An Artifact of Hope:
The Journey of Reflexive, Participatory Research with Young Women Who Have Faced Feelings of Depression and Disordered Eating

by

Linda Lee Ross
B.S.W. McGill University, 1992

A Practice/Thesis Submitted in Partial Fulfillment of the Requirements for the degree of

MASTER OF SOCIAL WORK

in

THE FACULTY OF GRADUATE STUDIES
School of Social Work

We accept this practice/thesis as conforming to the required standard

THE UNIVERSITY OF BRITISH COLUMBIA

December, 1996

©Linda Lee Ross, 1996
In presenting this thesis in partial fulfilment of the requirements for an advanced degree at the University of British Columbia, I agree that the Library shall make it freely available for reference and study. I further agree that permission for extensive copying of this thesis for scholarly purposes may be granted by the head of my department or by his or her representatives. It is understood that copying or publication of this thesis for financial gain shall not be allowed without my written permission.

Department of Social Work
The University of British Columbia
Vancouver, Canada

Date Jan. 2, 1997
This practice/thesis documents a search for hope and meaning in the experiences of young women who have faced feelings of depression and disordered eating. This portrait of a process guided by the principles of qualitative, holistic, feminist, reflexive and participatory inquiry reflects the journey of reflexive feminist praxis. My hope is to evoke a sense of the importance and value of feminist theory, the relevance of its application in understanding women's experiences of distress and the vitality of new thought and inquiry arising out of feminist research. This is what I mean by reflexive feminist praxis, where theory inspires action which in turn nourishes new understanding. It is also my wish to demonstrate that this process must include reflection upon the self, the narrator of the story. This is an invitation to reflect upon the meaning of what I have to say in your own story. This journey into meaning-making is therefore dialogic. Feelings of depression and disordered eating can claim the health, joy, hope, energy and passions of us all. This tale is now in your hands, awaiting the 'view from over there'.
# Table of Contents

Abstract ii  
Table of Contents iii  
Acknowledgments iv  
Dedication vi  
Vision & Introduction 1  

CHAPTER ONE: Purpose: Why this Re-Search? Is This Research? 5  
CHAPTER TWO: Origins: My Story 11  
CHAPTER THREE: Literature 26  
   The Construction of Eating Disorders  
   What’s Missing: A Contextual Reconstruction of  
   Young Women’s Bodily Distress  

CHAPTER FOUR: Research Principles 49  
   Qualitative  
   Holistic  
   Feminist  
   Reflexive  
   Participatory  

CHAPTER FOUR: Research Process 56  
   Participants  
   Individual Interviews  
   Initial Group Meetings  
   Re-evaluation Counselling: Exploring Peer Support  
   Analysis  
   Emergent Themes  
   Participants Experience of the Research  

CHAPTER SIX: Anti-Conclusion 92  
Bibliography 97  
Appendix A: UBC Research Approval Form 106  
Appendix B: Call for Participants 107  
Appendix C: Participant Consent Form 108  
Appendix D: Interview Guide 109  
Appendix E: Resources 111
ACKNOWLEDGMENTS

This document is a testimony to the ideas, experiences and discoveries of many people. The passions, burdens and joys expressed in this work simultaneously speak of those who have sustained my energy and life over the last year. The blessings I have been offered in having things not go as planned are the gifts of humility and vulnerability I have discovered in needing so much from so many people. I thank my sister Susan for making me feel special; for making me feel smart and always lovable. I thank my sister Shari for always believing in me, my mind and my heart and for loving me so much. I thank my 'third sister' Rhonda for her generosity and belief in my goodness. I thank Bob for being a wonderful brother, for his great humour. I thank Dee for so many hugs, walks, talks and laughs and for absolute hours of being Piccola's hero, and for naming this work. I thank Julie and Pete for babysitting my baby in my hour of need. Sara I thank for knowing I would get through this, that what I had to say was so important that I cold not give up, I would not be here without her love. I thank Doug for calling every week to make sure I was alive, ever ready to offer a kind thought and a cybernetic hug. I am thankful to Colleen and Judy for being gals I look up to, for their patience, caring (feeding me !) and the security of knowing they were always there. I thank the women who have been participating in the research project, I have felt so lucky to have had the opportunity to work with such wise women, and I am “psyched” about what we are doing. I thank Begum for the many gifts shared, her talents, caring and interest in my work and personhood, I am more blessed to have known such a beautiful woman. I thank Deb for being a real support through this process, for understanding my outlawness and being a role model in exemplifying how teaching is learning and learning is teaching. I thank Paule for facilitating my reconnection to the importance of groups, for her respect of my ambivalence and for sharing her deep intelligence. I thank Kathryn for the time and thoughtfulness she invested in reading this work, especially at such short notice ! I thank Kathy for her validation of my feelings of kaos and excitement, for her great generosity of spirit and being, for her sisterhood. I thank Karen for her hugs, for sharing her vast knowledge, experience and great humour, and so many wink-winks. I thank Cynthia for her sweetness and mischievous gorgeousness. I thank Marlene for showing so much courage and strength, for honoring herself, I thank Pat for her patience and immeasurable commitment to her students, I have learned a great deal about respect from her. I thank my loved ones at Project Parent In-Home for their deep caring and support of my need to always question and grow. I thank Di for being my first real 'good girlfriend' in Vancouver, I am so impressed by her talents, beauty and energy. I thank Caron for being an inspiration and one of my greatest treasures. Sandra, I am grateful for her honest friendship and for being one of the loveliest creatures I have ever known. I thank Mary for her love of me at a time when I felt so all alone, for being my friend no matter what coulour I painted my nails.
Jody, mon âme-soeur, ton authenticité m'encourage toujours dans mon cheminement comme femme et féministe. Diane, ton refus des responses simples m'a toujours servie d'inspiration et de "mentorship". I thank Samantha, Corey and Tristan for being my guiding lights. I thank my aunt Lois for always knowing that I was meant to be a teacher. I thank my parents for parenting me, for being proud, and available, for more than mere words can ever say. I thank Stanley Park and The Pacific Ocean for comforting me with the wisdom of the wild.
FOR ALL THE DOGS
WHO HAVE SAVED THE LIVES
OF
GIRLS AND WOMEN
Whether a woman is at work, walking down the street, in a relationship, raising children or on a diet, her experiences occur within a social context. At every stage of a woman's life, her experiences both arise out of and contribute to the environment she inhabits. The influences of culture are felt acutely during adolescence (Hancock, 1989). Adolescence is a dangerous time for young women. Contemporary North American society has been described as a girl-poisoning culture (Pipher, 1994). Research in the area of depression has indicated that women are two times more likely to experience depression than men (Wetzel, 1994). Until puberty, more boys than girls report feeling depressed and dissatisfaction with body image appears to be an important indicator of whether girls will become depressed (Kaschak, 1992). A historical perspective on the development of the phenomenon of young women experiencing feelings of depression, disordered eating, poor body image, anxiety and somatic symptoms such as headaches and difficulty in breathing reveals that increases in their occurrence correlate with periods in history when women's access to education accrued (Perlick and Silverstein, 1994). Although young women during these periods in history have appeared to have achieved gains in "public life", female bodily distress expresses contradictory imperatives regarding changing gender roles (Bordo, 1993).
This research presents a feminist tale of excavation and restoration, charting an archeological search to unearth the meaning of young women's bodily distress at a time when an ever increasing number of young women in North American culture live their lives under the siege of a form of self-colonizing body hatred expressed in body image dissatisfaction, dieting, exercising and increasingly, cosmetic surgery. The weight-preoccupied state of most women is viewed as a usual, predictable part of the dilemma of being... female. This project disrupts discourse generated by most discussions of the problem of "eating disorders", that of a dialectic stance where some women's discomfort with food, body image, and feelings of depression are relegated to a category of pathology while the majority of women's experiences of body and shape dissatisfaction and depression are seen as an unfortunate byproduct of a media-driven culture. My intent in refusing to sift out the most seemingly troubled women from a troubling context is to suggest that we need to challenge our definition of the problem so that we can create a more inclusive solution. It is time to stop relying on the ambulance in the valley and build a fence at the cliff on top of the hill.

Over a period of six months, a group of six women including myself, the researcher, met to explore the research question that has guided this qualitative inquiry, which is: **What Needs to be Different so that Fewer Young Women Face Feelings of Depression and Disordered Eating?** In a supportive environment that recognized our subjective experiences of ourselves as authoritative, dialogues and shared stories emerged that focused our attention towards a cultural context in which young girls
decide that they do not want to grow into women. The group came to define feelings of depression and disordered eating, as, in the words of one participant "evidence of women's great will to do something with their lives".

The purpose of participatory action research is to utilize and act upon the expertise and knowledge of participants, in this case young women who have faced depression and disordered eating. While research has been conducted in the area of factors which may predispose women to a higher incidence of depression, such as relational issues and experiences of inequality in their social roles, little emphasis has been placed on what women themselves feel needs to be different in their lives. This project is relevant to current trends in health care reform, such as 'New Directions for A Healthy British Columbia', where the focus is on actively involving communities in the design and provision of health care services. Whereas most research in the area of "eating disorders" is carefully constructed so as to replicate distinct categories of disorder and pathological phenomenon, i.e. anorexia, bulimia, and compulsive eating, the design of this study represents a departure from this approach.

The purpose of a thesis is to document original research, to render in text a student's competency in gathering data, carrying out an analysis of the information and pointing the way for further inquiry. The intent of a practice/thesis is to give equal value to the importance of research and practice. Taken one step further, it suggests the inseparability of theory from its application. In a practice-oriented discipline such as social work,
it appears particularly important that graduate level research foster the ability to unite theory and practice. The creation of "usable knowledge" (Lindblom and Cohen, 1979) is central to praxis, whereby theory is utilized in order to guide practice and generate new thought. Whether or not the clinical practice and research that make up this practice/thesis generate "usable knowledge" (ibid.) is what I understand as my "measure" for the significance of this work.

CHAPTER ONE presents the Purpose of this project: Why This Research? Is This Research? CHAPTER TWO examines the Origins: My Story of feelings of depression and disordered eating. CHAPTER THREE reviews the Literature involved in The Construction of Eating Disorders which is contrasted with a more contextual understanding of the issues by exploring What's Missing: A Contextual Reconstruction of Young Women's Bodily Distress. CHAPTER FOUR presents the Research Principles which guided the inquiry as being Qualitative, Holistic, Feminist, Reflexive and Participatory. CHAPTER FIVE outlines the Research Process that unfolded offering a description of Participants, Individual interviews, Initial Group Meetings and Emergent Themes out of the research question: What Needs to be Different so that Fewer Young Women Face Feelings of Depression and Disordered Eating. This chapter also explores my reflections upon the research process and describes how Re-evaluation Counselling: Exploring Peer Support took shape. This chapter ends with Participants' Experience of the research. CHAPTER SIX asserts an Anti-Conclusion to this practice/thesis.
Chapter One
Purpose: Why This Re-Search? Is This Re-search?

*When writing is thought of as a reporting process there is no place for thinking of research itself as a poetic textual (writing) practice.*

M. Van Manen,

The beginnings of this inquiry lie in the self-reflective writings of a fifteen year old girl. My journals at the time served to document a spiritual quest for hope and meaning, for a theological ontology of girlhood, the meaning of girlbeing/woman becoming. These chronicles of a passage through almost three years of feelings of depression and bodily distress expressed in disordered eating reflected a deeply felt desire to locate hope amidst a world of despair and disorder. Writing is a process which can serve to locate meaning in the meaningless and hope in the hopeless and through which "we create artifacts with which we can interact." (Vaught-Alexander, 1994, p.150). Self-reflective writing provides a space for contextually based, located knowledge (ibid), and writing can be seen as a method of inquiry (Richardson, 1994). As contemporary theories of disordered eating offer little hope for women of discovering or recovering their health and wellbeing (Walstrom, 1996), writing this thesis serves as a testimony of strength, an artifact of hope. Hope has been identified as essential to health and healing (Brown, 1992), where healing becomes: "the integration or reintegration of the self in the presence of suffering" (170). This research was born out of a desire to give voice to the contradictory and multifarious meanings of young women's search for subjectivity or sense of self, expressed in feelings of depression and disordered eating.
This search for hope amidst feelings of depression and disordered eating led to the deconstruction of the ways in which theoretical narratives of "Eating Disorders" reconstruct women's experiences of oppression, expressed in bodily distress as individual psychopathology, separating the experience from the context that constructs both the dilemma and possible solutions. Eva Székely has argued for considering the body in a way: "that does not sever the intimate connection between person and world, that can address in its specificity the interest of its ruling class" (1988, p.195). From this perspective, women's bodies could be read as "text", through which ontological viewpoints or stories of meaning could emerge about the context of their experiences. Deconstructing women's experiences of bodily distress to reveal meaning requires a simultaneous deconstruction of ontology, the ways we make meaning, methodology, the ways of carrying out research and epistemology, the ways we know and theorize about the production of knowledge.

Cartesian dualism, the splitting of mind from body, reason from emotion, has not only shaped our understanding of the body but also the way we theorize knowledge about our experiences of health, wellbeing, pain and illness. This dualistic view of nature and matter, body and spirit is at the heart of genderism and the categorization of male and female as essentially different, where woman represents the body and its inherent emotionality and weakness and man represents intelligence and the desire to master the body. The modernist biomedical model operationalizes this reductionist understanding of experience by separating the "psyche" from the body, the body from the whole
person and the person from their environment. Feelings of depression and disordered eating could be seen as a metaphor for the struggle to acquire agency and power through control over emotions and the body (Malson, 1995, Beck, 1996).

Postpositivist, postmodern, feminist and holistic research have all begun to challenge the supremacy of rationality or "objectivity talk", the view that research can be value-free by incorporating subjective or experiential knowledge. Theories regarding the importance of the "emotional intelligence" (Goleman, 1995), and "emotional literacy" (Orbach, 1994), challenge reductionist analysis by taking the view that developing fluency in our feelings, our ability to speak, hear, understand, express and employ our emotions is key to fostering healthy people, communities and nations. From this perspective, self-reflective research and the recognition of our experiences of our selves, our subjectivity as revelatory and authoritative becomes an invitation to intersubjectivity, a gesture towards dialogue, a place to start.

The process of crafting this research then directed me to deconstruct notions of social work theory and practice that support dualistic interpretations of meaning-making and knowledge production, of soft or hard distinct areas of expertise such as research, clinical practice and community development. This work hopes to stretch the edges of our definition of what is research. Rather than one specialized area of practice, the utilization of research can lead to more "useful" practice, whether it be clinical social work and/or community development. As an illustration, social science research regarding the determinants of health
and mental health policy have operated separately as "two cultures" (Hetherington, 1988), where one had little influence over the other. What is more, research that documents the impact upon health of environmental stress such as poverty, violence or unemployment have failed to incorporate an understanding of the ways in which our bodily experiences whether they be physical, psychological and/or spiritual play a role in determining whether we develop ill health as a result of life difficulties. In contrast, recent research into the power of the "mind/body" relationship (Pincus and Callahan, 1995) is demonstrating the usefulness of considering the need for interconnected planning in areas such as health, education, economics, environment and law.

Principles that lead to the generation of useful information in clinical practice and community development, can therefore be applied to research and vise versa. This thesis identifies a reflexive stance and accountability for creating "usable knowledge" (Lindblom and Cohen, 1979) as vital steps towards the creation and utilization of knowledge. Whether providing support in a therapeutic relationship, listening for stories in a research interview or facilitating a community group, participants must be actively involved in generating new knowledge that actually fosters the change they desire in their lives. Viewing context as all important (Wooley, 1994), understanding each other as experts on our own experience and continuous reflection upon the assumptions that guide our practice are some of points of reference that make for more useful social work.
The choice of sharing my own experiences of feelings of depression and disordered eating reveals my commitment to disrupting further aspects of dualism, the separation of "private" and "public" experience and space. The act of writing this thesis in the first person marks a departure in my writing and a stage in my own process of healing and search for wholeness. For over a decade I have used a computer to write. Whenever I have had something to say, it has seemed the most expedient way in which to express myself. Using a computer coincides with the development of my professional, knowledgeable public persona (l'intervenante sociale), and I am struck by the degree to which using a computer has played a role in maintaining that personage.

