the first time, because she'd go to New Mexico, one of my uncles is a minister there, but he married Jane who was very materialistic, and granma hated that, and she was beautiful and, she'd go to New Mexico, and one time took off her wedding rings and threw them out of the car, and it was moving. And she'd give away all her clothes 'cos she thought she was vain and one time she stripped down in the middle of the church, took off her clothes in front of all the congregation. My granpa having to go out, she was straight-jacketed and everything at that point, and having to get her

S: So there were quite a few incidences or times when she would go into these manic-depressive states?

H: It was like every, however many months it takes for them to get manic again, we didn't know she was manic.

H: And it started when you were about eight, that's when you remember it starting [umhmm] so that, and, and you continued to live with them

H: Right, until I was 10.

S: So that would have made it hard

H: Umm. Well, I mean she's got, she was OK 'til, from that time, that's the most significant time I ever saw her do the craziness, 'til mom remarried, so I never saw that again after that. 'Cos I guess, I don't know what they did

S: And so your mom remarried when you were 10 and that was the step dad you were talking about earlier.

H: I remember when they were dating too and I was so, my mom was my, wooh, angel, she was perfect, as far as I was concerned, and I liked him, but, I mean, with kids, when you make a promise you should keep it, right? and I remember going into the bathtub and saying, "Oh mom, be there, at least say 'goodbye' before you go", right and I remember getting out and they were gone. And thinking, "God, you know, she said she'd say good bye and never did"

S: Mmmhmm. What was that like?

H: Well, I was devastated. I remember being devastated. Plus I had all these chronic earaches all the time, tubes and what, and I think I had an earache at the time, and it was major to me that she would leave me when I was sick, not even say goodbye, and go off. But I mean I understood, I guess I understood.

S: It sounds like you've understood it [now, yeah]. And so clearly that made quite an impression on you [mmhmm, it did] and so that's an association when she was dating this man [mmhmm, yeah, maybe]. Just, just to take you back a tiny bit, you know, that first memory that you were talking about, um, about going to Stanley Park and seeing the bear, the baby bear crying for its mommy, if you had to take a snapshot of the most intense or most memorable part of that memory, what would it be?

H: Well, just that they were separating the cub from the mother, that would be it. The workers of that Stanley Park, 'cos that's what was happening, they were taking that cub away from the mum. and it is actually quite symbolic isn't it, because my mum left me with my aunt and then being so aware of that cub crying for its mother. There you have it!

S: Yes. And even that, that memory you have when you're 10, its about your mom not being there

H: Umhmm. Right.

S: So it sounds like that, that sense of being left may be quite a theme for you.

H: Well, umm. In therapy they thought that I maybe did have an abandonment syndrome, 'cos there was, you know, waiting for her by the window while she was taking her schooling, you know.

S: Mmhmm. You can remember those times too [Mmhmm. Right.] Waiting for her.

H: Right, yeah that was major. And I had another major one. With my sister going to a birthday party? And, um, we were at the birthday party and I left my sister to run home and she stayed behind and her and another girl left together at the same time and my sister started walking up towards our house, and the little girl she was with ran across the road and was hit, by a car. Died. And then my sister came running in, "Oh my God, Sandra's been killed". And then we went running up there and I just puked. She was all over the road. Her shoes, her balloon, that she had from that bloody birthday party, I just left her. And she was dead, they were taking her away, and...

S: What a traumatic experience

H: Yeah, it was terrible, 'Cos I never forgot, in fact I still visit the grave, 'cos it was so traumatic for me that, I'd just left this little girl, she ran after a cat or whatever to get, she was killed instantly, 'cos we lived on that road. Busy, busy road.. And then the family moved out and oh, it was devastating for the whole neighbourhood.

S: How old were you when that happened?

H: that was the same age, about seven, no maybe younger, six maybe. 'Cos I think my sister was seven. My sister, she was older, but they were best friends, and I wonder if my sister ever got over that?

S: You've never talked about it together.

H: No, not really

S: You don't have that kind of relationship?

H: No, she doesn't want to talk about the past, no way, she wants to drown it, out, but I know that it must have left an impact because she was with her, holding hands with her down the road. And left her, you know walked on while she waited, you know got maybe 10 steps, and Sandra ran, I guess she heard the screeching of the brakes and maybe turned around, I don't know, she didn't talk about it at all. She was devastated, she closed up, and yeah, that was a major one.