This thesis has been written in my journal with my favorite pens and transcribed later onto computer. This way of writing seeks to honor the depth of feeling and knowledge that comes through my writing, to unite a public performance with its portrayal of hope and determination with aspects of myself that have often gone underground, and tell tales of uncertainty and despair. I have often felt that social workers, in particular women social workers, give to others what we have not ever had the opportunity to experience ourselves: letting experiences of grief, anger, disappointment, disassociation enter into dialogue with our minds. Ancient Celtic rituals celebrated death and grieved for new born infants because they knew that life was hard. I believe that life can be very difficult, but that we rarely truly celebrate its cycles and the learning incurred, because under the influences of a capitalist economic mythology, we believe that we do not have to hurt, our bodies do not even have to age. Welcoming the mysteries of pain and sorrow can
invoke our wholeness as human beings, perhaps the most that we can ever really venture.
Chapter Two
Origins: My Story

Had I at an early age been taught autobiographical analysis, as a way of learning to think and write critically, I might have been spared years of pain and silence.

A. Brookes

Something has happened to my writing. Like the adolescent journaling that sustained my existence when my life was overtaken with the silencing forces of depression and disordered eating, my writing has once again become a locus of subversive knowing. This travel through the terrain of academia has resurrected a force that has restored my writing to a former place and familiar purpose: to reflect upon my own experience in search of hope and solace. Like feelings of depression and disordered eating themselves, its recourse to a coded form of expression seeks safety from the judgment of those who do not want to understand their emotions, intuitions, their animal and spirit nature. In the space my writing creates, my voice seeks shelter most of all from a culture that fails to recognize privilege, as loss (Spivak, 1990), the inability to see the misuse of power as a tragic, vanished opportunity for being more fully human.

Writing this thesis has been one of the most difficult and painful experiences of my life. Writing about one's feelings of depression and disordered eating without a self-aggrandizing or self-pitying flavour is no small task. As a student, in particular as a feminist student, I have experienced returning to school as the experience of resuming a subordinate role. I have felt that I can no longer fit in academia, or be productive because I am too healthy; that I have too much self-value to
engage in relationships that do not acknowledge power, and the way our experiences and differential access to power weave into social relations. (Also, I can no longer contemplate experience in a linear fashion or make sense solely through my intellect and I wonder how this thesis "makes sense"... Will it register clearly in your mind, body, heart? It has most certainly taken up a great deal of space in my emotional, physical and spiritual life). As someone who values connections and relatedness as requirements for learning, studying in an atmosphere of competitiveness, whether for grades in hopes of future employment or further academic pursuit, has at times left me feeling very sad. Although critical discourses have begun to emerge within the academic environment where considerations of gender, culture, class, disability and sexual orientation are increasingly present in academic theorizing, some of my experiences in my graduate social work program have brought me to reconnect to previous experiences of depression and disordered eating, and in turn to experience disordered sleeping and feelings of panic.

To understand my distress in context, my thoughts turn to a December morning in Montreal: I remember the silence over a telephone line when I first spoke to my mother who had just heard about the massacre of women students at L'Institut de la Polytechnique. A matrilineage of pain, of knowing the danger in being a girl, of violence and death and daughters who would never speak mother again was expressed in the acknowledging silence we shared. For months after the event, I woke up nauseous and often vomited before heading off to University. I know this because I recently came across a health journal I kept as part of a
sociology of health class. Entrances to conferences or any event associated with feminism for the next year had gun detectors and on a number of occasions I had to be accompanied home by friends because I was "out" as a feminist and was followed by threatening individuals.

The media played a key role in the creation of my great distress in reaction to the murder of the women students; while the event was discussed continuously on radio, television and in print as evidence that women are not safe anywhere at any time, it was also dismissed as the act of a madman. Reports made constant reference to the fact that his father had been from "another" culture, that he had been severely abused as a child and women students interviewed at La Polytechnique, offered reassurances that there was no discrimination or gender bias in engineering. The contradictions laid bare by a culture attempting to cope with its grief by individualizing male violence against women serves to illustrate the distress, discomfort, dissonance and "crazy-making" experiences women face in the world. A principal organizing factor of girls and women's lives, that is to say self-monitoring fear for our safety, goes unrecognized. We have developed narratives to label post-traumatic stress in relation to experiences of violence, to assist survivors, but are women ever really post-trauma in this culture?

The massacre illuminates an era when academia is facing its own shadow. Carl Jung said that what is disowned becomes shadow, more disturbed and more disturbing. The introduction of feminist and other critical discourses that address power issues may be resulting in an
academic environment that feels more disturbing than ever as women, people of colour, gay and bisexual men, lesbian and bisexual women and men, and people living with what we have constructed as disabilities seek to be heard. My encounter with the shadow of power, misused and disguised as normative within academia, has impacted me so greatly that I have turned to an inner sanctum; to dialogue with a young girl who has taken on fiercer monsters and slayed greater dragons. The way this thesis has been crafted is a reflection of my own contradictions and ambivalence as a woman in this culture; I want a happy ending for my graduate experiences and yet at other times I have not wanted to share one piece of this research with anyone associated with academia! How can I recite the profound meaning of feelings of depression and disordered eating in women's lives and portray what it means to produce this document within an environment in which I feel so unsafe without meeting the shadow of my own heart? The purpose of moving through the darker side of this experience is to be able to fully rejoice in what exists along side; the fruits of my devotion to relations invested by the power of love, not the love of power.

Written by hand, under the cover of night, this is my story of a self-reflexive journey towards the completion of a feminist practice/thesis. While I embrace the pride and joy that accompanies a sense of accomplishment after a long period of travail, my pathway to here has drawn upon the shadow side of my heart and every ounce of my strength. My resolve to pursue completion of this work comes from the knowledge that what women have been saying with their bodies requires translation or dialects that can reach a variety of audiences if
we are to effect change and justice. In the same instance, I am aware that women's voices challenge the fabric of social relations, and that readers of this account are being invited into a space which acknowledges pain, grief, distress as experiences we all face. It is vital to me that this work be understood. While my investment in this process leaves me vulnerable for disappointment, it also creates a space for authentic dialogue and connection. The rewards of devotion, the experience of having traversed difficult territory to return with new wisdom and peace has allowed my spirit to battle on. What I have to say about women's distress feels so important that I deliver my reflection over for inquiry, critique and discussion.

The parallels of my experiences of distress and disorder as a young girl in the face of an approaching culture of womanhood I knew I did not want to enter into and my distress at what graduate social work education has involved present an entry point into my own story of facing feelings of depression and disordered eating. While academia could be seen to simply replicate existing power relations in the larger world, the value I place on learning, and my desire to share this excitement led me to feelings of disappointment and distress, as I experienced and witnessed what I perceive as painfully oppressive relations. Paradoxically, had I found a safer place in academia, this work might not have been as self-reflexive: I might never have jouneyed into my own voice, sought survival in writing my own story. My own journey into reflexivity was further inspired by the journal writings of the women students I worked with as a Teaching Assistant in Women's
Studies, where their stories offered a glimpse of the richness of knowledge in women's self-reflexivity.

In sharing my own encounter with distress and despair, I am purposefully "demasking" my gender. Heilbrun (1988, p12) documents the great difficulty women have faced in documenting their own experiences of pain, struggle, and suffering in their autobiographies because the traditional way for women to recount their lives "is to find beauty even in pain and to transform rage into spiritual acceptance". The rewards of devotion I espouse could seem to portray this very approach of embroidering equanimity into the fabric of an otherwise feminist fiction of despair. Let me be clear. Reflexivity is defiant. A journey into female knowledge is thrilling, yet carries danger lest we are tempted to forget that "we live in male contexts and are answerable to male law" (Wooley, 1994, p.320).

Two women authors who have profoundly shaped our understanding of the need for social justice for women and children, Gloria Steinem and Alice Miller, suddenly realized after years of drawing out the oppressive experiences of others, that they had forgotten to include their own pain in their writing. It was in reading Alice Miller that I first encountered a means to theorize my experiences as a professional caregiver. During the second year field placement of my B.S.W., I developed a close relationship with my supervisor. She called me one day at home and told me that she had just read an account of my life, that I had to read a book entitled The Drama of The gifted Child (Miller, 1982). I had read parts of the book in order to understand my clients at the eating disorder
clinic where I interned, but it was only when a woman whose opinion I truly valued acknowledged my experience that I was able to relate the book to my own life and begin to recognize the profound loss incurred in being a gifted child, a purveyor of hope.

Under the restraints of a capitalist market economy that drives us towards individualized accounts of pain and distress, we make meaning of our experiences through individual narratives. The belief that suffering could be avoided if we just worked harder, leads us to find fault with ourselves, particularly so for women, and increasingly with our "dysfunctional family". My own process of coming to terms with my experiences has brought me to search beyond this understanding. It is not that I discount the role of family "dynamics" in my own story, rather I view them as one thread in the fabric of social relations. My sense is that it was my spirited and precocious nature, my refusal to be "only a girl" that led me to "psychological distress". My view of my family is that it was their belief in "goodness" amidst a greedy world and in the outstanding intelligence of their daughters that contributed to my own sense of "cognitive dissonance" between what should be and what is.

At the same time, individual stories if viewed in context, can become a profound means of understanding the forces that propel our actions. One of the most powerful means of understanding the influences of distress and disorder in my life has been to trace a narrative of 'depression' back to my family roots. In some ways it has felt as though depression was handed down to me like a recipe or family heirloom. My parents grew up during the depression era, a period in history
characterized by mass despair. Both my parents lost their own parents as young adults, with my maternal grandmother dying a few years after I was born. It is my impression that losing one's parents is akin to losing one's secure footing in the world and I wonder how my parents' loss has "storied" their experience of the world and eventually my own.

My father's parents were of Scottish origins and from what little I know worked hard to provide for their family. I say this because my father has shared very few details about his childhood. I have always felt that he wanted to shelter his children from the hardship he endured. My mother's father went off to assist in the second world war, and she has shared the story of being asked by other children, if her father had been killed yet. My mother is of Irish Catholic descent, was raised in a middle-class family and had carved out a career for herself during an epoch when women were not supposed to value their own work outside of the home. When my mother was expecting my oldest sister, she left her job and did not return to the paid work force until some twenty five years later. I have often wondered how things might have been different for my parents as individuals and for my family as a whole if less rigid gender expectations had guided my parents' choices. I wonder what it might have been like if my mother had been encouraged to pursue her interests in the labour force and my father had stayed at home with his children, as I have always felt that my mother had far more drive and intellectual force than could be expressed as a "homemaker", and my father far too many principles and creativity to "make it big" in the business world.
My most profound experiences with both hope and depression occurred during adolescence. As a sensitive child, growing up in a weight-preoccupied family and a fat phobic culture, I learned to find power over rather than within my body. I expressed my existential bewilderment through an extreme vegetarian diet. Eating or rather not eating, became a language from which I spoke about determination and protest. A deep sense of despair overtook my life for almost three years. I became obsessed with the holocaust. I read every account I could find of survivors. It was as if I had decided to make the study of despair my raison d'être. Therapy and medication could not break the spell. I felt greater despair at every visit to a different psychiatrist who would prescribe a new medication. Psychiatrist after psychiatrist informed me that they had never encountered a sixteen-year old who suffered from existential depression. It was as if my refusal to privatize my pain made me untreatable.

It was only after being hospitalized in a setting which epitomized despair that I was able to locate hope. My journey back from irretrievable sadness is thanks to my family and friends, but most of all due to my sense of outrage at what I and other experienced at the hands of that institution. I also developed a close relationship with another younger woman whose despair I sensed was more entrenched, and who was later sexually assaulted by a night nurse after I left. I have always felt that the fact that in a matter of weeks, I was able to talk myself out of a psychiatric hospital intent on keeping me as an inpatient for a much longer period is evidence that I can do anything (Grandiosity?). It is interesting to note that journal writing was one of the ways I maintained
some sense of sanity in that environment and that I am writing this now in my diary. Drawing, sewing, painting, writing poetry and long walks with my friend Mary and her beautiful daughters Sheena and Michelle assisted me in recovering some sense of normality and hope that I too one day might be well enough to walk in the park with my children. Long walks with my soul sister Dee Dee and my puppy Piccola in Stanley Park have saved my beauty, my goodness throughout the process of writing this work.

In *Women Who Run With The Wolves, Myths and Stories of The Wild Woman Archetype* (1992, P. 265), Clarissa Pinkola Estés' "Sealskin, Soulskin" tells the story of the theft of women's soulskin, a pelt that represents "a state of being-one that is cohesive, soulful, and on the wildish female side". She states that the theft takes place when the sealwoman is still young or inexperienced and can not anticipate that humans signify potential harm. I feel a connection to this story as it has seemed to me that I could not enjoy the maturity, the depth of understanding and other talents associated with a sensitive child because in my innocence I had not been prepared for a world that would leave me by adolescence, ravaged by despair. The story also illuminates my sense of being an outsider; I have always known in my deepest center that I am a mermaid who must be vigilant of human beings. My journey ever since adolescence has been towards understanding humans; I do not imagine I can rid the world of despair and anguish, it is my belief however that we can find wholeness by integrating the shadow or underside of experience.
Shere Hite's (1995, p.60) most recent research on the family under the influences of patriarchy reveals the ways in which girls develop "double identities" in order to protect "their underground self" behind "a good girl" façade. She exposes the ways in which cultural discomfort around sexuality on the one hand, and the sexualization of girls on the other, lead girls to a sense of shame regarding their own desires. Emily Hancock's qualitative exploration of The Girl Within (1989), explores the ways in which girls' voices go underground through adolescence; whereas a boy's experience can become one of increased power, a girl's experience is of increased risk (p. 20). She describes the retrieval of the prepubescent "girl within" who "naturally synthesizes the dualities of female and male in her androgyny, fuses play and work in her purposeful activity, reconciles love and hate in her lack of contradiction" (p.259) as emancipatory. This thesis is a form of communion with my own "girl within", an attempt to honor her wisdom to withdraw to sanctuary, while seeking out the treasures she buried long ago. In A Woman's Worth, Marianne Williamson asserts that women who turn to food, alcohol and drugs for comfort may not be quieting their anger, more so their creativity, that we live "in a world that does not know from ecstatic women, or want to know, or even allow them to exist" (1993, p.14). It could be theorized that disordered eating becomes a way of not only dulling women's pain but also diluting our power and creativity.

Over the last few months, I have been rocked by deep emotion. I am startled by the contradiction that makes up the main point of this thesis and my feminist view of women's distress. For years I have been writing, telling, teaching that in this culture, feelings of distress and disorder
"makes sense", that they are not material for pathological categories but ammunition for action and redress. Yet in my heart I know that it will never, ever "make sense" that I lost almost three years of my young life to this "tragedy" of patriarchy (Brewer, 1994). It will never be "understandable" that my will to self-determination meant wanting more to die than to live. It will never be acceptable that my parents, my sisters, my best friend had to stand by and watch a "good girl" battle against an evil world as though she was the only one left standing. It will always seem incomprehensible that my only reprieve from my inner turmoil became burning my arms and cutting my stomach. IT WILL NEVER MAKE SENSE THAT WOMEN HURT LIKE THIS.

My life's craft is to refine, search and re-search growth. The practice of social work is only one form of this calling. Theatre, design, music, botany, my relationship with animals and children all express this reason for being. More than anything I am swayed by bearing witness to the process of transformation of all life forms. How have I traversed this dark time, at this juncture of my own unfolding? A deep sense of privilege guards against cynicism and despair. From where do I draw the gifts of privilege and self-worth? The knowledge that a woman of my nature and gifts would have certainly met worst fate had I lived not so long ago provides for some of my determination. More than this it is the rewards of my devotion to growth, with its cycles of gestation, birth and pain, decay, death, fertilization, pregnancy and new life.