S: So it sounds like for you the part that you remember was seeing her on the road

H: Oooh, man. her shoe, her balloon, then they had covered her up by this point, she must have been a mess, I hadn't, I didn't, the blood, the devastation of the driver, like he was just, ooohh, just totally so upset, and the family there and everybody from the neighbourhood looking at this scene, just losing my dinner because it was oh, it was awful. It was.

S: Has your family ever talked about that?

H: No, not really, no.

S: Nobody talked about it afterwards?

H: Well, I dunno, we probably did, like see, that's why you don't cross the road by yourself

S: That kind of thing, but not "what was that like for you?"

H: Right, no, not the emotional side, no I don't think, no, no. You, I think maybe mum hugged us and cried and we all were devastated, will pray to God to take her home or whatever, maybe and then the next day I think it was wrapped up and then "on with life". Probably not, probably the next few days were centred around that incident, probably.

S: But you don't, you're saying "probably", so you're thinking "Well, it most likely happened" but you don't remember?



H: Umhmm. No, I don't remember. No. No - grieving, no, umum.

S: Nobody talking to your sister?

H: Mm, no. No, it was not talked about, ever, even that, the family where the birthday party was held, like I wonder how they felt, you know, she had left that birthday party. And that was never, well, I don't know. I just remember the family moving out and asking, "Oh" you know, almost knowing why, because her daughter, or maybe mum said, "Oh, they're moving today", or whatever, that's probably all, the end of it. Because I don't think we were even taken to the funeral, because we were young then. I, I remember my first funeral. Because, it was a young boy, well, he was a little older than me, but it was one of my close, my grandparent's closest friends, their son, got a brain tumour, and he was operated on, and um he came back to school, and I remember walking home with him, saying, "Oh, well, Peter, you're doing to good", with his head wrapped up and everything, and he said, "Yeah, I'm gonna be OK" and then died about a week later. And I went to the, that was my first funeral, I was probably ten or eleven. He was about 14. Thinking, "Oh my", you know, he was so young, or you know, a friend of mine.

S: Sounds like it was quite shocking for you..

H: Umhmm. Exactly. Yeah, and that was the first funeral I ever went to and that was, lots of scary memories actually, I have.

S: What do you remember about...

H: About being in the funeral? Well, lots of crying and grieving, and the prayer, just you know, because religion was such a major thing in our life, wondering if he would go to heaven, and all of that, probably, just sitting there in the "Sands". Just a lot of sadness. I wasn't, you know I was pretty happy, you know when lots of, you know when sadness occurred it was hard for me.

S: You remember yourself as being a happy little girl [umhmm] who kind of kept everybody cheerful [umhmm, exactly] and uh did the outgoing stuff

H: Umhmm. Running up to people and "Hi, I'm H, can I sing you a song". I remember all of that, going out on Halloween and saying, "I'll sing you a song before I leave" (laugh) and then doing it. Vivacious, kind of thing, yeah I was, never fearful about anything, really, but...

S: So, what uh what happened when you became bulimic? How old were you then?

H: Well, I was four, fifteen when, well, starts when I started overeating because I'd been kicked out of the house.

S: You'd been kicked out because?

H: Well, I'd lied to my mother, and I was going out with a guy and I had hickeys all over my neck, and I'd stayed at my grandparents so she wouldn't see them. My brother was already living there he'd been kicked out himself. He told mum I had all these hickeys and when I phoned her to see what time I had to be in, she said, "Now, I want to see all these hickeys on your neck" and I thought, "Oh, my God, I can't go home". And in fact I said to my boyfriend at the time, "I can't go home" I said or I said something like, "Watch me go home and have my mom take a baseball bat after me". 'cos I knew she be livid.. So I got him and my best friend to come in with me, and she would not even hear it. Wouldn't hear a word from them, got them out, and the minute they walked out she grabbed me by the hair and threw me to the ground and started pounding on me, got up and ran up my stairs

S: That was the first time she ever beat you? [Oh, yeah] However, your step dad had beaten you before?