My devotion is to this: I know in my belly that all children are born smart and good, to be cherished for their own unique way of being. I have
seen glimpses of a future where girls do not have to mask their intelligence and creativity with niceness and passivity or scream no more through starvation or death. I have visions of an imminent time when boys know that their measure of worth no longer rests upon their ability to dull and deny the pain of being under the rule of the Father, where the deadening of emotions will no longer be the evidence of their assent into manhood. I see unfolding scripts that recognize depression, addiction and disordered eating as protests against regimes that must no longer hold the planet in peril. I feel a period in time will come when the ability to speak and understand our feelings will sustain relationships that allow us to view our emotions and talents as our unique truths and pathways into peace. I hold an image of a place where history is taught as a learning tool to every child so that racism and cultural genocide indeed become 'history', lessons of the past. I have a picture in my mind of times past when material responsibility and our interconnectedness with all species was seen as our birthright, and of a destiny when we once again recognize the elemental power of air, water, earth, wind and fire that sustain our beings.

I have come to feel in my bones that academic jargon and writing are not evidence that one can play the game, and win. Rather, I feel that it represents "a lamb dressed up in a wolf's clothing", that it signifies a lack of confidence and support for creativity, serving to silence those who have any measure of 'wholeness' left. This story of mine is a jumping off point from which I issue a declaration of wholeness. All of me is here now.
These poems were written while I was still in the grips of depression and disordered eating as a younger woman:

**Anorexia Politica**

They call it
Anorexia Nervosa
As if
This young woman
has suddenly been afflicted
with some terrible
disease

**DIS-EASE**
with herself
her sexuality
the forced disowning
of her own body
her natural place in society
As mother
   lover
giver
   victim

She will not eat
Because she cannot
be
ever be
   their perfect
   plastic
   Doll on Call
Bulimia Mon Amour

This is not
a comfortable place
My skin feels
too tight
for my expanding body
The bulge of tummy
hurts

I don't want men
to look at me
to take, to touch
what isn't theirs
So I eat
to keep (FUCK OFF)
them away

I must binge
to nourish me
(the only way I know how)
No one else will feed me

Not even my mother
She wants me
to be happy and thin

I hate to live
such an oral obsession
lending life
to Freudian Fairy tales

This place where I am
This Bulimia
is a Bridge
between my mother's arms
And a woman's culture
that Scares
    Angers
    Inspires me
Chapter Three

Literature

So it is better to speak
remembering
we were never meant to survive
-Audre Lorde, A Litany For Survival

The Construction of Eating Disorders

This literature review will depart from current approaches which delineate "clinical depression" from "eating disorders". In order to challenge this presupposition, the notion of depression has been reframed as "feelings of depression", not necessarily assumed to describe a distinct experience. An overview of the primary ideological concepts which have led to the notion of "eating disorders" as a relevant description of women's experiences will be presented and critiqued. Discursive practices have led to the development of a "body of knowledge" regarding both the etiology and treatment of eating disorders. The theoretical origins of the production and reproduction of the phenomenon of eating disorders began with a psychoanalytic theory of women's experience of self-induced starvation. Family systems or cybernetic viewpoints assisted in cementing the construct of anorexia and the psychosomatic/Anorexic family, and the chaotic/enmeshed bulimic family system. Feminist psychoanalytic theory and self-in-relation theory rendered "eating disorders" an important concern for women. The self-help movement made anorexia, bulimia and compulsive eating appear to be something everyone could experience.
Psychoanalytic Theory

The theoretical origins of "eating disorders" as a disease afflicting women lie in psychoanalytic theory. Ego deficit, libidinal problems and internalized sexual conflict are seen as being the main difficulties underlying "eating disorders" (Currie, 1988). Contemporary psychoanalytic theory has continued to support the view that women's emotional problems arise out of anatomical or intrapsychic pathology. Hilde Bruch (1973) viewed anorexia as a response to overly intrusive mothering or as "father hunger" in a young woman stunted in her psychosexual development or fixated in an "Electra complex". The emphasis on the disruption or inappropriateness of care in early childhood experiences such as feeding understands eating disorders as being a product of good or bad mothering. Others have viewed anorexia as a desire to delay adolescence and rejection of femininity (Crisp, 1980). Although there is some acknowledgment that female adolescents may indeed have reasons for wanting to reject the inferiority inherent in becoming a woman, the blame is placed on the individual mother who was a poor example of her gender.

Psychoanalytic theory has received great criticism from feminist scholars (Chesler, 1972, Lerman, 1986, Steinem, 1992). Some feminists have attempted to find some value in Freud's work (Mitchell, 1974, Barney and Cantor, 1986), pointing out that women may receive inferior and insufficient care as infants and young children, and that assigning blame to mothers rather than looking at what prevents mothers from fully supporting their daughters development leads to a stripping away of the context and therefore meaning of the problem. What is more,
Freud's refutation for the sake of his career, of his "seduction theory", whereby he had recognized the sexual abuse of children by their parents and other caregivers as the root of many adult neuroses, may have directed the entire history and future of psychoanalytic theory, by denying the reality of a form of abuse that has impacted so many people's lives. All the same, psychoanalytic theory has continued to inform the majority of treatment models, where psychodynamic therapies are complemented with nutritional counselling and weight management. Ironically, the approach seems doomed to fail insofar as the focus of treatment rests upon controlling women's relationship to food by monitoring and controlling their bodies, when the very symptoms of their dilemmas speak for their need for feeling in control of their bodies. Grimillion (1992) asserts that this approach of focusing on the symptom rather than the sociocultural forces behind disordered eating has solidified the hold of "eating disorders" over young women.

Object Relations Theory

Object relations theory takes the view that human beings grow and develop in relation to significant others or "objects". Women and men come to define themselves as good and desirable or bad and undesirable according to the nature of their first relationship with their mother whereby they form a mental representation of self and others. From an object relations account, eating disorders occur when children receive insufficient care in the "holding environment". As with psychoanalytic theory, the mother is at fault once again for problems of personality or psychopathology in the developing child. The mother must become the perfect mirror for the developing infant. According to
this viewpoint, mothers must first accept and fulfill their own desires and needs in order to present an idealizing mirror image of their child's desires and needs. Any experiences of pain, fear, violence, the very experiences that make up many women's everyday lives, must not be reflected back to the child. Children who receive poor care will "split off" aspects of self into good and bad, creating a "false self" and substitute bad mother objects for good mother objects in the form of food. Object relations theory, like psychoanalytic standpoint asserts the pathology of the experience without an understanding of culture (Craig, 1990).

Feminist object relation theorists such as Nancy Chodorow have attempted to add culture to the object relations lens. However, the focus has continued to remain on mothering, in this case how mothers pass on negative views of the self to their daughters. The question of how institutions other than the family, such as the school system or media contribute to women's poor views of themselves is displaced by the focus on the mother-daughter relationship as primary source of learning. The assumption that mothers alone can provide unconditionally idealized mirroring images back to a child is unrealistic and denies the impact of other relationships on children. What is more, the assumption that mothers must first accept their own needs so as to accept their child's, denies the difficulty women face in expressing their own needs given the cultural imperative to assume the primary provision of care for others.
Family Systems Theory

The advent of the work of R.D. Laing who studied patterns of communication in the family greatly influenced the field of family therapy and theories explaining "eating disorders" (Currie, 1988). From an etiology of poor mothering to an etiology of neurotic psychosomatic families, the focus shifted from mother/child relationships to parent/child relationship as a means to explicate the distress of "eating disorders". In actuality, the focus remained on mother/child dyads, where the involvement of other family members was enlisted in order to correct poor mothering. Family systems theories have not only replicated an isolated understanding of mothering within the family, but have also failed to situate the provision of women's caring and the family within a larger sociopolitical system of social relations. To illustrate, Palazzoli considered family patterns of communication to be of the greatest importance in understanding "eating disorders" (1974). She identified five problems in the "anorexic family": contradictory messages sent and rejected with no conflict resolution; parents that did not assume leadership roles leaving no one to take charge in the face of problems; the triangulation of the anorexic child within the parental relationship; the imperative to be self-sacrificing; and finally a marriage where a happy facade hid a disturbed couple relationship. Structural therapists such Salvador Munuchin (1978) identified five problem areas in "anorexic families" as the cause of the psychiatric disorder: enmeshment, involvement of the child in parental conflict, rigidity, overprotectiveness and lack of conflict resolution. Hypervigilance on the part of the mother was to be remedied by the father modeling a more distant and therefore appropriate way of relating to the daughter. When a mother was not being "too enmeshed" she was considered
negligent for being "too distant". As with earlier theoretical frameworks, little if any attention was placed on the way in which we construct gender and mothers continued to be seen as the source of all dysfunctional behavior.

When the relational context is added to a family systems perspective, the source of pathology shifts from mother to daughter herself whose "egocentric" personality traits and "self-regulatory vulnerabilities" lead her to become "harm avoidant" (Johnson, Sanson and Chewing, 1996, p1). In other words, failure of the mother to provide care for her daughter renders her child psychopathological. A cross-cultural perspective in contrast, illuminates how "parentified" and psychosomatic children may actually be performing a culturally ascribed role to "load" the pain of others. The phenomenon of "loaders" (Eisner, 1995) may date back to tribal times when more inactive members carried the burdens of psychologically and physically overwhelmed members of their clans. Women have in more recent history often carried the burdens of family members out of both socialization and as a result of the division of labour due to industrialization. This demonstrates how a contextual reconstruction of familial relations would offer a rich understanding of the purpose and meaning of young women's bodily distress.

**Feminist Psychoanalytic Theory**

During the 1970's distinctly feminist psychoanalytic theories and practices began to create new discourse from which to view women's experiences of distress. In 1978, Susie Orbach published *Fat is a Feminist Issue*. This groundbreaking work was the first attempt at an engendered
analysis of what was up until that time, an experience that solely affected women. Orbach (1986) went on to explore how anorexia was in fact a trade off: in order to enter into the male world a woman had to be willing to negotiate through the transformation of her body. Orbach examined parenting as well as the intrapsychic development of women, but this time the analysis occurred through a feminist lens, whereby women's problematic emotional development was framed within a culture in which they are responsible for the care of others. When one viewed parenting as historically situated within a given culture, in lieu of blaming neurotic mothers for raising psychosomatically disturbed children, the culture came under scrutiny as the site of the origins of "eating disorders".

Like object relation theorists, feminist psychoanalysts view the mother/daughter relationship as a primary source of difficulty. Women are encouraged to deny their daughters their emotional needs so as to prepare them for a life of service. A high incidence of sexual abuse among women reporting "eating disorders" is also seen as a central part of the development of the problem. Chernin (1981, p.2) asserts that a woman preoccupied with the size of her body may in fact be making a statement about the fact that "she feels uncomfortable being female in this culture". More recently, the social climate of consumerism and the objectification of the female body (Bloom, Gitter, Gutwill, Kogel & Zaphiroulos, 1994) have informed feminist psychoanalytic theory. Although this school of thought has begun to attend to the reality of fat oppression and weight prejudice, and its role in the creation of disordered eating, the focus of theory and treatment has primarily rested upon the problem of anorexia. This state of affairs begs the question as
to whether the interest in anorexia reflects and thereby reproduces elements of the very fat phobia in the larger culture that has led to disordered eating.

**Self-In-Relation Theory**

A survey of the literature regarding self-in-relation theory reveals that many contemporary scholars are exploring the importance of relationships in women's development and mental health and the ways in which women define themselves through relationships. These theorists do not specifically focus on "eating disorders", but are nonetheless relevant insofar as they bring a feminist perspective to the issues of women's development. Alexandra G. Kaplan (1984) has described how traditional models of development where individualism and separateness are seen as indicators of good mental health do not take into account the value women place on connection. Carole Gilligan (1988) and Jean Baker Miller (1991) believe that women come to see themselves as either efficient, good and worthy, or ineffective, bad and undeserving, according to the state of primary relationships in their lives. Dana Crawley Jack (1991) asserts that in women experiencing depression, the self has been silenced to meet the needs of others and to maintain relationships vital to women's sense of connection. As women who face "depression" also often report disordered eating, Jack's theory is interesting for understanding the ways in which women are deprived of nourishment, both literally and metaphorically. This understanding nonetheless presupposes that once relationships become more fulfilling for women, their experiences of distress will subside. While acknowledging that the socialization of girls leads to an
investment in the importance of relationship, this assumption replicates essentialist views about male and female 'difference', without questioning whether it is the relational context alone that leads to girls and women's experiences of distress.

**Postmodern/Poststructuralist Theory**

Social constructionism as applied to theories of human development and relationship dilemmas examines the ways in which our experiences of the world are formed through language and how ideas "come only through dialogue, either internal dialogue or conversations with others" (Penn and Frankfurt, 1994, p.218). Through the therapeutic process an attempt is made to create a dialogic space (Penn and Frankfurt, 1994), where meaning is "co-created from the empathetic exchange when we treat each other as subjects" (1994, p.222). Steven Madigan (1993) suggests that a person develops a "textual identity", where the stories they have about themselves can be challenged through the process of "externalization", where the person is not the problem, but the "problem is the problem". In replicating the work of David Epston, Madigan, a local Vancouver therapist has assembled an anti-anorexia/anti-bulimia league through Yaletown Family Therapy. In theory, the purpose of the anti-anorexia/anti-bulimia league is to battle "eating disorders" as a form of political oppression, however the language and form of the struggle is remarkably androcentric. For example, he uses terms such as the "death camp" experience of facing anorexia which smacks of the language of war. In addition, a dichotomous, "us against them" paradigm is set up where a woman is made to feel she must "battle" and "fight" the "eating disorder". A feminist reading of such strategies also points to the problem
of excluding experience that could inform our understanding of the legitimacy of disordered eating, given the cultural imperative to pursue slenderness at all costs.

*What's missing: A Contextual Reconstruction of Young Women's Bodily Distress*

Reconstructing young women's bodily distress in context situates feelings of depression and disordered eating on "a continuum" and as an indicator of "gender trouble" (Butler, 1990). This contextual view will examine women's preoccupation with weight as a means to improving their economic status, the unpaid labour of women's caring and the consequences of "policed caring", and the medical mythology promoting the view that health and happiness can be purchased. Also relevant to this analysis is the way in which "feminist values" have been co-opted by the marketplace in order to link and transpose women's struggles for emancipation to women's struggles with weight.

A critical reading of the literature calls to question the notions of disordered eating and depression as separate and distinct categories of phenomenon, and as relevant descriptions of young women's experiences. If most women in North American culture most of the time feel dissatisfied with their bodies and troubled over their relationship with food (Thompson, 1994), "eating disorders" and "clinical depression" can be seen as pathologized accounts of women's lives. According to Wooley (1994), context is all important. Disordered eating can be understood as a statement in code about young women's "context". Young women are saying with their bodies what they are not saying in words: their self-determination and feelings of self-worth are constructed
through a struggle over and with their bodies. This contextual view recognizes feelings of depression and disordered eating as normative experiences for young women in contemporary Western culture.

A contextual understanding of "eating disorders", that is to say "anorexia nervosa", "bulimia" and "compulsive eating" would situate these experiences along a continuum of disordered eating which begins with the imperative to be aware of our bodies in relation to a socially constructed norm (Brown, 1993). Kaschak (1992) has proposed the following two main points in order to understand disordered eating: through disordered eating women express their experiences or feelings of chaos and "dis-order" and; disordered eating develops as an attempt to make order out of the chaos and confusion. Women who express disordered eating are therefore trying to regain a sense of control over their lives amidst a storm of conflicting feelings (Pipher, 1994). This approach to women's experiences attends to the resistance in disordered eating and the potentially subversive force behind "women's disorders".