H: My step dad. The only violence I ever experienced in my life was when she remarried (pause) to Paul, because we never knew violence, at all, not personal, physical, violence. He never touched my mum but uh

S: How about your sister?

H: No, he tried to oppress her. She was just getting into her teens, and she wanted to go to the dances, and, Oh, I remember, phhh, having such a hassle with it, you know, she wanted to go out, finally, we were so glad, and he tried to stop it all the time.

S: So the violence that you saw then was more towards you.

H: Right. Right. 'Cos my sister kept, you know, wouldn't have anything to do with him, and I rebelled against everything he wanted us to do, so I was the most outspoken, and you know, I'd question things where he did not want anything questioned, he wanted his law to be law, and the rest of us went, "Oh, OK, Yeah"

S: And so it was after he left that was the first time your mom beat you?

H: Well, they were still living together, they were just sleeping in separate quarters, at the time, but they were planning to separate, so she did have a lot of stress, I th...

S: How soon after he and your married did the violence start towards you?

H: Well, I think the rules and regs started right away, and the controlling, but a couple of years into the marriage was when it started, when I reached pre-teen, sort of teenage. When I wanted to be going out with my friends, like he'd you know I was, even then I was concerned about my appearance and I'd be ironing away at my p.., you know, to get ready for the next day, and he cut my pant legs off my clothes 'cos I was too vain, and he could not figure me out, "Like why does she

care at thirteen about her appearance or whatever", right and then the first incidences of violence I ever saw is, I had a boyfriend, Matt, and we were downstairs and he was laying on top of me and we were kissing, just hugging or whatever, I hadn't had sex or whatever, and he freaked when he came downstairs, grabbed him, wrestled him out of the house, threw him out, "Never come back, nah, nah, nah" or whatever, that's the first form of violence I ever saw, and then its progressively got worse.

S: How did it get worse?

H: Well, its because I, you know I liked, I was always outgoing and he tried to stop that, like if we wanted to stay at our friends overnight, "No". And, like, we rebelled, against everything, we started smoking, and we would be grounded for years at a time. Like a year, into our room and we would not be let out, we would not, and that, you know, these boyfriends that I had would be standing at my window saying, "Can't, you know, I really like you, can't you come out?". "No". And he would hold us to it.

S: And, and he would physically hit you too?

H: Well, that started later. When I said, when I'd had enough of the grounding and all this so I'd start doing whatever I wanted, you know, if I'd get in trouble anyway, so why not do it. And that's when it started, he started bashing me around and um he beat me up in a parking lot.

S: What happened there?

H: Well, we went to Calgary. I must have been, I had my own money, anyway, so I must have been older, maybe thirteen, fourteen, and I wanted, we were supposed to have Kentucky Fried Chicken and, and I thought, "OK" so we had done things all day and I had prepared for dinner or whatever and he had decided to go get some steaks and go back to the campsite and cook them up. And I said, "Well, I have my own money, I'll go to Kentucky and buy my own". "Well, if you do that you can get yourself back to Courtney as well, pay for your way back, right?" So fine, I went over to Kentucky and my brother came over and said, "What 're you're going to do?" And I said, "I'll just go, if that's what he wants, I'll, I'll get my way back" and so anyway I watched him and when he came out I started pretending I was going to walk to the bus depot and anyways he just came over and grabbed me and said (unintelligible) or whatever, I can't remember, but I went to say, "Fuck off" and the "f" came out of my mouth and he slammed me in the nose, my nose was bleeding, and I was bawling my eyes out and I went back to the car and my mom never said a word, she just sat there. And I said, "Mom, lookit, Oh my God". "Well, its your own fault" or whatever

S: So that's what she said

H: No, I don't think she did

S: But the sense you got was that [umhmm]. And so what was that like for you?

H: It was terrible, because my mom always came to our defence, always. And I remember going into the camper or whatever and just (makes blowing sound) was bleeding, trying to wipe up, and crying and...

S: Sounds like such a betrayal.

H: Oh, absolutely. That's what started then, a lot of betrayal, I felt.

S: So it felt like she was choosing to keep the relationship versus

H: Right, her children. And I remember thinking, "My God, I thought mom loved us". I remember thinking that. The love I always felt was being taken away by a man who abused me

S: Sounds like that made you angry.