Subversion through imitation, or over compliance with expectations leads us to deconstruct gender (Butler, 1990). From this view, "Anorexia Nervosa" can be seen as "Anorexia Politica", where fasting can be seen as a hunger strike against cultural expectations of being female (Orbach, 1986). Disordered eating can therefore be understood as an effort in self-production rather than self-effacement. A medical model of the phenomenon not only fails to account for the historically situated cultural context, but articulates that a feminist perspective identifying
culture as the primary etiology of "eating disorders" is incorrect because if culture was indeed the cause, then all women would report "eating disorders". This misreading of a contextual stance presupposes that a feminist critique implies:

"an identical cultural situation for all women rather than the description of ideological and institutional parameters governing the construction of gender in our culture" (Bordo, 1993, p.61).

A serious challenge to the understanding of disordered eating as an individual or family pathology is found in a closer examination of the pathology of the larger culture. Canadian society is a "looks-stratified" culture. Women diet not only to feel better about how they look but because the ideal of a thin body is presented as being healthier. Excess body fat is one of the most stigmatized physical features, and is all the more distressing because it is thought to be under an individual's control (Wooley, 1979). Most research in the area of obesity has indicated that the poor are more likely to be of higher weight but as Rothblum (1992) has asserted, the assumption that poorer people are fat because of a lack of education appears erroneous when we consider the question from the other direction and ask: what if people who are of higher weight are actually poor because they are fat?

The social regulation of women's bodies, the ordering and (dis)ordering of food is not simply about vanity and the pursuit of beauty, rather our body size like our skin color, age and hair texture has a direct impact on our economic status (Siebecker, 1990). Research findings suggest that women who are of higher weight are discriminated against in entry to
educational institutions, denied equal access to employment and therefore are more likely to live in poverty (MacInnis, 1993). The process of the "glamorization" of disordered eating (Garner and Garfinkel, 1985) has led to its downwards trickle, where preoccupation with weight is seen as a move in the direction of "upward mobility". Women of color experience the oppressive aspects of "weightism" (or the imperative to be body and weight-preoccupied) doubly (Buchanan, 1993). Women of color pay a greater price for not fitting cultural expectations around body shape and size. Michael Jackson's "lightening" of his skin serves to reinforce a Caucasian ideal of beauty and illuminates internalized hatred of difference. Brown (1987) has theorized that lesbian women may be less impacted by the pressure to pursue a lower weight. This supposition may be correct for lesbian and bisexual women with a political or feminist identity, however, internalized homophobia can take many forms where some women may feel preoccupied with demonstrating their femininity in the face of heterosexist stereotypes. Research suggests that heterosexual women are the most preoccupied, then lesbian women, then gay men and lastly heterosexual men (Buchanan, 1993).

The purposes of this research with young women who have faced feelings of depression and disordered eating precludes an in-depth discussion of body image dissatisfaction in men. It is noteworthy however, that gay men are more likely to be dissatisfied with their bodies and further research on the issue of men and body image is imperative. I have been unable to locate any research regarding the experiences of women or men living with disabilities in terms of disordered eating or
weight preoccupation. The points could be made that either researchers have failed to recognize this group as having concerns around body image or that industries involved in the production of disordered eating such as the diet and fitness businesses do not perceive economic value in selling the ideal body to this group of consumers.

*Women's Unpaid Labour and The Consequences of "Policing Caring"

According to the United Nations, women do two-thirds of the world's work and still two-thirds of women the world over live in poverty (Nairobi, as cited in Wetzel, 1994). The World Health Organization has stated that the most efficient and expedient means to improving the health of people all over the world is to improve women's health because women are not only responsible for the reproduction of humanity but are largely responsible for its survival (Leuning, 1994). Golding (1988) has asserted that women's higher rates of mental health "problems" are a direct result of their social roles. In the National Film Board of Canada's *Who's Counting: Sex, Lies & Global Economics* (1995), Marilyn Waring asserts that two of the greatest problems in the "Global Economy" relate directly to women. In the first place, our economy is structured so that "as long as an activity passes through the market, it is considered good for the economy" (Waring, 1995). Therefore, ecological disasters such as ocean oil spills, or cosmetic surgery such as deadly breast implants are of "economic value" even if they incur great ecological, animal or human cost. Secondly, women's caring is not accounted for in the economy anywhere in the world. Even Marxist theory regarding the state presupposed the division of labour, excluding domestic labour, that is to
say much of women's work from the equation (Connell, 1994). Feminist Marxists or Feminist Materialists such as Claire Burton (1985) have established the purpose of women's labour and its role in the economic politics of the state: this unpaid or poorly paid work whereby women provide health care, cook, clean and dress other workers and their dependents sustains the economic market and its margin of profit for industry.

In Western culture, women are policed into caring (Reitsma-Street, 1991). Women's development and identities are riddled with paradoxes (Kaschak, 1992). If we aspire to be good and fulfill our social role and obligations, we may become "good girls" and "good women", but we will not be valued as productive members of the larger world because the aspects of life in which we are skilled are not valued, let alone recognized, economically. In Western culture, women are socialized to defer their needs to others, to care, to listen, to connect and to be preoccupied generally with the well-being of others (Jack, 1991). To be loved, we need to please others. We are not encouraged to learn mastery skills (Gilligan, 1991). In subtle and not so subtle ways, girls still face discrimination within education (Pipher, 1994). We are not encouraged to say that we know the answer to the question and instead state: "It's just my opinion".

For girls and women who dare speak that they do know the answers, the consequences of demonstrating their intelligence and knowledge seems to have changed little over the last one hundred years. A comparison of Sigmund Freud's case studies at the turn of the century
with those of contemporary therapists working in "eating disorders" is startling in the similarities of the women described and serves to illuminate the origins of the medicalization of women's distress (Perlick & Silverstein, 1994). Women treated by Freud for "eating disorders" and depression or "melancholia" are described as possessing "the clearest intellect...and highest critical power" (Freud, 1905/1963, p34, as cited in Perlick and Silverstein, 1994, p.83). In A Dark Science: Women, Sexuality and Nineteenth Century Psychiatry, Jeoffrey Masson (1986) describes the unimaginable torture carried out on women's bodies in the name of curing them of their "afflictions" or, in other words, their intelligence. Mainstream psychological theory continues to pathologize women's distress, and disordered eating can be seen as "a socially specific expression of the impossibility of women's subjected position within contemporary patriarchal society" (Malson, 1992, p.83).

The Economics of Medicalization

The development of a "medical model" including psychological theory, and the individualist ideology espoused in popular literature regarding women's "problems" have contributed to the production of disordered eating through the proliferation of the concepts of health and happiness as commodities. Illich (1986, as cited in Allan, 1994) has described how the medical establishment in individualizing health has fostered the idea that we can produce the body that we want. Traditional psychiatry and psychology have sought to delimit and order the human experiences of pain and fear so as to present a distant objective authority (Kaschak, 1992). Berman (1992), cautions against assuming that deconstructionist practices such as feminism have had a
great impact on ideology let alone the way we live our lives. That is to say that 'modernity', the belief that we can better our lives through scientific precision and self-control, continues to dictate our understanding of distress. Thomas Moore (1992) in Care of The Soul: A Guide for Cultivating Depth and Sacredness in Everyday Life describes how "psychological modernism" (p.206) has led to the belief that all of human suffering can be "cured" by examining "matters of the heart" in a machine-like manner, as if we were "human doings" rather than "human beings".

David Small (1993), in The Origins of Unhappiness: A New Understanding of Personal Distress, describes how we now make meaning of our different life stages, as "consumers" in relation to the market economy. Small (1993, p.121) contends that therefore "a breakdown in the power of the market will be experienced as personal breakdown". "Therapism" (Tallen,1990), the process of uncritically attributing social problems to individual causes and resolutions is pervasive in contemporary discourse as exemplified by "commodity assistance" or counselling. Small criticizes therapy for "appropriating and marketing aspects of care and concern which should constitute the everyday ethical life of any humane society" (p. 111). James Hillman and Michael Ventura have gone so far as to state that therapy prevents humanity from effecting social change and have declared that We've Had One Hundred Years of Psychotherapy And The World is Getting Worse (1992).
To illustrate, the self-help movement which originated out of a desire for people to be more involved in their own well being demonstrates the influences of economics on the way we comprehend and decontextualize distress. According to Wendy Kaminer in her critique of the self-help movement I'm dysfunctional, You're dysfunctional (1992), the multi-million dollar industry presents the world as a place where "anyone can be healthy, spiritually centered, rich and thin - with faith, self-discipline and the willingness to take direction (p.27). In The Self on the Shelf: Recovery Books and the Good Life, Gary Greenberg (1994) relates the present popular notion of "codependence" as an explanation for personal failing to women's socialization. The author cites Krestan and Bepko (1990, p.231) who describe how the concept of "codependence":

"blames people, women in particular, for assuming a social role that has previously been viewed as normative and functional. It takes what was once considered healthy, defining it as sick. In the process it fails to acknowledge that change needs to occur at the level of social belief, attitude and expectation" (p.49).

Perkins (1991) describes this as a process whereby "oppression becomes psychologized as a pathological entity" (p. 326).

The "psychologization" of feminism rather than a feminist treatment of psychology has informed much of the discourse found in literature dealing with "women's issues" including disordered eating. A critical understanding of the process of "psychologization" exposes liberal market ideology (Berman, 1992). In Women and Self-Help Culture (1992), Wendy Simonds asserts that:

"Self-help books must be studied as ideologically powerful instruments of cultural commerce that are linked both with the proliferation of buyable therapy, in which assistance comes to be
seen as a purchasable commodity, and with the increasing volume of the marketplace for leisure consumption" (p.7)

This literature, informed by individualism while appropriating feminist critiques of gender socialization, nonetheless proposes individual solutions for women's problems focusing primarily on cognitive changes, recognizing context only as "a historical backdrop rather than a continuing context for functioning" (Schilling and Fuehrer, 1993).

Karl Marx's description of the phenomenon of "mystification" is useful in understanding the bind women experience in the face of the idea that You Can Heal Your Life (Hay, 1987). Rugged individualism, the belief that determination and willpower alone can lead to health, wealth and happiness, contributes to the production of disordered eating. This process of "mystification" leads women to believe that they are at fault for their "failure" to attain the "ideal body", denying the reality that diets do not work. The diet industry after all "thrives on failure" (Gutwill, 1995, p.32).

Nesbett's "set point" theory (as cited in Allan, 1994), based on extensive research has demonstrated that weight is largely predetermined genetically at a given "set point", yet this has been ignored. Continual dieting in fact lowers the metabolism rate, leading to an increase in our ability to "stretch" calories over time. Contrary to popular beliefs in the inherent perils of "fat", it is considerably more dangerous to diet repeatedly than it is to maintain a stable, higher weight because of the constant strain on vital organs such as the heart (MacInnis, 1993).

An inexhaustible "supply" of goods and practices are nonetheless available to meet the "demand" to reshape the body. However, as
more women realize the inevitable failure of diets and fitness programs, surgically altering their bodies becomes "a choice". In a recent article in the magazine "Elle", Julie Norwich (1995) articulates the predominant belief that "if you can fulfill just one of your life's desires, even if it's only a flat stomach by having a surgical makeover, I say go for it" (p.144). The rhetoric of "choice" renders the ideal body neutral, stripping it of both context and meaning while invoking women's struggles for reproductive rights. As Susan Bordo describes in Unbearable Weight: Feminism, Western Culture and the Body (1993), women are not encouraged to attain just any kind of body but rather a distinctly Caucasian version of beauty. What is more, she declares, the concept of surgery as a "choice" effaces privilege as at present plastic surgery is still out of reach for many women.

In Reshaping the Female Body: The Dilema of Cosmetic Surgery, Kathy Davies (1995) explores the issues underlying the debates within feminism as to how to approach the desire in women, including feminists, to seek cosmetic surgery. She describes the points of similarity and differences in different treatment of the issue from feminists who take a stance that all cosmetic surgery is a form of violence against women to an in-depth exploration of the specific reasons some feminists believe the issue requires further inquiry. As with a pathologized account of disordered eating and "codependence", there is an inherent danger in seeing women who seek and receive cosmetic surgery as "different" from most women. The Spring and Summer flyer for the Vancouver School Board's (1996) "Adult Education Programs" advertises a course called "cosmetic surgery", where participants will learn how and when cosmetic surgery is
utilized. This serves as an illustration of the dilemma of how to proceed in addressing women's desires to surgically alter their bodies. On the one hand, it could be argued that by receiving information about the procedures women will be able to make more informed decisions about surgery. On the other hand, it could appear that surgery of this kind designed to attain the "ideal body" closely resembles the psychosexual surgery of Freud and Fleiss carried out in order to rid women of their "hysteria" as described by Masson (1986). For contemporary women facing feelings of depression and disordered eating, the resolution of experiences of distress still lies in altering our bodies, including surgically because "we carry social relations in our bodies" (Szekely, 1988).

Resistance

Small (1993) makes the assertion that "Business must dispense with truth if it is to avoid limits on its expansion and to be able ceaselessly to invent new needs" (p.101). Moore (1992) has described how contemporary Western culture is ruled by the "shadow of money", asserting that "creativity finds its soul when it embraces its shadow" (p. 198). A profound shift in "values" would need to occur if we are to embrace our difficulties as our sources of creativity. Marilyn Waring (1995) describes how "valore" the origins of the term value, often thought of in relation to economic value, speaks of worth. Given the percentage of women facing anorexia who die of the (dis)order and having "lived to tell", I make it my life's "worth" or valore to do so.
In this undertaking I am comforted by a (her)story of women who have taken an "outlaw's" stance (Wooley, 1994). Mary Daly (1992) likens her journey to that of a pirate going underground to unearth the vast richness of women's silenced and stolen knowledge. Audre Lorde describes such a place of knowledge down deep inside ourselves (1984). Adrienne Rich (1979) has asserted the need to "tell the truth" stating that:

"until we understand the assumptions in which we are drenched we cannot know ourselves. And this search for self-knowledge, for women is more than a search for identity; it is part of the refusal of the destructiveness of male-dominated society" (p. 35).

Virginia Woolf (1944), portrayed the need to kill "the Angel in the House" in order to be able to write women's lives authentically. In telling my story and recounting the stories shared by participants in this research project, it is my hope to challenge what Carolyn Heilbrun (1988) has called "female impersonation" (p.12), whereby women uncritically accept constructs such as gentleness and selflessness as natural attributes of their gender.

Power and resistance are as complex and multiple as are women's positions and experiences under patriarchal authority. In Discipline and Punish, Michel Foucault (1979) describes the metaphorical "terrain" of the battle where the points of confrontation are innumerable, where oppression and resistance occur locally. Foucault found understanding resistance indispensable to understanding power relations stating that inquiry into resistance would:

"bring to light power relations, locate their position, find out their point of application and the method used. Rather than analyzing power from the point of view of its internal rationality, it consists of analyzing power relations through antagonism of strategies,...forms
of resistance and attempts made to disassociate these relations" (Foucault, 1982, p. 211 as cited in Faith, 1994).

From this view, to recognize the forces behind the production of disordered eating is to recognize the counterforces already subverting the (dis)order expressed in disordered eating.
Chapter Four
Research Principles

Wholeness is no trifling matter.
Toni Cade Bambara

The dedication of this thesis TO ALL THE DOGS WHO HAVE SAVED THE LIVES OF GIRLS AND WOMEN reflects the spirit and principles which guided the crafting of this work. This research for artifacts of hope and meaning in young women's feelings of depression and disordered eating was very much influenced by a decision to value relationship and support. This emphasis on companionship and my desire to create usable knowledge that would benefit participants drew my attention to the principles of qualitative and holistic inquiry, and towards the ideals of feminist, reflexive and participatory research. These principles became the touchstones of the research process influencing both the design and analysis of the experience.