H: Well, I didn't get angry at all. I really didn't, I just started maybe rebelling more so, I guess so, yeah maybe there, there it is.

S: And then your mom, then he, then he and your mom were in the process of parting and you had that experience with the boyfriend and your mom beat you up, and that was a first from her.

H: Well, because she went on and on about Paul kicking out my brother and all, that's why they were eventually breaking up was 'cos he told my brother to get the hell out when he was fourteen, "Go live with your granma and granpa" and after all her feelings about that, for her to beat me up and kick me out, amazed me, like 'cos I'd...

S: It seems like it just didn't make sense

H: No, ummumm. And I phh, I was gonna show her, I was gonna get out, you know, that was the worst experience of my life. That going out on my own, going to my friends, like she had set it up, after she had beat me up with the baseball bat that my grandparents would be there for Sunday dinner and that I, we'd have a fight, it was a total set-up, and I, she would say I want you out and my grandparents would say, "OK, she can come and live with us". The whole scenario happened, the only difference was they said, "No, we can't take her, we already have her brother", so I had to go out on my own. So I went to my friend, Laura's, who I know loved me, they were like my second home away from home, right? But they already had six, seven kids, because her parents had died and she went to live with these relatives. So I had to go into the foster system, foster care system and ironically again, I ended up living with my mom's very first boyfriend. I'd already heard about Billy Reagan, always heard about him. And um they were engaged to be married and they were in a car accident and he broke his back. And that memory never left me even up to my last accident, either. But anyways I remember hearing about the position he was in and they tried to work it out because he couldn't walk and she was there for him for a year and then in the end it just

never worked. And I guess in the meantime she'd met my father and anyways, well, she must have loved him, you know, 'cos, and that was her first love and, anyway, when I went and lived with, 'cos a friend of mine at school, her last name was Reagan, she had just moved from the mainland to the island and was living with her dad and she said, "Oh, come to my house, my dad takes in foster kids, we'd love to have ya". So anyways, I went, sure, and when I heard his name I said, "My God, I'm Lena's daughter" and so he really wanted me to come and live with him, but it was in C.... and too far out for me, so I ended up living at my best friend's sister and her husband. They were in their early twenties but they always knew the problems I had at home, and always said, "Come and live with us, you'd have the freedom, you know, you were looking for". Wrong. The total opposite happened. I moved in they had a little baby. I was in the room with the baby and expected to get up. They were sl, drincken' and smokin' drugs all night and we'd be eaten' all night, and I was up late all night, I didn't even make it to school half the time, I was look, raisin' a child. And then I started drinking around that time. I lived there about 4 months, and I started drinking because I had that freedom and um I was really a little teenage alcoholic, I really was. And um you know everything she said I could do, she was grounding me for, after she knew how terrible it was for me. So anyway, mum came to visit me there and said, "I want you to come home" 'cause I charged her with child abuse and everything, and I said, "OK", by that time I wanted to out of there, right, so I did go back home.

S: And you were saying that's when your bulimia started?

H: Yes, it did. Because we ate and ate and ate, and I'd put on about 20 pounds, I dunno, maybe, I don't think I was very much to begin with, maybe a hundred. So I was about 125 and I was working at Brownies. I had to go out and get a job and pay my rent, at fifteen, right. And I remember eatin', eatin', eatin', eatin', eatin', and I'd gained weight, 25 pounds, and I went, my sister worked, I hadn't seen her in a year at least, but she worked in another restaurant up the street, and I knew she worked there so I thought, "I'll go say Hi" and I went in and she said, "Oh, my God, are you ever fat now", and that was it. That was all it took. And I thought, "Oh, my god". I'd never starved, but I was starving from that day forth.

S: So it was like anorexia, but then you would purge...

H: Well, the anorexia stayed for about a year or two. I didn't binge, I just starved. Every day I would starve, like I would eat less and less and less and then I got to be about 105, and then I started getting attention and that's, you know, plus I thought, "Maybe if I lost weight my life would be better". Exactly, the classic, you know, anyway, it started out innocently, it really did, and then later, that's when I got to 80 pounds or whatever and tried to eat is when the cycle of bulimia started. I'd eat, feel guilty, an then the p, never knew what it was either. And I'd go to my mum and say, "Mum, I'm something, I'm mental" and she'd be hauling me off to Dr. S. I did go to a psychiatrist, and uh...