Qualitative Research

Qualitative research is an ever evolving means of inquiry which has been informed by critical and feminist theory (Marshall and Rossman, 1995). Qualitative inquiry can take many different forms such as ethnography which seeks to qualify the values and practices of a given culture, phenomenology which explores the essence or meaning of experience or grounded theory which explores how meaning is created by experiences. Qualitative research questions can be explored by a number of collection methods including but not limited to interviews, focus groups, questionnaires, observing participants in their natural environments and reading documents. A central aspect of all qualitative inquiry is looking at everyday life events from the perspective
of lived experience (Field, 1995). In qualitative research, the researcher is often a "tool" of the inquiry process and the increase in qualitative research has served to highlight ethical questions regarding research and the way in which we construct research relationships (Mitchell and Radford, 1996). As this thesis will demonstrate, the process of collecting and analyzing data procured through qualitative measures illuminates the need to reevaluate our definitions of reliability and validity: reflecting upon what is learned from qualifying experience rather than "testing" findings in terms of whether they can be generalized to other situations.

Holistic Research

The advent of a holistic perspective of health and illness dates back to Cannon's work (1929) on the impact of emotions on the body. While there is no single holistic view, holistic practitioners have in common the view that "the mind and body, however you see or use their relationship, function as a unit in producing and curing illness" (Weiss Miller, 1995, p.58). As an illustration of the range of holistic viewpoints, some researchers do not necessarily include or acknowledge spirituality as being involved in the production of health and illness while others take the view that: "Human beings are a union of mind, body, and spirit. Mind, body and spirit are not separate entities, but an interdependent whole that must be in balance for healthy human functioning" (Beck, 1996). Holistic perspectives also share an interest in the environmental influences on health and disease which is often referred to as an ecological perspective (Mishra and Waitzkin, 1995). Further to this, holistic health research, while acknowledging a mind and body connection examines
how specific variables influence health differently. Mind-Body studies have been criticized for often not being truly holistic but rather:

"terribly weighed towards pure psychological medicine, with far too little consideration of social environments, no discussion of economic factors, and a preoccupation with getting people to change their inner lives as a cure for every ailment of mind and body" (Dreher, 1995).

In order to avoid replicating this tendency towards a reductionist understanding of experience, this research process sought to make meaning of women's bodily distress in the context of their own lives by situating their stories as part of the larger fabric of social relations. What is more, by considering participants as whole persons, women's individual stories and experiential knowledge came to be viewed as authoritative accounts of both their strengths and struggles.

**Feminist Research**

Feminist research is based on a set of principles rather than one specific method, thereby challenging "method(idolatry)" (Harding, 1989). Feminist research can be better understood as "methods" of inquiry designed to recognize the oppressive contexts of women's lives. Androcentric assumptions regarding epistemologies remain within many disciplines (Halpern, 1994). Feminist research challenges the disembodied perspective of positivist views of the production of knowledge (Haraway, 1988). Embodied re-search requires simultaneous reflection upon the principles and process of the work. Judith Cook and Mary Margaret Fonow ask the question: "Is feminist methodology that which feminists do or that which they aim for?" (1990, p. 71). The recognition of subjectivity is a central principle of feminist research countering the notion of research as value-free and in so doing
questioning "the ontological assumptions of science" (Verthuy, 1982, p.13). Feminist research which attends to language, that seeks to name and understand women's experiences of distress without losing the full picture can develop non-pathologized accounts of girls and women's lives. This research project utilizes feminist theory which is based in diversity and recognizes power as a primary tool of analysis (Brown ,1994b).

Feminist research privileges women's experiences and places knowledge of women's lives at the center of theory and method (Maracek, 1989). Feminist research is a value oriented research. That is to say that it both recognizes the value of research and the values inherent in all forms of research. Harding (1991) asserts that in fact certain values such as justice or integrity, actually enhance research. Reinhartz (1992) cites research that takes the view that all feminist scholarship is necessarily connected to action. Indeed, Eliou (1982) has described this process as: "Shaking the certainties of the present and preparing the ground for investigation of the future leading directly to social action which contributes in turn to the reformulation of social criticism" (160).

**Reflexive Research**

Reflexivity is used to refer to both the researcher's relationship to the research or "placement", and to the researcher's reflection upon her/his own experience of the process or subjectivity. Reflexivity is considered an important principle in feminist research (Edwards, 1990). Patti Lather (1991) has proposed ways in which researchers can enhance reflexivity in placement and transform the relationship between researcher and participant in the process. She describes how self-disclosure on behalf of
the researcher, multiple and group interviews and sharing interpretation significantly challenge what she has referred to as "false consciousness" (1986). Shields and Dervin (1993) cite Rakow's view of reflexivity as the "awareness of subjectivities" (1987, p.81). That is to say that we bring our world view, experiences, culture, class, gender and sexual orientation or our "standpoint", to the research. Intersubjectivity involves not only the recognition of subjectivities, but a reciprocal exchange of knowledge between the researcher and participants (Shield and Dervin, 1993). Anne Opie (1992) has raised the potential danger of "appropriation" of the "other" in collaborative research and critiques Patti Lather's work for its tendency towards appropriation and for her view that in the end participants views can't be seen as completely reliable in as much as they may be too intimately involved with the issues. Opie views appropriation within the process of research as inevitable to some degree, while claiming that a "qualitative, deconstructive, theoretical and methodological approach with its emphasis on a close textual reading can counterbalance (although by no means eliminate) this inevitability" (1992, p.50).

**Participatory Research**

Participatory and feminist research are compatible methods of inquiry (Barnsley and Ellis, 1992). Both feminist and action-oriented research involve the "activation" and "conscientization" (Freire, 1970) of participants, and the "demystification" (Reinhartz, 1992) of power relations. From this view, participants are fully involved as co-researchers.
The question as to whether or not recuperating women's knowledge constitutes research is an important one to ask. Peter Park asserts the importance of knowledge,

"cast in the mold of research, the link between what is needed for a better life and what has to be done to attain it is made clearer; knowledge becomes a crucial element in enabling people once more to have a say in how they would like to see their world put together and run" (1993, p.1).

Park explains further that one of the main goals of participatory research is to encourage a space in which members of oppressed groups can utilize their intellectual capacities to envision and create a world "free of domination and exploitation" (1993, p.15). Through this research project, a group of young women were asked to envision what needs to be different so that fewer young women face feelings of depression and disordered eating.

Participatory research has been linked not only to feminist theory but in addition to poststructuralist practices involving deconstruction and reconstruction (Opie, 1992). However, the recognition of the partiality of all knowledge and the relativism of viewpoints can be seen as contradictory to calls for action based upon knowledge. In other words, while deconstructionism may lead to emancipatory thought, it does not necessarily lead to action of any kind. Feminist theory utilizing poststructuralism encounters the basic problem of presupposing agency and choice. Feminism after all, originates in the project of modernity, and as Somer Brodribb has suggested, some poststructuralists in contrast conclude "that it doesn't matter, it's just talk" (1992, p.15).
This research looks to the ways in which the goals of poststructuralism and feminism are compatible insofar as both question "metanarratives", or "the attraction of dogma, the temptation of certainty, the urge to control others in their own interest" (Leonard, 1994, p.19). Questioning "grand" or "meta" narratives involves deconstructing socially-constructed categories that classify human beings and human experiences as if by natural or scientific destiny as either/or; male or female, black or white, heterosexual or homosexual, healthy or sick, competent or disabled. Terry Leahy suggests that we can and do possess the capacity to change our position and construct new paradigms of understanding:

"Individuals can also choose between discourses, choose from a variety of possible subject positions within a particular discourse, or create new subject positions. In making these choices, people participate in the creation of new discursive possibilities" (1994,p.51).

Burman (1992) asserts that feminists are not simply invested in the taking apart of experience but deconstruct with a view to "putting something in its place" (p.50). What is more, she views this process as allowing "the elements for an alternative conception of subjectivity to emerge"(p.50). The utilization of knowledge is a key element of participatory research. Park suggests that "it is artificial to separate the utilization from the generation of knowledge" (1993, p. 12).
This chapter presents the steps and stages of this process of searching for meaning and possibility in young women's feelings of depression and disordered eating. The recruitment of participants, the purpose of conducting individual interviews and the focus of group meetings will all be outlined. In addition, the group's exploration of peer support through Re-evaluation Counselling will be detailed. Participant's own words will serve to highlight themes that reveal the contradictions inherent in feelings of depression and disordered eating experiences. What participants had to say about their experiences also points the way to possible solutions to the dilemma of young women's bodily distress. In addition, my own contradictory experience of the research process will be discussed in order to critically consider both the possibilities and difficulties in forms of inquiry that consider lived experience, and seek to create usable knowledge.

The structure and ordering of this reflection upon the research process illuminates my experience of carrying out a research project based on principles that challenge the purposes and meaning of research. For myself, the researcher, it is as if there were three separate stages in the research process. The first stage began in partial fulfillment of a master of social work degree and a qualitative research class, whereby I had to design and complete a research project. During this initial stage, individual interviews and initial group meetings were conducted in order
to consider **What Needs to be Different so that Fewer Young Women face Feelings of Depression and Disordered Eating.** The second stage occurred in response to the wisdom and connection in the group and grew out of considering the research question. This second stage was perhaps the most difficult. On the one hand, I felt inspired by participants' knowledge and honesty, and excited by the possibilities of reflexive, participant-driven research. At this point, I found myself reconsidering what action-research involved; the act of women telling our stories, our experiences of distress was action in itself. On the other hand, I felt as if I had stepped into a postmodern/postfeminist gray zone, where nothing was certain, and everything must unravel before it can tangle itself into knots of knowledge that I must somehow translate to written form! The third stage I understand as the process of documenting this experience. This represents the third "draft" of my thesis and I believe it is essential to consider the space needed to allow for sufficient reflection to foster research that offers meaning, hope and can actually benefit participants and researchers.

When I shared my impression with participants, that there were different stages in the research process, a number reflected that their primary experience of the process was one of "**connection**". They described how by sharing their experiences in response to the research question, they were able in one woman's words "**to connect and feel real respect for each other's stories and strengths**" and for another participant the process allowed her to "**find friends in this issue**". One participant thought that this might be "**what's different about feminist research, that you don't want to misrepresent what people say and you want to help them deal...**"
with their problems, help them feel what seems disordered on the inside is really a reflection of a disordered world". Yet another participant wondered whether this really is research, reflecting further the "difference" of feminist research, questioning "how would you know if it is and how would you know if it isn't".

My sense of this process being a multi-step venture illustrates a number of questions regarding what is different about qualitative, feminist and participatory research. Concerns regarding the relationships between researcher and participants include issues surrounding dealing with and responding to painful or deeply felt experience, whether the researcher is "part of the group", and differences in terms of whose interest does the research serve. To illustrate, this research project will enable me to receive a graduate degree, what will participants have received? Also this thesis is "storied" in the first person and while participants' words are included they are nonetheless framed from my own standpoint. Further considerations for these newly emerging research methods are matters of time and support. Participant-directed and reflexive, feminist-informed research requires sufficient time in order to honor the investment of both participants and researchers in terms of the time they may require to consider what they want to do in a collaborative manner. As a student researcher in this process, I often felt "out on a limb", alone and constrained by the need to write about this experience in a form that meets academic standards. Although I have been very lucky to have an advisor that supports this type of research, it has been difficult to put in written form "what really happened" while deciphering whether the
"data" were meant to mean participants' spoken or written words, the group process or my own reflexive writing or all of the above.

**Participants**

This research can not be described as "research by invitation", in the sense that I have not been approached by a group of young women to become involved with a project they have designed. At the same time, I do feel that it is participant-driven insofar as I am searching and re-searching young women's knowledge as a tribute to my own experiences as a young woman a decade ago when I faced feelings of depression and disordered eating.

A sample of six women who self-identified themselves as having faced feelings of depression and disordered eating responded to notices requesting participants posted at the University of British Columbia and distributed to therapists in the disordered eating community (See Appendix B). Women who were interested in the project entered into contact with me first by telephone. The recruiting process in obtaining participants involved careful consideration of the inclusion/exclusion criteria. Importance was given to the wording of the notice requesting the input of **Young Women Who have Faced Feelings of Depression and Disordered Eating** and in discussing participants' concern that they might not meet the criteria on the telephone and in individual interviews. The decision to request that participants feel free to participate if something in the notice spoke to them reflected my hope to challenge as outlined in my literature review, the constructions of "depression", and "eating disorders" as distinct experiences. Five of the six women
individually interviewed attended group meetings; one woman was offered employment outside of the lower mainland and was unable to participate further.

Participants were asked how they would like to be presented or introduced in this document and I have purposefully chosen to use only their own words in order to locate them in terms of issues of identity and/or experience such as class, race, age, sexual orientation, educational background, e.t.c. I made this decision as I felt it was important that participants be given the opportunity to "voice" and language their own identities based upon their own subjectivity rather than upon socially constructed definitions or categories of identity and/or experience. Four of the five women offered the following in writing:

One participant had this to say:

I am twenty one years old. I go to University, I work, I have a loving family and caring friends and a distorted body image. Since I was a little girl I learned to equate the way my body looked to my own happiness as a person. "If only I could be thinner - then everything would be okay...". For years I suffered low self-esteem, even when I was over-achieving to the high recognition of family and peers in my community. At last I snapped under the pressure and I turned my self-loathing onto my poor guiltless body. I became severely bulimic and for three years lived and breathed a cycle of dangerous and destructive binge/purge behavior. Today I have not forced myself to purge in over two years. I have only recently begun to learn how to let people and friends back into my life, and I am slowly still learning how to love and respect myself. I still suffer from a negative body image, and I suffer from pushing away those I care about in order to protect my "unworthy" self from being revealed. But I am getting better - with hard work, perseverance, positive thinking and plenty of frustration. I will win, and I will have my body back. Of that I am confident.
Another participant described herself this way:

My name is Michelle and I'm 28 years old. I've been wrestling with food issues and weight since puberty. I've put much time and effort into this relationship and feel nearly done with it.

Struggles to deal with my fears around loosing weight and being thin led me into longterm therapy and eventually Women's Studies. I have a B.A. in Philosophy from The University of Alberta, A M. Phil. in Women's Studies from Trinity College in Dublin and am working towards my PhD. in Philosophy as a feminist scholar at l'Université de Laval in Québec City. It was in Women's Studies where my interests in psychology, my personal history and theory could meet, and the three have mutually strengthened each other.

While my 'relationship' with food isn't quite resolved to a point where I want it to be yet, I am very happy in life and with my life. I see thousands of opportunities around me and believe in my strength and courage to follow through on some of them. I continue to fight for the feminist cause and believe I am a role model to other women.

One woman shared this about herself:

My name is Amy. I am a young woman studying Women's Studies and Religion and Literature for my bachelor of Arts at UBC. I am a feminist who experiences depression and disordered eating. My issues with eating are rooted in my struggle for subjectivity, my family dynamics, and my social situation as a woman in our patriarchal culture. I use feminism to combat depression and disordered eating while challenging masculinist assumptions about the beauty myth.

Another participant offered this:

I'm twenty four. I've been a student for a very long time and I hate UBC ! I'm Chinese-Canadian. I really want to give a sense that I love life, I think it's absolutely beautiful and wonderful, I love literature, food and people, I love the drama in Soap Operas. I watch General Hospital and lately I have been watching All my Children. I want you to know, I'm really fully aware of the richness of life. I love water, I love dancing especially ball-room , I love music and storytelling. I love the precision of things, like chess and cards games and the reason and I say this as a prelude is that I am very angry, and it's important that I express, because people just think I'm resentful and that I hate people. All the things I love, all these things are ruined because a lot of life is steeped in violence. Another thing that I find difficult because the more rigorous I get in pointing out what happens on a daily basis, I am labeled as paranoid, a conspiracy theorist and as a special interest group, a reductionist view of me. I want an overall view to incorporate the details. When I point out what
happens a on a daily basis it makes it seem as if I am focused on the negative. If we
had an ethic of care a lot of these things wouldn't happen.

(BLANK ..., MYSTIFICATION CONCEALS A LOT OF VIOLENCE... IT
MAKES IT LOOK LIKE WE'RE ALL ON THE SAME LEVEL PLAYING
FIELD)

Individual Interviews
My interview guide for the initial interview was intentional on two
accounts. First, I wanted to find out more about women's motivation in
becoming involved. I wondered what desires, motivations, dreams,
fears and other experiences ignited their decision to participate in the
project. Secondly, I wanted to insure that I was aware of any concerns
women had about becoming involved in the project in order to provide
a safe place for women to consider their experiences.

Participants shared that their primary motivation for becoming involved in
the project was the desire to find out more about themselves and as
illustrated in the words of one woman: "to deal with these issues I've
thought a lot about on my own, in my head". A number of women
described how feelings of depression and disordered eating were
rarely discussed outside of close friendships if at all, while a number had
never discussed "this knowledge that has no where to go". All of the
women shared that they wanted to find out more about how to help
friends or family members who are also struggling with these issues, and
one participant shared that she wanted to become involved "to help
other women, even if it is only one woman who is helped by this".
Another participant shared that her mother and sister also struggle with
the issues, that she wonders "if maybe all women do kind of face
depression and disordered eating". Participants' motivations in becoming involved reveal both the isolation and paradoxes women face around feelings of depression and disordered eating; while they rarely speak about their experiences, they are nonetheless aware that a great many other women struggle with the same feelings.

An interest in research was expressed by several of the women, some of whom had participated in or carried out research previously. An expressed desire to find out more about what could be done about disordered eating and the wish to contribute to research with a view to helping other women was stated by all participants.

Concerns about whether they "fit" the criteria or whether they could contribute something to the process were also shared. The successful venture of bringing together women who might otherwise have been divided by categories and labels of "pathology" is important for a number of reasons. On the one hand, it serves to challenge social work group dynamic suppositions that difference can be inherently problematic. This suggests instead that difference, if deconstructed and reconstructed, offers important clues to the way that "othering" by refusing to acknowledge the value of difference leads to oppressive experiences in the first place. What is more, this way of inviting differently placed women along the continuum of feelings of depression and disordered eating to dialogue brings to question the medical model of "eating disorders", that views women stepping out of their categories as dangerous because women who do not appear as "symptomatic" will learn more about dieting or purging techniques and become sicker. This group in contrast allowed women to claim their authority and
expertise on their own experiences. This has further implications for research and practice as it has been my experience in supporting women that most services for women facing disordered eating treat "anorexics", "bulimics" and "compulsive eaters" very differently, and mental health practitioners who interface with women facing depression often do not inquire about disordered eating.

In the individual interviews, a number of participants expressed their concerns that they "might not know enough" or would not be struggling with the issues to the same degree as others and therefore might not be able to contribute to the project. In response to this concern, I shared that I felt that there was a great deal of material regarding "so called experts" opinions, but that what I really wanted to know more about was what women themselves thought and felt about feelings of depression and disordered eating. One participant shared that she wanted to become involved with the project because she wanted to find a place where she could explore the issues but still feel understood as a whole person rather than seen "as a person with problems". This gesture towards placing participants as experts was intended to begin to suggest subjectivity as authoritative. In retrospect, the decision to not exclude women according to predetermined criteria regarding what constitutes "depression" and subcategories of "eating disorders" led way to the discovery that despite having experienced very different aspects of feelings of depression and disordered eating, the women found they had much in common.
In the individual interviews, I suggested that participatory action research can take place in a group and I asked participants to share previous experiences in groups, what had worked for them and what they wish had been different. Previous experiences in groups ranging from therapy to support groups revealed that women felt comfortable with the idea of meeting in a group of other women. Two participants had never been involved in groups because they felt they had never found one that they thought would meet their needs. One participant shared that "no one talks about women who eat to comfort their feelings but don't diet". This may reflect the disordered eating community which has been slow to provide support for non-purging compulsive eating due perhaps to fat phobia. Concerns about accepting differences, listening to each other, celebrating our hope and courage and not just sharing pain were expressed. It was suggested by another participant that the amount of energy invested in dealing with disordered eating if otherwise channeled, "could change the world".

**Initial Group Meetings**

Although information gathered in the individual interviews was helpful for me in my role as a facilitator, I designed the first group so that women could have the opportunity of sharing their expectations and hopes for the project with each other. The first group meeting was also used as an opportunity to put forth ground rules for communicating in the group. The group suggested that we "have the right to pass or leave the room", "that sharing feelings and emotional reactions was o.k.", and that because "talking about food or dieting was really an entry point into talking about ourselves", we would encourage each other to get there
either way, by talking about ourselves directly or our feelings about food and body image first.

A round of participants sharing their experiences of feelings of depression and disordered eating was suggested by myself as a beginning point. From the first participant's story to the last woman's tale, I found myself extremely moved by the courage and generosity participants revealed in sharing their stories with honesty and emotion. I found myself wishing only to listen and not intervene. I found myself in awe of the wisdom of the women's knowledge that something was not right in their lives and that this "knowing" was what brought them to feelings of depression and disordered eating.

The first participant described her experiences that began around the age eight this way:

"The world was spinning and I needed something to cling to. The food was always there and that kept me stable. When I can't get to food, I get scared. When I think about giving up eating, there's some underlying stuff that just terrifies me. Until I find a safe place, until I do, I don't know that I'm prepared to give it up. Everyone I knew when I was that age had problems with body image and I had a problem, and I thought they were being helpful when they suggested I watch what I eat. Instead of saying, you need a hand, everyone pulled back because it reminded them of what they were dealing with. It was really hard, it was as if the whole world disappeared, it was as if the world's oppression of fat people came down on me and people just tried to tease or cajole me out of it".

Another woman shared her experience:

"Around grade five, I started thinking that I didn't want to be female. I got my period and I was really angry, I didn't want my body to develop. I decided I would not be a girl. I had been really chubby when I was really little before I and I was happy like that. My parents were all happy and I was like, what ? I was really pissed off. Feminine was equal with powerless and I wasn't going
to be that. I focused on not eating, two thousand sit ups a day things like that all the time in my mind, all day. I lost a lot of weight, my body, it was so hard, no one knew. I've gained twenty pounds and I'm really proud and it's been really hard."

One participant had this to say:

"Yeah it was also around grade five that I remember. I was just a kid, You're supposed to be out playing and I was worried about being fat, my body image. I don't know what my patterns were, the depression was already there. I don't know. I can't imagine any woman having normal eating because you're obsessed, it's everywhere you go. Everyone says I'm too fat. Do you want to hear what I ate today? Everyone talks about what they eat all the time. I came from a traditional Asian background and I remember my mother hitting the roof when I got my period because her big thing was if you get your period early you're a bad girl. She didn't get her period until she was about eighteen and when I think about it, she was probably starved growing up in a village in China and that's probably why her period was so late."

Another participant shared her story:

"Well it was about grade four. I was in French immersion and my mother tells me that I had a teacher in grade two or three and she used to treat me because I'm Jewish and this little black boy really really badly and parents had to come to the school and sit in the class to stop it. I don't remember anything. After this happened I changed schools. I began to eat, to look to food as my main source of comfort because I was not getting any from my parents and I was unhappy at school. I didn't feel part of the group. One day a friend came up to me and said you got really fat after you changed schools. And that was it. I realized I had gotten fat. I felt so angry and ashamed, it was as if now I was a different person."

One woman told of her experiences:

"I was a pretty normal child. I didn't eat much when I was very little, but then I met a friend and she had this great metabolism and she could eat anything and soon I was gaining all this weight. We would eat all this junk. We did lots of things together, going to movies and all that. I was really content to be alone, I was really old for my age but she wanted friends so she started doings things to me to make friends, to be included and I had a hard time. She had lots of problems. I started eating more when I was alone. I started sneaking in junk food because my father used a Welsh word for junk when he saw me and my mother's comments on my weight all the time really hurt me too."
What is so striking in participants' stories is how their feelings of depression and disordered eating both reflect and become a way of coping with the pain of oppression. The consequences of "othering", the "either or way of thinking, the underpinnings of all systems of domination" (hooks, 1989, 91), are expressed in these feelings of bodily distress. That is to say that the impact of constructs of "difference" on women's subjectivity, whether they be in terms of weight or body metabolism, cultural or religious heritage or gender, become embedded in their relationship with their bodies. Becky Thompson's research with Latina, African-American and lesbian women who have faced disordered eating reveals how women's subjectivity is "storied" from their painful experiences of facing, challenging and coping with racism, sexism, heterosexism and classism (1994). Participants' descriptions reflect how women seek solace and reprieve from this pain through their relationship with food; by eating for comfort, or by controlling their intake of food. The mystification that surrounds dieting, the belief that will power alone dictates weight and happiness, and the difficulty for adults to emotionally support children who mirror their own struggles with weightism are also illustrated in these women's lived experience.

At the close of the first group meeting, participants expressed their feelings of having benefited from the opportunity of sharing their experiences in a supportive environment and that they had gained insight into their experiences of feelings of depression and disordered eating. The process of applying feminist and participatory principles to the research process required ongoing evaluation and analysis within the group structure, where participants were asked to share what they
liked and did not like about the meeting at the end of each group. In turn, each participant shared what she appreciated: "each other's strength", "the power of this group of women", "the honesty of feelings of pain", "the knowledge that I didn't have to be doing anything else", "just each other's openness". Three of the women described wishing that "there had been more time", while one woman would have liked "more clarification about knowing whether we were doing a round or freely discussing", and one participant could not "come up with anything I didn't like". These reflections led to the decision to try to hold longer meetings and use "Rounds" as a "Check-in" only, and general discussion at all other times.

Butler and Wintram (1991) describe how reflexivity in feminist groupwork can occur in a myriad of ways. Placing ourselves and re-placing ourselves as women to other women and as social workers working within an economic system with clients very much impacted by that system is an integral part of their notion of self-reflective practice. They cite research that suggests "experience" as a primary mediating text in social relations. Similarly, Kirby and Mckenna (1989) refer to the importance of understanding "voices in context". Mediating voices involves recognizing how researchers and participants may differ in their voices insofar as the researchers' agenda is often directed by their "conceptual baggage" and desire to link what emerges in the process to other theories or forms of research or action "while participants may be interested in describing or explaining their experiences to the researcher, there may be no corresponding willingness or sense of obligation to become an active seeker of social change" (p.162).
Given my enthusiasm around facilitating the involvement of youth and women in research and social change, it has been crucial that I be aware of the potential to override participants voices that just want to be heard. My initial desire to see action emerge from the group has transformed to a place of attending to the profound meaning of sharing feelings of depression and disordered eating.

**Re-evaluation Counselling: Exploring Peer Support**

As the group continued to meet, a participant who has been involved with another form of peer support, Re-evaluation Counselling, was asked by the group to facilitate a workshop on the model. This participant had shared that she had found Re-evaluation Counselling helpful and felt it was relevant to our group as a mode of self-help that recognizes how "personal problems" reflect social constructions of personhood, as well as gender, race, class and sexual orientation oppression. Based on Harvey Jackin's theories, the approach presents an anti-oppression, non-professional means of providing mutual support. The method consists of two person taking turns counselling each other by looking to disrupt patterns that are preventing the person from feeling liberated. This is similar to Michael White's work where he looks for "unique outcomes", stories of difference that disrupt a problem-storied life. Re-evaluation Counselling also proposes ways we can discharge emotions that are reactivated by new situations or experiences through laughing, crying, yawning or shaking.

Re-evaluation Counselling asserts that humans are born healthy and good and seeks to find ways of reconnecting people to that vision of themselves. In the words of one participant, "it's hard to get into and
believe after all these years of feeling you are not o.k.", while another has shared, "it sounds so simple, its just commonsense yet so hokey". At the same time, participants shared that they benefited from this workshop in that they were able to look at self-perceptions that do not describe their real potential, as "maybe a way of releasing thoughts and feelings that hold you back". Another participant described how "this might help my mother and a lot of other people too, who have faced abuse". A further technique of Re-evaluation Counselling involves challenging oppressive labels. The participant who facilitated the workshop gave the example of a Jewish Feminist involved in Re-evaluation Counselling. While describing her identity on a panel, she turned to one of the other speakers who raised issues around her being Jewish, and said: "I'm not the Jew, you are and I'm going to make you feel what it's like to be a Jew; I'll tell you what you are...You're the one who is...". In turn, the other speaker responds by saying: "You'd do that to me, you'd make me feel...?". This dialogue disrupts and deconstructs discourse regarding identity and oppressive stereotypes while having the pain of the oppression mirrored back.

Re-evaluation Counselling strategies appear congruent with a number of the principles of this research project and it could offer means of peer support in the area of young women's feelings of depression and disordered eating. In a culture in which we construct meaning through individual narratives, individual support that nonetheless integrates awareness of the social construction of experience could be another route into change and wholeness.
Analysis

As Jan Barnsley and Diana Ellis have outlined in their guide "Research For Change: Participatory Action Research for Community Groups" the process of analysis involves:

"bringing order to the data, organizing what is there into patterns, categories or basic units. Interpretation involves attaching a meaning and significance to the analysis, explaining descriptive patterns, and looking for relationships and linkages among the descriptions "(1992, p.59).

While this seems straightforward enough, Sampson (1993) has described how the construction of categories or categorization often serves the purposes of dominant groups. The information that has been gathered in the course of this research has been analyzed with this critique in mind. In keeping with qualitative principles that emphasize "collecting information in a holistic manner about human beings" (Hayes, 1989, p.39), a holistic view of the research requires taking a holistic view of participants, their experiences, thoughts and feelings. It can also involve dealing with many aspects of the process simultaneously where reflection moves into action and back into reflection. During the initial interview, I shared this intent with participants so that they could begin to reflect upon this process. In order to reach this end of providing a "whole view" of participants, I have incorporated women's own words by asking them to write a piece saying something about themselves and their reflections on the process. I also utilized what Guba and Lincoln (1985) describe as a "member check" where participants are given copies of written findings. In addition, I suggested that participants keep a journal of their experiences as we have continued to meet. Because this research was carried out in partial fulfillment of a practice/thesis, this document does not fully reflect the collaborative spirit of the project, and therefore the
group has discussed publishing a report at a later date in multiple authorship.

Opie describes the process of "textual analysis" (1992, p.37), where the researcher becomes involved in a fluid process of deconstructing the ideology of the text, her own location and her practice. This thesis stands as an articulation of the tension I experienced in attempting to carry out this kind of reflexive analysis. Ultimately I found myself more comfortable presenting my own subjective experience of the journey of reflexive, participatory research. As will be evident in the emergent themes described in the next section, there are missing pieces to this story; in the hopes that we will co-author another document which will honor the powerfully revealing voice of each participant, a conscious decision was made to not focus my analysis on what participants had to say and what occurred within the group. This may frustrate readers who with good reason were anticipating data or "results" based upon the research. What this work offers instead is a portrait of my own struggle with issues of power that arise in all relationships; in research relationships in particular, the appropriation of participants' knowledge and experience, is often invisible in written documents. The missing pieces in this "text" therefore serve to deconstruct this appropriation and render visible my choice to respect a commitment made to a collaborative process.

The "text" of this research, I viewed as further including the video and audio recordings, transcriptions of interviews and group meetings and notes on my reactions as well as written material shared by participants. Shields and Dervin state the only rule in collaborative research analysis is
that it "reflect the language of the people who were studied and that the written language of the researcher be readable and usable" (1993, p.70). Furthermore, they assert the importance of written documents for the purposes of conscientization, where academic reports are seen as being of secondary importance. Chamberlain (1990) has asked the question: "Is literacy, and the written word a tool for domination?" (1990, p.42) and suggests co-authoring documents such as notes, and video and audio tapes as alternative practices. Towards this purpose, video and audio-taped interviews and group meetings have been distributed to participants who indicated an interest in viewing the experience. Ulmer (1989) has proposed the notion of "oralysis" described as the "ways in which oral forms, derived from everyday life, are, with the recording power of video, applied to the analytic tasks associated with literate forms" (p.xi). Given the increasing importance of visual media in our lives, this form of documentation renders the "text" more powerful.