S: He didn't tell you what it was?

H: Well, they weren't sure what it was, at that point, this was the eighties, the early eighties, but I think it was getting more well known at that time, so...

S: Had you read anything about it? [no] You had not read people's stories [umumm]

H: The only thing, another girl at my high school had it and they started referring me to her, and I thought, "Oh, she's the one that looks like a skeleton" but I never, it never had a name at that point.

S: So people would say you were like her?

H: You're looking, starting to look like her. But I thought I looked good. I thought I was lookin' fine (laugh). But I started having, like I was going to get my wisdom teeth pulled and they wouldn't let me have it until I was a certain weight, it was too low. And then I sort of thought, "Oh, my gosh, maybe I've gone overboard here", 'cos I wanted to maintain a level of uh you know, appearance, at least, because I was vain. (laugh) I've always been vain. So I never wanted to be ugly, you know

S: You had a sense that you might be?

H: Umhmm. Way too thin And plus people were telling me, look at your ribs, so you know,

S: Sometimes that doesn't get through [no] but it did to you?

H: Well, I started thinking I best be eatin' now, and then I would eat and feel guilty, and then one of my friends said, "Oh, you should take laxatives, some of my friends do that". Wrong thing to say. 'Cos I totally started abusing them, like boxes at a time, boxes, boxes...

S: OK. So that was the beginning of your purging. [umhmm] Did you ever do the bingeing with throwing up?

H: Not at that point. I never threw up at that point and then I was hospitalized for it, I probably was into it a good five years, but maybe not, 'cos when I was eighteen I had to have my jaw broken for dental? I had terrible headaches. Anyway. so I had to be a hundred and twenty pounds before they would do it, because you have to be all wired up, so I had to eat, and eat, and not do anything with it, and I hated it, I felt fat and ugly and ohhh. But I knew that I'd be wired shut and then I'd lose it, its the only way I would do it, and um what's the moral of this story anyway?

S: We were talking about when you got to the point of purging.

H: I think it was about then, 'cos, oh I know, I got out of it for a while, so I got my jaw broken and everything, so immediately after I took the long-term care course and I was working towards a goal, and it was one of the best times of my life because I ate lunch, dinner, breakfast, never worried about eating, got, you know, excellent grades in school, which I'd, you know I didn't have much

confidence in myself at all by that point and I got a job right away and it was a really good time, and then I think, real life hit me. I went to work at the Lodge, I had to be serious, responsible at twenty, and I wasn't liking this, because I was always wanting fun, or happiness, and it was, you know a tedious, mundane existence, and I got totally throwing up and bulimic at that time. Plus I had, you know, I was a doormat to a lot of my friends, and I struggled about being more assertive, people were stealing money off me, and friends moving in and not paying rent, just that young twenties competition with your friends, going out and meeting guys and them liking your friends. I had that happen so many times

S: So for you, expressing anger was hard.

H: Um, or feelings, you know. If I felt a certain way about somebody I would never say, "I hate your guts", "You know I really feel when you do this to me", I could never say that, "Oh, don't worry about it" was my, until I got to the point where I was going nuts

S: So it seems like you make a connection between that repressing your feelings and the bingeing

H: Right. Because I would oppress my fee, my anger, and the void was food.

S: And it worked for a while

H: Not long, maybe six months, maybe a year, and then I would, I said, "Mom, put me in the hospital, I don't, you know I was fainting and just the whole thing was not good and I was trying to work and just all that insecurity, was the main thing. So they put me in N....., and it did work out. That was the first time I started talking about my problems, was

S: And that would be about, what, 10 years ago

H: It was '85, so eleven.

S: I'm aware of the time, so I was wondering, if you want it to end now, is there any um sort of more current dream that you can talk about. Just whatever dream comes to mind.

H: Well, I have been writing my dreams down for the last month, and there is a reoccurring theme, do you want me to read you some, or, too long?

S: No, read an actual dream rather than talking about the overall themes.