Sandra Kirby and Kate McKenna suggest that "talk is serious" (1989, p.120). They outline the importance of noting and attending to information and data in a multitude of locations. Listening to "the content" of participants' talk in individual interviews or in group meetings was augmented by attending to how this "content" was relayed. Opie (1992) describes the importance of examining "paradoxes, contradictions and ephemerality" in language (p.39). She also describes the relevance of voice in terms of intensity, emotional content or cue and when a speaker uses complete or incomplete sentences. An analysis of my own speech as well as "the talk" of participants has been utilized as a framework for reflection.
During the process of transcribing the first three individual interviews, I became aware of how much I was involved in discussions around research and the meaning of disordered eating in women's lives. Although it may be predictable that nervousness would cause me to speak more, it is my impression that it was my level of comfort with women with similar experiences may have led me to share more of my experiences. Although I am completely comfortable with responding to participants' questions regarding my choice of participatory research or why I decided on a project involving feelings of depression and disordered eating, I felt it would be important to insure that I "get out of the way" in the group meetings. Shields and Dervin (1993), in their discussion of this issue outline the importance not only for the researcher to remove themselves from the participant's story but also to attend to differences and gaps. Their method of "sense-making" enables participants themselves to reconstruct their experiences and understand gaps and bridges in their understanding. This was accomplished by continually reflecting back my assumptions or the meaning I was making of what participants were saying.

This focus on listening for "difference" during group meetings, while watching video tapes and reading transcriptions was important for the research process on a number of accounts. In the first instance, allowing difference and gaps to emerge led to further questions about how these differences such as culture, age and class intersected with participant's experiences of disordered eating, moving from what Shields and Dervin refer to as moving from the "whats" to the "hows"
Secondly, it permitted meaning to emerge through a perspective which understands that all experience moves through time and space, allowing for paradoxes and changes to be noted. Interestingly, this focus on attending to difference appears to me to be all the more relevant to research around feelings of depression and disordered eating. The differences between expectations and experiences, such as what it means to be girls and women in contemporary Western culture and how girls and women would like their lives to be, the gaps between body ideals and women's subjectivity with regards to body image, the differences between family expectations regarding girls and women's behavior and social imperatives may all be reflected in feelings of depression and disordered eating.

**Emergent Themes**

In listening to women reconstruct, "make sense" of their stories, the journey towards restoration begins. From what women tell of their lives, it is indeed "the girl within" that struggles against confining definitions of her subjectivity. Emily Hancock suggests that we have in the experiences of prepubescent girls, material that once unearthed, leads towards the restoration of women's true identities (1989). She asserts that we can draw a picture of a woman's true self from a point in time when she was "least defined by patriarchy" (1989, p.9). Carol Gilligan (1991) depicts how girls during this short stage, embody androgynous potential and form alliances with their fathers that unravel at puberty due to binary gender roles. The resounding answer to the question of **What Needs to be Different So that Fewer Young Women Face Feelings of Depression and**
Disordered Eating: we need to change a culture that make girls not want to grow into women.

Themes which have emerged out of the group reflect the many ways in which experiences of disordered eating intersect with women's multiple positions and roles. Concerns around weight preoccupation appear to begin around the age of eight or nine years old or with the discovery of being different or falling short from expectations with regards to body weight, beauty or eating patterns. The issue of the "onset of menstruation" was raised as important to participants experience of themselves. Some participants described experiencing distress around cultural significance of early onset, such as being a "bad girl", or alternately being equated in some instances as a sign of the greatness of becoming a woman. One participant shared her bewilderment at how her parents could feel this was something to celebrate. Other participants expressed a sense of abnormality when their periods began too early or too late. A general sense of not being informed about common bodily processes also impacted participants' experiences of bodily changes at puberty. Zerbe (1993, p.181) asserts that the "booming business" of menstruation-related products and mixed messages regarding young women's sexuality render the onset of menstruation a conflictual occurrence for women in North American culture.

Sexuality and being vulnerable were also areas of discussion that emerged. Being constantly aware of, submitting to and resisting in one participant's words, "the male gaze", whereby women felt sexualized
was shared by all women. What is interesting here is that sexual assault in childhood or as an adult is often correlated with disordered eating, as if girls and women are only impacted by overt behavior or violent sexual assaults. Participants' reactions to the ways in which girls and women are sexualized differed a great deal, where some women avoid sexual contact with men because of in one woman's words, *the fear of rape* while others *initiate sex* so as to feel some measure of control. A number of women described how their feelings around sexuality changed over time and expressed a sense of loss at the realization that they were very young when they began having sex, as one participant described she was *only a baby*.

In keeping with my desire to avoid appropriating information into my "already existing schema" (Anderson and Jack, 1990, p.19), I have paid special attention to listening for "findings" that are in stark contrast with my expectations. The fact that a number of the women shared their discomfort in being in relationships with other women challenged my own experience of women's relationships as being a safer place. Participants described the difficulty on a number of accounts. For some women, *competition between women* has been experienced as a barrier. The desire to *disassociate oneself from what it means to be a woman in this culture*, in one woman's words, is another reason some women preferred friendships with men. Other women shared that it is because we expect to be disappointed by men that *it hurts more when we are betrayed by other women*. All of the participants expressed a sense of comfort in the group, however, and a feeling of being less alone. When I asked participants what felt different about their
relationships with each other in this group, a number of women
described feeling safe, how in one woman's words, "we know we all
have common experiences, even if we are also very different" and
another shared "it's been safe to have feelings about things, and it's
probably also because we all have a feminist awareness of
oppression".

In the words of one woman, the experience of becoming involved in
this project allowed for "sisterhood in this pain". That is to say, the group
became an opportunity for women to connect and reveal aspects of
themselves that usually do not make the leap from "my head to my
tongue" (another participant's explanation). This group therefore
became a way for women to connect, to share their subjectivities, to
foster intersubjectivity.

The importance this research has placed on acknowledging women's
subjectivities flows from the permission I have learned to give myself to
be an expert on my own experience, which has in turn allowed me to
honor other women as experts on their own lives. It is my experience and
a core belief that we can not accompany nor facilitate passages to
places we have not been ourselves: Journeys into supporting the
strengths of others must parallel recovery of our own strength. For some
of us it is a discovery of our worth and strength rather than recovery, as
we may have never felt valued before. I believe it is acknowledging the
validity of my own feelings of depression, despair, disorder as a woman
in this culture, that has fostered my commitment to never knowingly
participate in the silencing of another woman's knowing/protesting voice.

One of the most powerful routes to intersubjectivity is dialogue. In order to dialogue about issues that are emotionally powerful, while allowing difference to teach and be honored, relationships must foster safety. When I asked participants how they came to feel safe in the group, the following were some of their responses:

"I liked that no one knew me from before, so no one had a preconceived idea of me". "There is such a power in group, in women sharing their experiences, I had forgotten how much I need this in my life". "It's just about having a place to talk about these things and see how we are all very different but still face similar issues around this as women". "We are all very different, but it's so nice to be here and just listen or be heard".

My role in the research moved to what I would describe as that of a container. From what participants had to say, it seems that not feeling judged or labeled and being in the presence of other women were important aspects of creating safety and fostering intersubjectivity. In order to prevent women from feeling judged or ashamed of their experiences, it was essential to allow multiple points of view to emerge or to welcome "difference". One of the ways that this occurred was by developing what Butler and Wintram have called group "biographies", where ongoing individual narratives inspire a sense of collective purpose and wisdom when difference and context are explained (1991). In accordance with the participatory spirit of the research, I
facilitated questions regarding difference or the unexplained, back to
the group by using supportive open ended questioning such as: is there
more to this? How do you see these things happening that way? What
stops other things from happening instead?

This journeying from individual or subjective knowledge towards
collective knowledge or intersubjectivity is a further reconstruction of a
dualistic or reductionist construct, that of the individual/society paradigm.
Feminist theory has long argued that the "personal is political" and more
recently theorists such as Bonnie Thornton Hill have argued that we must
find a way of making the political personal, of developing relationships
that sustain change, wellbeing and growth. One of the most powerful
means of bridging gaps in human connections is to share parts of our
stories that would otherwise not be expressed publicly because:

"the ultimate solidarity is the solidarity of pain. Strip people of
power, strip them of all those cultural aspects which give them
distinction and individuality- so that they are indeed stripped of
their 'personality' - and you are still left with a sentient body"
(Small,1993, p.216).

From this perspective, bodily distress and difficulties can be pathways
into connecting with our own and each other's bodily and emotional
wisdom.

It is with this awareness of the validity of women's experiences of distress
under patriarchy that I entered into the process of this research project. I
wanted to bring the focus on generating "usable knowledge" (ibid.) to
the contextual perspective of a feminist lens. Most of all, I wanted to re-
search ways of being in relation with women that were non-pathologizing,
revelatory and empowering. Inquiry that seeks to "utilize" experience
can also serve to integrate and re-appropriate the wisdom expressed in
the "problem", and in the process foster hope. Thomas Moore describes
how these problems can become gifts, an invitation to listen to our souls,
and asserts that:

"feelings of emptiness, the loss of the familiar understandings and
structures of life, and the vanishing of enthusiasm, even though they
seem negative are elements that can be appropriated and used
to give life new meaning" (1992, P.141).

If we were to accept periods of distress and depression as inevitable,
wise even, given present structural conditions, we could come to see
despair as invitations to don our "Sealskins, Soulskins" (Estés, 1992, p.265).

In considering the "usable knowledge" that emerged from this process
of crafting reflexive, participatory research my attention has often been
drawn in two directions: wanting to focus on the richness of what
participants have to say about their experiences and making sense of
my own learning experience as a researcher. Participants' voices
demonstrate how women's feelings of depression and disordered
eating are means of coping with oppressive categories of difference,
with the painful impact of "othering". It becomes essential therefore that
support systems, whether they be family, friends, or professionals that
seek to assist women facing feelings of depression and disordered
eating not replicate this experience. The other important piece of
knowledge with great "utilization" potential is the benefit of support in
facing feelings of depression and disordered eating. Relationships
between two or more people, that acknowledge subjectivity as valid,
that view emotional exchanges as authentic rather than inappropriate,
hold the potential for women to find what they may have been seeking and expressing in feelings of depression and disordered eating; a self-definition that is not constricted by powerlessness but honored for its powerfulness.

Feminist Jungian analyst Marianne Woodman has proposed that what the world needs more of is feminine energy (1996). She clearly differentiates between feminine or masculine as meaning physically embodied gender; she describes these as metaphorical forces that all of us have within us. Woodman acknowledges the importance of the interconnectedness of both energies while pointing to how we do not know how to listen, receive or mirror well and that we do not value supporting or containing experience. Integrating experiences requires a process that contains and permits unfolding, that recognizes that one can be vulnerable and strong, ready and fearful-finished and beginning.

Intersubjectivity happens when we contain experiences whether they be of joy, grief, anger or difference long enough to make meaning of them. Intersubjectivity becomes two or more, knowing subjects talking. A researcher's reflexivity then becomes a strength from which to draw upon in order to more fully understand what is occurring in the encounter. In practice, this meant acknowledging my feelings, emotional or bodily, thoughts and behaviors that emerged for me while in the research group. I also feel that by sharing these intuitive feelings with participants, my reflexivity becomes a statement about the importance of the relationships for me. From a distant "objective" stance, the relationship
matters more to a participant's wellbeing; from a feminist reflexive standpoint providing care and facilitating growth are mutually beneficial acts of subversion.

Placing both myself and other women as experts on our respective experiences challenges the pathological view of women's experiences of distress. Pathological accounts are destructive because they often lead to stigmatization, shame and self-blame for socially constructed dilemmas. A focus on symptomology is counter to the creation of useful knowledge because it does not recognize and therefore utilize a person's whole being and therefore full resources. The strength of the human spirit can never be overestimated and I believe by incorporating stories of resilience, we begin to see a whole person before us.

Accountability
Questions regarding reliability, the soundness of findings, the potential for generalization and other measures of validity are not easily reconcilable with participatory or feminist research at first glance, insofar as they have often been used to refer to "weeding out" subjective interpretations of data. Hayes (1989) reframes the question of validity in terms of whether or not the research contributed to positive change for participants. In this regard, all participants shared that the group had been a positive experience that validated their experiences.

All the same, research concerned with the emancipation of any person or group must take into consideration the importance of accountability.
Cancian (1992) proposes that social action requires evaluation in as much as it furthers understanding of competing discourses and legitimizes feminist knowledge by "showing that it works in a practical situation" (p.633). In Patricia Maguire's honest account of her "attempt" at participatory research in *Voices of Change: Participatory Research in The United States and Canada* (1993), she emphasizes the importance of locating the courage to "learn by doing rather than being immobilized and intimidated by ideal standards" (p.158). What I found most refreshing is exactly this invitation to "explore" the ways of participatory research rather than "perform" the method. Maguire asserts that "Participatory research has highlighted the centrality of power in the social construction of knowledge, yet it has largely ignored the centrality of male power in that construction" (p.163). It is my hope that women will become increasingly aware of the usefulness of participatory research, and that men and women who seek more emancipatory methods of inquiry will the consider both power and gender in our construction of research.

The limitations of the project reflect not only the sampling of participants who chose to participate in the project but also the process utilized to "recruit" participants. Upon the realization that participants were derived mostly from The University of British Columbia student population, it occurred to me that perhaps I should recruit more participants from women's organizations so as to obtain a more diverse sample. One of the tasks of the group may be to do this next step as at least one participant has commented on her desire to see more women of diverse cultural backgrounds involved in the process. The absence of
very marginalized women, such as women who live with what we
socially construct as "disabilities", first nations women, women who are
not able to read and write, and houseless women limits the ability to
generalize with regards to what needs to be different for other women.
In order to reach wider communities of women, it will be necessary to
evaluate how this type of project could meet the needs of diverse
women. Questions as to whether "an outsider" should be inquiring into
another community without invitation, or the placement of the researcher
with regards to appropriation are crucial. An interesting potential
outcome of the recognition of the partiality of all viewpoints is a call for
further research. From this perspective, research, inquiry and reflection
are never complete.

*Methods from the Margins* (Kirby and McKenna, 1989) may soon be no
more, insofar as they are congruent with the values of disciplines such as
social work and current trends in health reform involving community
participation. The circular journey that is learning brings us back to where
we began in order to retrieve what it is that we knew we must know in the
first place. Disciplines and practices such as social work that view the
purposes of their scholarly endeavors as contributing to justice, equity
and freedom from oppression must explicitly express, question and
come to terms with their epistemologies and methodologies. In
concrete terms, we must foster means of actualizing our principles,
beliefs, values and vision through supporting emancipatory praxis
including but not limited to research.
Donna Haraway (1988) advises that "Subjugation is not grounds for an ontology; it might be a visual clue. Vision requires instruments of vision" (p.586). Feminist and participatory research provide such instruments. In my opinion, they are not so much to be understood as a set of distinct steps of "how to" but rather as a process of questioning and uncovering. It is my hope that this work illuminates methods that integrate intuition, feeling, knowledge and the presence of the unknown.

Participants' Experience of The Research

In order to remain with the "text", I leave this chapter in participants own words.

The words of one participant reflect her experiences:

*What I've gotten from the group:
* a light thru the isolation I feel around eating
* a way thru other to see that eating problems have been a sane reaction in our situations- not anomalous
*new compassion for myself because of compassion for other women
* a chance to share the benefits of my experiences (successes and failures)
* a chance to help advance the amount of work and legitimacy of the work on eating disorders
* an alliance with strong, wonderful, role model women.

Another participant offered this further reflection in writing:

*My experience with Linda Lee's participatory research group has given me another way to challenge the internal and external aspects of depression and disordered eating. In addition, Linda Lee's reflexive research introduced me to several strong and intelligent women. Finally, we're not crazy!*

Another participant shared this:

*The research got me thinking these little details aren't just little details. Disordered eating can be very easily dismissed a personal problem, as vanity, someone out of control or just obsessive. I think it had me completely relearning how the personal is political, what you experience on a day to day basis, illustrates to me, an attack on women, a war on women. Whatever it is, it is reinforced at every single level*
imaginable, you get it economically, politically, through the family, through school, through work, through how you are treated at the grocery store. Through disordered eating it manages to attack every woman, in her home. I am impressed with the efficiency of ideology. I don't like calling it an attack because it sounds paranoid. It happens in a lot of ways, how we feel about our bodies, our approach to our bodies, it feels like the last frontier where it is tearing you apart - you are making advances but it is like a self-organizing system: the structure knows what to do. As people we are very complex; it does not take much to have a profound effect, you don't have to be beaten every day to feel fear. We underestimate the power of being able to reclaim our bodies, it can be equivalent to reclaiming the world. It is the basic and biggest step because so much energy goes towards it, the self esteem aspect, self-worth, respect, being allowed to take up space. Noise in the system is all we are seen as. We have to find a way to teach the world not to hear that as noise anymore, there is something automatic about... the structure is such that it is almost ridiculous that we would want to speak up, it's absurd. It's difficult to be heard, to speak in language, with the metaphors that you have given me, it sounds like conspiracy, it feels like it's all on my shoulders, I have to figure out the bullshit, make sense out of it, spoon feed it to you in order to be heard.

These are flipchart notes of what participants had to say about what needs to be different so that fewer young women face feelings of depression and disordered eating. As these notes assisted the group in considering what they might want to do about their experiences, I have not used them in the Analysis or Emergent Themes section of this document as I feel that the piece of deciding the next step in dealing with these findings belongs to the group.

Second Group Meeting: Flipchart Notes

One thing that helped:

Support
Learning to love others, and feel loved by others, which is really hard. This helps with loneliness and when you are depressed.
Support of boyfriends. Support through the process and changes. Having a healthy sex life, which brings up the question of male approval.

You can't have too many people tell you are beautiful. The example of store clerks saying "If you just went on a diet..."

It can be easier to be with men because they can be less focused on appearance, which is part of the desire to disassociate ourselves from being women, which is about wanting to challenge gender expectations.

Being part of a community.

Understanding of the Cultural Context
Making leap from: "these are my issues" to seeing the larger pattern in society, seeing the interconnectedness of these issues for men, gay people.

Getting perspective, taking a break from images from television, magazines, Hollywood movies.

Being a feminist.

Being other than beautiful... (smart, e.t.c...) On whose terms do I need to be beautiful is the next step in healing.

Seeing and accepting differences within feminism.

Recognizing the anger we feel at being women in this culture.

Role Models
It is difficult because we lack role models, mentors. We have feminist ideas on paper. Women's Studies helps.

Spirituality can help release social expectations. For example a yoga instructor who helped with becoming grounded in the body, the breath.

Mothers can be role models but are often still dealing with their own difficult experiences, such as being preoccupied with their weight. Seeing one's mother at least try to work through her issues is helpful. Some mothers sharing that it is good that daughters are dealing with these issues now rather than later like they have had to.

The experience of having another older woman who had faced bulimia tell her story and recovery.
Diverse positive role models, seeing women who do like themselves, who are successful.

*What I wish had been different:*

**Education and Prevention**
That someone would have told me that anorexia and bulimia are not romantic.

School-based discussions only talk about the technical side of the problem.

Discussions in school should not be focused on problems around dieting and eating but around feelings.

We turn to food when life is not perfect. We need balance. We need to recognize pain and difficulty. Our society always makes us feel like we need more and better. Perfectionism and perpetual needing are socially created. We need acceptance.

Little girls should be encouraged to go out and play. But we need to address the question of how competitive sports can be damaging. We need to value exercise for ourselves rather than for the competition or control.

Fitness instructors should recognize when people are motivated out of a sense of depression and disordered eating. They also need to recognize their own issues around weightism.

Doctors responses must be different. They often don't believe we could be having difficulty because they say: "You're my perfect patient".

We need to recognize how common self-injurious behavior really is (such as cutting and hitting ourselves).

The medical model has to be challenged, it only scratches the surface by pathologizing our experiences.

We learn mistrust as girls. We are afraid of the world we live in. We need safety such as assertiveness, self-esteem and self-defense classes in early childhood.

Women face feelings of depression and disordered eating because of their yearning to make the best they can out of themselves and their lives. How can this be channeled differently?

There is a correlation between sleeping problems and disordered eating.
Caffeine is a problem. Like weight preoccupation, it keeps us from thinking about what our lives are really like.

**Emotional Literacy**

We wish we had our feelings acknowledged at home and at school, such as feelings about being teased for being "different".

Acceptance that feelings are part of life. We need to find ways of talking about our feelings.

We need to acknowledge the mixed feelings and experiences girls face when their periods begin, such as feelings about what it will mean to be a "gender" rather than a child.

We need to acknowledge this discomfort and difficulty from a non-pathologizing perspective.

**Social Action**

It is important that the whole community deal with these issues, not just the school.

We need a new kind of "brownies", where girls can learn to be friends with other girls rather than earn useless badges.

We need to intervene early before the age when girls are reduced to feeling like they are their bodies.

We need other kinds of media, cartoons, toys that demonstrate the diversity of women's realities.

Society has no room for authentic people.

**Healthy Sexuality**

We need to discuss sexuality openly. We need to recognize that sometimes we don't really want to be sexually involved. We really want to feel loved. There is a great difference in feeling love with someone we are sexually involved with.

Sexuality is often used as control. We sexually please others so that they will love us, we "hook" them sexually. Other times, we initiate sex so that we don't have to live with the fear of being assaulted when we may not be sure we want sex. We need to know that our bodies are our own.

We feel we grew up too fast. We realize that we were "just babies" when we began having sex. Now we are struggling to recapture our youth, our frivolity.
At the time of this writing, the group has not met in a month but plans to meet during Christmas break, when participants have more time again. Participants have been provided with information regarding other support and action group such as Big Sisters, GirlFutures, The Canadian Association of Anorexia Nervosa and Related Disorders, and the Eating Disorder Awareness Week planning group. The group has decided that they would like to put together a pamphlet or information sheet around feelings of depression and disordered eating or a newsletter entitled: "No, You're not crazy".

Donna Haraway has argued that embodied, situated knowledge can challenge "forms of unlocated and so irresponsible, knowledge claims" (1988, p.583). Reflexivity can counter the academic stance "du jour" that oppression is only a construction of reality, because "it is no coincidence that just as Western white males realize they can no longer define the truth, they decided there is no truth to be discovered" (Sara Lennox in Cancian, 1992, p.630). It is essential that reflexive, experiential knowledge is reconstructed and contextualized because feminist and poststructuralist practices that deconstruct experience can "fit" with individualist viewpoints if the focus remains on monologue and subjectivity rather than dialogue and intersubjectivity.

In evaluating this work, I want it to be considered for its "utilization" potential and for its demonstration of "emotional literacy".
In order to live amidst difference, we need to be able to develop our fluency in feelings, to be able to read and write our subjectivity expressed in emotions. Speaking, hearing, utilizing and developing capacity to understand, express and employ our emotional wisdom is not easy in a culture that devalues authenticity and passion. Alice Miller believes that we dull our emotional genius in childhood. She asserts that travels into the shadow of humanity that recognize what is lost in our present way of rearing the feeling and depth out of our children can lead to emancipation;

"if we are willing to open our eyes to the suffering of the child, we will soon realize that it lies within us as adults either to turn the newborn into monsters by the way we treat them or to let them grow up into feeling - and therefore responsible -human beings".

My approach to writing this narrative declares writing as a form of inquiry and that "no textual staging is innocent" (Richardson, 1992, p. 518). I believe that I have only been able to write in hand and at night because my voice (in writing) has become the signifier of my will to locate subjectivity, a sense of myself when I feel most unsafe. Helen Keller said that security is all superstition, that life must be a daring adventure or nothing at all. My spirit, my resolve, my devotion have emerged from this process intact, yet wiser still. If there is one thing that I have learned in this process of re-searching the craft of reflexive feminist praxis, it is that being an "outlaw", speaking of knowledge that de-centers, de-legitimates the powers that silence is dangerous, exhausting work. To survive the journey, we can not do it alone. For this reason, I see my defense as a ritual thank you for all those who have valued my work, have listened to my authentic voice and supported my need to keep
on talking. I hope that we can reap the rewards of devotion as community.

One of the most important implications of this search and re-search into reflexive praxis is an exploration of what health and healing look like in this culture. Whether in my relationships with research participants or other students in the program, a recurring question is to how we can maintain our sense of purpose and power, our desires, dreams and aspirations, our values under oppressive regimes. It is essential not to glorify women's experiences of disorder or what is lost in the process of living life as an "outlaw" because "uncritical acceptance of women's ways of knowing, being, or doing may naturalize behavior that is actually the consequence of centuries of oppression" (Hawkesworth as quoted in Allen and Baber, 1992, p. 4).

In many ways this thesis documented an inquiry into the process of crafting reflexive, feminist research that can create "usable knowledge", more than it presented "findings". This may be a mirror of my sense that this inquiry has only just begun. I see this practice/thesis as a pearl, created as Barbara Colaroso describes out of 'friction'; the"text" of all my longings coming up against the grain of oppressive structures. I see this work as one bead to be strung along side the endeavors of so many others, who shine in their strength, beauty, mystery and wholeness. In coming to terms with one piece of this journey coming to an end, my thoughts turn to what I would do differently next time, seeing the limitations of this work even as I feel pride for what it has yielded.
In focusing on the experiences of young women who have faced feelings of depression and disordered eating, this research may replicate assumptions that it is only the young and the female that face these experiences of bodily distress. My journey into my Girl Wisdom was perhaps a necessary part of my own healing and growth, but I want to suggest that the experiences of boys and men, and the experiences of people of all ages are of equal importance and will also reflect their painful locations as categories of "other" in the world. In considering that it has taken me over a decade to come to terms with my experiences of feelings of depression and disordered eating, I feel I would need a much longer period of time than a few months, to "make sense" of, and qualify the experience of participants more fully. In future endeavors into participatory projects, I would not only seek more time, but would also look for clarifications with regards to research relationships. I have questions regarding whether this kind of inquiry is best carried out amidst peers where all participants may be involved in data collection, analysis and documentation to the degree that they feel invested.

Social workers come from the same families and work in the very institutions that are most invested in a patholigized account of the lives of the people we work with. We have grown up facing the same dilemmas of family life, community discord and social inequity. We need to use social work education as an opportunity to reflect, to invite our whole person to participate with other whole persons in social, contextual work. Feminist pedagogy views teaching and learning as reciprocal, as:

"more than an attempt to find a testing ground for the fit between the classroom event and one's own experience, or for
reshaping one's experience to merge with available patterns and a new orthodoxy of teaching" (Schick, 1994, p. 82).

From this view, "knowledge becomes a process or event in which learning happens along the way" (ibid.). From this perspective, the completion of this research has been fruitful not for what I had intended to learn, rather it is my "utilization" of the material that has fostered learning; my emotional, physical, spiritual and intellectual reflection upon the journey. This thesis is a public performance of reflexive feminist praxis; a sonnet of one woman's visions, hopes and dreams.
BIBLIOGRAPHY


Davis, K. What's in a Voice? Methods and Metaphors, Feminism & Psychology, 4, (3)


98


Appendix D

INDIVIDUAL INTERVIEW GUIDE

STUDENT RESEARCHER WILL INTRODUCE SELF AND OUTLINE PURPOSE OF RESEARCH PROJECT

My name is Linda Lee Ross. As you know, I am interested in the experiences of young women who have faced feelings of depression and disordered eating. As part of my master degree in social work, I am interested in doing a participatory research where young women can share their experiences and decide if they would like to take some kind of action to address their experiences of feelings of depression and disordered eating.

I would like to remind you, as outlined in the consent form you signed, that your participation is completely voluntary and you can choose to withdraw your participation at any time during the research process.

1) Do you have any questions before we begin?

2) Have you ever participated in any kind of research? If so, what was that like for you?

3) This research project is different from some other kinds of research because it is a way of doing research that is set up to meet the needs of those most affected by the issues the research deals with. In other words, participants of the research are actively involved in the research process. After we have met today, I will be inviting you to attend a meeting with other young women who have faced feelings of depression and disordered eating. Part of the research will therefore take place in a group. Have you ever been involved with any kind of a group? If so, what was that like for you?

4) What would you like to happen in the group? What would you not like to happen? Do you have any questions or concerns about being involved in a group where we will be discussing the experiences of young women who have faced feelings of depression and disordered eating? If you feel the need for support after being in the group, where could you go to meet that need?

5) What made you decide to participate in this project? What would you like to get out of being involved with this project? In what ways do you think you might benefit from being involved?

6) Have any other questions or concerns come to mind about being involved in the research project?
7) We will be meeting as a group soon. What dates and times would be convenient for you? May I call you to let you know when we will be meeting? May I leave a message on an answering machine or with another person if you are not in? How would you feel most comfortable in my identifying myself if I leave a message?

Please feel free to contact me, and my faculty advisor at any time throughout this process if you have any questions.

Thank you for your time.

I WILL ENSURE THAT PARTICIPANTS HAVE BOTH CONTACT TELEPHONE NUMBERS AT THE END OF THE INTERVIEW.
Appendix E

RESOURCES

Eating Disorder Resource Centre of British Columbia
1081 Burrard Street, St. Paul's Hospital, Vancouver, B.C.
631-5313
Has a resource library of journals, books and videos. Provides information on services available in the province of B.C.. Organizes Eating Disorder Awareness Week.

Canadian Association of Anorexia Nervosa and Related Disorders
109 2040 W 12th Avenue, Vancouver, B.C.
Information line 684-2623
Business line 739-2070
Provides support to individuals and their friends and family who are facing disordered eating. Provides support groups and operates an information line and a speakers bureau.

British Columbia Eating Disorder Association
841 Fairfield Road, Victoria B.C. V8V 3B6
(604) 383-2755
Provides support and education and is involved in research in the area of eating disorders. Has a speakers bureau for the community to access on eating disorder prevention.

GirlFutures
Association for Building Self-Esteem
Victoria, B.C.
(604) 389-0802 Stacey
(604) 721-5173 Wendy
Organizes activities for girls and their parents that foster self-esteem.

Big Sisters of B.C. Lower Mainland
34 E. 12th Avenue, Vancouver, B.C., V5T 2G5
873-4525
Matches young girls with Big Sisters. Provides workshops for Big and Little Sisters in the areas of self-esteem and body image. Operates Job Shadowing, Multicultural Outreach and Spring Camp programs.
First Call !! The BC Child & Youth Advocacy Movement
L408-4480 Oak Street, Vancouver, B.C. V6H 3V4
875-3629
Provincial child and youth advocacy organization that has a number of working groups including a youth involvement in decision making task group.

McCreary Centre Society
401 N. Esmond, Burnaby, B.C.
291-1996
Promotes Research in the area of youth health issues for the Province of British Columbia.

Feminist Research Education Development and Action (FREDA)
SFU Harbour Centre Campus,
515 Hastings, Vancouver, B.C. V6B 5K3
291-5197
Joint project between the University of British Columbia and Simon Fraser University that promotes Feminist and Participatory Action Research.

Women Students Office
Brock Hall, University of British Columbia
822-2415
Offers supportive counselling and advocacy for women students. Provides support groups and workshops for women students in a number of areas and a mentoring program for women of color.