H: Well, I'll read, they're all along the same lines. The atmosphere chaotic, several familiar faces milling about as I enter the room unannounced. Several individuals looked up from the conversation at hand and a look of shock covering their faces when they realised it was me before them. However, I integrated into the crowd, stopping to chat with those who I had once known intimately, it was like groups of years of my life, those friends, and everywhere I went I would try

to become involved in the groups, and one of them had, it's always a guy, but M.... M.... was there and they were deciding whether I should be involved in the group, and I could hear them whispering and discussing it, and he said, I could hear him, "We can't let her in because we can't trust her" and he said, "She left the Copper Kettle one day and she never returned". That's where I knew him from, right? Anyway, then I tried to explain to him why, but he wouldn't listen to me at that point, right. And that's what was happening throughout these groups, I would go to, they'd have a problem with something, I would to explain it, but at that point they were beyond listening to my explanations.

But this is the main one, it's about my brother. I was at home and all by myself, and he arrived, and he wanted to kill the dog next door, like he was in a rage, right, and I thought, "Oh, my God, why?" And I remember going outside the house, round the corner, I could see him, we had a pool in the back yard, and he was trying to drown this dog. And all the water became murky and it wasn't blood, it was dirt from the animals fur and I thought, "Oh, my god, I've got to go and get help" so I went and ran looking for help, but I knew it was too late, at this point, and anyway, I all of a sudden was in my classroom, at school, my high school where I used to go, and um anyways, I had just been to the Festival, and saw the Farmer's Daughter's right, and in the back of this classroom they were sitting there and I went, "Oh, my god, I just chatted with you guys", and they said, they were giving the class assignment for the day, and I had to go, locate a certain picture on the wall, and come back and tell them which farmer's daughter it was in the picture, and I did it, and I was on my way back, and I ran across this guy that I had just had a relationship with, and he said, "Oh, isn't it too bad that your brother could never stay in school", and I said, "Yeah, it is, too bad, but he's got his own life to live" and I was thinking, "Oh, my God, he's just killed this dog" and I didn't want to tell him about that, but anyways and then I went back to the farmers daughters, gave them the answer, and then I moved on to the next level which was to pick up garbage along the street, and I went out to do that, and I knew I was gonna uncover this dog. And that was the end of the dream.

S: And what was the feeling

H: Oh my god my brother's done this terrible thing and I gotta protect him.

S: So is it like panic?

H: Well, just protect him and, yeah, panic, definitely panic. Because I didn't want people knowing about it, although I knew it was wrong, and that dog should be saved. Those are my most significant dreams are about fear. Umhmm. But its always house parties. There's another one. I was walking home to where I live now, and there was a party going on, and it was a house that I didn't even know existed anymore, and I went in and it was full of vagrants, and I went in and they were doing what they were doing, and there was a girl there that was a friend's of mines son's girlfriend, and they were going to put something in her drink, and I wanted to get that drink before they put anything in it. So I dragged her out of the house, got her down town, put her in a cab, and got her on her way, and then I went back to the party, and then as, when I went back they were going to put the stuff in my drink, and I, how, I was trying to get that, I was trying to prevent it at all costs. But its always a party. I walk into these terrible party situations



S: Terrible because either they're talking about you, [umhmm] or they're doing something bad [umhmm] It seems like in that dream and the one before you're also trying...

H: To save and protect. Right. Cover-up. I know.

S: Does that fit for any theme that's going on for you in your life?

H: Well, because there's lots of issues I still haven't dealt with, mainly about guys, there usually is one guy I either like or have liked and it's always unfinished business for some reason, and I come across them in these dreams, but, and in the dream they either don't even want to listen to me, or I've had dreams where I've worked it out in that dream and felt better about it, you know? But, I don't know, because I've had such issues with guys, and there's this guy I like right now, and I've just had a dream about him, and it was weird. Maybe I'll leave you with this. But, anyways, I dreamed, it was at the Cow and Gate, and anyways I went in there, and he was working around where he usually does, he's a bartender, and uh he's got a girlfriend, and he was talking and I said, "Oh, your going out with the RCMP person" and he said, "Yeah". And he said, "Oh, we should give you our number, so you can come and, or call us", right. So he wrote down, handed me the piece of paper and it was all these symbols, like men and female gender symbols, and different symbols I've never seen in my life, they were kind of a code, and I was supposed to break the code, I think, but in the, amongst all these symbols, some of them were almost like alien symbols, was the number, I remember the number, 7154118, and it was all round these symboly squiggly things, and thinking, "Oh, I don't even want it now, because I want it, if it was to be given to me, I want it solely because of him, not because of them, right? And I was looking at this thing and I walked out the door and it was supposed to be the parking lot but it was another party going on and I couldn't even get involved with that party because I was so focused on this symbols, trying to break the c, you know

S: Break the code

H: Mmmhmm. Exactly. I dialled the number and it was an out of order number. Its just I could see it clearly. It was on a lined piece of paper, I remember that, and all these symbols, like, I remember those female gender symbols and male gender, and that's how it started. I don't know what it means, what do you think it means?

S: I don't know, but sometimes numbers can have significance down the road.

H: Yeah. 7154118

S: Well, because you also do have psychic dreams [right] so maybe it will make sense later on.

H: Well, wouldn't that be cool, it would be...

S: So, I wondering, the feeling in there, there's puzzlement over the code [right], but I'm wondering how you felt in the rest of the dream?

H: In the dream? Well, it was almost because, I think, in real life I've been pursuing him for the last couple of weeks. I know, 'cos he calls me "sweetie" and "hon" and "babe" and like I'm sure he likes me, right, as a friend, or a person that frequents his establishment, you know, its very rarely that a guy catches my attention, and I've found out more and more about him as the weeks went by, and I found out that he had (pause) a girlfriend, right? And in that dream it was almost like, "Listen, you can contact me, but its us" right, and the code was like, I don't know...

S: Sort of putting you in your place?

H: Right. umhmm.

S: And so what I'm saying, you can obviously figure that out in waking, but whether in the dream...

H: Yeah, in the dream I felt like "Oh, man, he means business, this is final, I shouldn't..."

S: And what was that like to feel that? What's the emotion around that?

H: Well, I was wasn't happy, like I was almost stunned, 'cos I kept looking, you know, I didn't mean for him to be that drastic about it. You know, I can be overbearing, I can. but it was almost like...

S: Having it in your face?

H: Right. exactly. That's exactly it.

S: In ending, that sense of being stunned, does that remind you of other things? Does that bring up other things for you? Any familiar events?

H: Being stunned? Well, I don't know, if its to do with guys. Well I've had lots of people react to situations that have involved me that have stunned, totally, you know, reacted exactly the opposite way that I think they would react, or just totally flipped over something that I did which I wasn't even aware that I had done.

S: So that's quite a familiar experience and quite a frequent experience for you

H: Umhmm. Right.

S: So I'm aware you were wanting to leave at an hour, and we've actually gone over into an hour and a half. Is that OK for you?

H: No, that's fine. It was good.

S: In ending, I just want to check that you're feeling OK. Was there anything uh anything upsetting about our conversation today?

H: No, I'm good. Some of the dreams are kinda weird but no, I guess I wonder about that code thing.

S: Yeah. That's intriguing. Anyway, thank you very much for coming today and I'll give you a call about the next time.

(H did not return for a second interview, and did not return any of my phone calls or messages. I mailed her a copy of her transcript, and questioned whether there had been anything unsettling or unfinished for her, and to please let me know if there was. She did not reply. I communicated my concern to her physician, who indicated that this was very familiar behaviour to her.)

## Appendix B

## Letter of Information to Practitioners

Dear Doctor/Therapist

I am a doctoral candidate in the Department of Counselling Psychology at the University of British Columbia, and as part of my degree requirements, I am conducting research in eating disorders under the supervision of Dr. John Allan. I am looking for suitable participants in my study, and am writing to you in the hopes that you might have some patients who would qualify. Dr. Elliot Goldner is the St. Paul's Coordinator for the study.

The study that I am conducting is a narrative examination of governing scripts in women with eating disorders. I will be asking participants for dreams and significant memories within the context of their life-story. In order to participate in the study, they would need to be currently anorexic or bulimic according to DSM-IV criteria for eating disorders. I will be examining recurrent dreams and nightmares over their life-time, as well as recent dreams, so if participants have recall in at least one of those categories, that will be adequate. Participants will spend a maximum of 3 hours in interviews.

By taking part in the study, your patients will have an opportunity to learn more about their dreams, and gain further insight into their early memories.

If you have some potentially suitable participants in your caseload, I would appreciate your giving them one of the accompanying sheets. In it I request that they either phone me, or inform you if the study interests them. In the latter case, could you phone me at home (.....) or leave a message at ..... with their name and phone number. Please feel free to call me, Dr. Allan, or Dr. Goldner if you have any questions or concerns about the study.

Thank-you for your help.

Sincerely,

Sue Goldswain  
Primary Researcher  
(.....; .....)

Dr. Elliot Goldner (.....)  
St. Paul's Coordinator

Dr. John Allan (.....)  
Professor, Co. Psychology, U.B.C.

## Appendix C

### Letter of Information to Participants

Hello! My name is Sue Goldswain and I'm working on some research for my doctorate in Counselling Psychology. Dr. John Allan at U.B.C. is my supervisor for the research, and Dr. Elliot Goldner is the St. Paul's Hospital Coordinator. I'm looking for girls & women who would be willing to tell me whatever part they are comfortable sharing about their lives, their early memories, and dreams that they've had that they remember. If you currently have an eating disorder such as anorexia nervosa or bulimia, I'm very interested in hearing your story.

In this study, which will take from 2- 3 hours of your time, spread over a couple of interviews, we will be talking about your dreams and early memories, not necessarily about your experience with an eating disorder. The purpose of the study is a qualitative examination of what guiding stories might be common for women who struggle with an eating disorder. At the end of the study, I will be happy to share with you any understanding I have gained from the research.

You need have no fear about confidentiality, because, although I will be tape-recording the sessions we have together, I will be the only one transcribing them. After the transcription, the tape will be erased, and the only thing that distinguishes your transcript will be an initial that has no connection to your name. In the interviews, you will have the right to refuse to answer any question, and to withdraw from the study at any point with no adverse effect on your reputation or relationship with your school or therapist.

If you are interested, or would like further information, you can leave a message for me at ..... We can then set up an initial appointment at a time and place that is convenient for you. I trust that it will be an interesting and informative experience for you.

In the event that you decide to participate, I look forward to meeting you!

Yours sincerely,

Sue Goldswain, M.A.

## Appendix D

## Consent Form

Title of Project    *A Narrative Exploration of the Governing Scripts in the Dreams  
and Early Memories of Women with Eating Disorders.*

*Faculty Advisor:*        Dr. John Allan            (.....)  
*Student Investigator:*   Susan Goldswain        (.....)  
*St. Paul's Coordinator:* Dr. Elliot Goldner        (.....)

You have received a letter from your attending doctor or therapist about the study I am conducting with women with eating disorders about their dreams and early memories.

The research is part of my doctoral studies in counselling psychology at the University of British Columbia, and the purpose of the study is to gain greater understanding about the kinds of stories that motivate women who suffer from eating disorders. I will be gathering dreams and early memories from participants in the study as the means to examine these stories. Once I have recorded the stories, I will analyze the information for core themes that might account for the development of each participant's eating disorder, then see if there are any commonalities between participants' core themes. I anticipate that participation in the study will be a beneficial experience for you, and your contribution will add to the pool of research knowledge about eating disorders.

There will be a maximum of three interviews, each lasting approximately 1 hour. In these interviews I will be asking you about your dreams and significant memories in your life. Each interview will be taped, and transcribed by me. The information you give me will be strictly confidential, and confidentiality will be maintained by deleting any personal reference that might identify you. Your stories will be given an initial which has no connection to your name. Once the transcripts have been made, the taped interviews will be erased. My supervisor is the only other person who will have access to these accounts, and at that point they will be anonymous.

Your participation is voluntary. You have the right to refuse to answer any question, and to withdraw from the study at any time without prejudice, which means your personal reputation, medical care, or relationship with your therapist will not be affected in any way whatsoever. Should you have any questions or need clarification throughout the study, please feel free to call Dr. Allan, Dr. Goldner, or myself.

In the light of these facts, I consent to be a participant in this study, and acknowledge receipt of a copy of the consent form, and initial letter of contact.

Participant:

Date:

Researcher: