

THE LIVED EXPERIENCE OF AN EATING DISORDER AMONG GIFTED
FEMALE ADOLESCENTS: A PHENOMENOLOGICAL STUDY

by

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ABSTRACT

Although several recognized experts have alluded to eating disorders among gifted adolescents as an important topic, it has not been explored through rigorous research methodology. Descriptive phenomenological methodology was used to provide an in-depth description of the experience, core themes, and meaning of disordered eating among gifted female adolescents (ages 15-18). The research data were gained through in-depth interviews with six participants. A situated structure, based on the predominant themes for each individual participant, and an in-depth description of the core and common themes of all the participants' experiences of their eating disorders, were developed. These core and common themes were organized into themes and sub-themes, each elaborated on and supported through thick description, interview excerpts, and the words of the participants themselves.

The phenomenological description of the themes provided in-depth exploration of areas previously addressed in the relevant literature such as perfectionism, control, and low self-esteem. Themes that address the profound negative affective response, explicit connection of giftedness to psychological distress, identity issues, emotional restriction, awareness of multifaceted underlying factors, a de-emphasis on weight and thinness, and a sense of purpose and meaning in the eating disorder experience represent original research contributions that extend the current state of knowledge.

The previously unexplored themes, and rich description of the lived experience of an eating disorder among gifted adolescents significantly contribute to clinical practice and psychoeducation in both the gifted and eating disorder fields. This study benefits clinicians, parents, researchers, and those who experience eating disorders by offering knowledge of the experience only gained through the perspective of those who struggle with it personally.

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CHAPTER I

Introduction

Eating Disorders pose a significant threat to the physical, emotional and psychological well-being of many female adolescents. The National Eating Disorders Information Centre of Canada (NEDIC) reports that Anorexia Nervosa and Bulimia Nervosa affect at least 5% of Canadian women, typically between the ages of 14 and 30 (NEDIC, 1995). Dancyger and Garfinkel (1995) suggest that disordered eating, which may not meet the formal diagnostic requirements of clinical eating disorders, are 2 to 5 times more likely to be diagnosed in adolescent girls than any other group. Jones, Bennett, Olmsted, Lason and Rodin (2001) found that in a community based sample of Canadian adolescents, 27% of adolescent girls between the ages of 12 and 18 were found to be engaged in disordered eating attitudes and behaviours. Of this sample, 23% of the adolescents reported to be dieting, 15% reported binge eating, 8.2% reported self-induced vomiting and 2.4% were using diet pills. Only 1.6% of this sample had received an assessment or treatment related to disordered eating attitudes and/or behaviour. These findings suggest that in addition to the vast number of young Canadian women who are clinically diagnosed with an eating disorder, many other young women are engaged in and may be physically and psychologically compromised by disordered eating attitudes and behaviours.

Introduction to the Issue

Despite the vast knowledge and ongoing research contributions in the eating disorder field, empirical research specific to adolescent populations is underrepresented (Pratt, Phillips, Greydanus & Patel, 2003). Although some empirical literature addresses eating

disorders among adolescent populations, a review of current published literature offers no qualitative contributions specific to the experience of eating disorders among adolescents. The scarcity of qualitative eating disorder literature represents a serious gap in our knowledge base, especially given the prevalence of these disorders.

The gap in the knowledge base specific to gifted individuals who experience eating disorders is also substantial. Qualitative and quantitative literature related to gifted adolescents who experience eating disorders is virtually non-existent. This study aims to fill the gap in current literature by contributing qualitative findings amongst a sample of gifted female adolescents. Academic contributions from the field of both gifted education and research and eating disorders provide the basis of research reviewed for this study, as little specific literature pertaining to this topic is currently available.

Many personality and psychological characteristics of adolescents have been found to relate to etiology and risk factors influencing the development of disordered eating. In a review of the current literature, Mussell, Binford, and Fulkerson (2000) cite low self-esteem, perceived ineffectiveness, negative self-evaluation and perfectionism as personality factors which may predispose an individual to disordered eating. Other reviews of the literature cite low self-esteem, body dissatisfaction, perfectionism, high ratings of importance of peer acceptance and low competence of physical appearance as predisposing personality characteristics and risk factors for disordered eating (Gual, et al. 2002; Leon, Fulkerson, Perry, & Cudeck, 1993; McVey, Pepler, Davis, Flett & Abdoell, 2002).

High personal standards and perfectionism are well documented in the literature pertaining to eating disorders (Ashby & Kottman, 1998; Bastiani, Rao, Weltzin, & Kaye, 1995; Shafran & Mansell, 2001). Literature also supports the high incidence of

perfectionistic tendencies among gifted adolescents (Baker, 1996; Greenspan, 2000; Nugent, 2000; Parker & Mills, 1996; Schuler, 2000; Silverman, 1999). Silverman (1999) suggests that perfectionism is the “least appreciated facet of giftedness”, and cites how perfectionism is an “inevitable” aspect of giftedness and “needs to be appreciated as a two-edged sword that has potential for propelling an individual toward unparalleled greatness or plummeting one into despair” (p. 216).

It can be induced that psychosocial and personality factors of gifted female adolescents overlap with risk factors for disordered eating. Adolescent females who are gifted have been found to have lower social and total self-esteem, more significant decreases in self-esteem, decreased levels of self-confidence and self-regard and increased levels of perfectionism, hopelessness and discouragement when compared to “non-gifted” female adolescents (Klein & Zehms, 1996; Kline & Short, 1991; Lea-Wood & Clunie-Ross, 1995). Offering another perspective, Hoge and Renzulli (1993) found little difference between the general self-concept of gifted and non-gifted children.

Over the last several decades, studies investigating the intellectual functioning of adolescents experiencing clinically diagnosed eating disorders have yielded contradictory results. Overall, intellectual performance among those diagnosed with eating disorders has been found to be representative of a normal distribution (Dura & Bornstein, 1989; Gillberg, Gillberg, Rastam & Johansson, 1996; Ranseen & Humphries, 1992). In a review of this literature, Blanz, Detzner, Lay, Rose and Schmidt (1997), address the disparity between results of these studies and the common clinical observation of high intellectual functioning among adolescents diagnosed with eating disorders. Shortcomings of previous studies are noted, and subsequent findings suggest that, when compared to a matched control group, the

IQs of the “patients” diagnosed with eating disorders were significantly higher than those of the patients in the control group. A positive correlation, which was weak yet significant, was found between weight loss before hospitalization and intelligence. The authors suggest that there may be a relationship and influence between high intelligence, achievement motivation, and ability to successfully lose weight. It is suggested that further studies are necessary to investigate this relationship (Blanz et al., 1997).

The studies relating to the intellectual functioning of individuals experiencing eating disorders provide an important link to the experience of disordered eating among gifted adolescents and to the conceptualisation of “giftedness” itself. Traditionally giftedness has been conceptualised and defined by high IQ (IQ above 130 or 2 standard deviations above the norm on standardized intelligence tests) (Renzulli, 2002). Over recent years, theorists have contributed various conceptualisations of intelligence related to giftedness (e.g., Ramos-Ford & Garner, 1997; Sternberg, 1997; Sternberg, 2003; Hoge & Renzulli, 1993; Renzulli, 2002). Thus the definition of “gifted” continues to evolve and to remain controversial. Jackson (1995) refers to many of the common characteristics, which may differentiate gifted individuals:

Advanced comprehension, unusual retentiveness, accelerated thought processes, unusual sensitivity to the expectations and feelings of others, a sense of being different, a need for justice, perfectionistic tendencies and uneven development of intellectual, emotional and physical domains. (p. 33)

Silverman (1998) also refers to the “uneven” or “asynchronous development” of gifted individuals and suggests:

Asynchronous development is an attempt to understand the phenomenon

[giftedness] through the lens of the gifted self, rather than the perspective of society [and] highlights the complexity of the individual's thought processes, the intensity of sensation, emotion, and imagination, and the extraordinary awareness that results from this fusion. (Definitions of Giftedness Section, ¶ 4)

To reflect and respect the notion of asynchronous development among gifted adolescents, one definition of giftedness used will be that of the Columbus Group:

“Giftedness” is asynchronous development in which advanced cognitive abilities and heightened intensity combine to create inner experiences and awareness that are qualitatively different from the norm. This asynchrony increases with higher intellectual capacity. The uniqueness of the gifted renders them particularly vulnerable and requires modifications in parenting, teaching and counseling in order for them to develop optimally.

(Columbus Group, 1991 as cited in Jackson, 1995; Silverman, 1998, Definitions of Giftedness Section, ¶ 4)

This definition of giftedness and its reference to asynchronous development reflect well the notion of gifted adolescents being out of step within themselves, and also with their peers. Developmental potential and psychic overexcitabilities are also salient to the experience and identification of giftedness. Developmental potential is defined as “the individual's constellation of talents, special abilities, and intelligence, plus the five ways of processing the data of experience” (Introduction Section, ¶ 2). The five ways of processing refer to what are defined as psychomotor, sensual, intellectual, imaginal and emotional overexcitabilities (Piechowski, 1997; Piechowski & Miller, 1995). Overexcitabilities and the

associated intensity or heightened experience are also viewed as important in the development and identification of giftedness, and this is also reflected well in the chosen operational definition of this study (Ackerman & Paulus, 1997; Jackson, 1995; Piechowski & Miller, 1995; Piechowski & Colangelo 1984; Piechowski, 1997).

The B.C Ministry of Education guidelines (2002) consider a student gifted when: she/he possesses demonstrated or potential abilities that give evidence of exceptionally high capability with respect to intellect, creativity or the skills associated with specific disciplines. Students who are gifted often demonstrate outstanding abilities in more than one area. They may demonstrate extraordinary intensity of focus in their particular areas of talent or interest.

(Identification and Assessment Section, ¶ 2)

It is suggested that no single criterion should be used in the identification of gifted students and that multiple criteria and sources of identification should be utilized. It is suggested that criteria should include several of the following:

Teacher observations including anecdotal records, checklists and inventories; records of student achievement including assignments, portfolios, grades and outstanding talents, interests and accomplishments; nomination by educators, parents, peers and/or self; interviews of parents and students; and formal assessments to level C of cognitive ability, achievement, aptitude and creativity.

(B.C. Ministry of Education, 2002; Identification and Assessment Section, ¶ 2)

Statement of the Problem and Study Rationale

Few studies refer specifically to disordered eating among gifted females although the existence of the phenomenon is alluded to in various publications (e.g., Jackson & Peterson, 2003; Johnston, 1996; Kerr, 2000; Kerr & Nicpon, 2003; Nugent, 2000, Peterson, 1998; Silverman, 1994). Differentiating characteristics of gifted individuals suggested by Jackson (1995) also reflect many of the risk factors associated with disordered eating. Jackson and Peterson (2003) suggest that without appropriate support gifted adolescents may be prone to “anxiety states, depressive disorder, eating disorders, and obsessive-compulsive behaviors” (p. 177). Gatto-Walden (1999) reflects on her clinical experience counselling gifted women and female adolescents experiencing disordered eating. She suggests that among gifted clients struggling with disordered eating, several characteristics are common. These characteristics include: “personal identity that has disowned being gifted, debilitating perfectionism, excessive need to please others, experience of isolation and loneliness, stressful transition during the onset of the disorder and family dynamics which may include: overprotection, enmeshment, perfectionistic family standards and abuse or addictive behaviour” (p. 119).

Garner (1991), an influential researcher in the field of disordered eating, addresses the “nature and scope of the problem” of disordered eating among gifted adolescents. Garner suggests that “potential predisposing factors...seem particularly relevant to those who may be identified as gifted...” (p. 52). Garner (1991) asserts that gifted adolescents “may be more vulnerable to the development of both anorexia nervosa and bulimia nervosa because [they] possess many traits that have been identified as risk factors for eating disorders” (p. 61). Garner describes a number of possible factors influencing the development of eating

disorders among gifted adolescents, which include: competitive settings, weight loss as “another area for displaying personal competence”, low self esteem, perfectionism, interactional and family patterns and educational programs which focus on performance, personal mastery, and vocation, possibly neglecting other important areas of female psychological development (p. 53).

Based on a review of empirical literature, Niehart (1999) asserts, “It is clear that giftedness influences the psychological well-being of individuals” (Introduction section, ¶ 1). Whether giftedness contributes to psychological functioning in a positive or negative way continues to be a matter of debate. How giftedness affects psychological functioning may be largely dependent on various factors, including the unique characteristics of gifted individuals and their environment.

It is not my intention to argue that gifted adolescents are more vulnerable to psychological dysfunction, although giftedness inevitably affects individuals in a variety of ways and in many aspects of their lived experience. It is not my intention to argue that all adolescents who experience disordered eating are gifted. Such an assumption would most certainly be a gross overgeneralization. It is also not my intention to relate all of the characteristics of gifted adolescents to the development of disordered eating, although some of the features of giftedness may be conceptualised as predisposing or as posing risk factors related to the development of disordered eating for adolescent females (i.e. perfectionistic tendencies, low self esteem, unusual sensitivity to the expectations and feelings of others, decreased levels of self-confidence and self-regard, competitiveness, etc.). It is my intention to investigate and describe the lived experience, meaning and core and common themes of disordered eating among a sample of gifted female adolescents.

Adolescents who are gifted may articulate the experience of disordered eating in a unique way, and their “developmental potential” and “overexcitabilities” may be articulated through the construction of meaning in their lived experiences. This bias was carefully bracketed prior to interviewing and data analysis, as were all other personal reflections and beliefs regarding disordered eating, particularly among this population. The problem addressed was: What is the lived experience and meaning of disordered eating among gifted female adolescents? I sought to explore this phenomenon in an in-depth manner and to describe the core and common themes of the lived experience of disordered eating for gifted adolescent females. The phenomenon will be presented through the vantage point of the participants’ personal experience and every attempt was made to describe their experience while remaining faithful to communication of their stories as subjectively experienced by them. It is important to note that the study and findings are situated in a particular social context and western culture.

Purpose of the Study

“Ask anyone who manages a secondary level gifted program about eating disorders and they will undoubtedly say that it is a serious concern.”

(Peterson, 1998, p. 197)

The purpose of this study was to explore the experience of eating disorders among a sample of gifted female adolescents. The meaning that the participants ascribed to the experience of having an eating disorder, and the core and common themes in their experience was explored and described.

My clinical experience working with young women struggling with disordered eating in an outpatient mental health setting has confirmed my belief that eating disorders pose a life-altering struggle, filled with emotional pain, and self-examination. I am continually in awe of the maturity, insight, determination and resilience of some of my clients despite their daily struggle with their eating disorder and attempts to challenged the underlying contributing factors. Disordered eating for any adolescent is a complex and inherently enigmatic experience that may not be captured fully within a quantitative paradigm. This study sought to contribute knowledge to the field of eating disorders with research that is close to the human experience of the participants.

The Columbus group definition of giftedness emphasizes many of the unique characteristics of gifted individuals: "Advanced cognitive abilities and heightened intensity combine to create inner experiences and awareness that are qualitatively different from the norm..." (Columbus Group, 1991 as cited in Silverman, 1998, Definitions of Giftedness Section, ¶ 4). If the experiences and awareness of gifted adolescents are qualitatively different from the norm, a description and exploration of this subjective experience and the associated meaning is valuable. Unfortunately this study will not provide comparison to a "non-gifted" population.

The prevalence and presentation of eating disorders among gifted adolescent females are unknown, despite being discussed or suggested in several publications (Garner, 1991; Gatto-Walden, 1999; Niehart, 1999; Nugent, 2000; Peterson, 1998; Silverman, 1994).

The lack of research in this area, despite its reference in the literature, represents a gap in academic and clinical knowledge. In filling this gap with a phenomenological inquiry, a description of the lived experience may be gained from the participants. Adolescents

whose emotional and cognitive development may be considered “advanced” may articulate their experience in a manner that is also advanced, and that possibility allows for consideration of its relevance to non-gifted adolescents.

This study can be considered one of discovery and description. Literature relating to eating disorders and also gifted identification and development, addresses the need for qualitative data to provide the level of depth and meaning associated with understanding lived experience (Coleman & Cross, 2000; Garrett, 1997; Hoskins, 2002; Kunkel & Chapa 1992; Matoff & Matoff, 2001). Kunkel and Chapa (1992) refer to the essential nature of research that focuses on gifted experience. Matoff and Matoff (2001) assert that the process and experience of disordered eating and recovery from a client’s account “has potential to be a rich source of untapped information...” (p. 44). Hoskins (2002) notes that despite substantial research attention involving eating disorders, “an in-depth understanding of the complexity of this disorder has fallen short in many ways” based on traditional methods of inquiry (p. 231). Hoskins (2002) also suggests this shortcoming and a focus on individual pathology have “neglected to truly understand the lifeworlds of girls in contemporary society” (p. 232). Garrett (1997) refers to the many aspects of the experience of eating disorders that cannot or are not thoroughly examined through quantitative means and argues that there exists a lack of indicators of positive outcomes and recovery in current research. These indicators of recovery may only be elicited by the stories of those experiencing and recovering from eating disorders (Garrett, 1997).

Coleman and Cross (2000) call for research that addresses the personal, lived experiences of gifted individuals and describe the undertaking of such research as a “potentially fruitful area” (p. 208). Coleman and Cross specifically identify research such as

phenomenology, which may explore social and emotional factors, meaning and understanding of experience among gifted individuals, as valuable and underrepresented in gifted literature. A re-emphasis of the Columbus group definition of gifted accentuates the importance of appreciating the unique qualities of gifted individuals and consideration of those qualities in counselling and educational settings.

My own understanding of this phenomenon will be deepened and my clinical knowledge broadened. Through presentation of these research findings, this may also be the case for other professionals working within the academic or clinical realms of gifted or eating disorder counselling, treatment, prevention and education. Individuals who struggle with disordered eating, perhaps gifted and non-gifted, and others whose lives are touched by the experience may find the results offer new insight, or that parts of the participants' experience resonate with them. The participants of this study have given of themselves by sharing their story, many with the hopes of helping someone else or contributing knowledge that they also seem to feel is lacking. The potential for this research to impact some or many, fueled its inception and allowed it to come forth.

CHAPTER II

Review of the Literature

As mentioned, the current literature pertaining to eating disorders among gifted adolescents is not well developed. To provide a solid foundation for the ideas explored in this thesis, the literature that does exist is addressed and is also supplemented by other areas of research in the eating disorder and giftedness fields. This review explores the topics of giftedness, its conceptualisations and definitions in current literature, development of gifted adolescents and young women, and eating disorders among adolescents. It also highlights sociocultural, etiological and risk factors related to eating disorders cited in literature reviews, and intellectual and cognitive ability as it relates to eating disorder populations. Perfectionism and psychosocial variables, primarily self-esteem and self-concept, are elaborated on as they are seen as overlapping themes frequently cited in literature relevant to both gifted and eating disorder populations. A sample of qualitative research in both fields, which addresses the experience of giftedness, giftedness as it relates to the experience of depression among gifted adolescents, and the experience of eating disorders are outlined.

Giftedness

The field of gifted education and research is vast and the amount of literature addressing the definitions and conceptualisations of various forms of giftedness and its application to research is overwhelming. In an attempt to lay sufficient groundwork for the purposes of this research study, I have incorporated a sample of current and relevant literature that addresses the field of giftedness. I give particular emphasis to the difficulty in

concretely defining gifted, examples of multifaceted approaches to defining giftedness, and gender and female development among gifted populations.

Conceptualisations and Definitions of Giftedness

Hoge and Renzulli (1993) address the “controversies” and “ambiguities” in defining the construct of giftedness, its measurement, and the various ways that it may be conceptualised (p. 450). Morelock (1996) also refers to the controversies in defining giftedness and the ways in which research is affected amidst the “morass of confusion” (Introduction section, ¶ 1). The difficulty in analyzing and conducting research in the field of giftedness poses many dilemmas as suggested by Hoge and Renzulli, due to the disagreement and various ways in which the construct may be applied in research studies. They emphasize the variability in how the construct of giftedness is defined and operationalised noting that in some instances it is narrow, for example only considering “highly exceptional intellectual capacities”, and in others more broad, considering “intellectual, motivational and artistic dimensions” (p. 450). The variety of objective and subjective ways in which narrow and broad definitions are measured is also noted as contributing to the difficulties in studying giftedness.

Renzulli (2002) describes “past and present definitions of giftedness” with a survey of “conservative” to “liberal” definitions of giftedness (p. 67). Renzulli considers liberal definitions of giftedness, such as those that only consider high IQ, to be restrictive and less consistent with current approaches to conceptualising intelligence and giftedness, such as those proposed by Sternberg (1997, as cited in Renzulli, 2002), Gardner (1983 as cited in Renzulli, 2002), or Renzulli (1978 as cited in Renzulli, 2002). Definitions and

conceptualisations of giftedness such as these are seen as multifaceted and to take into account various forms of intelligence. Renzulli (2002) suggests that no single criterion should be used to classify giftedness, although he notes that in general, groups of traits such as above average ability (both general and specific), task commitment, and creativity are possessed by gifted individuals. Renzulli refers to this notion of giftedness as the 3-ring conception of giftedness.

A brief glimpse of other multifaceted, and less restrictive conceptualisations of giftedness such as those proposed by Sternberg (1997, 2003), Ramos-Ford and Gardner (1997), and Von Karolyi, Ramos-Ford and Gardner (2003), provide further, less conservative definitions, and propose consideration of various forms of intelligence. Sternberg (1997, 2003) also suggest that identification of giftedness must take into account various forms of intelligence, otherwise various forms of giftedness or gifted individuals may be overlooked by this classification. Sternberg's (1997, 2003) triarchic view of giftedness considers analytical, synthetic and practical giftedness. Analytical giftedness relates to problem solving and reasoning and is the aspect of giftedness most readily measured by standardized intelligence tests. Synthetic or creative giftedness is seen as prominent in individuals who are "insightful, intuitive, creative, or just plain adept at coping with relatively novel situations" and is less easily measured through standardized tests (Sternberg, 1997, p. 44). Practical giftedness involves the way in which an individual pragmatically applies analytic and synthetic abilities.

Von Karolyi, Ramos-Ford and Gardner (2003) refer to intelligence and giftedness as multiple in nature. The complexity and variety in multiple intelligences continue to evolve and challenge notions of intelligence measured by intellectually focused measures. Von

Karolyi, Ramos-Ford and Gardner (2003) identify eight multiple intelligences which include:

1) linguistic, 2) logical-mathematical, 3) musical, 4) spatial, 5) bodily-kinesthetic, 6) interpersonal, 7) intrapersonal, and 8) naturalistic. A ninth intelligence, which is being validated and explored, is existential intelligence and is defined as “an interest and concern with ‘ultimate issues’” and “pondering the fundamental questions of existence” (p. 102).

The existential intelligence outlined here seems to fit well with conceptualisations of giftedness that include overexcitabilities and the propensity of gifted individuals to experience existential depression (e.g. Jackson, 1995; Jackson & Peterson, 2003) or spiritual giftedness as described by Piechowski (2003). Von Karolyi, Ramos-Ford and Gardner (2003) note the importance of seeing multiple intelligences as often separate from each other, and to remain aware of the possible “asynchrony” of such intelligences among gifted individuals.

Silverman (1998) suggests that definitions of giftedness such as those proposed by the Columbus Group (1991), attempt to define giftedness “through the lens of the gifted self”. Definitions and conceptualisations of giftedness such as these highlight the “complexity of the individual’s thought processes, the intensity of sensation, emotion, and imagination, and the extraordinary awareness that results from this fusion” (Columbus Group, 1991 as cited in Silverman, 1998, Definitions of Giftedness Section, ¶ 4).

Schultz and Delisle (2003) suggest that what identifies gifted adolescents is as unique as the adolescents themselves. It is suggested that intellectual, psychomotor, emotional, sensual, and imaginal overexcitabilities as referred to by Piechowski (1991, as cited in Schultz & Delisle 2003) based on the work of Dabrowski (1964, as cited in Schultz & Delisle 2003) may affect every realm of gifted adolescents’ experience. Strategies to support and

nurture gifted adolescents during a critical developmental phase are suggested while keeping in mind unique developmental needs.

Several theorists and researchers in the field of giftedness refer to heightened sensitivities, awareness, and “overexcitabilities” among gifted individuals (e.g. Ackerman & Paulus, 1997; Bouchet & Falk, 2001; Jackson, 1995; Jackson & Peterson, 2003; Schultz & Delisle, 2003; Silverman, 1994, 1998; Piechowski, 1997, 2003). Such theorists refer to the importance of considering such overexcitabilities in the conceptualisation and understanding of giftedness. Ackerman and Paulus (1997) refer also to difficulties in the measurement and definition of giftedness, and propose measurement of psychic overexcitabilities identified by Dabrowski (1964, as cited in Ackerman & Paulus 1997) in the identification of gifted adolescents. Five overexcitabilities, psychomotor, sensual, imaginal, intellectual and emotional, are considered and defined as developmental potentials. Grant and Piechowski (1999) suggest that many conceptualisations of giftedness focus less on the inner experience of gifted individuals than those that consider overexcitabilities. Piechowski (1997) describes and elaborates on the five “forms and expressions of overexcitabilities”. A brief outline of these includes: 1) Psychomotor overexcitability as involving a “surplus of energy “ or “psychomotor expression of emotional tension”, 2) Sensual overexcitability as involving “enhanced sensory and aesthetic pleasure” and “sensual expression of emotional tension”, 3) Intellectual overexcitability as involving “intensified activity of the mind”, “penchant for probing questions and problem solving” and “reflective thought”, 4) Imaginal overexcitability as involving “free play of imagination”, “capacity for living in the world of fantasy”, “spontaneous imagery as an expression of emotional tension” and “low tolerance for boredom”, 5) Emotional overexcitability as involving “feelings and emotions

intensified”, “strong somatic expressions”, “strong affective expressions”, “capacity for strong attachments, deep relationships, well-differentiated feelings toward the self” (pp. 368-367). These overexcitabilities are often characterized as heightened experiencing, or ways in being in the world experienced by gifted adolescents. Piechowski (2003) focuses attention on emotional giftedness and overexcitabilities and also incorporates spiritual giftedness in recent conceptualisations of giftedness.

Jackson and Peterson (2003) emphasize the need for clinicians and educators to be aware of the relationship between these overexcitabilities and psychological distress or maladjustment among gifted adolescents, and outline common traits possessed by highly gifted adolescents. Introversion characterized by a “rich inner life”, heightened sensitivity, and overexcitabilities among gifted children are seen as placing these children “at odds with their various contexts” and they may experience being “out of sync” or in a “state of inner disequilibrium” (p. 177).

Development of Gifted Girls and Young Women

Silverman (1994) describes adolescence as a “precarious period for gifted girls” (p. 141). Silverman notes that societal messages force a choice between giftedness and femininity for gifted adolescent girls. Adolescence is seen as a vulnerable time for gifted adolescent girls, when societal pressures related to thinness and attractiveness may render these young women vulnerable to disordered eating. Kerr (2000), a noted researcher in the area of gifted female development, remarks on the changes in women and girls’ roles and socialization in past several decades. Although they now engage in more traditionally male roles, Kerr (2000) suggest that young women are “oppressed more than ever by societal

images of the 'perfect' woman" (p. 649). Kerr also comments on the dilemma faced by adolescent females to actualize their gifted potential, yet to continue to meet the requirement of traditional female roles, and the needs of others, both at home and in the larger community. Kerr (2000) challenges the notions that gifted adolescent females are somehow protected from social pressures or maladjustment due to their intelligence or ability and calls for means of identification and strategies to support these young women as they transition to adulthood. Kerr and Nicpon (2003) suggest that gifted young women are adept at adjusting to "society's expectation" of them (p. 490).

Sands and Howard-Hamilton (1995) address depression among gifted female adolescents, and speak to the inevitable pressures and mixed messages experienced throughout this developmental stage. It is suggested that life for these adolescents can be "extremely complex and frustrating" while they identify and attempt to conform to societal expectations related to gender role and the "diverse pulls on their psyche" (§ 2; § 4). As with much of the literature related to gifted female adolescent development, it is viewed as a time when these young women, who may have previously been encouraged to fulfill their gifted potential are then concurrently pressured by the emerging demands to meet the requisite societal gender roles and ideal images of women (Sands & Howard-Hamilton, 1995).

Eating Disorders Among Adolescents

Gifted adolescent females may have unique experiences of societal pressures, yet those pressures exist and may affect all adolescent females. The experience of disordered eating as it relates to societal and gender role expectations and pressures will be briefly

explored, as will personality variables and risk factors among adolescents that may be related to the development of eating disorders.

Slater, Guthries and Boyd (2001) review literature pertaining to adolescent mental health issues such as depression, eating disorders, substance abuse, violence and abuse through a feminist perspective. It is suggested “notions and roles of femininity, that are both expected and devalued” are taught at a young age to girls (p. 443). It is the pressure of these roles that may lead to psychological health risks and a disproportionate number of adolescent females developing eating disorders.

In a review of current literature pertaining to eating disorders among adolescents, Pratt, Phillips, Greydanus and Patel (2003) refer to the scarcity of empirical research in the field of eating disorders specific to adolescent populations, despite more attention to this topic in recent years. The authors suggest that research in the eating disorder field is fraught with design flaws, and particularly neglects populations of adolescents as the primary or exclusive focus of research studies. As the onset of eating disorders is typically during adolescence, and as a significant proportion of the world’s population fall into this category, this leaves a gap in the current state of knowledge (Pratt, Phillips, Greydanus & Patel, 2003). The rising incidence of eating disorders among adolescents in various cultures is noted. The study of eating disorders specific to adolescents through a developmental perspective is warranted, both due to the fact that adolescents may have been engaging in eating disordered behaviour for a shorter period of time, and hence may respond more readily and positively to treatment, and also due to the fact that eating disorders may occur at critical stages of maturation or development (Steiner & Lask, 1998, as cited in Pratt, Phillips, Greydanus & Patel, 2003).

Pratt, Phillips, Greydanus and Patel (2003) identify several predisposing or risk factors (biological and genetic, physiological, and health behaviour factors) that may relate to the development of eating disorders among adolescents. They conclude that no definitive or clear evidence exists that sheds light on which adolescents may or may not ultimately develop an eating disorder. Review of the current literature suggests that common comorbid disorders among adolescents with eating disorders are “depression, anxiety, substance abuse, obsessive-compulsive disorders, personality disorders, and post-traumatic stress disorders” (p. 302). Pratt, Phillips, Greydanus and Patel suggest that studies exploring comorbid disorders may be skewed due to participant samples being recruited from psychiatric or specialized eating disorders treatment centers, where psychopathology may be more serious or multiple pathologies may exist. It is concluded that regardless of the true state of comorbid conditions among adolescents who experience eating disorders, it is difficult to determine which disorder was pre-existing. Pratt, Phillips, Greydanus and Patel recommend many directions for future research specific to the prevalence, risk, etiology and treatment of eating disorders among adolescents.

A significant amount of literature addresses possible personality and risk factors that may contribute to the development of eating disorders among adolescents. Mussell, Binford and Fulkerson (2000) explore personality and risk factors that may contribute to eating disorders from a prevention stance. Based on review of currently available research, they suggest that personality risk factors for eating disorders include negative self-evaluation, low self-esteem, and perceived ineffectiveness, using eating disorders to cope with feelings of inadequacy, and negative emotionality, which poses a greater risk when combined with other risk factors. Athletic, developmental, traumatic, familial, and biological factors, as well as

sociocultural factors such as societal preoccupation with weight, thinness and dieting as they relate to culture and gender may also be predominant risk factors.

Gual, et al. (2002) explored self-esteem and personality variables as they relate to risk factors for eating disorders among a large sample of adolescent women (n= 2862 females from a national sample in Spain), as part of a representative baseline sample to be explored through a later prospective study. Low self-esteem and high levels of neuroticism described as “related to perfectionism, rigidity, meticulousness, [and] concern over mistakes” were found (p. 270).

McVey, Peplar, Davis, Flett, and Abdoell (2002) used a cross-sectional design to explore both risk and protective factors for disordered eating among adolescents, based on a review of pertinent research. Familial support, perfectionism (prescribed by self and by others), negative self-perceptions of appearance and social acceptance were their foci. Findings include: “high self-oriented perfectionism, low competence ratings for physical appearance, high self ratings of importance of social acceptance by peers, and low paternal support” as related to disordered eating (p. 88).

Specific Literature-Eating Disorders Among Gifted Females and Adolescents

A thorough review of current literature identified that disordered eating among gifted individuals is rarely specifically addressed. Eating disorders are commented on and alluded to in several articles related to gifted adolescent development and perfectionism among gifted individuals (Nugent, 2000; Peterson, 1998; Silverman, 1994; 1999). The lack of research articles specifically pertaining to gifted females and disordered eating, either qualitative or quantitative, represents a gap in the literature. Few articles other than Garner (1991) and

Gatto-Walden (1999) address this area specifically, and both articles are based only on anecdotal evidence, clinical opinion and reference to other related literature sources.

Although the expertise and insight shared by these authors is valuable, to my knowledge a research-based approach to this area has not been published.

Silverman (1994) examines the preoccupation with weight and appearance among gifted adolescents girls. The impact of the societal value of attractiveness rather than achievement or intelligence among gifted adolescent girls is discussed. The development of eating disorders, weight and appearance preoccupations among gifted girls and a need for social acceptance are emphasised. Kerr (2000) and Kerr and Nicpon (2003) refer to eating disorders and preoccupation with physical appearance as “at risk” behaviours among gifted adolescents, as they are keenly aware and perceptive of societal expectations and pressures on them.

Silverman (1999) addresses perfectionism among gifted individuals, and its relationship to eating disorders is alluded to in this article. Silverman emphasizes that among gifted individuals “perfectionism needs to be appreciated as a two-edged sword that has potential for propelling an individual toward unparalleled greatness or plummeting one into despair” (p. 216). Peterson (1998) notes many of the particular social and psychological vulnerabilities of gifted adolescents. Based on professional experience and anecdotal evidence, it is suggested that among secondary-level gifted students eating disorders pose a “serious concern” (p. 197). Kerr and Nicpon (2003) suggest that gifted young women are highly sensitive to understanding “society’s expectations” of them and may be susceptible to the pressure of and meaning of thinness (p. 490). Eating disorders among gifted adolescents

are seen as possibly having a distinct meaning among this population that may differ from non-gifted peers, or relate to achievement needs.

Niehart (2000) addresses the topic of eating disorders among gifted individuals in a review of the empirical literature of the impact of giftedness on psychological well-being. This article examines several research studies that have investigated the intellectual functioning of individuals experiencing eating disorders. By defining gifted only by intellectual functioning or IQ, Niehart (1999) has not incorporated other elements of diverse definitions of giftedness. This may be expected given that only empirical research is reviewed, and IQ is the most typical means through which giftedness has been operationalized in empirical research. Despite suggesting a review of empirical research, Niehart (1999) refers in detail to Garner's (1991) article addressing gifted adolescents and eating disorders, which is not based on specific research findings. Niehart (1999) presents results from a small selection of articles addressing the intellectual functioning of individuals experiencing eating disorders. The existing controversy between whether eating disorder samples exhibit high intellectual functioning or intellectual functioning that is within a normal statistical distribution, is addressed. Articles such as Dally and Gomez (1979) and Rowland (1970) are presented to support the view that intellectual functioning among individuals who experience eating disorders may be above average. Dally and Gomez (1979) found that IQ scores of 130 or greater were found in over 90% of an adolescent eating disorder sample, and Rowland (1970 as cited in Niehart, 1999) found IQ scores of 120 or above among a sample of eating disorder patients. In contrast to these findings, an article by Touyz, Beumont and Johnstone (1986 as cited in Niehart, 1999) is presented which found that the IQ scores of eating disorder patients did not vary from the normal distribution of IQ

scores within the general population. Little detail regarding the sample or methods used in the selected studies presented is given and recently published articles with this specific focus are neglected.

Gatto-Walden (1999) reflects on her clinical experience counselling gifted women and female adolescents experiencing disordered eating. She asserts that the percentage of gifted female adolescents and adults experiencing disordered eating in her counselling practice has increased dramatically in recent years. This article is one of the few that specifically addresses disordered eating issues and counselling among gifted adolescents and women. Little research evidence is presented in this article and much of the information given is based only on clinical observations. Several of the descriptions of gifted women's experience of disordered eating are not differentiated in any way from the experience of non-gifted individuals noted in the literature.

Gatto-Walden (1999) suggests that among the gifted clients struggling with disordered eating, several characteristics are common. These characteristics include:

“Personal identity that has disowned being gifted, debilitating perfectionism, excessive need to please others, experience of isolation and loneliness, stressful transition during the onset of the disorder and family dynamics which may include: overprotection, enmeshment, perfectionistic family standards and abuse or addictive behaviour” (p. 119).

Garner (1991), an influential researcher and author in the field of disordered eating, addresses the “nature and scope of the problem” of disordered eating among gifted adolescents. He asserts that gifted adolescents “may be more vulnerable to the development of both anorexia nervosa and bulimia nervosa because [they] possess many traits that have

been identified as risk factors for eating disorders” (p. 61). Garner suggests that “potential predisposing factors...seem particularly relevant to those who may be identified as gifted...” (p. 52) Garner describes possible factors influencing the development of disordered eating among gifted adolescents as competitive settings, weight loss as “another area for displaying personal competence”, low self esteem, perfectionism and educational programs which focus on performance, personal mastery, and vocation, possibly neglecting other important areas of female psychological development (p. 53).

Leroux and Cuffaro (2001) explore the relationship of high academic ability to eating disorders among adolescent females. Although the focus of this article showed promise for a strong contribution to relevant research pertaining to this study, many of the references used to draw out the relevant factors are not research-based or academic in nature. Several of the academic sources referred to appear to have been published over 10 years ago, which may result in outdated information. Despite the weakness of the sources cited, several relevant factors that apply to both individuals who experience eating disorders and those who are high in academic ability are identified. Factors that may intersect both eating disorder experience and high ability as suggested by Leroux and Cuffaro (2001) include: hypersensitivity; persistence; perfectionism, high achievement, orientation/expectations; an introspective and intuitive nature; intensity, excitability, impulsiveness; competitiveness; high IQ; academic excellence; conscientiousness; precocious behaviours and hypermaturity (p. 113). The article concludes with recommendations for how to address prevention strategies for eating disorders, although no recommendations appear to take into account any of the factors that were outlined as applying to both eating disorders and high ability female adolescents.

Intellectual and Cognitive Ability Related to Eating Disorders

Clinical impressions of adolescents who experience disordered eating often refer to the high academic achievement and intellectual abilities of these young women, yet research in this area has failed to support these claims in many instances (Blanz, Detzner, Lay, Rose & Schmidt, 1997; Ranseen & Humphries, 1992).

Blanz, Detzner, Lay, Rose and Schmidt (1997) investigated the intellectual functioning of a large sample of eating disorder patients using a comparison group who experienced other psychological disorders. An overview of other studies that investigated full-scale IQ measures in eating disorder patients published between 1976 and 1992 was presented. The heterogeneous findings and methodological weaknesses in previous studies were addressed. In this study the mean age of the eating disorder sample was 15.4 and included 190 out-patients and inpatients with a diagnosis of Bulimia Nervosa or Anorexia Nervosa between 1976 and 1993. The comparison group shared characteristics of age, sex, socioeconomic status, and years of admission. No community control group was considered. Results of the study found that the "IQ of eating disorder patients was significantly higher than the comparison group" (p. 129). A positive correlation, which was weak but significant, was found between weight loss before hospitalization and intelligence. The authors suggest that there may be a relationship between high intelligence, achievement motivation and ability to successfully lose weight. It is suggested that further studies are necessary to investigate that relationship (Blanz et al., 1997).

Ranseen and Humphries (1992) investigated the assumptions proposed by previous research and clinical evidence addressing whether eating disorder patients have (1) above average intellectual skills and (2) strengths in verbal abilities. IQ scores for the sample were

derived from standard intelligence tests (age appropriate WISC-R and WAIS-R). The mean age of the participants was 21.5 and the sample included 100 female patients at an eating disorder inpatient unit. No comparison group was utilized in this study. Although a range in intellectual functioning among the sample was found, general intellectual functioning was found to "roughly conform to the population at large" (p. 845). Similarities in IQ scores between participants who experienced Anorexia Nervosa, Bulimia Nervosa and Eating Disorders Otherwise Specified were also found.

Gillberg, Gillberg, Rastam and Johansson (1996) make reference to Dally's (1969) study which reported findings of IQ scores ranging from 115-138 of a selected group of Anorexia Nervosa patients. The lack of current, methodologically sound research which investigates the neuropsychological aspects of Anorexia Nervosa patients is criticized. Gillberg, Gillberg, Rastam and Johansson (1996) examined a community-based sample of participants diagnosed with Anorexia Nervosa with onset in adolescence approximately 5 years after initial diagnosis and 6-7 years after onset (n=51). Fewer than 10% of the eating disorder sample were below average weight at the time of testing. An age, sex and school matched comparison group (n=51, mean age 21) was utilized and comparisons on the WAIS-R intelligence test were considered. Full-scale IQ scores were not found to be higher in the Anorexia Nervosa group, did not differ significantly from the comparison group and were found to be close to the norm among the general population.

Dura and Bornstein (1989) examined the relationship between school achievement and IQ in a sample of adolescents diagnosed with Anorexia Nervosa (mean age= 14.7, n=20). No comparison group was considered in this study. Dura and Bornstein hypothesized that based on "perfectionistic standards" of the sample, school achievement may be greater than

would be expected based on measures of intelligence. Age appropriate standardized intelligence tests (WISC-R/ WAIS-R) and measures of achievement (WRAT) were used to explore this hypothesis. Full-scale IQ scores of the sample ranged from 79-129 with a mean of 102.45. Results support the initial hypothesis as achievement scores were reported to be significantly higher than would be predicted by IQ scores.

Garner (1991) also refers to several empirical studies examining the intellectual functioning of adolescents experiencing eating disorders and comments on the lack of consistency among findings. Studies that have reported deficits in neuropsychological and intelligence functioning (e.g. Fox, 1981; Holleman, 1985 as cited in Garner) are referred to, as are contradictory findings, which indicated above average functioning. Dally and Gomez (1979) reported IQ scores of 130 or greater among eating disorder patients with onset between 11 and 14 years of age. Rowland (1970) reported an average IQ of 113 in a sample of eating disorder patients with one third of the sample obtaining IQ scores greater than 120 (as cited in Garner, 1991). Rowland (1970) and Touyz, Beumont and Johnstone (1986) presents findings similar to Dura and Bornstein (1989) suggesting that academic achievement and performance are higher than expected based on IQ measurements (as cited in Garner, 1991).

Garner (1991) refers to the possible ranges in intellectual functioning among individuals experiencing eating disorders. Some young women experiencing eating disorders may be identified as gifted based on school achievement, which may or may not be the result of above average intellectual functioning. Other young women may be "truly intellectually gifted" and develop an eating disorder which "may relate to particular risks factors associated with the giftedness or its identification" (p. 52).

Empirical Research Review of Giftedness and Psychological Well-Being

Niehart (1999) reviews the empirical literature pertaining to psychological well being among gifted individuals. Niehart highlights the prevalent controversy that exists in current and historical literature related to whether giftedness enhances psychological resiliency or increases vulnerability. Niehart reviews literature that specifically addresses risk for maladjustment among gifted individuals and global measures of adjustment (e.g., coping, response to environment, personality). Giftedness and its relation to self-concept, depression, anxiety, suicide, social competence, deviant behaviour, and psychiatric disorders (eating disorders, mood disorders) are also addressed.

Niehart (1999) concludes that although this controversy continues, "it is clear that giftedness influences the psychological functioning and well-being of an individual" (Introduction section, ¶1). This influence may have negative or positive implications for the individual and it is asserted that interacting factors such as the type of giftedness, the fit between the individual and their environment such as educational program, and the individual's personal characteristics, may all determine unique characteristics of psychological adjustment among gifted individuals.

Self Esteem, Self-Concept, Emotional Resilience and Gifted

Gallagher (2003) refers to the conflicting viewpoints regarding the social and emotional development of gifted individuals. These two views diverge on the topic of whether giftedness protects from, or creates more risk for maladjustment. Gallagher provides no conclusion but suggests that giftedness does not render students immune to

maladjustment and indicates that reviews of the literature generally suggest that on average there is little difference in emotional adjustment between gifted and non-gifted populations. As found in many areas of gifted literature, there remains a controversy between whether gifted adolescents experience similar or lower self esteem and self-concept than non-gifted peers.

Niehart (1999) provides an overview of research in this area and emphasizes the inconsistency and lack of consensus on measures of self-concept or self-esteem among gifted individuals. Most available research suggests a lower self-esteem and self-concept among gifted populations although conflicting results exist (e.g. Hoge and Renzulli, 1993).

Lea-Wood and Clunies-Ross (1995) refer to these controversial findings related to self-esteem of gifted versus non-gifted adolescents. The authors suggest that gifted girls may be considered "doubly disadvantaged" because they are both gifted and female (Introduction Section, ¶ 1). An Australian sample of 158 adolescent girls in years 7, 8 and 9 of the post primary years participated in the study (81 gifted and 77 non-gifted). Self-esteem was measured using the Coopersmith Self-Esteem Inventory (Coopersmith, 1987 as cited in Lea-Wood & Clunies-Ross, 1995). Quantitative findings of this study suggest that gifted students in the sample had both lower total self-esteem and social self-esteem scores when compared to the non-gifted group.

Kline and Short (1991) conducted an empirical cross-sectional study to examine the social and emotional changes of gifted females throughout the school years. Subjects included 89 gifted females (n=58 in the 9th-12th grade, n=15 in the 5th-8th grade, and n=16 in the 1st-4th grade). No non-gifted comparison group was considered in this study. Participants were administered a 138-item questionnaire regarding social and emotional aspects of

development. Findings suggested that self-confidence and self-regard among gifted adolescents decreased significantly through their school development, more so than non-gifted peers, and that levels of perfectionism, hopelessness and discouragement increase.

Klein and Zehms (1996) investigated the self-concept of intellectually gifted girls in grades 3, 5 and 8 using scores from the Piers-Harris Self-Concept Scale (Piers, 1984 as cited in Klein & Zehms). The participants included 104 gifted females and a comparison group of only 30 non-gifted females. Findings showed that the total self-concept scores of the gifted girls decreased significantly between grades 3 and 8 and also between grades 5 and 8. The total self-concept scores of the non-gifted comparison group between grades 3 and 8 also declined but no statistically significant difference was found between grade 5 and 8 for this group. It was also reported that among the gifted grade 8 sample, a more negative sense of self in relation to behaviour, status (intellectual and school) and popularity in comparison to the non-gifted group was found.

Ablard (1997) administered the Multidimensional Self-Concept Scale (Bracken, 1992) and the Adjective checklist (Gough & Heilbrun, 1983 as cited in Ablard, 1997) to 147 academically talented eighth grade students. The sample was chosen based on SAT math and verbal scores. Mean scores for the participants were compared to the means of a normative population of adolescents. Results of this study suggest that the academically talented participants had a higher academic self-concept and similar social self-concept scores when compared to the normative group of high school students. Ablard (1997) suggests that the group difference regarding academic self-concept may reflect academic ability. Moderately higher self-confidence scores were found among the academically talented students. Female participants in the academically talented group received higher

scores on the adjective checklist scales related to achievement, dominance and endurance. These scales related to high academic achievement among this group. The females in the academically talented group were also less likely to seek emotional support, sympathy from others, and to express inferiority and social impotence.

Hoge and Renzulli (1993) address the difficulty in defining both self-concept and giftedness. Comparisons of gifted and average children's self-concept were explored through meta-analytical methods. Possible hypotheses related to whether gifted children may have higher or lower self-concepts were proposed. The construct of self-concept was further broken down to consider different types of self-concept such as "global/composite, academic, social, behavior, and physical" (p. 452). Findings from the study indicate that when addressed as a single construct, it appears that the self-concept of gifted children is slightly higher than non-gifted children. Hoge and Renzulli propose that more meaningful results are found when self-concept is broken down to explore various forms of self-concept. When this is done, meta-analytical findings suggest that gifted children have more positive academic and behavioral self-concept and that global/composite self-concept was relatively similar for gifted and non-gifted children, but no significant difference was found for physical and social self-concept. When the effects of gender and age were considered, no significant effects were found. Hoge and Renzulli identify several factors that may compromise these research findings, such as the small number of studies included in the meta-analysis, the variable definitions of both giftedness and self-concept, and the fact that the results from the various studies were also considerably variable. This study does offer an important contribution in that it emphasizes the various domains in which self-concept may vary.

Perfectionism

Many research contributions relate a higher incidence of perfectionistic tendencies among both gifted individuals and individuals who experience eating disorders (Ashby & Kottman, 1998; Baker, 1996; Bastiani, Rao, Weltzin & Kaye, 1995; Greenspan, 2000; Nugent, 2000; Parker & Mills, 1996; Schuler, 2000; Shafran & Mansell 2001; Silverman, 1999). Literature pertaining to perfectionism among gifted individuals and individuals experiencing disordered eating may provide an important theoretical link relating disordered eating and giftedness. LoCiero and Ashby (2000) caution that definitions and measurements of perfectionism vary significantly in the literature.

Perfectionism and Eating Disorders

Shafran and Mansell (2001) provide a literature review of perfectionism and psychopathology. The concept of perfectionism is reviewed, criticisms of existing measures of perfectionism are presented and "high personal standards" and perfectionism, particularly among individuals experiencing disordered eating are emphasized based on the review of current literature. Differentiation between "positive" and "negative" perfectionism are considered, and these concepts are related to both healthy and unhealthy perfectionism, as well as normal and neurotic perfectionism. Shafran and Mansell (2001) assert that "eating disorders have long been associated with perfectionism both from a theoretical perspective and from a phenomenological one" (p. 889).

Shafran and Mansell (2001) cite research indicating perfectionism as an identified risk factor for individuals with Anorexia Nervosa, Bulimia Nervosa and Binge Eating disorder (Fairburn et al., 1998; Fairburn, Cooper, Doll & Welch, 1999 as cited in Shafran &

Mansell, 2001). Slade (1982 as cited in Shafran & Mansell, 2001) suggests that perfectionism is a “necessary condition” for Anorexia Nervosa to develop. Vitousek and Manke (1995 as cited in Shafran & Mansell, 2001) consider perfectionism to be part of the phenomenology of Anorexia. Bastini, Rao, Weltzin, and Kaye (1995) and Slade and Dewey (1986 as cited in Shafran and Mansell, 2001) found that individuals with Anorexia, scored higher on measures of perfectionism compared to controls.

Bastiani, Rao, Weltzin, and Kaye (1995) report high scores on measures of perfectionism among malnourished, underweight individuals experiencing Anorexia Nervosa. This perfectionism is characterized as “self-imposed” and high scores on perfectionism measures are reported to persist after weight has been restored to appropriate levels in these individuals. It is suggested that high levels of perfectionism may have implications for resistance to treatment and relapse among individuals experiencing Anorexia Nervosa.

Ashby and Kottman (1998) explored the relationship between adaptive and maladaptive dimensions of perfectionism among individuals experiencing eating disorders. Maladaptive perfectionism is described by factors such as “overconcerns over mistakes, anxiety about performance, and procrastination” (Discussion Section, ¶ 1). Adaptive perfectionism is characterized by factors such as “high personal standards and need for order and organization” (Discussion Section, ¶ 1). Their findings suggest that individuals receiving treatment for eating disorders scored significantly higher on maladaptive perfectionism, but not on measures of adaptive perfectionism. Maladaptive perfectionism is also reported to correlate with “elevated levels of body dissatisfaction, feelings of

ineffectiveness, difficulty responding to emotions and perfectionism” on subscales of the Eating Disorder Inventory (Ashby & Kottman, 1998, Discussion Section, ¶ 2).

Perfectionism Among Gifted

Controversy surrounding perfectionism and its manifestations among gifted individuals persists in current literature. Perfectionism has been associated as a characteristic of gifted individuals, although little empirical literature supports higher incidence or levels of perfectionism among gifted individuals exists (Parker & Mills, 1996). Silverman (1999), Nugent (2000), and Schuler (2000) all address the predominance of perfectionistic tendencies and negative manifestations of perfectionism among gifted individuals. Silverman (1999) suggests that perfectionism is the “least appreciated facet of giftedness”, cites how perfectionism is an “inevitable” aspect of giftedness and “needs to be appreciated as a two-edged sword that has potential for propelling an individual toward unparalleled greatness or plummeting one into despair” (p. 216).

In reference to the general population, and specifically gifted individuals, Greenspan (2000) characterizes “Healthy Perfectionism” as an “oxymoron”. Greenspan (2000) reviews the literature of “healthy” perfectionism and suggests that various authors have referred to a continuum of perfectionism without an adequate empirical or theoretical basis.

Silverman (1999) refers to several authors who have noted the link between perfectionism and giftedness and suggests that there exist both positive and negative motivations and consequences of perfectionism. Anecdotally, Silverman suggests, “Perfectionism is an inevitable part of the experience of being gifted” (p. 216). Silverman emphasizes a need to view perfectionism as not necessarily maladaptive or as a characteristic

that needs to be “cured”, although the view that perfectionism is a “two-edged sword” is maintained (p. 216). Perfectionism among gifted individuals is seen as relating to asynchronous or uneven development, setting higher standards than peers, greater ability to predict the consequences of behaviour, lack of challenge in school environments, and a driving force for higher levels of development (Silverman, 1999).

Nugent (2000) suggests that gifted individuals are more susceptible to perfectionistic tendencies than the general population. Negative manifestations of perfectionism such as eating disorders, depression, underachievement, and substance abuse are noted. Gifted students’ “heightened sensitivities, awareness and abilities” are addressed as important considerations in counselling gifted students (Introduction section, ¶ 1). Various interventions to encourage gifted individuals to “break the cycle of disabling perfectionism” are suggested (Abstract section , ¶ 1). Little evidence is provided, however, to support the negative manifestations of perfectionism among gifted individuals, or to suggest interventions.

Schuler (2000) examined the relationship between perfectionism and giftedness among adolescents using both quantitative and qualitative data. Participants in this study (n=112) were students in grades 7 and 8 identified as gifted adolescents. An operational definition of “gifted adolescent” is not clear and no control group was considered. The Goal and Work Habits Scale (Schuler, 1994) and a modified version of the Multidimensional Perfectionism Scale (Frost, Marten, Lahart & Rosenblate, 1990 as cited in Schuler, 2000) were administered to identify “perfectionistic adolescents”. Schuler (2000) asserts that perfectionism exists on a continuum of normal to neurotic and presents findings that characterize 12.5 % of the sample as non-perfectionistic, 58.0% as normal perfectionists, and

29.5% as neurotic perfectionists. Further qualitative data were obtained from 20 participants chosen from the normal and neurotic perfectionist categories. It is suggested that the “normal perfectionists” in the sample “display self acceptance of mistakes, possess an intense need for order and had positive role models for doing one’s personal best” (Discussion and Implications section, ¶ 2). The “neurotic perfectionists” are characterized as having a “constant need for approval, extremely high standards and were in a seemingly constant state of anxiety...appear to live in an emotional environment of conditional approval, ...lack effective coping strategies and had few positive role models on how to deal with failure” (Discussion and Implications section, ¶ 2).

LoCiero and Ashby (2000) investigated the levels of adaptive and maladaptive perfectionism in 83 gifted students, grade 6-8, compared to 112 peers in a general cohort. Adaptive perfectionism is described by factors such as holding high personal standards and maladaptive perfectionism is described by factors such as increased distress by discrepancy between high personal standards and performance. Quantitative findings based on the Almost Perfect Scale Revised (Slaney, et al, 1996 as cited in LoCiero & Ashby, 2000), suggest that gifted students are more perfectionistic than the comparison group but that the gifted students do not score higher on measures of maladaptive perfectionism.

Baker (1996) investigated the everyday stressors of academically gifted adolescents, both “gifted” and “exceptionally gifted” students, in comparison to academically average students. A total of 146 subjects in grades 9 to 11 (n=56 average academically average students, n= 58 gifted students and n=32 exceptionally gifted students) participated in measures of hassles, stressors and psychosocial stressors. The areas measured by the psychosocial stressor subscale were based on a literature relevant to giftedness and measured

stress related to feeling different, boredom, sensitivity, perfectionism and vocation. Baker (1996) found few differences among the groups related to the levels of stress experienced, with the exception of scores on the perfectionism subscales of the psychosocial stressors measure. On the perfectionism subscale exceptionally gifted girls reported statistically significant higher levels of perfectionism than girls in the academically average group. There was also a trend for the exceptionally gifted female group to experience higher levels of perfectionism than the gifted female group, although this was not found to be statistically significant. Scores of perfectionism were higher among each group for female versus male subjects.

Parker and Mills (1996) investigated the incidence of perfectionism among 600 grade six students identified as "academically talented" in comparison to a group of 418 peers from a general cohort with similar socioeconomic status using the Multidimensional Perfectionism Scale (Frost, Marten, Lahart & Rosenblate, 1990 as cited in Parker and Mills, 1996). Parker and Mills (1996) challenge the notion that a higher incidence of perfectionism exists among gifted students based on empirical findings rather than based on anecdotal reports.

Quantitative findings suggest that the mean scores of the two groups were similar and no statistical difference between perfectionistic types between the two groups was found. Parker and Mills (1996) assert that anecdotal reports suggesting high rates of perfectionism and more maladaptive perfectionistic tendencies among gifted students may be the result of differential labeling of similar behaviour based on preconceived assumptions.

Qualitative Research in the Giftedness and Eating Disorder Fields

Literature relating to disordered eating, giftedness, and counselling address the need for qualitative data to provide the level of depth and meaning associated with understanding lived experience (Garrett, 1997; Hoskins, 2002; Kunkel & Chapa, 1992; Matoff & Matoff, 2001). The experience of an eating disorder is not well documented in qualitative literature, although many qualitative studies examine related experiences, such as those of parents or health care providers who care for those who experience an eating disorder (e.g. Jarman, Smith & Walsh, 1997; Hoskin & Lam, 2001). Specific to those who do struggle with eating disorders, qualitative studies examining the experience of bingeing and purging or recovery are more common (e.g. Garrett, 1997; Matoff & Matoff, 2001; Pettersen & Rosenvinge, 2002). Few published studies are specific to answering the questions: what is the lived experience of an eating disorder and what is the meaning of that experience? There also appears to be a scarcity in studies referring to the lived experience of gifted individuals or which explore giftedness or related topics through qualitative means. Few studies in gifted literature address psychological functioning or distress among gifted adolescents using qualitative methodology.

Qualitative Gifted Research

The experience of giftedness itself and depression among gifted adolescents has been researched using phenomenological methodology (Jackson, 1998; Kunkel & Chapa 1992; Kunkel, Chapa, Patterson & Walling, 1995). Kunkel and Chapa (1992) describe the experience of giftedness among 85 seventh, eighth and ninth grade adolescents participating in a gifted summer enrichment program. Kunkel and Chapa comment on the rarity of

research that has “sought to understand and appreciate giftedness as an internally experienced phenomenon”. The need to focus on the construct of giftedness as a gifted population experiences it, rather than as researchers define it, is emphasised (Introduction section, ¶ 2). Galbraith (1985) conducted a study entitled, “The eight great gripes of gifted kids”, which provides a foundation for Kunkel and Chapa’s research (as cited in Kunkel & Chapa, 1992). Galbraith (1985) provided little information regarding methodology used in interviews and surveys with over 400 gifted children and adolescents, ages 7-18 in gifted program throughout the United States.

Kunkel and Chapa (1992), asked participants to respond in writing to a neutral probe “What is it like to be gifted?” Responses were analyzed in relation to Galbraith’s original themes which included: confusion, boredom, perfection, ridicule, loneliness, uniqueness, burdened and altruistic. Without probing in relation to specific aspects of the gifted experience, more than half of the sample noted confusion about giftedness and its meaning in their lives. This was seen as an overriding theme in their responses. Frustration with the expectations of others and with a need for perfection was reported by one third of the sample. Altruism, concerns about the world’s problems, boredom and feelings of being overwhelmed were reported less frequently without specifically being addressed than would be suggested by Galbraith’s findings. Shame and isolation were additional themes developed from the student responses that were not referred to in Galbraith’s original study.

Kunkel, Chapa, Patterson and Walling (1995) expand on the work presented by Kunkel and Chapa (1992) by developing a concept map of the experience of giftedness based on the same data. The same participants were asked to contribute to a conceptual map using responses generated from the original written response to the probe “What is it like to be

gifted?" Ninety-six meaning units were arranged in clusters through card sort by participants and from concept mapping procedures. The clusters included: intellectual superiority, social superiority, self-satisfaction, skillfulness, respect from others, social stress, estrangement, and conformity.

Jackson (1998) investigated the lived experience of depression among a sample of gifted adolescents. The problem of interest is defined as wanting to document "the scope and nature of the depressive experience" among gifted adolescents, and to address implications for practice (Introduction section, ¶ 6). Increased rates of suicide and increased risk of depression are cited and provide a strong rationale and basis for this study. Although not explicitly stated, the implicit research questions can be seen as how the lived experience of depression is manifested among this population, and whether the lived experience is qualitatively different from the norm. A phenomenological inquiry revealed the "essence" of the core structure and lived experience of depression among this population in a sample of 10 participants ages 16-19. IQ scores served as a minimum requirement for participation yet other relevant factors such as ability to articulate the experience and emotional intensity were considered. The participants were self-referred as having experienced depression, yet the level of severity and duration varied significantly among the participants.

One question was asked in the beginning of the interview, "Please describe for me your experience with the less than positive emotional state commonly known as depression". The participants were given the opportunity to tell their stories and the phenomenon was "allowed to speak for itself" (¶ 1, Data Sources Section). The results of this study suggest that the depressive experience of this population involved the initial stage of the depressive state, the state itself and the impact. Core themes identified through Jackson's analysis were

that emotion and affect are central to the experience of the gifted adolescent, and that these needs include the need for knowledge, communion and expression. These themes provide a significant level of insight into the functioning, development and needs of the gifted adolescent.

Jackson and Peterson (2003) examine the “nature and extent” of depressive disorders as they related to highly gifted adolescents through the use of phenomenological analysis, focus group and clinical data (p. 175). It is argued that this population frequently masks depression from others, and that unique qualitative differences of the experience of depression and contributing may occur. The utility of quantitative measures to determine genuine depressive disorders among highly gifted adolescents is questioned. A review of general literature on depressive disorders, literature and clinical evidence related to depression among highly gifted adolescents, outline of common traits among gifted adolescent populations and case studies, and results of a phenomenological inquiry are presented. Susceptibility to depression is seen as relating to “poorness of fit” in their environment and among peers. Socio-emotional and intellectual needs may not be “mirrored”, or their perceptions of the world may not fit with those around them (p. 178). Heightened sensitivity and masking of depressive symptoms or underlying feeling are related to feelings of shame and a fear of how others may be affected by their expression of depression.

Qualitative Research on Eating Disorders

Despite the vast number of articles that address eating disorders in the literature, few studies refer to the lived experience of eating disorders from the perspective of the

individuals experiencing the phenomenon. The experience of eating disorder recovery appears to have received some attention in recent literature (e.g. Garrett, 1997; Matoff & Matoff, 2001; Pettersen & Rosenvinge, 2002) although the experience of disordered eating itself is not addressed specifically through published qualitative research. Many studies refer to the need for qualitative research that can speak more fully to the human experience rather than risk factors, etiology or treatment outcomes related to disordered eating (e.g., Hoskins, 2002; Matoff & Matoff, 2001). Eating disorders present a significant struggle and process for individuals who experience them, and the information and sharing that can be gained from these individuals about their human experience should not be overlooked, nor its power underestimated.

Garrett (1997) refers to the many aspects of the experience of eating disorders that cannot be, or are not, thoroughly examined through quantitative means, and argues that there exists a lack of indicators of positive outcomes and recovery in current research. It is suggested that these indicators of recovery may only be elicited by the stories of those experiencing and recovering from eating disorders. Garrett investigated the stories of recovery of 32 female participants who were in various stages of recovery from Anorexia, using phenomenological methodology from a sociological perspective. Certain elements associated with recovery among the participants included 1) abandoning obsession with food and weight, concomitant with a critical understanding of social pressure, 2) having a sense that their lives were meaningful, 3) believing that they were worthwhile, and that the different aspects of themselves were part of a whole person, 4) believing strongly that they would never return to self-starvation and 5) mentioning spirituality as a source of meaning.

Matoff and Matoff (2001) assert that the process and experience of disordered eating and recovery from a client's account "has potential to be a rich source of untapped information..." which may contribute to greater understanding and have implications for treatment (p. 44). Based on qualitative data obtained through a structured, open-ended interview, the experience of recovery for one participant diagnosed with Anorexia Nervosa (binge/purging type) was explored. Details of data analysis are not provided, although coping strategies, stages and elements of recovery such as "seeking professional help, avoiding destructive relationships and gaining empowerment to battle the relentless inner critic that overshadows daily life" are described (p. 47).

Wicksteed (2002) explores issues related to control in those who experience eating disorders through a qualitative approach. Wicksteed suggests that although seeking control is often a prevalent theme in the experience of disordered eating it has only "developed anecdotal linkage" (p. 475). As part of a pilot study involving 32 individuals, ages 14-56, employing qualitative analysis of data contained through email contact, two main themes were elucidated. Although the methodology used to garner these themes is not well articulated emerging themes included: 1) "various contexts in which the individuals had limited control/autonomy over life", such as personal traumas, low self esteem and self worth associated with the needs and perceptions of others and 2) "unpredictability of contextual situations compared with the predictability of food" both as related to autonomy or seeking control and for comfort (p. 478).

The Literature Reviewed as it Relates to the Current Study

The literature reviewed forms the basis of this study, the research questions, and methodology used. Although, the lack of consensus on a concrete definition or understanding of giftedness complicates this research project, the literature reviewed provides a basis for considering current conceptualizations of giftedness and commonly associated characteristics. The suggestion that qualitative research can add much to the current understanding of gifted individuals also contributes to the study's rationale and chosen methodology (e.g., Coleman & Cross, 2000; Jackson & Peterson, 2003).

The lack of specific literature that relates to gifted individuals who experience eating disorders, and the absence of research studies that address this topic, represents a gap in the current state of knowledge. Inferences were drawn from the reviewed literature in both the fields of giftedness and eating disorders to identify characteristics and risk factors that intersect both areas. The areas of self-esteem, self-concept, and perfectionism were highlighted as particularly salient themes in both gifted and eating disorder literature. These characteristics and literature that relates to adolescents, and more specifically to gifted adolescents who experience eating disorders, provide a foundation to discuss the findings that emerged from this study.

Several researchers in both giftedness and eating disorders address the need for qualitative research to further explore the subjective understanding of those who live these experiences. Qualitative research related to gifted individuals, both in general and in studies specific to depression, provides both insight and the depth of understanding similar to which the current study aspires. Qualitative research related to eating disorders currently lacks contributions that reveal what the experience of an eating disorder is like for those who

experience it from a subjective perspective. The combination of all of these factors prompted me to explore qualitatively the experience of eating disorders among gifted adolescents, and the meaning that is ascribed to that experience.

CHAPTER III

Methodology

Phenomenology requires a kind of withdrawal from the world, and a willingness to lay aside existing beliefs and theories. This is risky, and takes an act of courage. It can be viewed as a journey during which one leaves familiar places and then returns and sees these places in a fresh light. (McLeod, 2001, p. 37)

The method of inquiry used for this study is descriptive, phenomenological and based within a qualitative paradigm. This research design was chosen for the utility in addressing the core and common themes of the lived experience of the phenomenon of interest. A phenomenological study provides the opportunity to explore the research questions at the depth and level of meaning, through which I hoped to describe the experience of eating disorders among gifted adolescents. Coleman and Cross (2000) specifically call for research addressing the lived experience of gifted individuals, and cite phenomenology as a valuable method to explore giftedness, the socio-emotional aspects of gifted individuals' experience, and the meaning of that experience.

The present study explores and describes qualitatively the experience of an eating disorder among a sample of gifted female adolescents. Six young women participated in phenomenological interviews through which they described their personal experience of an eating disorder. The interviews were subsequently transcribed and analyzed, revealing ten themes describing the participants' experience and their associated meaning. Each theme and its associated sub-themes were elaborated on and supported through thick description and interview excerpts in the presentation of the research findings.

Research Questions

The research questions that guided this study were designed to effectively address its purpose and rationale. These research questions included:

- What is the lived experience and meaning of disordered eating among gifted female adolescents?
- What are the core and common themes, or the essence of the experience of an eating disorder, among the participants?
- What aspects of giftedness are represented in the lived experience of disordered eating among gifted adolescents?

Definitions

Both the major constructs referred to in this study, “eating disorder” and “gifted”, are difficult to define precisely. Operational definitions used throughout this study include:

Gifted Adolescent: An individual age 15-18 who manifests heightened cognitive and emotional functioning as measured by IQ tests and/or anecdotal reports from trained and experienced professionals who specialize in either the gifted or eating disorders field. Gifted adolescent may also be defined as an adolescent age 15-18 who has been defined by the educational system as gifted as per the B.C. Ministry of Education guidelines (2002) for definition, identification and assessment of gifted students. The B.C Ministry of Education guidelines consider a student gifted when “she/he possesses demonstrated or potential abilities that give evidence of exceptionally high capability with respect to intellect,

creativity or the skills associated with specific disciplines. Students who are gifted often demonstrate outstanding abilities in more than one area. They may demonstrate extraordinary intensity of focus in their particular areas of talent or interest” (Definition Section, ¶ 1).

Giftedness: “Asynchronous development in which advanced cognitive abilities and heightened intensity combine to create inner experiences and awareness that are qualitatively different from the norm. This asynchrony increases with higher intellectual capacity” (Columbus Group, 1991 as cited in Jackson, 1995; Silverman, 1998, Definitions of Giftedness Section, ¶ 4). Giftedness also includes “demonstrated or potential abilities that give evidence of exceptionally high capability with respect to intellect, creativity or the skills associated with specific disciplines” (B.C Ministry of Education, 2002, Definition Section, ¶ 1).

Eating Disorder: Defined by criteria for Anorexia Nervosa, Bulimia Nervosa or Eating Disorder Not Otherwise Specified in the DSM-IV-R (APA, 2000). Please see Appendix A for diagnostic criteria of Anorexia Nervosa, Bulimia Nervosa, and Eating Disorder Not Otherwise specified.

Descriptive Phenomenology as a Method

Giorgi (1985) refers to the original writings of Husserl (1970/1900), noted as the “founder of phenomenology”, to describe the “guiding theme” of phenomenology as going ‘back to the things themselves’ (p. 8). Descriptive phenomenological methods such as those described by Giorgi (1985, 1997), Giorgi and Giorgi (2003) and Karlsson (1993) seek to illuminate the essential structure or essence of a phenomenon and the meaning that is

ascribed to the phenomenon by the participants. The essence of a given phenomenon presented is descriptive, qualitative and answers the questions of “what” and “how” rather than “why” (Karlsson, 1993).

Giorgi (1992) responds to concern that descriptive phenomenology is not able to address the meaning structure of phenomenon. Giorgi suggests that by allowing the phenomenon to be described as it presents itself from the participants, this “discovery oriented” perspective will allow meaning to emerge. Descriptions themselves are seen as “loaded with concrete expressions of meaning” (p. 124). Giorgi argues that descriptive phenomenology involves the “clarification of meaning of objects precisely as they are experienced” and that it is not necessary to go beyond the descriptions to bestow meaning which may involve the domain of interpretive phenomenology (p. 122). He argues that participants’ interpretation of their experience does not have to be interpreted to have meaning and can instead be described. Describing the participant’s awareness of the meaning is seen as important as a search for a univocal meaning interpreted by the researcher that may occur if we seek to move beyond what the data present.

Karlsson (1993) outlines his empirical, phenomenological, psychological approach (EPP-method) with both theoretical support and concrete illustrations of the method. The steps of the procedure are very similar to those outlined as descriptive phenomenological methodology by Giorgi (1985), and Giorgi and Giorgi (2003). Karlsson (1993) emphasizes the value of “life world experiences” and the need for rigorous methodology to uncover the ‘essence’ or ‘meaning structure’ of the phenomenon of interest (p. 45).

I have chosen descriptive phenomenological methods to allow the participants’ data and the meaning they ascribe to their own lived experiences to emerge as they present

themselves. I believe that description of experiences is not without meaning and has significant value in its own right.

Phenomenological Interviewing

McLeod (2001) suggest the phenomenologist's task is "immense" and that tools available are "our experience itself, and the language which has evolved within a culture to account for that experience" (p. 36). In response to common objections and skepticism about the utility or objectivity of qualitative research interviewing, Kvale (1994) defines the purpose of the qualitative interview as to "gather descriptions of the life-world of the interviewee with the intention of interpreting the meaning of the described phenomenon" (p. 149). Kvale (1983) describes many of the central aspects of qualitative research interviewing which relate to descriptive phenomenological research.

According to Kvale (1983), the subject matter of the qualitative research interview is the life world of the participant, and how he/she experiences it. The goal is to obtain as complete a description as possible of the interviewee's life world or experience related to the phenomenon experienced. The purpose is to understand and describe the meaning of core and common themes in the experience. The qualitative research interview must aim to be "presuppositionless" in the sense that the interviewer must attend to the interviewee's experience with openness and a "critical consciousness of his own presuppositions" (p. 176). Kvale also suggests that the qualitative research interview is an interpersonal interaction between two people and can be influenced by the sensitivity of the interviewer to the participant and subject matter. This sensitivity may cause tension between the need to remain "presuppositionless" and the role of the interviewer in obtaining an in-depth

description of the participant's experience. The requirement of bracketing and "deliberate conscious naiveté" on the part of the interviewer must be attended to (p. 178).

Bracketing: Rationale and Procedure

When it is said that within the reduction everything that presents itself is to be accounted for precisely as it presents itself, it is strategy devised to counteract the potentially biased effects of past experience. When we encounter familiar objects we tend to see them through familiar eyes and thus often miss seeing novel features of familiar situations....Even if objects turn out to be precisely as we first thought, it is more rigorous to give nuances and 'taken for granted' aspects a chance to show themselves, because phenomenologists do want the totality to be accounted for.

(Giorgi & Giorgi, 2003, p. 249)

Suspending prior knowledge and beliefs related to the phenomenon of interest, or bracketing is a challenging task and may in fact represent an "act of courage" as suggested by McLeod (2001, p. 37). Despite the challenges, and the need to engage with the data in this way, bracketing remains an essential and necessary element of phenomenological data analysis.

Ashworth (1996) refers to the historical foundations and importance of bracketing to phenomenological research. The fact that phenomenological psychology is a "radically interpersonal process" is noted in conjunction with the premise that bracketing remains a critical and "indispensable methodological principle" of phenomenology (Introduction Section, ¶ 6). In as much as it is possible, prior assumptions about the phenomenon must be

put aside to allow the phenomenon to be described “in its appearing” (Ashworth, 1996, Introduction Section, ¶ 6). Annstoos (1985) suggests that bracketing in phenomenology does not represent a “disinterest of the researcher” in the participants’ lived experience or the phenomenon but rather a suspension of all of interests, beliefs or preconceived ideas of the phenomenon. Through bracketing the “danger of finding only what one expects to see” is lessened (p. 91).

Ashworth (1996) suggests that the criterion of bracketing is: “if the maintenance of a given type of assumption would subvert entry into the life-world, such presuppositions must be set aside” (Conclusion Section, ¶ 1). The difficulties and challenges of meeting this requirement are considered, yet guided by the rationale of allowing the communication of descriptions of the phenomenon as the participants present them.

Through declaration and self-reflection of presuppositions that existed for the researcher prior to the participants’ interviews, and those that emerged throughout the interview and data analysis processes, those who interpret the findings may judge for themselves how those presuppositions influenced the presented findings.

Giorgi and Giorgi (2003) address the notion of bracketing through consideration of Husserl’s phenomenological reduction (1900/1970; 1913/1983 as cited in Giorgi & Girogi, 2003). The phenomenological reductions are described as an attitude rather than as a specific set of procedures. The “great confusion” related to this first step in phenomenology appears to be reflected in the lack of clarity surrounding it, and also controversy as to whether these reductions are possible (p. 245). Giorgi and Giorgi differentiate between scientific phenomenological reduction and transcendental phenomenological reduction, and suggest these two concepts contribute to the confusion surrounding reduction in the Husserlian sense.

They (2003) maintain that transcendental is “wholly philosophical”, and that instead “psychological subjectivity” is of interest to, and should guide, psychological analysis (p. 245).

Karlsson (1993) provides some clarity to the issues of phenomenological psychological reductions and transcendental reduction as referred to by Husserl. Both phenomenological psychological and transcendental reduction are described as a “break with our natural attitude” and a “non-reflective belief in the transcendental world” (Karlsson, 1993, p. 48). Transcendental reduction is more complex than psychological reduction and involves putting aside all belief in the transcendental world and its existence at a philosophical level (Karlsson, 1993).

Giorgi and Giorgi (2003) suggest that transcendental phenomenological reduction is less useful in human sciences, and also suggest that it is the utility of scientific phenomenological reduction (which Husserl referred to as psychological reduction), that forms the basis of bracketing. Through scientific or psychological reductions, the things that present themselves through the participants’ experience are taken as they are. This allows the phenomenologist to see the totality of the experience emerge ‘freshly’ and with ‘disciplined naiveté’ rather than to see only what they thought would be seen (Giorgi & Giorgi, 2003, p. 249).

Karlsson (1993) also maintains that rather than “transcendental reduction”, “partial phenomenological reductions” (which Giorgi refers to as the scientific phenomenological reduction), whereby the researcher brackets all “theories, hypotheses, models and systems” which may explore or seek to explain the phenomenon of study, has significant utility (p. 80). This level of reduction allows for the research to “believe in” the text in order to analyze it,

and while not repressing or denying any prior knowledge or beliefs about the phenomenon, that knowledge or belief is to be brought to a “thematic level in order to be authentically capable of setting it aside” (p. 82).

Bracketing of Researcher's Biases and Assumptions: Considerations of the Researcher as a Subjective Person

My role as a researcher was clearly stated prior to engaging in the research interviews. Bracketing of personal knowledge and beliefs regarding the phenomenon were attended to through analysis of the experience of the participants. While this can never be completely achieved, exposing these biases allows the reader of the report to determine for him or herself how “pure” the answers to the questions asked are. That is, he or she can determine how much they reflect the experience of the participants rather than the beliefs of the researcher (Creswell, 1998; Macleod, 2001).

When I began to engage in the process of interviewing, I needed to be willing and able to put aside what I may believe to be relevant to the participants' experience. A detailed field journal was kept in order to monitor my awareness throughout the interview and analysis processes, and a process of going back to this bracketed knowledge and feelings was a crucial aspect of allowing the data and the participant's experience of the data to “show itself for the subject” (Karlsson, 1993, p. 50).

In an attempt to remain “presuppositionless”, I openly declared my biases and subjective assumptions prior to engaging in the interview and data analysis procedures. Throughout the interview and data analysis, I continued to reflect back on those biases and assumptions through the reflective journal. It did take courage to do so, as the fear of finding

only what I thought I might find was present in my consciousness. This allowed me to be mindful and more rigorous throughout the process in order to validate the findings and to ensure that the results are true to the experience of the participants.

Based on my personal experience and subjective interpretations, review of the literature pertaining to disordered eating and giftedness, and professional experiencing working with adolescents (both gifted and non-gifted) who experience disordered eating, I identified several biases and assumptions that were carefully attended to and bracketed throughout data collection and analysis. These presuppositions included the following:

- Although weight and food preoccupations are often (though not always) predominant in the experience of disordered eating, underlying emotional and psychological issues are central to the experience.
- Aspects of giftedness (e.g., asynchronous development, sensitivity to the expectations and needs of other, high personal standards, perfectionism, emotional and intellectual overexcitabilities) may be present in the lived experience of gifted adolescents who experience disordered eating.
- Adolescents, and possibly to a greater extent gifted adolescents, will be able to articulate the lived experience of disordered eating, whether currently experiencing disordered eating or having recently recovered.
- Among gifted adolescents, lack of accurate mirroring of emotional intensity and awareness or intellectual ability by peers or family may contribute to psychological vulnerabilities or distress.
- During adolescence, asynchronous development or being “out of step” with peers may be especially salient and contribute to psychological vulnerabilities or distress.

- Many adolescents who experience disordered eating seem exceptionally bright and articulate, although a qualitative difference between the experience of disordered eating between gifted and non-gifted adolescents may exist.
- In many instances, disordered eating is a coping mechanism through which adolescents manage psychological discomfort and pain.
- Societal pressures and mixed messages (i.e. be powerful yet feminine) and family factors are involved in the development of disordered eating among gifted adolescent females.

Recruitment

Potential subjects were approached through a letter of recruitment which was forwarded to them from professional treatment providers with expertise in psychotherapy, eating disorder treatment, counselling or education of gifted individuals or individuals experiencing eating disorders (for example: B.C. Children's Hospital eating disorder program and local community eating disorder treatment programs). Potential subjects were not directly approached, and instead were provided access to contact information should they choose to inquire further. Professionals were contacted by phone and/or through letters of contact delivered by mail or in person from the student researcher. Letters of contact outlined the purpose and nature of the study, participation criteria, procedures to be used, and contact information to answer any questions.

Posted advertisements and email messages indicating recruitment information were forwarded to organizations that the student researcher is aware of or has contact with such as B.C Children's Hospital Eating Disorders program, community outpatient child and youth

eating disorders programs, the Eating Disorder Resource Centre of British Columbia, the Emily Carr Institute, the Gifted Children's Association of B.C., the Daimon Institute for the Highly Gifted, Simon Fraser University's Counselling Centre, and local community outpatient eating disorder treatment programs. When potential participants made contact with the student researcher in response to a posted advertisement at eating disorder treatment facilities a letter of contact was forwarded to them.

Participant Selection Procedures

The focus of the study involved participants who had in the past five years experienced or who currently experience an eating disorder as an adolescent (age 15-18).

Participants were selected based on several criteria that included each of these considerations:

- Females who have experienced/experience disordered eating between the ages of 15 and 18.
- The experience of disordered eating has occurred within the last 5 years.
- Have received treatment or counselling for Disordered Eating.
- Previous cognitive assessment yielding IQ above 130 and/or membership in an educational gifted program and/or the opinion of an expert professional that the participant meets criteria for giftedness outlined in the study.
- Willingness and ability to articulate their thoughts, perceptions and feelings about the experience of disordered eating.
- Free of any physiological or psychological condition that may significantly affect their ability to articulate their experience (i.e. severe malnutrition or medical instability.)
- Able to speak and understand English.

Participant Characteristics

Six gifted female adolescents who met the selection criteria participated in the interview process. These six interviews formed the basis of data that were analyzed, and the subsequent results. Two other participants who did not meet all of the selection criteria due to not strictly meeting the giftedness criteria or age requirements, also participated as pilot interview participants. These two individuals were aware that they did not fully meet the requirements, yet inquired if they were able to help at some level. These two interviews were of tremendous assistance in gaining comfort and skill with the interview protocol and phenomenological interviewing.

Participants had all received a diagnosis and been treated for Anorexia Nervosa. This represents an unexpected and interesting characteristic of the sample, as the type of eating disorder was not specified in recruitment or selection of participants. All participants continue to receive treatment and or support with their eating disorder or related psychological or adjustment issues. All but one of the participants explicitly noted that they continue to struggle with eating disorder dynamics. The remaining participant indicated that eating disorder dynamics are not far from her current experience and many of the related underlying issues continue to be present in her current experience and are addressed in her treatment.

Each participant was between the ages of 16 and 20 when interviewed, but had experienced Anorexia between the ages of 15-18. Five of the six participants had been hospitalized as a result of their eating disorder, and all had experienced significant physical health risk as a result of their eating disorder. Each participant had spoken to their current mental health care providers prior to responding to either the recruitment poster or the letters

of contact that were passed on to them by these professionals, and were supported in participating if they chose to. Each participant expressed a high level of enthusiasm for the focus of the study and the personal, academic and clinical value that it may offer. Several participants reflected throughout the recruitment, interview, and follow-up validation process that their participation had also highlighted for them how this aspect of the eating disorder experience had been neglected to this point.

Criteria for giftedness were primarily met through membership in gifted and talented high school or early entry university programs, typically with a history of several standardized testing experiences indicating giftedness. In other cases, meeting giftedness criteria was based on the opinion of expert professionals, considering also collateral evidence of exceptional ability in one or more domains. In all cases, participants possessed evidence of exceptional ability and achievement in several domains including athletic, creative, intrapersonal, and academic domains.

Informed Consent

Five of the six participants were under the age of 19 at the time of the interview process, and were therefore legally considered minors. In each of these instances a parent/legal guardian also provided consent to participate in the study. Because it was reasonable to assume that the participants themselves were capable of understanding and making decisions about their own participation, they were also required to provide their own assent to participate. As indicated by the Behavioural Research Ethics board, assent was described as the participant's agreement with the decision of their parent/guardian to provide consent for participation. In this way, legally the participants were given consent for

participation by their parents, but also chose whether or not to give their own personal consent for participation.

It was assumed that gifted adolescents, ages 15-18, would be competent to understand the nature and consequences of the research and to make fully informed decisions regarding their participation. The assent form indicated that the minor participant had the right to withdraw from the study at any time without consequence. Participants over the age of 19 were required to provide informed consent on their own behalf. The individuals who served as pilot interview participants also provided their fully informed consent.

The main points addressed in the various consent forms were the contact information for student researcher and research supervisor, the participant's right to voluntarily withdrawal at any time, the central purpose and procedures to be used, assurance of the confidentiality of the participant's involvement and the data collected, and a reference to any known risks associated with participation. A copy of the form was signed prior to involvement in data collection, and the participant was given a copy containing contact information to refer to for any further information if needed. It was made clear from the onset of the research process that participants were free to withdraw their participation at any time prior to the final analysis of data without justification or penalty. Please see Appendices for various consent forms and letters of contact approved by the UBC behavioral ethics review board for use in this study.

Interview Procedures and the Phenomenological Interview

Open-ended phenomenological interviews were individually conducted with each of the participants. Active listening, empathetic reflection and minimal encouragers were used throughout the interview to allow the phenomenon to be expressed through the participants'

perspective. Verbal prompts were used throughout the interview process to facilitate the elaboration of themes brought up by the participant, to clarify and elaborate on the meaning and the emotions related to what was verbalized by the participant.

Following the orientating introduction, participants were encouraged to tell the story of their experience of disordered eating in their own words and with as much detail as possible. It was suggested that a good way to do so might be to think back to a time when they did not experience the eating disorder, and to take me through that time to the present. Participants were encouraged to articulate their experience in relation to their environment at home, at school, with friends and family and to elaborate on the meaning and emotions related to their experiences. Please see Appendix B for Interview protocol and example interview questions used as a guide for each participant interview.

The interview length was determined by the participant and varied in length from 1.5-2.5 hours. The interview length as determined by participant was a function of when the adolescent appeared to feel that they had described their experience of their eating disorder, and all themes which seem to have emerged were addressed at the level of depth that each felt was adequate.

Following each interview, some time was spent with each participant to ensure that they were not experiencing psychological distress or discomfort. None was reported, and we explored feedback about their participation in the interview. The transcription procedures and data analysis to follow was briefly described, and each participant was agreeable to future contact to check back with them at points throughout the data analysis when their feedback would be of assistance. Each participant expressed an interest in knowing more about the findings as they emerged, and seemed to express an opinion that the purpose of this

study was important and meaningful to them. Later contact with the participants to update them on the progress of the study and analysis, and to validate the summary of their experience, continued to be met with enthusiasm for the study topic, and for how they felt that their story was appreciated and heard throughout the interview process.

Transcription Procedures

Following the participant interviews, the audiotapes were subsequently transcribed verbatim. Giorgi and Giorgi (2003) suggest that the data of phenomenological study are the "careful and accurate depictions of the of the everyday world events of the participants, [and] ...that there are no rational grounds to reject them" (p. 248). The utility of verbatim accounts of the phenomenon in the participants' own words is highly regarded in the case of descriptive phenomenological procedures according to Karlsson (1993), Giorgi (1985), and Giorgi and Giorgi (2003). As the data analysis procedures chosen are based on the approach taken by Karlsson, Giorgi, and Giorgi and Giorgi, verbatim transcription of verbal audio-taped interviews became the raw data of the analysis procedures.

In some of the instances the student researcher completed the transcription, and in other instances a transcriptionist was used. The original interviews, once transcribed, varied in length from 18-30 single spaced pages. Every audio-taped interview was listened to several times by the student researcher to carefully cross check for accuracy and also to begin to engage in the necessary "immersion" in the data that is required prior to any content analysis of the data.

Maintenance of Confidentiality

Any personal identifying information related to participants has been and will be kept strictly confidential. The data were stored on floppy diskettes and computer hard drive.

Audio recordings, transcripts and diskettes of participant interviews were stored in a locked filing cabinet. No transcript or computer file (diskette or hard drive) contained the identification of the participant, and were identified only by a participant number and pseudonym. Signed consent forms were kept separate from the data to ensure that the anonymity of the participants is maintained.

Interviews conducted were audio-taped. Only the student researcher and thesis supervisor have access to the interview recordings, transcribed data, and analysis in its entirety. Anyone with access to data was required to verbally agree to maintain confidentiality despite the fact that the recordings contained little, if any identifying information. Only the student researcher and supervising committee had access to the interview protocols in their entirety and data throughout the analysis procedures. Audio recordings from the interviews conducted were kept in a locked filing cabinet.

Participants have not been and will not be identified by name in reports or in any material, discussion or presentation relating to the project. Identifying information which may compromise the anonymity of the participants was not included as specific identifying information in the later stages of data analysis or presentation of findings. All participants are free to make their own decisions about disclosing their participation to whomever they choose and have a right to do so; however their identity will remain confidential by the researcher. In the instances where a qualified professional assisted with the initial recruitment by passing along the recruitment information to appropriate potential

participants, the relationships are confidential in nature, and will therefore also respect the anonymity of the individuals who received recruitment information. Although professionals may gain knowledge of research participation from their clients, they will never receive confirmation of participation from the student researcher.

Data Analysis

McLeod (2001) summarizes the aim of phenomenology as producing an “exhaustive description”, and its “ultimate goal” as “[elucidating] the essence of the phenomenon being studied, as it exists in the participants’ concrete experience” (p. 41). Karlsson (1993) suggests that the ‘raison d’être’ of the Empirical Phenomenological Psychological Approach which is a descriptive phenomenological method, is to deepen one’s understanding of the phenomenon being studied. This is accomplished through revealing “eidetic dimensions”, or the essence of the phenomenon (p. 88). The search for the essence and meaning structure of the phenomenon of interest is also a goal of the descriptive phenomenological analysis outlined by Giorgi (1985), Giorgi and Giorgi (2003), and Karlsson (1993).

After the interview was transcribed, subsequent data analysis followed the descriptive phenomenological data analysis procedures as described by Giorgi (1985), Giorgi and Giorgi (2003) and Karlsson (1993). The Empirical Phenomenological Psychological Approach (EPP-method) outlined by Karlsson, and The Descriptive Phenomenological Psychological Approach outlined by Giorgi and Giorgi, provided the basis for data analysis. The researcher’s understanding and familiarity with various aspects of descriptive phenomenology were supplemented through thorough exploration of many of Giorgi’s original writing (i.e., Giorgi, 1985, Giorgi, 1997).

Throughout the analysis and data collection a phenomenological attitude and “partial phenomenological reduction” were adhered to. Through this stance, which involves “bracketing all theories, hypotheses, models and systems which are otherwise used in order to explain the phenomenon in question” (Karlsson, 1993, p. 81), the meaning structure of the experience of an eating disorder for the participants was explored.

As per the outlined procedures for phenomenological analysis referred to by Giorgi and Giorgi (2003) and Karlsson (1993), data analysis procedures were as follows. It was noted that the strength of the analysis as a whole rests on each of the individual steps, and that each of these steps builds on the last. The data analysis procedures follow; listed in number points are those indicated and described by the said theorists. The numerical sub-points are idiosyncratic ways in which the data analysis procedures were implemented and further broken down by the student researcher in order to manage the data following the transcription process. Throughout these steps, bracketing of the researcher’s biases was applied, reflected on, and monitored in the reflective journal.

1. Reading of the transcript for a grasp or sense of the whole and immersion in the text.
 - a) Transcripts were read through several times for a sense of the parts and how they related to the totality of the experience articulated through the interview.
 - b) Audio taped interviews were listened to several times to verify accuracy with the transcripts and to also engage in immersion in the data and the experience of the eating disorder for the participants.
2. Meaning units (MUs) were established and represented a breaking down of the transcripts into smaller units. Meaning units were defined as subjective shift in meaning discerned when the researcher denotes a shift in meaning. Giorgi and Giorgi

(2003) suggest that meaning units are not required to be identical between researchers, and are not “theoretically weighty” or “objective”, and are more of practical aid in managing the analysis (p. 252).

- a) Meaning units were delineated when a shift in meaning was intuited and when it seemed as though the content of each unit had one meaning, even if it could be interpreted in more than one way.
 - b) Each transcript was broken down into between 320 and 480 meaning units, each was noted with a slash mark (/) in the transcript.
 - c) At this stage the thesis supervisor assisted in verifying samples of delineated meaning units among several transcripts, typically with very high agreement.
 - d) The meaning units delineated in the transcripts were transformed into tables in which the 1st column represented the participant number, the 2nd column represented the MU number, and the 3rd column represented the text of the MU.
 - e) Later in the analysis, if a meaning unit appeared to require further breaking down, this was done at that stage.
3. Giorgi and Giorgi (2003) describe the 3rd stage as “transformation of the meaning units into psychologically sensitive expressions” (p. 252). It is suggested that at this stage the psychological relevance of the meaning units as they relate to the phenomenon are developed. It is cautioned to avoid the errors of using psychological jargon at this stage and to not take the relevance of the personal lives of the participant beyond the psychological experience of the phenomenon. Karlsson (1993) refers to this stage as the “eidetic induction through interpretation”. It is at

this stage where the meanings of the phenomenon and MUs as articulated by the participants are elaborated on and given psychological meaning. Karlsson (1993) specifies two “modes of understanding” to engage in this process, 1) the “researcher’s empathetic understanding” (REU), and 2) the “researcher’s interpretive understanding” (RIU) (p. 86-87). The REU is viewed more as an understanding of the experience of the participant at a “common sense” and “straight forward” level, and the RIU “brings forth the meaning structure” of the experience and contributes to understanding the underlying essence and meaning of the phenomenon (p. 87). Karlsson suggests that the REU is subordinate to the RIU, and that it is the interpretative understanding of the researcher that is more important, yet movement between the two ways of understanding are critical to this stage of the analysis. Karlsson also cautions that “theory-laden language” be avoided at this stage (p. 98).

- a) The 4th column of the table used for data analysis represented where this stage of the analysis took place.
- b) The content of the meaning units were “coded” based on the principles of giving psychological meaning, empathetic and interpretive understanding as outlined above.
- c) The primary psychological meaning as it related to the phenomenon was noted first (for example: Perfectionism, Appreciation and Recognition of Value, Purpose, etc.) and then was further elaborated on with details of the particular code. This step allowed for ease in sorting the MUs and codes using computer-aided sorting of tables.

- d) At this stage my thesis supervisor assisted in coding when discerning the psychological meaning of the MUs posed difficulty, and validated samples of coded MUs from several participant tables.
 - e) The coded MUs were sorted for each participant in individual tables.
 - f) The coded meaning units were combined into one table and also sorted in that format (table in excess of 160 pages). The four columns used enabled deciphering of the codes or themes that were core and common among the participants.
4. Giorgi and Giorgi (2003) note this step as the last, and do not make explicit the final stage outlined by Karlsson (1993). Giorgi and Giorgi identify this stage as the “determination of structure”, and where one identifies what is truly essential and the most “invariant connected meanings belonging to the experience”, resulting in description of the psychological structure of the phenomenon (p. 253). Karlsson (1993) refers to the fourth stage as representing the “situated structure” or synopsis of the participants’ experience of the phenomenon.
- a) Each participant table, which had been coded and sorted to reveal the core and essential themes of each experience of the phenomenon, formed the basis for the situated structures developed for each participant.
 - b) The core themes from each participant were overwhelming to organize based on the length of the tables. To provide ease in organizing and developing a coherent account of their experience, core themes were represented in a visual concept or theme map, which guided the way in which each participant’s story would be developed.

- c) Care was taken to incorporate all aspects of the phenomenon, as they were presented by the participant, in a short length format.
 - d) At this stage, the thesis supervisor proofread and provided feedback on each situated structure developed.
 - e) Each participant was given a copy of their situated structure and asked to provide feedback. They were requested to respond to whether the summary fit or resonated with the experience of the phenomenon as they described it in the interview, and if any significant themes were left out.
5. The final stage is the development of a general structure based on the core and common themes of all participants. Karlsson (1993) defines the final step of the analysis to include (if possible) the general structure among many examples of the phenomenon. Karlsson suggests "It is impossible in advance to make a general statement about exactly upon which level of abstractness the results will be expressed. It is up to each researcher to determine how far the analysis will go" (p. 80). If possible, analysis should proceed to typological or general structures while keeping in mind that the "interesting psychological discoveries" should not be overlooked and to consider the level of abstraction that is of value to the researcher (p. 108).
- a) A general structure, or the core and common themes of the experience of an eating disorder among the sample was developed based on the final themes in the sorted table, including all participants' account of the experience.

- b) The themes for each of the participants were sorted through, and the common themes outlined and described based on several methods of organizing the data (for example: based on participant quotes, common themes, reorganized when a sub-theme was contained in coded meaning unit, etc.).
- c) Each theme was justified based on reference back to the original transcripts and individual sorted tables.
- d) The common themes were sorted and organized into main and sub-themes.
- e) Each theme and sub-theme was described, and then elaborated on and validated through thick description and participant quotes.

Presentation of Findings

At the onset of the data analysis process, it was unclear how the data may be represented in their final form. Karlsson (1993) suggests that a general structure may be the end result of the data analysis “when all protocols can be meaningfully condensed into one single structure” (p. 88). Karlsson also suggests that a study should consider “typological structures”, which is preferable when “more than one structure of the phenomenon” is contained in the data, due to the risk of loss of psychological meaning should the data be forced into a general structure (Karlsson, 1993, p. 88). Karlsson suggests that results according to the EPP-method may contain “both general and typological constituents” (p. 88).

A situated structure was developed for each participant, and the possibility of either a general or typological structure was seen as a realistic possibility for the final data analysis and presentation of findings. Upon completion of the data analysis, which involved over 160

pages of coded data in table format, core and common themes for all participants were developed. The general structure, or core and common themes represents "general constituents" as described by Karlsson (1993) of the experience of an eating disorder, while the situated structures presented in the findings are less abstract and speak more to the subjective experience of each unique participants' lived experience of their eating disorder.

Ethical Considerations

The protocol and nature of this study received full ethical approval from the Behavioural Ethics Review Board of the University of British Columbia. Strict ethical standards were maintained throughout the recruitment, interview, transcription and data analysis processes. Subsequently the study was granted renewal and amendment to allow for future use of the data and contact with participants.

The limits of confidentiality were agreed to and were understood by the participant at the onset of the interview process. This was essential to ensure the psychological and physical safety that may relate to recounting a phenomenon such as this. Any disclosure of a participant's intent to harm themselves or another person, or reported incidents of child abuse would have been reported to the proper authorities. All participants were receiving or have received eating disorder counselling or treatment for disordered eating. All participants indicated that they had easy access to support from their present or past eating disorder treatment providers. This provided some assurance that the participants' psychological well-being is addressed more thoroughly and on an on-going basis if necessary by other qualified professionals. Following the interview process, I spent time with each participant to debrief any feeling of psychological stress or upset that they may be feeling. No participant

indicated verbally or through my observation to be psychologically unsafe or vulnerable following the interview process. Most participants expressed an enthusiasm for having engaged in the interview process and several mentioned that they looked forward to talking about the value and experience of the interview with their personal therapist.

Although I work in the eating disorders field as a therapist and did have direct access to several potential participants through that role, in no instance did I engage in a dual relationship with a participant, in which I functioned as the participant's therapist. I chose to avoid recruiting any clients who receive services through the program where I am employed to avoid possible ethical considerations, discomfort, or dual relationships in the future.

Delimitations

This study intended to provide an in-depth description of the experience of an eating disorder among gifted female adolescents. Prior to beginning the study several delimitations were noted based on the selection of a qualitative research paradigm, the accompanying methodology, participants' factors, and the operational definitions that were utilized.

The results of this study cannot be considered comparable to the experience of disordered eating among other specific sample populations. A qualitative description of the experience of an eating disorder among a non-gifted population is not, to my knowledge, currently available so it is not clear how the results of this study relate to other populations. The narrative description of the core and common themes of the lived experience of disordered eating, therefore, may or may not reflect the experience of "non-gifted" adolescents. The issue of whether gifted adolescents actually experience an eating disorder in a unique way, or whether it is only the way in which they articulate their experience that is

unique is a significant consideration. Given the nature of the chosen method the sample size was small (6-10 participants) which has implications for the generalizability of the findings.

The definition of giftedness in current literature is inconsistently and poorly defined, and the operational definition of giftedness in this study may not agree with that used in other publications. Whether or not the gifted population in this study matches the gifted population of other studies is relevant but this delimitation is inevitable given the lack of a universal operational definition for giftedness. The identification of gifted adolescents through participation in gifted and talented educational programs or by considering advanced cognitive development may have excluded several potential participants from the sample.

Dual relationships with participants were avoided (i.e., counsellor and researcher). Given the secretive nature of disordered eating, the participants' age, and the particular reluctance of gifted adolescents to share their experiences with those they do not know, noted by Jackson and Person (2003), it is questionable whether sufficient rapport could be established for participants to share their experiences openly.

Diversity Issues

The focus of this study was on female participants who have in the past five years experienced, or who currently experience disordered eating as adolescents (age 15-18). Investigation of a female adolescent population was chosen based on the higher prevalence of disordered eating among females than males (APA, 2000). The experience of disordered eating among male or adult populations may differ, and for that reason the target sample is limited in that respect. Adolescents younger than 15 years of age have also been excluded, as their experience may also differ or be articulated differently than that of older adolescents.

Participants were required to speak English, as it is the primary language of the student researcher. Interviews, transcription, data analysis and the written thesis project will be communicated in English. Non-gifted adolescents as defined by the selection criteria and operational definitions chosen prior to conducting the study were not included in the sample. This exclusion was not based on any discriminatory bias, but instead to narrow the focus of the sample, subsequent analysis and results to a target population.

Validity and Reliability

Maxwell (1992) comments on the frequent challenges to the validity of qualitative research and findings. Despite the challenges of establishing validity and considering various approaches and methods to do so, it is agreed that qualitative studies must demonstrate credibility (Creswell & Miller, 2000).

Maxwell (1992) refers to several forms of credibility/validity that should be considered in qualitative research. The two forms of validity that are of particular relevance to this study include descriptive and interpretative validity. Descriptive validity refers to the "factual accuracy of their [the researcher's] account –that is that they are not making up or distorting the things they saw or heard" (p. 285). Interpretive validity refers to the descriptions and meaning interpreted from the participants' perspective. In this study, the standards of descriptive validity described were met through audio taping of the interviews and careful verification of transcripts. Standards of interpretive validity were met through verification of analysis at each stage with my thesis supervisor, and through feedback from participants, which confirmed that the description and meaning of their experience interpreted by the researcher resonated with them.

In an attempt to clarify and organize some of the methods for establishing validity in qualitative research, and to aid in their choice and use, Creswell and Miller (2000) provide a framework through which validity may be considered. It is suggested that depending on the lens through which the researcher views the study, certain validity procedures should be considered. It is suggested that one lens through which validity should be considered is that of the researcher, another is that of the participants in the study, and the last is a critical lens. Depending on the lens used, specific validity procedures may include: 1) triangulation of data, 2) use of disconfirming evidence, 3) researcher reflexivity and disclosure of biases, assumptions and beliefs, 4) member checking-taking data and narratives developed back to the participants, 5) prolonged engagement in the field, 6) collaboration throughout the research process with participants, 7) an audit trail to examine both the process through which the results emerged and the final results, 8) thick, rich description of the participants, setting and results so that the reader may generalize findings, and 9) peer review or debriefing -where someone familiar with the phenomenon reviews that data, analysis, and results.

McGrath and Johnson (2003) discuss issues related to establishing credibility (validity or truth) and trustworthiness in qualitative research. Lincoln and Guba (1985) suggest that trustworthiness is the central and most critical standard to which any study should be held (as cited in McGrath & Johnson). Creswell (1998) also refers to the work of Lincoln and Guba and articulates how terms used in assessing the quality and verification of qualitative work include the study's credibility, transferability, dependability and confirmability. Internal validity refers to the credibility or truth of the findings in qualitative work, external validity refers to transferability or whether findings transfer from researcher to

those being studied, reliability and objectivity refer to whether the qualitative results are dependable and confirmable through auditing and bracketing of the researcher's biases.

Procedures for establishing trustworthiness, credibility and verification used in this study include: 1) stating and reflecting on biases, assumptions and beliefs related to the phenomenon of interest throughout the research process, use of field notes, and a reflective journal, 2) member checking, as the lens of the participants was seen as the most rigorous form of validity verification, 3) an audit trail, in which all research and data analysis procedures were outlined in detailed and monitored by the thesis supervisor, 4) thick and rich description of the findings, substantiated by direct quotes, so the reader may come to their own conclusions about the transferability of the findings.

CHAPTER IV

Results

Ten main codes emerged through the analysis of data. These themes represent the general structure, core and common themes of the experience of an eating disorder among the gifted female adolescent participants. These themes include: 1) Negative Affect and Self-Perceptions, Emotional Pain, and Deterioration, 2) Overwhelmed and Conflicted, 3) Not Fitting: Incongruence and Awareness of Differences, 4) Coping Through Engaging in the Eating Disorder, 5) Experience of Giftedness and Eating Disorder and/or Struggle Explicitly Connected, 6) Perfectionism-Striving to Attain "Perfect", 7) Control and Restriction, 8) Awareness of Multifaceted Underlying Factors, 9) Sacrifice, Defiance and Separation: Of Self, of Body, and of Needs, 10) Appreciated, Purposeful and Meaningful Experience. Several of these themes also contain sub-themes, which further elaborate on and provide depth to the themes that they are subsumed by. All of the main themes represent the invariant structure or essence of the experience of an eating disorder for each of the participants. Each sub-theme applies to the experience of Anorexia for all or the majority of the participants. The sub-themes are underlined throughout the presentation of the results.

Presentation of the findings in this chapter includes a situated structure for each participant, which details the essence of their personal eating disorder experience, followed by a table that outlines the main themes and sub-themes of the general structures among the participants. The themes and sub-themes are further elaborated on through rich description and excerpts from the participant interviews, which validate the themes and provide examples of their substance through the "lens of the participant".

*Situated Structures**Esprit*

There is a connection between my sensitivity and kind of being more of like a sponge, in between that and being more prone I guess to having problems.

Esprit's struggle with Anorexia is one in which she searches for the meaning and purpose of its presence in her life. She experiences feelings of self-blame and guilt for allowing Anorexia into her life when she should "know better". A sense of frustration with the non-rational and complex nature of eating disorders and a continuous struggle is present in her experience. Conflict and incongruence within herself arise and comprise the "root of her struggle", as she considers the meaning of thinness and the contradiction between her focus on physical attributes while valuing more fully "beauty of character".

What began as a means to fit in, to seek control when other areas of her life felt out of control, and a way to "be healthy", led to restriction of her intake, rapid weight loss and physical deterioration which resulted in her being medically compromised and hospitalized. She describes her eating disorder as having a voice as she attempts to externalize Anorexia from her sense of self. The voice of the eating disorder is critical of her, and has destructive and negative intentions for Esprit.

Esprit experiences fear and emotional pain as she considers whether she will be able to let go of her eating disorder. She explicitly connects giftedness with perfectionism, psychological and existential struggle, and her personal experience with Anorexia and Depression. She challenges whether the qualities that she appreciates as being part of giftedness will "always go hand in hand" with Anorexia, and whether she can maintain those

qualities yet recover. She questions whether an inevitable struggle will exist for those who, like her, experience the world in a different way.

Is it the perfectionism and perseverance, sensitivity and awareness of the world that enables you do well at school and open to the rest of the world and see there are so many things that need changing and yes it is overwhelming but finding something that I can do, starting projects or being active and it's great. That's my life that's what I want to do always but at the same time it is the same kind of things that keep Anorexia going in me and adds fuel to the fire... perfectionism and destructive behaviour.

Frustration and conflict arise within her as she experiences guilt related to experiencing her own struggle while she is mindful of the suffering of others. She indicates that through her eating disorder she is coping with the "Pain of Existence", which she describes as:

The pain of finding your place in the world and the universe. Trying to go beyond yourself, trying to make sense of things, not understanding things, why things happen, unfairness. The conflict between our best intentions and what actually goes on in everyday life

Her reaction to the world and to the "Pain of Existence" is overwhelming to her, and leads her to feeling trapped by qualities within herself which she seems to cherish, but also sees as the basis for her self-destruction. Anorexia allows her to cope by internalizing the pain that she feels from the environment and in reaction to the world. She experiences conflicting dynamics within herself when she acknowledges that the power and meaning of physical ideals and thinness, ideals she considers "shallow", are part of her struggle and are

incongruent with the depth of her experiences, feelings and values. She continues to hold on to the notion that thinness may bring her happiness and allow her to “fit in”, although she is cognitively aware that is not the case.

Anorexia has been a way for Esprit to cope with many of the challenges and incongruous elements in her environment. She is aware of her differences from her peers and of the isolation and separateness she feels even within her own family. Perceiving herself as “chubby” as a child, feeling different from her peers, and not fitting in developmentally, are all connected to her search for happiness through a physical ideal. Fitting in physically appears to have been an attempt to deal with “pain and sadness”, and to fit in, in a more general sense. The apparent solution that Anorexia promised does not appear to have been achieved as she works toward accepting her awareness of her differences.

Esprit describes heightened sensitivities to the “subtleties” in her environment and to the expectations, needs and feelings of others. She relates her “sensitivity” to why the eating disorder took hold of her life and controlled her. Throughout her experience she identifies being controlled by her eating disorder and by those around her. The irony of the means through which she sought control then taking control of her and her life is present in her consciousness.

Esprit sees a need for personal control, and defiance of her parents’ expectations and their perceived control of her, as a basis for her need to use restriction of her intake as a means to cope and as a solution. She indicates that she gains a sense of power and satisfaction from defying her physiological needs. As a “good girl”, she appears to feel that she found a way to internalize her pain rather than externalize it or to defy her parents in “typical” adolescent fashion.

Esprit strives to live up to high self-expectations characterized by perfectionism while she attempts to satisfy her own “image of herself”. Her perfectionism extends into her humanitarian endeavors and desire to care for others, which she sees as “perfection towards others”.

Her experience within her own family through her experience of Anorexia is one in which she has felt that she has been identified as the problem. She tries to see Anorexia or malfunction as something that exists in her whole family and that she is merely the member that “embodies it”. She has internalized criticism, feelings of guilt and blame that she perceives as existing in her family’s reaction toward her.

Esprit continues to maintain hope that she will be free of Anorexia, and if she is unable to recover for herself then she may be motivated to recover for others. As she searches for how to make sense of and find meaning in her experience, she reflects on her appreciation of the value of the eating disorder in her life. She feels that through her struggle she has become more compassionate, gained strength, and grown. Anorexia is not an experience that she is sure she would trade if given the opportunity:

“it definitely makes you a stronger person in the end if you get to the end.”

Andrea

I was starving myself to the point of death, but not for the purpose to be skinny, but for the purpose of being erased

Andrea’s struggle with Anorexia is one of searching, purpose, and separation of mind and body. It is also a means through which to cope with elements in her experience that

overwhelmed her and that she became trapped by. Anorexia was a way for her to separate and dissociate herself from her body, from her physical and emotional needs, her reaction to the world, her sacrifice of her own needs for those of others, as well as peer and family environments which did not fit for her.

Andrea is unable to remember a time when eating was “not a big deal” for her. She recalls body preoccupation amongst her earliest memories. She sees her body as more of a vehicle through which to accomplish things than as part of herself.

“I’ve always like given like a pedestal to... the idea of sacrifice”. Sacrifice of her body for achievement of goals and sacrifice as a requisite for success relates to her experience with starvation and Anorexia. Anorexia was not about physical ideals or thinness but was about being “successful at something”, “at all costs”. Sacrifice gives meaning to her experience of Anorexia.

What began as an attempt to be “healthy” and active led to severe restriction of her intake, significant weight loss and hospitalization. Andrea’s experience includes awareness that “despite it all being about eating and not eating, it has nothing to do with it”. While she was medically compromised she experienced being controlled by others and receiving interventions that were incongruent with her needs. Despite regaining physical health, she indicates that her eating disorder and the underlying issues continue to “thrive”. She has at times feared the control that the eating disorder has had over her.

Andrea is saddened but resolved towards the on-going and continued involvement of Anorexia in her life. She has difficulty considering her self-identity or life in its absence, and Anorexia’s longstanding presence in her life is seen as a “part of” her. She has come to define herself through her ability to control her body and to shape it at her will. She faces

conflict within herself related to whether she may ever be ready to let go of Anorexia, as it allows her to cope. Through her experience she gains a sense of control, power and satisfaction by defying physiological needs and also defying her heightened awareness of the needs and emotions of others, which she perceives, mirrors and internalizes. As she felt trapped by her awareness and her feeling of “carrying the weight of the world”, she identifies that her eating disorder led to a self-destruction, separating herself from her body and allowed her to no longer have to cope with the elements of her experience that trapped and overwhelmed her.

Her experience involves not only restriction of her intake but of her emotions, her attachment to others, and the depth of her experiencing through withdrawal and separation. Denial and defiance of the connection between her mind and body, a connection to her human needs and her reaction towards the world, is related to her experience of Anorexia. A feeling of burden in reaction to the world is overwhelming to her and led to her self-destruction through Anorexia as a means to cope as she describes:

I love life and I love living it, and you know, it's a wonderful thing, but to also have a large hatred for the world and how it works, and how it you know um whether people think it's fair or unjust and ...its just that I find that as an individual I just feel like just a heavy weight of all problems in the world that I just like, I don't feel like I have to solve them, but I just feel them and I experience them and I just there's ways that eventually you can't take it anymore and you do eventually sort of self destruct

Andrea conceptualizes her eating disorder in a metaphorical sense. She sees her experience as a search for something; a hunger represented by starvation and coldness of her body and emotional and spiritual coldness. With Anorexia, as in her desire to accomplish and achieve, she wants to “completely exert” herself, yet is “not wanting to partake so much”, wanting to give but not to receive. She indicates that often her times of greatest success are those when Anorexia is dominant in her life. She relates her determination, drive, and perfectionism as fueled by Anorexia as well as the basis for its strength. She describes that through her perfectionism she was led to inevitable self-destruction through her eating disorder.

She describes a goal of her eating disorder as not to be “skinny” but to “erase” herself. In her mind it seems that her eating disorder is related to her expectations of herself and her determination to excel and accomplish beyond the ordinary. Anorexia was a source of achievement and success as she sought to achieve her mission “at all cost” and to defy death.

Opposing dynamics exist in her eating disorder, which she sees as both a means to gain nurturance, care and attention, but also to separate herself from others and to no longer participate in her life. Andrea feels that her family environment was incongruent with her needs, that she was parentified, and did not internalize the care that she did receive. She identifies an awareness of her differences amongst her peers, her heightened emotional awareness, and attention from others on a superficial level as part of what she was escaping from through her eating disorder.

Being so sociable, and just being around people all the time, and to be an object of desire to the opposite sex, ... I didn't want a part of that anymore. I didn't feel, I just kind of wanted to get away from everything and, just kind of separate myself from the physical world I guess... I remember thinking that I wanted to be alone, that I wanted nothing of this, I don't want any emotion, I don't want to have to deal with things.

She acknowledges a sense of mission and purpose while engaging in her eating disorder. She indicated that she has found purpose, meaning and appreciation of the value in her experience of Anorexia, although she is conscious of not wishing anyone else to endure such an experience. Andrea sees her eating disorder as a way to have "recreated" herself, to reevaluate and learn about herself and to become more "grounded". She sees her experience of Anorexia as self-destruction as a means to excel or for a greater purpose. She relates necessary self-destruction and resulting higher functioning or "something bigger" to other issues of psychological distress throughout her life.

Her "hunger", "constant thirst" or search for something throughout her experience of Anorexia has not been satisfied although her journey is clear.

My disordered eating was almost a search for something ...separation for mind and body... if I was just a mind, then... I would find that something.

Andrea continues to search.

Phoenix

It was like a different species of eating disorder almost...Like throughout the whole thing numerous doctors had said, she's not the textbook case and they didn't know what to do either.

Phoenix's experience with Anorexia is one of repetitive cycles of severe restriction of intake, escalation of her eating disorder struggle, physical deterioration and several hospitalizations and admissions to inpatient Eating Disorder Treatment Centres. At the height of her struggle she was consumed by eating disorder behaviours and thoughts, and saw her eating disorder as controlling her. She refers to an eating disorder voice, "the executioner", as pervasive and strong, and felt that her every action, thought and feeling was "choreographed" by the voice and her eating disorder. She has difficulty articulating her experience verbally, as she visualizes much of her experience of Anorexia. She sees her experience of Anorexia as a search for meaning, purpose and control.

Phoenix sees the turning point in her struggle with Anorexia as occurring when the purpose of it in her life became clear to her. She sees her experience as not related to causal factors but to a necessary purpose in her life. She anticipated that she would experience such a crisis, bringing authenticity and depth to her experiencing, verbal and emotional expression. Restriction of emotion, expression and experiencing prior to her eating disorder had been incongruent with the depth at which she now feels she was meant to live. Anorexia's purpose was to facilitate and enable that level of depth and expression in her life. A lack of true connection with others, along with feeling different and isolated had occurred.

She relates her eating disorder and progression to recovery to now being able to experience connections with others and to feeling and expressing her emotions more fully.

Phoenix explicitly links giftedness to her experience of Anorexia and to perfectionist and obsessive qualities, which fueled her struggle. She has an awareness of her differences amongst her peers, particularly when encountering other individuals struggling with eating disorder issues. It seems that the uniqueness in her struggle was recognized by treatment providers and contributed to a sense of frustration in response to her eating disorder presentation. She feels that giftedness “puts a whole different spin on things”, and that her eating disorder “just felt like a totally different subject matter” and a “different species” of eating disorder. The relationship between her eating disorder and giftedness appears to have been related to several ineffective interventions that she received which were incongruent with her needs. Although initially passive in response to treatment, she responded with defiance once she recognized that she could fight back in response to her perceptions of being controlled by treatment providers. She was also defying the “invisible pressure” and expectations of her parents through her eating disorder.

Her expectation of herself to be “perfect”, and the “unspoken” expectations she felt from her family to conform, and seek perfection, are also related to her experience of Anorexia. She appears to have felt that as an “anorexic” she should also be “perfect” at having an eating disorder. Phoenix indicates that family dynamics, a lack of depth in the experiencing in her family system, an intertwined connection with her mother, and restriction of family communication are all involved in her experience of an eating disorder. These issues benefited from being confronted and challenged.

Phoenix is aware of the complexity of underlying factors in her experience that did not relate to thinness or food.

It was totally not about losing weight or not eating or whatever, it was just a way to control what was going on. It wasn't like I was trying to lose weight.... I never had this perfect number in mind, and most other people did.

She identifies her eating disorder as “contradictory”, as she felt opposing dynamics and conflict within herself when she was torn between wanting to recover and being unable to. She sees herself as “fighting getting better and fighting not getting better”. She felt trapped by her eating disorder.

Phoenix sees her eating disorder as a metaphor in her life. She sees Anorexia as a journey toward a light that would provide clarity. She conceptualizes her restriction of intake, as well as restriction of her experiencing and emotions, as both a force to not eat as well as a force to “stay silent”. She has developed a strong sense of her experience having purpose and having been destined. She has come to appreciate the value of her eating disorder experience, and the awareness and level of depth of experiencing to which it has propelled her and her family.

a person's mind like, it can either be, it can be stuffed with things that don't really mean anything just a bunch of surface things but then with the eating disorder it kind of cleared it all. It was like whoa, I can see now. Just see everything in a total different light.

She conceptualizes her eating disorder as a “teacher” that has allowed her to become herself, to experience and express her emotions, to individuate in her family relationships, and to gain strength and authenticity within herself and in relationships with others. She feels that the eating disorder pushed her to confront the issues in her life that would allow her to feel congruent in the depth of her experiencing and feelings and to “find her voice”. As she expresses:

“I have a voice now, hear me roar!”

Emily

It's not really about my body at all, even when I was most sick, and depriving myself of food, it wasn't because I wanted to be thinner, it was because I wanted to take up less space, I wanted to be less, less in the way, less, less of a bother. And the only way to do that would be to take up less space in the world.

Emily's struggle with Anorexia is one of searching for control of her emotions, and coping with heightened sensitivity to the environment, and to the needs and expectations of others. When overwhelmed with the intensity of her emotions and thoughts, and the pressures and stress of her environment, she focused on what she could control- her body. She sought to have “perfect” control while defying death and her physiological needs. She sees her struggle as one of searching for validation, and a means to deal with her perceived “imperfections”. For Emily, Anorexia is related to feeling worthless, overwhelming emotional pain, and lack of control. “Emotional traumas” became physical when she was unable to cope in any other way. By taking away physical sustenance, she was provided with

a “crutch” which allowed the withdrawal of energy required to deal with “life around her” and her inner pain.

It was like being in the middle of a hurricane all the time, and so to try and deal with that, I would run and it hurt physically to run, and so I was able to take my concentration from concentrating on the stuff I didn't know how to deal with, into physically beating my body, cause I could deal with that. I could handle the pain of running, but I didn't know how to handle the pain of all the emotions.

Emily began by gradually restricting her intake at a young age. This led to an “obsession” with exercise, severe food restriction, malnourishment, and physical, mental, and emotional deterioration, which resulted in her becoming medically compromised. Although not hospitalized, Emily cites one of her goals throughout her eating disorder as hospitalization. This is a goal she still sees as unachieved and as a failure. She felt that if hospitalized she may prove that she was in control, and may force the attention of those around her to how desperate she had become through the experiences in her environment—a sacrifice of herself to motivate change in her family. Prioritization of the needs of others and sacrifice of her own needs is related to her experience. She maintains that if she cannot recover for herself, then she may recover for those around her. Her sensitivity and hypervigilance to the environment, her “radio antennae”, overwhelmed her and led her to a necessary means to cope and to escape her awareness through Anorexia.

I would refuse to acknowledge my needs in order to take care of somebody else.

Emily sees her struggle as a metaphor, representing a restriction of her intake, her emotional reactions, her body, the space she took up in the world, and her experiencing through withdrawal and isolation. She indicates that she has received interventions that were incongruent with her needs and became “indignant” in response to those who saw eating disorders as merely a search for a physical ideal or a reaction to media influences. Amongst other individuals with eating disorder struggles she also felt that her experiences were somehow “different” and that her eating disorder struggle was “deeper”. She sees her eating disorder as a rebellion and defiance different from “typical” girls. She is aware of her differences amongst her peers and what she sees as her “oddity” and “maturity”. Those differences have led to feelings of isolation and rejection, feelings she responded to with increased intensity of her eating disorder behaviour and a wish to die.

She tested the limits of her physical self and derived satisfaction from control of her body and physiological responses. She felt power as she defied death and the fear and warnings for her life communicated to her by others. She experienced conflict within herself when at times she wanted to regain control of her behaviour, yet the eating disorder controlled her. Opposing dynamics relate to wanting to be less of a “bother”, and “less noticeable” through her weight loss, although she is aware that it was her weight loss that allowed her to gain the attention and fulfillment of unmet needs and insecurities. She sought control in her life in response to the “authoritarian” control she felt that her father placed on her and her family. Throughout her experience of Anorexia, when others attempted to control her, she responded in quiet defiance by increasing the intensity of her eating disorder behaviors, or by a greater determination to continue.

I was taking control myself I felt, and in a way that um nobody could take away from me, this was my area, I had control, and I was proving to the world that I had control over myself.

Emily experienced her eating disorder as having a voice. She describes the voice as “full of hateful torment”, using profanity, and incessantly “accusing” and reminding her of how worthless, ugly, and undeserving she was. She internalized the messages from the voice and the belief that she did not deserve to eat and instead deserved to die.

“I didn’t deserve to eat, I deserved to end up in hospital, I deserved to die.”

At times in her struggle she felt “at one” with the eating disorder voice, and it was difficult for her to free herself from its grip. She describes experiencing an eating disorder “trance” in which she dissociated from her body and was not present in her conscious experiences. These appear to be times of her greatest pain and fear within herself.

Emily’s sensitivity to the environment and others was heightened in her family system. An intertwined emotional connection with her mother, and feeling controlled by and fear of her father during a time of pain, discord and change were issues that she was coping with through her eating disorder. She indicates that her relationship with her father and his perceived abuse, contradictory messages, and expectations of her were overwhelming and related to her eating disorder struggle.

Perfectionism was a major part of her struggle with Anorexia as she sought to meet high expectations of herself and the perceived expectations of others. Her search for validation and approval led to pervasive and debilitating perfectionism. She indicates that perfectionism played “such a huge part in [her] life everywhere” and in her eating disorder experience. She experienced devastating personal consequences and lowering of self-esteem when she felt that she could not be perfect or reach the unattainable goals that she set for herself. In her quest to be perfect she clung to the idea that Anorexia may be the one thing that she could be perfect at.

I was going to be the ultimate anorexic, I was going to be the anorexic of all or the anorexic of all anorexics... the last option to achieving something for my life was to just ... listen to the eating disorder and let that take over.

Emily has difficulty accepting her continuing struggle with eating disorder relapse and experience of profound depression as she attempts to challenge emotional issues and to heal the “pain of the past”. She is reflective of her experience and has a sense of appreciation and gratitude. Through her struggle she feels that she has learned much about herself, her identity and relationships while reevaluating what is important in life. She has begun to internalize feelings of strength, worth and love through her experience of Anorexia, although she would not wish what she has been through on anyone else.

It's almost worth it to have learned what I've learned...but I wouldn't wish what I've been through on anybody.

Grace

The idea that I should have a perfect life...when I felt that I couldn't I had to make at least part of my life perfect and I could be really, really healthy...

Grace's struggle with Anorexia is one of a search for control while other areas of her life were perceived as out of her control. She has found meaning in the experience of her eating disorder and come to appreciate the value of it in her life. Grace sought control of her body and health when she felt trapped by pressures of her environment, which were incongruent with her needs. She experienced feelings of desperation, worthlessness, pain and fear as she struggled with the pressure to live up to her "potential". She began to cope through her eating disorder. She is unsure of how the eating disorder "caught on", yet once it did, it dominated her life and consumed her. She felt unable to let go on her own, and at one time felt that her only way out of Anorexia would be to die. While she came to Anorexia to escape from feelings of being trapped, she then became trapped by Anorexia itself.

I hated it so much and I really, really wanted out, but I didn't see any road out because getting over it was just way too hard and I felt like the only way out was to die.

Grace explicitly links giftedness to her experience of Anorexia, and to the perfectionism that fueled its existence. Feelings of worthlessness arose as she felt that she did not deserve either "her gift" or to eat. She believes that giftedness played a "major part in [her] getting sick" and her eating disorder represented something that she could excel in

when she perceived herself as a failure. The pressure that she felt to excel, perform, and to live up to her gifted “potential” led her to feel trapped and to seek control of something; to be perfect at something. She derived a sense of meaning and feelings of happiness, satisfaction, and superiority from her ability to defy her physiological needs and to starve.

I think with the giftedness, there's at least some perfectionism that kicks in, and since I couldn't be anywhere close to perfect in any other areas of my life, eating was one area I could be "perfect", and I felt like that too. I felt better than other people, because I could control myself, my hunger, my body. It made me feel superior to others.

Her eating disorder allowed her to cope, yet in turn led to desperation, a progression and escalation of her struggle, severe restriction of her intake, physical deterioration and hospitalization, both for suicidal behaviour and treatment of her eating disorder. She expresses an awareness of opposing dynamics and conflict within herself that is characterized by satisfaction and coping through Anorexia, but contrasted with the pain and desperation of her struggle. She is aware that her eating disorder controlled her, and felt that only in giving control to others would she regain hope for her future, for a life free of Anorexia and free of the wish to die to escape her pain and hopelessness.

She sees giftedness as both related to personal characteristics underlying her eating disorder dynamics, but also to the reasons why she found herself in a gifted program in which she felt trapped, pressured, invalidated, and where her emotional needs were neglected. She anticipated a crisis and was aware of her deterioration, both physical and

psychological. Through her eating disorder she was coping with her environment, emotional pain, void in her life, and pressure to “be an adult” and to perform to her “potential”.

Grace experienced a preoccupation with being “healthy”, and became distressed by her thinness. She did not believe that a certain weight would bring happiness. It was the process of starvation through which she gained control and a focus on something other than her distress and desperation. A fear of fat in her body or intake led to preoccupation with eating “perfectly”, and the feeding of and caring for others.

Grace identifies her family dynamics as playing an important role in her eating disorder. She prioritized the needs of others, and felt responsible for her family and the “holes” that she saw in it. She played the role of “parent”, as she felt she needed to hold the family together. She became consumed with caring for them, and by her eating disorder behaviour and continuous “thinking”. Her need to be the “sick one” and her family experience relates to her experience of Anorexia, as she was aware that she could not fight against it in an environment that was incongruent with her needs. She knew she needed to learn to take care of herself and separated herself from them to do so. She feared that change in her eating disorder could not be maintained if the environment in which it developed did not change.

Throughout her struggle Grace experienced intense feelings of guilt related to the burden she perceived that she brought to the lives of others around her. Worthlessness, low self-esteem and internalization of the invalidation she experienced in the gifted program relate to her experience of Anorexia.

Grace has an awareness of her difference from others throughout her life. She isolated herself and feared socialization, since she felt she would be required to “put on her face” and

mask her true self and complexity. Her eating disorder is related to her restriction of her experience and isolation. She was able to find connection with others who also struggle throughout her experience of eating disorder treatment and confronting the issues at its root. Her expectations of perfection for herself, and to be “the best”, contributed to her determination to be perfect at her eating disorder. Her determination to succeed, however, then became a determination to let go of her eating disorder.

She finds a contradiction in being grateful for Anorexia in her life, as it brought with it “hell”, pain and struggle. Through her experience she has come to appreciate the value and purpose of Anorexia in her life. She feels that she has learned much through her struggle and will carry that wisdom throughout her life. She acknowledges that the eating disorder forced her to stop, reevaluate and to gain the self-knowledge required to care for herself, to engage in the world and relationships, to learn who she is and what she does and does not need. Anorexia is the metaphorical “train wreck” that altered the course of her life and experiencing.

Just to have been able to have like a train wreck stop that and everything and be able to decide how I wanted to live my life it was really valuable.

Mary

“It’s very annoying being a perfectionist, it really controls you, and it can drive you insane because you’re never perfect, it’s never perfect when you’re a perfectionist.”

Mary’s struggle with Anorexia is one of searching for happiness, self-acceptance, self-esteem and the “perfect Mary”. This search and a quest for a physical ideal, and control

of her body, promised her many things but instead created conflict within herself as she became controlled by her eating disorder. Feelings of despair, self-consciousness, and not being “good enough”, worsened throughout her experience. She initially looked to her eating disorder as solution, a means to feel better about herself, and to distance herself from the incessant comparisons she made of herself to others. She was unable to find what she was looking for through Anorexia.

“I don’t know if it was the journey to find the perfect ‘Mary’ or what, but I didn’t find it.”

Mary began severe restriction of her intake, and excessive exercise in an effort to focus on herself, her appearance and physical performance by becoming more “fit”. She experienced physical and emotional deterioration, became medically compromised, and was hospitalized. Her determination to succeed was present in her daily preoccupation with food restriction and exercise. She feared the control that the eating disorder had of her, but was trapped by conflict within herself and opposing dynamics which led her to fear gaining weight or losing any more, a “battle within [her] brain”. Throughout her experience she remained aware of her physical emaciation and was distressed by her thinness, although she denied the severity of her health risk. She experienced fear and self-consciousness related to the physical deterioration of her body. She felt that a crisis of some kind would be the only means through which she may be loosened from Anorexia’s grip. Fear and hospitalization represent that crisis and a turning point in her struggle.

In Mary’s experience of Anorexia, restriction of her intake, her emotions and her experiencing by isolation from her family and peer relationships occurred. She

conceptualizes her eating disorder as an “evil” part of her brain, which “twisted reality”, and took over her life. Anorexia “ridiculed” her and made her feel worthless, although it allowed her to cope with profound depression and emotional pain, which she continued to mask. She feels that her depression and negative self-concept were a “major factor in getting the whole eating disorder started”. Throughout her experience she felt void of emotions, although the emotional numbness that she felt was preferable to her than the emotional pain and depression in her experience.

I was very quiet and didn't show much, didn't have much emotion at all, I was kind of emotionless actually, more than anything.

Fear motivated her to use the determination and focus she had utilized to engage in her eating disorder to fight it instead. Her expectations of herself to be “exceptional”, to “succeed”, and to be “perfect” were shadowed by her feelings of self-hatred and criticism. Competitiveness and perfectionism, which were underlying factors in her experience, presented a dilemma of inevitable failure as she sought to be good enough for herself. High expectations in all aspects of her life relate to a desire for happiness and self-acceptance, factors interconnected with coping through her eating disorder. If she could not be good enough for herself she sought happiness and esteem by meeting the needs of others. Mary sacrificed her self and her needs, which took its toll on her identity.

"it got to the point where I sacrificed myself to make other people happy... then it just got to the point where there was no me and I wasn't really anything for myself anymore."

Restriction of emotional expression was present in her experience of Anorexia and also in response to her eating disorder by others. She remarks on the "silence" of her family and friends through her struggle. She appears to feel that her family dynamics are not typical of those who experience disordered eating although she cites a family history of depression, and disordered eating as related factors.

Mary relates giftedness to her experience of Anorexia through a connection to her continual search to accomplish and excel. Her poor self-esteem has not allowed her to internalize her successes and through her eating disorder she sought to compensate for her perceived inadequacies.

"it can be like a black cloud over your head, and you keep striving but there's a point when you can't do any better than you already are. And that's when you look to other things to do better, to compensate for what you can't do better at."

Mary has experienced anger at her self for allowing Anorexia into her life and giving it the opportunity to "kill" her when she should have "known better". She is cognizant of the irony related to how the idealized solution to her emotional pain, depression, and lack of self-acceptance and self-worth "backfired" and became a battle in itself.

Although Mary has regained physical health she continues to struggle. She believes that her experience of Anorexia was purposeful and happened for a reason. She has come to appreciate the value of the eating disorder in her life and what it has brought her including a stronger identity, self- knowledge and personal growth.

"if it doesn't kill you it makes you stronger! Almost literally."

Mary continues to search for the happiness falsely promised by Anorexia.

Feedback from Participants

Situated structures were sent to each of the participants. The response from them was overwhelmingly positive, and none sought to clarify any themes or aspects of their experience. Many reflected on how their experience had been captured fully and that they did not want to change anything. Several commented that it had been a positive experience for them to see the essence of their experience in this format and that it had caused them to consider themes in their experience of an eating disorder that they had not fully understood or considered prior to now.

General Structure: Final Themes and Sub-Themes

The general structure of the experience of an eating disorder among the six gifted adolescent female participants follows. Table 1 outlines the main themes and sub-themes which represent the core and common themes of the experience. Each theme and the associated sub-themes are described and excerpts from the participant interviews are provided to add depth and the voices of the participants to the presentation of the final themes.

Table 1:

The Experience of an Eating Disorder Among Gifted Female Adolescents: Main Themes and Sub-Themes

Main Themes	Sub-Themes
Negative Affect and Self-Perceptions, Emotional Pain and Deterioration	Fear Depression, Desperation and Hopelessness Anger and Frustration Guilt, Blame, and Burden Worthlessness, Low Self-Esteem and Critical of Self Physical, Cognitive, and Emotional Deterioration Continuous Struggle Hospitalized/Medically Compromised
Overwhelmed and Conflicted	Trapped and Pressured Conflicting and Opposing Dynamics
Not Fitting: Incongruence and Awareness Differences	Incongruence in the Family System
Coping Through Engaging in the Eating Disorder	Eating Disorder as a Solution
Experience of Giftedness and Eating Disorder and/ or Struggle Explicitly Connected	Heightened Awareness/Sensitivity
Perfectionism- Striving to Attain "Perfect"	Goal of Perfect Anorexia Expectations Determination and Focus

Control and Restriction

Personal Quest for Control
 Controlled by Others
 Controlled and Consumed by Eating Disorder
 Restriction of Intake
 Restriction of Emotions
 Restriction of Experience

Awareness of Multifaceted Underlying Factors

Experience the Eating Disorder as Not About Food or Weight

**Sacrifice, Defiance and Separation:
Of Self and Identity, of Body, and of Needs**

Sacrifice
 Prioritize Needs of Others
 Defiance and Denial
 Separation and Dissociation
 Defining of Self and Identity Issues
 Experience of Eating Disorder Voice-
 Externalization of Eating Disorder

Purposeful, Appreciated and Meaningful Experience

Appreciation and Recognition of the Value of the Eating Disorder Experience
 Purpose and Meaning
 Eating Disorder as a Metaphor
 Searching

**Theme 1: Negative Affect and Self-Perceptions,
 Emotional Pain, and Deterioration**

The experience of an eating disorder among the participants includes negative affect, negative self-perceptions, emotional pain and deterioration. The profoundly negative feelings and perceptions are pervasive and relate to internalization of pain from the environment, as well the personal emotional pain that resides within the individual. The

deterioration that occurs among these young women is physical, cognitive and emotional and relates to a progressive worsening and escalation of the eating disorder experience.

Esprit describes the scope of her pain that she internalizes from the world around her.

The pain of finding your place in the world and the universe. Trying to... beyond yourself, trying to make sense of things, not understanding things, why things happen, unfairness. The conflict between our best intentions and what actually goes on in everyday life [begins to cry].

Sub-themes within this category represent specific factors that relate to negative affect and perceptions of self, as well as emotional pain and are part of the experience of an eating disorder for several participants. These sub-themes include: Fear; Depression, Desperation and Hopelessness; Anger and Frustration; Guilt, Blame, and Burden; Worthlessness, Low Self-Esteem, Critical of Self; Continuous Struggle; and Hospitalized/Medically Compromised.

All participants referred to experiencing Fear. This is often related to a fear of a continuing struggle with their eating disorder, the eating disorder's severity, or the control that it has over them. Several participants describe a fear of letting go of the eating disorder, or of being themselves.

Mary expresses her fear related to her emaciated physical state.

"I did see myself as really skinny, it scared me".

Esprit describes her fear of the possibility of a life long battle with her eating disorder.

There are days when you ... you worry that oh my god is it always going to stay like this, I have always been like this, I am like this, I will always be like this.

Feelings of Depression, Desperation and Hopelessness relate to the experience of Anorexia for most of the participants.

Mary describes how depression is related to her struggle with her eating disorder.

"the depression was a major factor in getting the whole eating disorder started".

Grace describes the desperation, depression and hopelessness that she felt as she struggled to deal with her eating disorder and considered whether she could continue her life in its grips.

"I'd get progressively depressed, depressed, and more depressed".

I was just like I was so desperate to stop the pain... cause I just felt like I was in so much pain all the time and I was always thinking. And everything was always wrong.

I felt like if I spent the night at home that I would get up in the middle of the night and try and bus downtown and get a gun because I felt just so desperate to stop thinking and to stop feeling all this pain of being sick.

Several participants referred to experiencing Anger and Frustration as an aspect of their eating disorder experience. Feelings of anger and frustration were typically directed towards themselves for struggling, harming themselves, having begun to engage in eating disorder behaviour, or continuing to struggle with eating disorder issues. Anger and frustration were also directed at others for confronting them or trying to control their eating or exercising behaviours. Frustration was also related to the irrational nature of the eating disorder and how it continued to be present in their lives.

Phoenix refers to the frustration she experienced as she evaluates why the eating disorder maintained its place in her life.

I'm doing this again and again and again and yet why? Why am I not doing it? Why is nothing getting solved?

Feelings of Guilt, Blame and Burden related to the experience of Anorexia among the majority of the participants. Many of the participants refer to feeling guilty about the effect that the eating disorder has on those around them, feeling blamed by others or blaming themselves for their eating disorder, or feeling that they are a burden to those around them.

The majority of the participants express feelings of Worthlessness, Low Self-Esteem, and are Critical of Self. This sub-theme seems to reflect the participant's negative feelings about themselves and devaluation of their own worth. Many participants indicate feeling that they are not deserving, are harshly critical of themselves, or feeling that they are never good enough. Emily and Mary describe how worthlessness and low self-esteem relate to their experience of their eating disorders.

I didn't feel that I deserved to live ... I didn't deserve to eat, I deserved to end up in hospital, I deserved to die.

I'm just never good enough. And I always wanted to be better.

Criticism of themselves also extends to what appears to be seeing themselves as out of the ordinary, for example descriptions of themselves that include “weird”, “crazy”, “bizarre” or, “abnormal”, “too smart”.

The participants experience a progressive deterioration in the physical, cognitive and emotional sense, and a worsening and escalation of their eating disorder struggle.

Participants reflect on a Continuous Struggle, with their eating disorder and several cycles of relapse, reverting to using eating disordered behaviour to cope, and the burden of a daily, moment-to-moment struggle with disordered eating cognitions and behaviours. A feeling of being defeated by the eating disorder is present in the experience of many participants.

The sub-theme of being Hospitalized/Medically Compromised is an aspect of the experience of the eating disorder for all of the participants. All participants refer to the severity of the physical deterioration of their bodies, and to their physical health being compromised significantly. With the exception of one participant, all were hospitalized for some length of time, or on more than one occasion as a result of medical risk associated with their eating disorder. The remaining participant also suffered significant medical complications and emergency medical interventions.

Theme 2: Overwhelmed and Conflicted

The experience of an eating disorder involves feelings of being overwhelmed within themselves and also by external sources in the environment. There is a strong sense that their experience is too much to take, and a need to escape the feelings or situations that threaten to overwhelm them. Participants refer to being overwhelmed by many factors, for example being overwhelmed by their emotions, heightened sensitivities, and the state of the world around them. Participants also refer to internal opposing dynamics and conflict within themselves that relate to their eating disorder experience.

Andrea describes being overwhelmed by her heightened sensitivities and emotionality.

I wanted to shut it down just because I find that despite how much I don't want to be, I have always been very emotional, very in touch with things ... in some ways too much. But I just didn't want to handle things anymore.

A salient sub-theme within this category includes specific reference by many of the participants to feeling Trapped and Pressured. Participants discussed feeling trapped or pressured by the expectations of themselves, or that others have for them or by their environments. Participants often express being trapped by their eating disorder, as Phoenix and Grace do here:

It's like, if you want to get better then why are you still doing these things, why don't you just try harder. And it's like you can't, you just can't.

Just the pain of thinking all the time, of feeling like there was no way out because I did feel trapped.

All participants describe Conflicting and Opposing Dynamics throughout their eating disorder experience. This represents feeling torn, and the push and pull of opposing forces within themselves and in response to their eating disorder. This sub-theme represents the inner struggle that characterizes the experience of disordered eating for the participants. Many participants refer to the inability to let go of their eating disorder despite wanting to, and acknowledge a conflict that arises between the depth of their experiencing, yet focus on physical attributes. Participants also describe a “love-hate” relationship with their eating disorder, such as fearing the effects of the eating disorder on their bodies and lives, yet wanting to maintain its role in their lives. Some participants describe the functions that the eating disorder serves in their lives as conflicting and opposing.

Andrea describes how her eating disorder satisfied two opposite and opposing needs. This opposition of needs created conflict within her as she struggled to understand her eating disorder and the role of it in her life.

I didn't really understand ... what I was doing because I wanted to be erased and to talk to no one and to be alone, and at the same time I wanted people to worry and to nurture me.

Phoenix describes the “contradictory” nature of eating disorders and also describes her experiences of being caught between the opposing forces of wanting to recover and also wanting to remain engaged in her eating disorder.

In my opinion, eating disorders are really contradictory things. Maybe you think one thing and do another and do one thing, think another

I was fighting a whole bunch of different things. I was fighting getting better and I was fighting not getting better.

Theme 3: Not Fitting: Incongruence and Awareness of Differences

All participants refer to an awareness of how they often do not fit in their environments (i.e. family or peer group), or that they experience incongruence within themselves. Many participants refer specifically to incongruence between the eating disorder interventions that they received and their needs in those settings. Several participants also referred to how they were aware of a difference in their eating disorder experience in comparison to other young women whom they met that were also struggling with eating disorders. It seems that others also, at times, recognized their differences in their eating disorder experience and not fitting in.

Phoenix describes her awareness of the differences in her eating disorder experience, which was noticed by other professionals, and how the differences relate to many of the interventions that she received which she felt were incongruent with her needs.

It just felt like a totally different subject matter... It was like a different species of eating disorder almost.

Esprit expresses how her eating disorder relates to the experience of not fitting in, and how her eating disorder was a means for her to fit in, in a more general sense.

There was always a kind of sadness and pain associated with not fitting in and also being chubbier than the other kids so maybe at some point I thought well maybe if I lose some weight...

When I asked Esprit about her experience of feeling different she finished my sentence with the reply:

[feeling different] is at the heart of a lot of my problems...if not... probably one of the most important factors.

All participants explored family factors that played a role in the experience of the eating disorder. Although family factors in a general sense were a predominant theme, the specific characteristics of family related factors were less uniform. The most common family related factors are summarized as an incongruent environment, and a family system not adequately meeting the needs of the young women experiencing the eating disorder. This element of the eating disorder experience is represented in the sub-theme, Incongruence in the Family System. Incongruence exists in the sense that the eating disorder represents something that is not working in the family system, or incongruence between the needs of the young women and the family's capacity to meet them. Some of the more specific common factors relating to family include: feeling blame, criticized, controlled, or responsible for the needs of family members.

Theme 4: Coping Through Engaging in the Eating Disorder

All participants refer to how their experience involved coping through engaging in their eating disorder with various internal and external factors. Participants primarily refer to the eating disorder as a means to cope with emotional pain absorbed from the environment and that resided within them. Participants also refer to coping with pressure to live up to their potential, feelings of worthlessness, change, stress, and their reaction to the world through their eating disorder.

Emily refers to the overwhelming emotional pain that she experiences and how her eating disorder experience involves coping.

it was like being in the middle of a hurricane all the time, and so to try and deal with that, I would run and it hurt physically to run, and so I was able to take my concentration from concentrating on the stuff I didn't know how to deal with, into physically beating my body, cause I could deal with that. I could handle the pain of running, but I didn't know how to handle the pain of all the emotions.

As the eating disorder allowed the participants to cope, it also functioned as a solution to something that the participants were searching for. The sub-theme, Eating Disorder as a Solution, reflects the participants' conceptualization of their eating disorder as bringing something to their lives that was absent or fulfilling an unmet need. The eating disorder was hypothesized to allow them to feel or experience something that they felt unable to before. The participants were often searching for something, for example, for happiness or to fit in

and the eating disorder was seen as a solution to those things. This was often later recognized as a false promise with which the eating disorder tempted the young women.

Theme 5: Experience of Giftedness and Eating Disorder

Explicitly Connected

The participants specifically related their experience of an eating disorder to their giftedness without prompting. Participants appeared to have various levels of experience with conceptualizing how their giftedness fits with their eating disorder experience. Several identified the connection between giftedness and eating disorders as important, although it was a relationship they continue to explore and attempt to understand.

Some of the young women describe their experience of an eating disorder as an expression of gifted issues, which they identify as self-doubt, pressure (internal and external), perfectionism, worthlessness, depression, and heightened sensitivities. Many participants felt that the depth of their emotional experiencing and complex emotional needs related to giftedness, and were not met or understood in their environments.

Phoenix addresses how her giftedness contributed to how her eating disorder did not “fit the mold”, and how the interventions she received did not meet her needs.

Giftedness just puts a whole different spin on things. It's like, for one reason, doctors don't know what to do with you... at least for me.

Esprit refers to giftedness, “insight” and “capability” as “your greatest friend or your greatest enemy”. Esprit explicitly relates her experience of Anorexia to her giftedness and struggles with the meaning of the connection and how it contributes to the struggles that she

faces in her life. Esprit also considers the struggles that she sees amongst other gifted individuals, and questions whether they are all “doomed”.

The connection between the kind of increased sensitivity, self-consciousness, self-doubt, insecurity, perfectionism and being gifted, talented, successful... I think there is a connection with that and then the eating disorder is just an expression of the self-consciousness and perfectionism and that sort of thing that results when there are other contributing factors as well.

One of the reasons that I am really excited about this research is because I think that it may have something to do with, that there is a connection between my sensitivity and kind of being more of like a sponge. In between that and being more prone I guess to having problems, not just eating disorders but depression as well (sighs).

A salient sub-theme that relates to participants' experience of their eating disorder and its relationship to giftedness is Heightened Awareness and Sensitivity. Many participants relate their giftedness to their awareness of “subtleties” in their environment, and a feeling of responsibility for the world and others around them based on their heightened awareness. In that sense several participants appear to feel the “weight of the world” on their shoulders, and to “perceive more or see more than others”. The experience of Anorexia is specifically related to trying to escape, or being overwhelmed by this sensitivity and heightened awareness. Several participants identify internalizing and mirroring the needs of

others, while being extremely sensitive to change and the emotional environment around them.

Andrea refers to her sensitivity and internalization of the world around her.

I guess I dunno its just that I find that as an individual I just feel like just a heavy weight of all problems in the world that I just like I don't feel like I have to solve them but I just feel them and I experience them.

Esprit also comments on how her sensitivities and perceptions of the world contribute to her eating disorder and the pain that she experiences in her life.

That's why I think that anorexia is connected closely with my perceptions of the world or sensitivities and that's sort of what I mean by too much for my own good and maybe if I had less of that I wouldn't have as much pain in my life.

Theme 6: Perfectionism- Striving to Attain "Perfect"

An enduring theme throughout the experience of an eating disorder for all of the participants was perfectionism. Perfectionism is reflected in a need to be the best, or striving for perfection although never feeling good enough. Perfectionism is related to self-destruction, and eating disorders are seen as being another area of life that the participants could "control perfectly", or an area in their lives in which they could be "perfect". Perfectionism is conceptualized as "fueling" the eating disorder. Several participants refer to the relationship between perfectionism and giftedness, as well as relating perfectionism specifically to their eating disorder experience.

Emily's experience with pervasive perfectionistic thoughts and expectations of herself is described:

I shouldn't have let myself be imperfect. I was not supposed to be letting myself make mistakes.

Mary describes how her need to be perfect threatens to overwhelm her, and is involved with her eating disorder struggle.

Because you can't be obsessive about everything, you can't be perfect in everything, and when you're trying so hard to do that eventually you just kinda implode...

Andrea describes how perfectionism relates to inevitable self-destruction, which is how she conceptualizes her eating disorder experience.

...Being obsessive and perfectionistic, and all that kind of stuff... eventually it's a recipe for self-destruction.

A sub-theme of perfectionism, the Goal of "Perfect Anorexia" is present among the majority of the participants. Several of them explicitly describe a desire to achieve "Perfect Anorexia" or to be the "Perfect Anorexic". Participants' expectations of themselves to be perfect, and a drive towards perfectionism, extend to their eating disorder experience. They feel that if they are going to have an eating disorder they strive to excel at it, be perfect and the best at it. The goal of "Perfect Anorexia" also appears to relate to searching for something in which they may experience "perfection", when they feel that they do not meet

standards of perfection in other areas of their lives. Grace explored how her eating disorder was something that she felt that she could be perfect at when she felt imperfect in other areas of her life

Since I couldn't be anywhere close to perfect in any other areas of my life, eating was one area I could be "perfect", and I felt like that too.

Emily describes her determination to be the "Perfect Anorexic":

I was going to be the ultimate Anorexic. I was going to be the Anorexic of all or the Anorexic of all Anorexics.

The sub-theme Expectations is prevalent throughout all of the participants' experience of their eating disorder. Several participants explore expectations that they have of themselves and also that others have of them. Expectations that they have of themselves are often extremely high, perfectionist, and relate to expectations of being extraordinary, to succeed, to excel "beyond average" and to live up to an "image" of themselves that they envision. Among some of the young women the expectation that they should be able to recover more quickly than others, or that they should be able to "figure out" the eating disorder, is present in their experience. Expectations from others are often related to being perfect, to conform, or to be different than they are.

Esprit describes how expectations, perfectionism, and trying to live up to the image that she had created, relate to her experience of Anorexia.

I think it is just a lot of expectations. I don't know if... it is perfectionism. I think that it has something to do with my eating disorder is that I am trying to live up to this image of me.

A final sub-theme that relates to perfectionism is Determination and Focus.

Determination and focus often relate to both the eating disorder dynamic and also a quest to excel, achieve and accomplish. The eating disorder appears to relate to achievement and excelling in another aspect of their lives. When they could not always achieve or excel, the eating disorder functioned to meet that need. The same underlying factors that provided the drive for achievement propelled the eating disorder.

Andrea articulates how her determination and focus to succeed relate to her eating disorder as they also do to other areas of her life.

that was a goal that I was willing to do anything at all costs to meet It wasn't so much that I wanted to be skinny, or I wanted to be this, it's just that at all costs I was going to be successful at something and it didn't really matter how I had to get there...

Andrea also describes how her determination and focus in other areas of her life relate to engaging in her eating disorder behaviour and mindset.

When at those times in my life when um I sort of start to slip... I find those ... are the times of my biggest success.

Theme 7: Control and Restriction

Control and restriction represents a prevalent theme throughout all of the participants' experience of Anorexia. The need for control, the associated feelings and reinforcement, feeling controlled by others, and also being controlled by the eating disorder itself are important aspects of control in the eating disorder experience. The sub-themes Quest for Personal Control, Controlled by Others, and Controlled and Consumed by the Eating Disorder relate specifically to the control dynamics that are present in the participants' experience of Anorexia. The sub-themes Restriction of Intake, Restriction of Emotions, and Restriction of Experience, further elaborate on participants' experience of control and restricting and the ways in which it exists in their lives and eating disorder experience.

The Quest for Personal Control is a factor that is consistently described throughout all of the participants' experiences. This control is often accompanied by feelings of power and satisfaction. Control as it relates to the eating disorder is often described as searching for the one thing that they felt that they could control when all other aspects of their lives felt out of control. Control of their body, weight and food intake represents a need for personal control, the basis of which resides outside of the eating disorder. The quest for personal control is also a response to the perceived control by others that they experience in their environments. Participants also experience conflict within themselves in their quest for control through their eating disorder, and describe the fight to regain control back from the eating disorder itself. Resistance to eating disorder treatment and interventions is another example of trying to maintain the feelings of control sought through the eating disorder.

Grace describes her needs for control and how it relates to her eating disorder experience.

It was probably something I could control when I was just so scared that my life was uncontrollable.

Emily articulates the force through which she attempted to prove to herself and others that she had control in her life.

I was taking control myself I felt, and in a way ... nobody could take away from me, this was my area, I had control, and I was proving to the world that I had control over myself.

Many of the participants describe experiencing feelings of power, satisfaction, superiority and energy from the control they gained through their eating disorder.

Grace describes how the eating disorder and control of her body made her feel superior to others.

Because I could control myself, my hunger, my body, it made me feel superior to others.

Being Controlled by Others is another sub-theme related to control dynamics referred to as an aspect of the eating disorder experience for the participants. Many of the experiences of feeling controlled by others are responded to with anger, resentment, an increased need for control, or an increase in the eating disorder behaviour. Experiences of being forced to eat, gain weight or reduce or restrict activity levels are also frequently described as being controlled by others. Several of the participants actually comment on how

they needed to give up control and to have others control them and their eating to begin to challenge their eating disorder and to attempt to move beyond it.

The experience of being Controlled and Consumed by the Eating Disorder is also present. The sense that the eating disorder was more powerful than they were, or that it was an “unstoppable” force, holding them captive, was described. There is a sense that the eating disorder was in control and “choreographed” every thought and behaviour. Although the eating disorder began for most of the participants as a means through which they sought personal control, it then began to take control of them and their entire lives. The irony of this relationship is present in many of the participants’ consciousness. They recognize the irony related to the “solution” then becoming a problem.

Andrea describes the eating disorder’s control of her body and mind:

...under that extreme starvation, and having it ... for so long, I wasn't able to decipher anything except that the eating disorder had run my body and my mind.

A frequent behaviour and core sub-theme in the participants’ experience of the eating disorder is Restriction of Intake. As all of the participants experience Anorexia Nervosa, they describe significant restrictive eating behaviour, malnutrition, and physical emaciation. The restriction of intake among all participants, although variable, was typically extreme and in many reached levels of minute-to-minute preoccupation and taking in little or no nourishment. Restriction of intake seems to have begun as a diet or reduction of food intake and then progressed and escalated to starvation.

Many participants related their restriction of food, their preoccupations, and their eating disorder experience specifically with Restriction of Emotions. Participants actually

spent much more time and energy describing their restriction of emotions through their eating disorder experience rather than their specific eating disorder behaviours. A sense of being void of any emotions and numbness was described. Several participants also explored how emotional restriction and “silence” in their family environments has impacted them.

Emily describes a significant difficulty in experiencing her emotions. She speaks of her emotions as something she holds at arms length and looks at rather than feeling them.

I've had such a struggle with letting myself feel my emotions...I don't let myself feel my emotions.

Andrea relates her restriction of her intake and eating disorder experience to restriction of her emotions.

Pulling away from my emotions I also pull away the physical need to eat and stuff like that.

Also related to the theme of restriction is the sub-theme, Restriction of Experience, which is conceptualized as restriction in connections with others, isolation, and withdrawal. For some participants, their desire to withdraw and isolate was facilitated by their eating disorder and for others restricted experiencing was a result of their eating disorder experience.

Theme 8: Awareness of Multifaceted Underlying Factors:

Experience the Eating Disorder as Not Primarily Related to Food or Weight

The participants are all cognizant of the complex and multifaceted underlying factors that underlie their eating disorder experience. A focus on these factors is emphasized in the

descriptions of their experience of Anorexia rather than a focus on seeking thinness or a physical ideal. The young women see past the presenting preoccupations and behaviours associated with food and thinness, and specifically address the existence of complex issues that underlie their eating disorder.

The majority of the participants specifically address their eating disorder as not being about food or weight. The de-emphasis on weight or food issues is reflected in the sub-theme Experience the Eating Disorder as Not About Food or Weight. The participants are aware of the contradiction between their behaviour and the underlying contributing factors. Participants identify that they in fact did not want to be thin and were distressed by their physical state and emaciation. In one instance, a focus on physical attractiveness and thinness created a significant level of dissonance and distress within the individual as she sought to satisfy much more existential and deep felt needs.

Theme 9: Sacrifice, Defiance and Separation: Of Self, of Body, and of Needs

For the participants, the experience of an eating disorder is conceptualized as a sacrifice of body, of self, and of personal needs, by prioritizing and meeting those of others before their own. --In many ways, the eating disorder is a defiance of the physical body and its needs, as well as a defiance of environmental forces. Issues related to identity are part of the eating disorder experience. Participants often sacrificed their sense of self or identity through their struggle. They refer to both defining themselves through the eating disorder, and also attempting to separate it from themselves. This can occur simultaneously as the

young women struggle to find which parts of their personalities and life are truly their own, and which other elements of their experience are created by Anorexia.

Sacrifice is a sub-theme explored throughout the eating disorder experience.

Participants refer to a sacrifice of themselves, their needs, and their bodies for various purposes. In some of the young women sacrifice is reflected in a prioritization of the needs of those close to them, while in others the needs of the larger community or the people of the world are prioritized.

A predominate sub-theme in the participants' lives prior to the eating disorder experience, as well as throughout the experience is the Prioritization of the Needs of Others. The young women also experience a heightened awareness and sensitivity to the needs of others which appears to relate to prioritization of other's needs and feeling responsible for those needs. Some of the participants appear to have felt that they did not deserve to meet their own needs, or to have their needs met by others. The young women often internalized and mirrored the emotional states of others, providing what others needed from them in the moment, while sacrificing their own needs at that time. Several participants also describe a willingness and motivation to recover from their eating disorder for others rather than for themselves, another example of prioritizing the need of others over their own.

Emily describes her sensitivity to, and prioritization of, the needs of those around her:

I could tell if my mum was sad, and I would try and push away my own needs, even when I was very small.

Esprit describes her motivation to recover for others aside from herself:

"If I can't eat for me then at least I can eat for the world".

Defiance and Denial are consistently described throughout the participants' experience of Anorexia. Defiance and denial of needs, and also the eating disorder as an act of defiance is described. Participants speak of denying their bodily needs, their body itself, death, and the severity or health risk related to their eating disorder. The eating disorder as an act of defiance is often a response to a feeling of being controlled, or defying others in the only way that they felt that they could. Several participants see their eating disorder as an act of defiance atypical of adolescent presentation. Rather than acting out in an overt show of defiance, they are internalizing and defying through the use of their own body and starvation.

Andrea describes her eating disorder as an act of defiance:

I knew that what I was playing with was dangerous but I still did it anyway.

Sort of like a, I guess an act of defiance.

Separation and Dissociation are also related to the eating disorder experience for many of the participants. Participants sought to experience themselves as outside of their life or consciousness, or feel that way as a result of their eating disorder. There was a sense that the physical and psychic realms can be separated. This dissociated or separated state was described as either a goal or consequence of the eating disorder.

Andrea also articulates how her eating disorder allowed her to dissociate and separated herself from her body and other elements of her world.

I didn't feel, I just kind of wanted to get away from everything and, just kind of separate myself from the physical world I guess.

I felt like I was carrying the weight of the world and I thought that if you could defy everything and separate mind from body then I wouldn't have to deal with it anymore.

Defining of Self is a sub-theme that reflects the participants' experience of defining themselves through having an eating disorder or being unable to separate themselves from it.

Andrea clearly expresses how she defines herself by her eating disorder:

I think about it and I think well eventually you kind of become defined by it and you realize well if I don't have that then who am I kind of thing. And it's something that I'd like to get rid of but, like, I don't know, I think for me there never really will be a full recovery but I'm willing to live with that, so, yeah.

Esprit describes how she struggles with seeing herself as separate from her eating disorder, and also considers how she is defined by it:

On one hand I can so do this, I have had a lot more difficult things in my life and it's no problem but on the other hand what if the disease is stronger than me. Whatever me is and whatever the disease is and however the two go together.

Although participants may define themselves, or parts of themselves, through their eating disorder, they also refer to externalizing their eating disorder from themselves and several refer specifically to an "eating disorder voice". The sub-theme, Experience of Eating Disorder Voice-Externalization of Eating Disorder, reflects the participants' experience of externalizing the eating disorder from themselves and reference to their eating disorder voice.

The voice is only a conceptualization and does not reflect an actual voice that they hear concretely. It is often the way that the young women think of the externalized representation of their eating disorder and the “two parts” of their selves. The eating disorder voice is seen as powerful and often malicious, destructive and manipulative.

Phoenix attempt to describe her eating disorder voice:

I don't know how to describe it. It's like... it's not like a schizophrenic kind of actual voice that you hear, it's more like a thought but it's in, it's not always in words, it's kind of just a feeling...but it's still, it's kind of words and it's kind of not... but it's always there. It's like there's two parts to me, that's what it was like.

Theme 10: Appreciated, Purposeful, and Meaningful Experience

In addition to the overwhelming negative and painful experiences associated with the experience of Anorexia described by the participants, they also reflect on an appreciation and recognition of the value of the eating disorder in their lives. All participants emphasize the purpose and meaning associated with the eating disorder experience. Although not an experience that they would ever wish someone else to go through, it is one that many would not erase from their lives if given the opportunity.

Andrea reflects on her experience of her eating disorder having purpose and meaning in this excerpt and how although it is an experience she would not wish on someone else, it is one that she feels that she needed to go through in order to recreate herself.

Andrea: ... it was something that, it's like an awful thing to go through but I wouldn't take it back for anything, ... I learned a lot about myself and

continue to learn... I definitely wouldn't wish anything that I've done to myself on anyone else.

Alison: But it's something that you wouldn't take back for your own experience?

Andrea: Definitely.

Alison: mmm. Can you tell me more about this?...

Andea: I guess, the theory of, you need to self-destruct before you can excel. I always found that like, oh I don't know it makes sense in my head, uh, that, I don't know I just found that like it was almost the way that I had recreated myself. Like I've gone through that and come out kind of, I don't know, better. Still struggling but, it just kind of like, I don't know, I just kind of came out as an individual, not really caring about things, not really getting caught up in the things that I always found so important, like people my age ...

The sub-theme Appreciation and Recognition of the Value of the Eating Disorder Experience is important to the experience of an eating disorder among all the participants. The eating disorder has brought struggle and grief to the lives of the young women, but there is also a sense that it has provided them with an opportunity to learn about themselves, or has provide self-understanding and strength. The eating disorder is appreciated and met with a sense of value, gratitude, and of having been worthwhile.

Mary comments on the strength she gained through the experience of her eating disorder:

"if it doesn't kill you it makes you stronger! Almost literally."

Phoenix conceptualizes and appreciates her eating disorder as a light:

I felt like I was on this road and there was this end there was this light at the end that would make things clearer.

Grace explores how her eating disorder experience caused her to learn things as an adolescent that many adults may not have learned:

That's kind of a weird thing, it was like a living hell for a whole year but coming out the other end of it I've learned so much ... Just to have been able to have like a train wreck stop that and everything and be able to decide how I wanted to live my life it was really valuable.

Purpose and Meaning in the eating disorder experience is an important sub-theme that also relates to the appreciation of the value of the eating disorder experience. Participants explicitly refer to feeling that their eating disorder experience was purposeful, had meaning in their lives, and was something that they needed to go through. The young women often explore the purpose and meaning, as they attempt to make sense of the experience of the eating disorder in their lives.

Phoenix often referred to her understanding of the purpose and meaning of her eating disorder. She clearly indicates that in finding and accepting the purpose of her eating disorder she experienced more freedom from it.

I think, again it was like most other people happened due to a cause and mine was for a purpose... this was meant to happen, it just didn't happen, it was meant to happen.

it didn't happen so much from a cause as for a purpose...a person's mind like, it can either be, it can be stuffed with things that don't really mean anything, just a bunch of surface things but then with the eating disorder it kind of cleared it all. It was like whoa, I can see now. Just see everything in a total different light.

Eating Disorder as a Metaphor is a sub-theme that reflects the way in which several of the participants conceptualize their eating disorder as a metaphor for something else.

Emily describes how her eating disorder was not about thinness but was a metaphor for her desire to take up less space in the world:

it's not really about my body at all, even when I was most sick, and depriving myself of food, it wasn't because I wanted to be thinner, it was because I wanted to take up less space, I wanted to be less... in the way,... less a bother. And the only way to do that would be to take up less space in the world.

Andrea examines how her eating disorder represents a coldness of mind, body and spirit.

I'd say that when I was in I guess peak starvation I was very cold, um emotionally and spiritually and physically.

The sub-theme Searching relates to how many of the participants were searching for something through their experience of an eating disorder. The search is seen as a journey towards something. Sometimes they found what they were searching for; in other instances it continues to elude them.

CHAPTER V

Discussion

This study describes the core and common themes of the experience of an eating disorder among six gifted female adolescent participants, using data gained through in-depth phenomenological interviews. A situated structure was developed for each individual participant, based on the predominant themes in their personal experience. Ten main themes emerged from the data which included: 1) Negative Affect and Self-Perceptions, Emotional Pain, and Deterioration, 2) Overwhelmed and Conflicted, 3) Not Fitting: Incongruence and Awareness of Differences, 4) Coping Through Engaging in the Eating Disorder, 5) Experience of Giftedness and Eating Disorder and/or Struggle Explicitly Connected, 6) Perfectionism-Striving to Attain "Perfect", 7) Control and Restriction, 8) Awareness of Multifaceted Underlying Factors, 9) Sacrifice, Defiance and Separation: Of Self, of Body, and of Needs, 10) Appreciated, Purposeful and Meaningful.

In this chapter, the significance of the findings will be explored in light of the literature reviewed and the methodology utilized, and will also be discussed in terms of gifted young women and adolescents who may experience eating disorders. This discussion will also address what implications the study may have for future research, psychoeducation, and psychotherapeutic practice. The subjective experiencing of the researcher is also considered, along with noteworthy observations about the sample and findings.

Significance of Findings in Light of Previous Research

A discussion of the findings as they relate to previous research is challenging for this study. As mentioned previously, although specific literature pertaining to gifted individuals

who experience eating disorders is sparse, the literature in each of the fields of giftedness and eating disorders is vast. For the purposes of this discussion, some of the general topics addressed in the literature review will be explored concisely, while more specific attention will be paid to areas in which the current research findings directly relate to literature reviewed. The primary focus will be on previous literature specific to eating disorders among gifted adolescents.

Conceptualisations of Giftedness

The fact that the participants explicitly related their eating disorder experience to aspects of being gifted is of particular interest. Without being prompted, the participants discussed their giftedness, its association with their eating disorder, and the specific aspects of giftedness that create pain and struggle in their lives. By virtue of being aware of the purpose and participant selection criteria of the study, participants may have been more cognizant of the relationship between giftedness and eating disorders. The young women appeared to have had varying levels of experience in discussing their giftedness as it relates to their eating disorder. Some seemed to see giftedness as a defining characteristic in their lives and eating disorder experience, and more of a way of being in the world than a trait. For other participants, considering how giftedness related to their eating disorder appeared to have been more of a new venture.

Giftedness as a construct is difficult to define concretely. The literature review emphasizes this point, and provided a brief sample of some of the current conceptualizations of giftedness. Particularly salient in the experience of some of the participants, and in the way they related their own experience of giftedness to their eating disorder, are the interpersonal, intrapersonal and existential intelligences as conceptualized by Von Karolyi,

Ramos-Ford and Gardner (2003). The young women do not typically speak of their cognitive intelligence, or academic ability, but place more emphasis on their keenly attuned interpersonal and intrapersonal abilities when discussing their giftedness. Von Karolyi, Ramos-Ford and Gardner have described a ninth, as yet unconfirmed, existential intelligence as involving "an interest and concern with ultimate issues" and "pondering the fundamental questions of existence" (p. 102). Feeling the "weight of the world", existential questioning, and experiencing emotional pain from their environment, was a similar theme apparent in many of the young women's descriptions of their eating disorder experience.

Heightened sensitivities and awareness referred to as psychic overexcitabilities are discussed by many theorists and researchers in the field of giftedness (e.g. Ackerman & Paulus, 1997; Bouchet & Falk, 2001; Jackson, 1995; Jackson & Peterson, 2003; Schultz & Delisle, 2003; Silverman, 1994, 1998; Piechowski, 1997, 2003). The Experience of Giftedness and Eating Disorder and/or Struggle Explicitly Connected theme, and the sub-theme Heightened Awareness/Sensitivity relate to psychic overexcitabilities. Jackson and Peterson (2003) address the relationship between overexcitabilities and psychological distress among gifted adolescents, as well as how various traits contribute to gifted adolescents' feelings of being "out of sync" or "at odds with their various contexts" (p. 177). This sense of not fitting in, or being at odds with various contexts was clearly described in the theme Not Fitting: Incongruence and Awareness of Differences. It also relates to the Coping Through Engaging in the Eating Disorder theme, as many of the participants describe coping with elements of their giftedness, and feelings of incongruence through their eating disorder.

Specific Literature Related to Eating Disorders Among Gifted Adolescents

As previously mentioned, the specific literature related to eating disorders among adolescents is currently not well developed. This study contributes much to the field of giftedness, as it specifically examines an area that is alluded to as important, or in need of exploration by a number of recognized experts (i.e. Gatto-Waldon, 1999; Jackson & Peterson, 2003; Peterson, 1998; Garner, 1991). The literature that is specific to characteristics of gifted individuals who experience eating disorders can now be examined in light of the findings of this study. Specifically, several of the themes that emerged relate to characteristics of giftedness that theorists and researchers often related to eating disorder risk factors, such as perfectionism, determination to achieve, sensitivity, prioritization of the needs of others, and low self-esteem.

Silverman (1994), Kerr (2000) and Kerr and Nicpon (2003) briefly mention the societal pressures on gifted adolescent females to meet social expectations of beauty and attractiveness. They suggest that gifted adolescents may be particularly adept at picking up on societal expectations and pressures related to thinness, weight and appearance preoccupation, and may therefore be more at risk for eating disorders. Contrary to these ideas, the gifted adolescents in this study, for the most part, neglected descriptions of societal pressures or a search for physical ideals or thinness in describing their eating disorder experience. The young women instead explicitly point out that their eating disorder experience was not about these factors, as has been addressed in the sub-theme Experience Eating Disorder as Not About Food or Weight. In many of the cases where the eating disorder did relate to a search for a physical ideal, it was acknowledged that this created a feeling of dissonance, as it was not in keeping with their conscious values and depth of

experiencing. One participant appeared very susceptible to societal messages, and focused much attention on her search for a physical ideal, but this characteristic was inconsistent with the majority of the data.

Silverman (1999) briefly alludes to a relationship between giftedness, perfectionism and a possible predisposition to eating disorders among gifted adolescents. Gatto-Walden (1999), Garner (1991), and Leroux and Cuffaro (2001) all emphasize perfectionism as a factor related to eating disorders among gifted or highly academically able adolescent females. The pervasive perfectionism involved in the eating disorder experience among these gifted young women is outlined in the theme, Perfectionism-Striving to Attain "Perfect", and was emphasized by all participants as an important component of the experience of Anorexia. Sub-themes of the Perfectionism theme include: a Goal of "Perfect Anorexia", Expectation (of self and others), Determination and Focus.

Garner (1991) identifies many risk factors for eating disorders that may relate to gifted adolescents' experience. He described possible factors influencing the development of disordered eating among gifted adolescents such as competitive settings, and treating weight loss as "another area for displaying personal competence" (p. 53). These predisposing factors refer primarily to the participants' experience of Anorexia described in the Perfectionism theme. While the participants do not specifically refer to competitiveness or competitive settings, determination and focus, and a quest to achieve and excel were aspects of the eating disorder experience for the participants. A quest for "Perfect Anorexia" met achievement needs when the participants felt inadequate in others areas of their lives. Their eating disorder as an area to display "personal competence" is described more completely in the sub theme, Goal of "Perfect Anorexia". Garner also identifies low self-esteem as another

predisposing factor that may place gifted adolescents at risk for an eating disorder. This emerges in the sub-theme, Feelings of Worthlessness, Low Self-Esteem and Critical of Self, and is related to the low self esteem risk factor noted by Garner (1991). Overall, the risk factors suggested by Garner represent a select sub-section of the experience of an eating disorder among the participants in this study. One theme (Perfectionism), its sub-themes, and one additional sub-theme (Worthlessness, Low Self-Esteem and Critical of Self) account for the majority of factors cited by Garner.

Based on clinical experience and anecdotal evidence, Gatto-Walden (1999) suggests that among her gifted clients struggling with disordered eating, several characteristics are common. These characteristics include a "personal identity that has disowned being gifted, debilitating perfectionism, excessive need to please others, experience of isolation and loneliness, stressful transition during the onset of the disorder and family dynamics which may include: overprotection, enmeshment, perfectionistic family standards and abuse or addictive behavior" (p. 119). Several of the characteristics that Gatto-Walden refers to were present in these findings in some way, although several characteristics that were noted by Gatto-Walden were not found in the current study. The "excessive need to please others" noted by Gatto-Walden may be reflected in the sub-themes, Expectations, and Prioritization of Needs of Others. Here participants describe not so much a need to please as a heightened awareness, internalization, and prioritization of the needs of others. Gatto-Walden notes "isolation and loneliness" as often being experienced by gifted clients with eating disorders, and this is congruent with the sub-theme, Restriction of Experience-Withdrawal and Isolation. Gatto-Walden also links stressful transitions at onset and specific family factors to the experience of an eating disorder among gifted clients. No stressful transitions were

emphasized, and the family characteristic, “perfectionistic standards” is the only factor which is related to in the findings of the current study. Contrary to Gatto-Walden’s inference that gifted clients who experience eating disorders have “disowned being gifted”, the majority of the participants in this study specifically acknowledged their giftedness, and related many gifted qualities to their experience of an eating disorder. In some ways Gatto-Walden (1999) has described characteristics or factors that were present in the current findings. On the whole, however, I find significant differences in the essence of the emotional turmoil, the ways that giftedness may relate to the experience, or how the eating disorder allows young women to cope with elements of their experience. The factors that Gatto-Walden suggests are central factors related to eating disorders among gifted clients can be accounted for by a sub-section of the current research findings.

Despite the weakness of the sources on which Leroux and Cuffaro (2001) suggest factors that overlap high academic ability and eating disorders, several correspond in some way to the current research findings. Leroux and Cuffaro cite hypersensitivity, which may be similar to the Heightened Awareness/Sensitivity sub-theme, persistence, competitiveness and high achievement corresponding to the Determination and Focus sub-theme, and perfectionism clearly corresponding to the Perfectionism theme. Having an introspective and intuitive nature, intensity, and excitability may correspond to the Experience of Giftedness and Eating Disorder Explicitly Connected theme and/or the Heightened Awareness/Sensitivity sub-theme, and finally conscientiousness could be seen as similar to the Prioritization of the Needs of Others sub-theme. Factors seen as overlapping mentioned by Leroux and Cuffaro that were not indicated in the research findings include:

impulsiveness, high IQ, academic excellence, precocious behaviours, and hypermaturity (p. 113).

Societal Pressures, Self-Esteem, Perfectionism and Personality Factors

Prior to conducting this study, the influence of social pressures, self-esteem variables, and perfectionism were all suggested as factors that clearly intersected research in both the giftedness and eating disorder fields. Personality and risk factors examined in literature pertaining to eating disorders among adolescents were also briefly explored. Each of these areas can be briefly illuminated through the findings of the current study.

The effect of societal pressures related to thinness, beauty and images of femininity on disordered eating among adolescents is addressed in both gifted and eating disorder literatures (e.g. Kerr, 2000; Sands & Howard-Hamilton, 1995; Silverman, 1994; Slater, Guthrie & Boyd, 2001). The susceptibility and risk that is associated with eating disorders among both gifted and non-gifted adolescent populations are explored in current literature. As previously mentioned, this aspect of the eating disorder experience did not typically emerge through the research findings. What did emerge through the findings were the theme, Awareness of Multifaceted Underlying Factors, and the sub-theme, Experience of Eating Disorder Not About Food or Weight. Participants specifically referred to complex underlying factors, many of which relate to other themes. A de-emphasis on thinness, and feeling personal distress as a result of physical deterioration and emaciation was present in the experience of many participants. In one instance a participant identified a preoccupation with her appearance. This remains an inconsistent aspect of the data as a whole. Another participant discussed her vulnerability to societal messages, but was overtly distressed and

experienced conflict within herself as a result of the incongruence between that focus and her personal values and depth.

Much of the literature reviewed pertaining to self-esteem or self-concept variables among gifted adolescents contains controversial findings (e.g. Gallagher 2003; Hoge & Renzulli 1993; Lea-Wood & Clunies-Ross, 1995; Niehart, 1999). Whether gifted students experience higher or lower levels of self-esteem, or more positive or negative self-concept, appears to relate to the measures used, the ways in which the constructs are operationalized, and whether social and academic self-concept is differentiated. Literature that addresses eating disorders among adolescents typically cites low-self esteem as a risk factor (e.g. Gual, et al., 2002; Mussell, Binford & Fulkerson, 2000). Mussell, Binford and Fulkerson (2000) also suggest that negative self-evaluation and perceived ineffectiveness are also risk factors. The findings from this study relate to this area in two ways. First, the sub-theme Worthlessness, Low-Esteem, and Critical of Self clearly illustrates the participants' emotional pain, their negative feelings about themselves, and devaluation of their own worth. Secondly, within the theme Control and Restriction, participants describe deriving feelings of satisfaction, power, and superiority from their personal quest for control associated with their eating disorder. From this perspective, the experience of an eating disorder may be seen as a means through which the young women compensate for low self-esteem and negative self-concept.

Perfectionism is the most consistently mentioned factor associated with both eating disorders and giftedness. The literature reviewed consistently cites perfectionistic tendencies or perfectionism as a risk or personality factor among individuals who experience eating disorders (e.g. Ashby & Kottman, 1998; Bastiani, Rao, Weltzin, & Kaye, 1995; Gual, et al.,

2002; McVey, Peplar, Davis, Flett, & Abdoell, 2002; Shafran & Mansell, 2001). Within gifted literature a controversy exists as to whether perfectionism among gifted individuals contributes to maladjustment. Few theorists disagree that perfectionism is often a characteristic of gifted individuals (e.g. Greenspan, 2000; Nugent, 2000; Schuler, 2000; Silverman; 1999).

Perfectionism was a salient theme that emerged from the data. The theme, Perfectionism- Striving to Attain "Perfect" and the sub-themes, Goal of Perfect Anorexia, Expectations, and Determination and Focus all relate to the participants' experience of perfectionism as an aspect of their eating disorder. Perfectionism was conceptualized as fueling the eating disorder, and was also related to giftedness by several of the participants. Perfectionism extended to wanting to be the best at having an eating disorder and to a determination to engage in the eating disorder and restriction of their intake "perfectly".

Mussell, Binford and Fulkerson (2000) also cite the use of eating disorders to cope with feelings of inadequacy, and negative emotionality as risk factors for eating disorders. Coping with feelings of inadequacy may relate to the Worthlessness, Low-Self Esteem and Critical of Self sub-theme much in the same way as low self-esteem variables cited in the gifted and eating disorder literature, but may also relate to the Coping Through Engaging in the Eating Disorder Theme.

Using a qualitative approach, Wicksteed (2002) explored issues related to control among those who experience eating disorders. She suggested that although control appears to be a prevalent theme that has been identified anecdotally, current literature often fails to address this topic. The personal quest for control, feeling controlled, being controlled by the

eating disorder itself, and controlling and restricting intake, emotions and experience, is substantiated in the Control and Restriction theme.

Interesting and Unexpected Characteristics of the Data and Participants

Based on my clinical experience in the eating disorder field, and a review of the literature, the findings included two very unexpected and interesting characteristics. I make no claims about the basis for these characteristics, as my thoughts have little evidence aside from my clinical intuition. Regardless, these points are curious and if nothing else speak to the homogeneity of the participant sample.

First, although the selection criteria for participants did not specify what type of eating disorder the participants experienced, all participants described Anorexia Nervosa, which seemed to be exclusively the restricting type. I did not discriminate or select these participants based on this characteristic, nor did I know what kind of eating disorder they had experienced prior to the interview. My clinical experience, and anecdotal evidence from other eating disorder professionals seems to indicate that adolescents who experience Anorexia Nervosa often also experience symptoms of Bulimia Nervosa, or the bingeing and purging type of Anorexia Nervosa, at some point in their recovery or eating disorder experience. Based on their own description, it seems that none of the participants varied in their eating disorder presentation. While this could be attributed to a lack of detail in describing specific eating or bingeing and purging behaviours, all participants spoke only of the restricting type of Anorexia Nervosa throughout their description of their eating disorder experience.

Secondly, the fact that the majority of the participants experienced significant physical deterioration, to the point of requiring hospitalization, seemed a particularly interesting point. Although statistics for the proportion of eating disorders requiring hospitalizations are not available, in my experience few clients who experience eating disorders physically deteriorate to the point of requiring hospitalization. All participants had received emergency medical interventions as a result of their eating disorder and five of the six were hospitalized on one or more occasion for a significant length of time, due to being medically compromised or at a significant health risk because of their eating disorder. Through a brief follow-up conversation with the participant who was not hospitalized in order to validate the situated structure, it has come to my attention that she too is being asked to consider inpatient hospital treatment at this time.

Implication of the Study and Findings

Exploration of Original Research Contributions

The findings of the current study overlap somewhat with factors that have been mentioned in previous literature specific to gifted adolescents who experience eating disorders. Previous theoretical exploration of this topic has specified a number of risk factors or common characteristics among gifted individuals who experience eating disorders, although the depth of their experience and its qualitative characteristics have been neglected. The richness and depth of the current findings add a unique and substantial level of meaning to our understanding of eating disorders, providing a broad basis for further exploration and clinical applications.

The themes that emerged through this study, and those that were mentioned in previous literature, can be addressed primarily through the themes of Perfectionism, Low Self-Esteem, and Prioritization of the Needs of Others. Heightened Awareness/Sensitivity, a sub-theme of the Experience of Giftedness and Eating Disorders Explicitly Connected theme, is indirectly referred to in some way through the previous literature. Coping through Engaging in the Eating Disorder, Withdrawal and Isolation, and Not Fitting, are mentioned but not elaborated on through previous examinations of this topic. This study offers several original research contributions, as many of the themes have not been addressed in previous literature. The level of depth at which the experience of an eating disorder is described also contributes substantially to similar themes identified in previous explorations of this topic.

The profound sense of emotional pain, self-devaluation, inner turmoil, and progressive worsening of the struggle which overwhelms the young women as they experience an eating disorder reflected in themes such as Negative Affect, Negative Self-Perceptions, Emotional Pain, and Deterioration and Overwhelmed and Conflicted, has not been captured previously. The quality of these feelings cannot be described easily, although they are central to understanding the experience of an eating disorder. These aspects of the eating disorder experience should be a focus of clinical interventions. The emotional struggle and pain associated with disordered eating requires support and understanding, and can be captured more fully through the qualitative description of such themes.

The theme, Not Fitting: Incongruence and Awareness of Differences is mentioned by other theorists (e.g. Jackson & Peterson, 2003), yet coping with this element of experience through an eating disorder has not been explored. This theme has particular relevance for examining the feelings and emotional pain of gifted adolescents, and for evaluating the

potential risk of maladaptive coping mechanisms, such as an eating disorder that may result from incongruence in their environment, unmet needs, and awareness of differences among others. The participants' awareness of a sense of being different from others who also experience an eating disorder has theoretical and clinical implications.

The theme, Coping through Engaging in an Eating Disorder, has been briefly discussed previously but the profound sense of pain experienced in this process, and the identification of restriction of intake as a solution to that struggle has not been explored as fully as it is here. The explicit relationship between giftedness and the experience of an eating disorder, subjectively experienced by the participants, is also an original research contribution. The theme Experience of Giftedness and Eating Disorder and/or Struggle Explicitly Connected captures the way in which the young women identify their giftedness, and the characteristics or contributing factors associated with it that explicitly relate to their experience of Anorexia. The sub-theme Heightened Awareness/Sensitivity resonates with much of the current literature on the social and emotional qualities of gifted adolescents, although this study presents more clearly how such heightened awareness may present young individuals with challenges of feeling the "weight of the world" and the emotional tone of their environment.

Perfectionism is certainly not a new concept in either eating disorder or gifted research, yet the unique way in which the participants articulate the lived experience of perfectionism, how it is related to their eating disorder, giftedness, and the expectations of themselves or others is of interest and a unique contribution. How it feels to be consumed by perfectionistic needs or the quest to achieve "Perfect Anorexia" should be explored further among gifted individuals.

The theme Control and Restriction as it relates to the eating disorder experience is in many ways inevitable, as restriction of intake is a requisite behaviour for the diagnosis of Anorexia Nervosa. The idea of restriction is not new to the eating disorder literature, although the level of depth at which it is currently examined is unique. This study presents the theme of Control and Restriction as it relates to behavioural, emotional, and experiential elements of an eating disorder experience, and explores how restriction of intake is metaphorical for restriction of other aspects of the lives and experiences of the young women. As Wicksteed (2002) suggested, the theme of control as it applies to the experience of an eating disorder is often referred to anecdotally, but has not been substantiated or explored through research literature. The theme, Control and Restriction, was prevalent throughout the experience of Anorexia for all the participants and was as a primary need fulfilled through their eating disorder experience. The converse side of control, and the irony of becoming controlled by the eating disorder, the means through which control was sought, is discussed.

The need to please others is mentioned in previous eating disorder literature and may relate to the current study's sub-theme, Prioritization of the Needs of Others, yet there seems to be a qualitative difference in the way this sub-theme has been mentioned previously. Prioritizing the needs of others is less about pleasing others, than it is about sacrifice of personal needs, or sacrifice for a greater purpose as described in the theme, Sacrifice, Defiance, and Separation. This theme reveals elements of the experience of an eating disorder that go well beyond a need for validation or to please others. The conceptualization of Anorexia as an act of defiance is articulated by the participants and may be a point of significant clinical relevance.

Although physical deterioration and the associated emotional and cognitive deterioration that may accompany Anorexia is not a unique finding, the severity of medical risk and hospitalization that was consistently described by the participants seems unique. Whether or not the severity of the eating disorder experience is more profound among this population is of interest and warrants investigation.

One of the most interesting findings of this study was the theme Awareness of Multifaceted Underlying Factors and the sub-theme, Experience of Eating Disorder as Not About Food. It seems a common perception that the search for thinness or physical ideals is a primary motivation for disordered eating among adolescents. The study's participants referred to an understanding of the complexity of the underlying dynamics that contribute to their eating disorder. This factor alone may not be unique, but the overt reference to being distressed by their thinness, or explicitly denying thinness as a goal, does not appear to be articulated or explored in current eating disorder literature. This theme may also represent a unique characteristic among this population that warrants exploration, both clinically and through further research. How the experience of an eating disorder relates to identity or may represent a means through which to sever or distance the mind-body connection also warrants further exploration. The ways in which these young women attempt to separate their eating disorder from their sense of self, in order to fight against it, is also of interest. Identity and externalization of the eating disorder are addressed in the sub-themes, Defining of Self and Identity Issues and Experience of Eating Disorder Voice-Externalization of Eating Disorder.

Few would argue that the experience of an eating disorder brings pain and suffering to those who live the experience. Glorification of the eating disorder experience must be

avoided but the theme, Purposeful, Appreciated and Meaningful Experience, illustrates the way in which the participants consistently referred to the meaning and purpose of their experience and the positive aspects that it has brought to their awareness and lives. The notion of a necessary struggle, or struggle for a greater purpose also warrants further exploration as it relates to gifted populations. The participants' clear sense and understanding of meaning and conceptualisation of the eating disorder as a metaphor for other aspects of their existence is striking and further exploration or clinical application of that theme has significant importance.

Many of the findings of the current study elaborate on and describe in rich detail the lived experience of previously acknowledged factors associated with eating disorders. Other themes that emerged from the data are uncharted areas that contribute a significant amount of knowledge to the current state of eating disorder knowledge as well as gifted literature. The ways in which these unique contribution could be applied to clinical settings and further explored through research are substantial.

Implications For Psychotherapy, Psychoeducation, and Eating Disorder Treatment

The qualitative data and in-depth descriptions of the lived experience of an eating disorder offer much more than a list of personality traits or risks factors typically presented in current literature. The results of this study allow those who choose to read and engage in the findings to gain a closer proximity to the actual experience of an eating disorder among gifted adolescents. In doing so, a glimpse into the subjective experiencing of those who experience the struggle is provided, and it is through that perspective that psychotherapeutic interventions and psychoeducation are most likely to have an impact.

Much of the reasoning behind this study, and the impetus to pursue it, were based on a desire to contribute knowledge to previously neglected area, which could then be transferred to clinical, and psychoeducational settings. As a clinician, and someone who highly regards the scientist-practitioner model, the practical application of research findings was a primary focus.

As the results of this study relate to gifted adolescents, their clinical utility will be primary related to that population. For clinicians working with gifted adolescents experiencing eating disorders, having gained further understanding of research finding will provide a basis for more effective exploration with the client. Being aware of how the study's findings and themes may play out or underlie certain thoughts or behaviours may provide insight into the gifted adolescent client and a means through which a therapeutic connection can be made. Clinicians incorporating the research findings into their clinical work are encouraged to immerse themselves in the data and rather than search for the way that their gifted adolescents clients may fit the data, instead take what may be of use and individual relevance and leave the rest behind. In doing so, the subjective experience of the client may be illuminated through commonality with the experience of others who struggle with an eating disorder, but valued in and of itself.

Clinical use of the research findings may include either the general structure or the individual situated structures. Individual participant stories, or the final themes and sub-themes could be explored, in their entirety, or individually selected based on the needs and eating disorder presentations of a particular client. Simply asking how specific themes relate to an individual's experience may be beneficial to exploration and developing a sense of the client. The individual experiences of the participants, or the common themes may resonate

with gifted adolescents who experience eating disorders, or with their parents. The results could also be incorporated into an eating disorder group session as prompts for exploration and discussion.

The unique aspects of the findings may have particular relevance to working with gifted clients who experience eating disorders, as they represent themes that may be less commonly examined and possibly neglected. For example, identifying that gifted adolescents may not be focused on thinness, may be attempting to restrict their experiencing in the world, to cope with (or restrict) their heightened awareness, that they may feel that their experience of an eating disorder experience is vastly different from other young women, or misunderstood in treatment settings are all areas of inquiry which are suggested by the research findings. If indeed the findings reflect the young women's giftedness, then giftedness needs to be explored and nurtured in psychotherapeutic relationships, and the findings of this study provide a basis to begin to do so.

From a psychoeducational perspective, the research findings contribute much in the same manner as they would in clinical settings. Consideration of the unique themes that are part of the experience of an eating disorder among gifted adolescents is warranted by those who specialize in either eating disorder treatment, or psychotherapy with gifted individuals. Such professionals may also extract possible risk factors from the research findings and apply them to preventative or screening considerations. Specifically parents of gifted girls or young women, and more generally, parents of gifted children, may benefit from an awareness of the themes and a closer examination of what the experience of an eating disorder is really like based on the subjective experiencing of those who have been there.

The findings in many ways reach beyond the experience of Anorexia to include what it is like to experience struggle as a gifted adolescent. This has broad implications for professionals, researchers and parents, as it applies to gifted adolescents more generally. As the participants explicitly relate their giftedness to the emotional pain and struggle in their lives, parents of all gifted children may benefit from an understanding of an example of how psychological and gifted issues may manifest themselves in maladaptive ways.

Since the research finding in many ways were gained as a result of the participants' ability to self-reflect and articulate the experience of an eating disorder so thoroughly, there may also be broader application to general eating disorder populations. The themes that emerged may or may not apply to non-gifted populations, but the possibility should not be overlooked. Non-gifted adolescents who experience eating disorders may also benefit from examination of several of the themes.

Implications for Future Research

There are a myriad of questions that remain for me which involve research questions related to eating disorders among gifted individuals. I continue to have many questions about the broader picture of eating disorder prevalence and manifestations among gifted populations, such as whether the prevalence of this issue among gifted population is indeed a "serious concern" as suggested by Peterson (1998, p.197), or whether without appropriate support gifted adolescents will be more prone to "anxiety states, depressive disorder, eating disorders, and obsessive-compulsive behaviors" as suggested by Jackson and Peterson (2003, p. 177).

There are also further questions that remain unanswered by the current study that could be subsequently explored, using various research methodologies. By considering the results as they may apply to other psychological disorders experienced by gifted adolescents, the role of the themes and how they relate to giftedness could also be examined more concretely. A comparative study to include non-gifted adolescents who experience eating disorders would also shed light on the current findings and substantiate how specifically they relate to giftedness. Using the current research findings as a basis for a more specific inquiry among gifted adolescents who experience eating disorders could yield more elaborate exploration and description of the current themes.

The methodology used in this study provided in-depth access to the experience of an eating disorder, but was limiting in its utility to question directly. However, this allowed for a wealth of information and rich descriptions, which could be further explored using the themes as a starting place to form subsequent research questions such as: How does giftedness relate to the experience of the eating disorders? What parts of giftedness needed to be addressed in eating disorder treatment and recovery among this population? How does heightened sensitivity or awareness relate to the need to cope through an eating disorder? Alternative methodology that allows for more structured questioning could extract more specific results and add to the depth of the current findings.

The perspective of the professional eating disorder community on this topic, or response to research findings may also warrant investigation, as the response from professionals through the recruitment process appeared mixed. Several professionals expressed intense enthusiasm for exploration of this topic, while others were not clear as to how giftedness may play a role in eating disorders. Feedback from gifted women who

continue to struggle with eating disorders, or who have recovered may also shed light on the relevance of the finding. Follow-up with the participants in the future to reflect on the themes of their experience, or to explore the current state of their psychological state or functioning may also be of interest.

Strengths and Limitations of the Methodology and Study

None of the previous literature related specifically to eating disorders among gifted adolescents has been based on empirical research findings, but was instead theoretical in nature, or based on clinical observation. The current study employed rigorous research methodology, and the findings have been validated through participants' feedback and various other means. The depth and breadth of the information gained through this study should add another, valuable dimension to our knowledge of eating disorders among gifted adolescents.

Phenomenological interviewing and analysis provided the opportunity to explore the essence of the lived experience of the participants rather than a detached list of characteristics or risk factors. This provides a much clearer sense of what the young women struggling with an eating disorder experience live through and feel, and the meaning of that experience in their lives. It is also important to be mindful of the fact that these women are embedded in a social context and culture that may directly relate to their interpretation of their experiences. The lens of the researcher, through which the data was interpreted, was also susceptible to such influences.

The most substantial limitation of this study is the need to consider whether the findings relate to the giftedness of the participants or their advanced abilities to articulate.

their experience. Whether the findings will generalize to other gifted adolescents is also of concern. This limitation is a consideration to be mindful of, and warrants further exploration but does not negate the findings.

Limited interview contact with the participants is also an important point to consider for two reasons. First, the necessary rapport that may have been a requisite for the participants to share their story may not have been established fully. The rich and detailed interviews offer evidence to the contrary, but it is unknown whether a different level of depth or experiencing may have emerged with greater rapport or familiarity. Secondly, the single interview may have limited the amount of details or the elaboration of themes that may have been gained through several interviews with participants. Again, the richness of the data is to be considered based on the interview format used.

A final consideration relates to whether the findings are specific to the experience of an eating disorder, or more to the experience of being a young gifted woman who experiences an eating disorder. Clarification of this point involves considering that when prompted to tell the story of their eating disorder, the young women naturally explored the surrounding issues, contributing factors, related emotional states and meaning of their experience. The findings do not provide details of the daily behavioural or cognitive aspects of the eating disorder. Second order reflection, and the themes that were derived from those reflections, form the basis of these research findings. By focusing on this level of reflection, the level of depth and complexity at which the young women experience their eating disorder was honoured. The findings represent the participants' subjective experience of an eating disorder, a priority of this research endeavor.

Researcher's Subjective Experience

Conducting this study has been an extraordinary experience, one that has taken a significant amount of time, attention, and a steadfast belief in its value. As I reflect on my journey through this research project, I have a sense that this is a beginning rather than an end point. If nothing else, the things that I have learned, and the ways that I have grown as a person and a researcher through this, will remain with me. Many relationships and interactions with others make strong impressions on you. Being immersed in the experiences of these young women, at the level required to get to this stage, allowed me to interact with their stories of Anorexia in a very unique way.

I value my humanness, embrace fallibility, and fully admit that I interpret the experience of others and my environment through my own beliefs and experiences. I do not think this is a fault in a qualitative researcher, simply an important element to be mindful of and to never fail to consider. I challenged myself to do so in a way that I have not done previously, and am the first to admit I am not perfect. One of the most challenging tasks of this research was to allow myself to use all my most effective interpersonal, counselling and communication skills, but at this same time reflect carefully back on my humanness and beliefs and how they affected each stage of the project. This reflective practice takes a tremendous amount of energy and at times was terrifying. My natural state of interest and connectivity with others has typically led me to gain a fairly accurate understanding of people and relationships. Throughout the research process, I often caught myself wishing I did not possess such insight, which would have made the bracketing and declaration of biases and assumptions much less onerous. I was keenly aware of the possibility of only finding in the data only what I thought may emerge. I think that this allowed me to be more honest,

rigorous, and challenging towards myself. I did find things that I expected to, but I was also pleased to be educated and perplexed by what also emerged from the data.

Words are inadequate to describe my experience of having these young women share their story, pain, and triumphs related to a very personal part of their lives with me. Working with adolescents who experience eating disorders is not new to me. I am accustomed to building rapport with these young women, the challenges that this area of practice brings, and the devastating impact that eating disorders often have. The courage to take one step closer to being free from their eating disorder and sharing their pain and struggle in the hopes that they may be heard and supported is a risk for young people engaging in treatment. Often, following a therapy session with a young woman who experiences an eating disorder I reflect back on the intensity and power of the therapeutic interaction. Much in that same way, I sat with these young women who came forward not to be treated or with the specific agenda of working toward their recovery, but to assist in a project that they felt was important, and to share their story in the hopes that it may be heard and help someone else. These young women are courageous, giving, and a testament to the strength that endures struggle.

I will continue to incorporate what I have learned from these young women into my therapeutic work, and will continue to explore how the knowledge gained from this study can be shared, utilized and honoured.

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Appendix A

DSM IV-R Diagnostic Criteria for Eating Disorders (APA, 2000)

Diagnostic criteria for 307.1 Anorexia Nervosa

- A. Refusal to maintain body weight at or above a minimally normal weight for age and height.
- B. Intense fear of gaining weight or becoming fat, even though underweight.
- C. Disturbances in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.
- D. In postmenarcheal females, amenorrhea, i.e. the absence of at least three consecutive menstrual cycles.

Specific type:

Restricting Type: during the current episode of Anorexia Nervosa, the person has not regularly engaged in binge-eating or purging behaviour (i.e. self-induced vomiting, or the misuse of laxatives, diuretics or enemas)

Binge/Eating Purging type: during the current episode of Anorexia Nervosa, the person has regularly engaged in binge-eating or purging behaviour (i.e. self-induced vomiting, or the misuse of laxatives, diuretics or enemas)

Diagnostic Criteria for 307.51 Bulimia Nervosa

- A. Recurrent episodes of binge eating. An episode of binge eating is characterized by the following:
 - 1) eating, in a discrete periods of time (e.g. within any 2 hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.
 - 2) a sense of lack of control over eating during that episode (i.e. feeling that one cannot stop eating or control what or how much one is eating.)
- B. Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas or other medications; fasting; or excessive exercise

C. The binge eating and inappropriate compensatory behavior both occur, on average, at least twice per week for 3 months.

D. Self evaluation is unduly influenced by body shape and weight.

E. The disturbance does not occur exclusively during episodes of Anorexia Nervosa

Specific types:

Purging type: during the current episode of Bulimia Nervosa, the person has regularly engaged in self-induced vomiting or the misuse of laxative, diuretics, or enemas

Non-Purging type: during the current episode of Bulimia Nervosa, the person has used inappropriate compensatory behavior such as fasting or excessive exercise, but has not regularly engaged in self-induced vomiting or the misuse of laxative, diuretics, or enema

307.50 Eating Disorder Not Otherwise Specified

The Eating Disorder Not Otherwise Specified category is for disorders of eating that do not meet the criteria for any specific eating disorder. Examples include:

1. For females, all the criteria for Anorexia Nervosa are met except that the individual has regular menses.
2. All the criteria for Anorexia Nervosa are met except that, despite significant weight loss the individual's current weight is in the normal range.
3. All the criteria for Bulimia Nervosa are met except that the binge eating and inappropriate compensatory mechanisms occur at a frequency of less than twice per week or for a duration of less than 3 months.
4. The regular use of inappropriate compensatory behaviors by an individual of normal body weight after eating small amounts of food (e.g. self-induced vomiting after the consumption of two cookies).
5. Repeatedly chewing and spitting out, but not swallowing, large amounts of food.

Appendix B

Interview Protocol and Example Interview Questions

Project: A Phenomenological Inquiry of the Experience of Disordered Eating Among Gifted Female Adolescents.

To be read to participant:

The purpose of this qualitative study will be to provide an in-depth description of the lived experience, common themes and meaning of disordered eating among gifted adolescents. A phenomenological study using in-depth interviews will allow me (the student researcher) to better understand and describe the perceptions and experience of the participants and look for the meaning you ascribe to this phenomenon. These data will be used to explore and describe your lived experience and the lived experience of other participants. It is important for you to know that recounting your experience of disordered eating and the associated emotions may be difficult and should you need to stop or take a break at any time please do not hesitate to do so.

Sample Interview Questions:

- Can you share with me the story of your experience with disordered eating?
- Can you think back to a time before you experienced disordered eating and take me through that time to the present?
- Can you run through what a typical day was like for you?
- Prior to experiencing disordered eating what was going on in your life and for you as a young woman?
- What is the meaning and emotions related to the experience of disordered which you are describing?
- Is there anything else that you want to add to help me understand your experience?

Participants will be encouraged to articulate their experience in relation to felt time, relationship, space and body (i.e. to their environment at home, at school, with friends and family).

Possible prompts for further exploration:

- sounds important to you. Can you tell me more about that?
- What is the meaning of that for you? What were/are the emotions and feelings related to the experience you are describing?
- Can you give me an example of...?
- You haven't talked much about....can you tell me how that fits into your experience?
- I seem to see a link between...and How does that fit your experience?
- Can you describe for me the meaning associated with the topic you are discussing?

After completion of the interview some time will be taken to debrief the participant about how they are feeling after having shared their experience.

(Thank individual for participating in the interview. Assurance of confidentiality of responses and scheduling of future interview.)

Appendix F
Adolescent Subject Consent/Assent Form

**Title of Study: A Phenomenological Inquiry of the
Experience of Disordered Eating Among Gifted Female Adolescents**

Alison Bell, a Master's level graduate student in the department of Counselling Psychology at the University of British Columbia, is undertaking this project as research for a graduate thesis.

Principal Investigator: Richard Young ED. D. Department of Educational, Counselling Psychology and Special Education, The University of British Columbia.

The purpose of this study is to provide an in-depth exploration and description of the common themes of the experience of disordered eating among gifted female adolescents (ages 15-18). You have been asked to participate in this study based on your self-identification as fitting the advertised criteria or by responding to a letter of contact given to you by a third party. In doing so you have identified yourself as an individual who as an adolescent (age 15-18) experiences/experienced disordered eating and have been classified as gifted through participation in a gifted program at school, assessment from a professional with expertise in gifted psychotherapy, or IQ testing which yielded results of 130 or above.

Legally you are considered a minor while under the age of 19. For this reason a parent/legal guardian must also provide consent for your participation in this study. Because it is reasonable to assume that you are able to understand and make decisions about you own participation you must also provide assent to participate. By providing assent this means that you agree with the decision of your parent/guardian to provide consent for participation.

The study will involve approximately 6-10 participants who will engage in an in-depth interview to share their experience of disordered eating with Alison Bell. If you agree to participate the initial interview will last approximately 1-2 hours. After the interview has been transcribed an additional interview, approximately 1 hour in length, will be scheduled to go over the transcript with you to ensure its accuracy and so that you may have the opportunity to add any further information you wish. All interviews will be audio recorded.

Your identity and participation will be kept strictly confidential. Only Alison Bell and Dr. Richard Young will have access to your identifying information. All interview transcripts and audio-recorded interviews will be identified only by a code number and kept in a locked filing cabinet. Any other individuals involved in the data analysis or transcription of data will only identify data from your interview by code number. You will not be identified by name in any reports or presentations of the completed study. Data stored on computer files will be accessed only through secured passwords and stored with no identifying information. Consent forms will be stored in a secured filing cabinet separate from any data collected.

Appendix G

Subject Consent Form

Title of Study: A Phenomenological Inquiry of the Experience of Disordered Eating Among Gifted Female Adolescents

Alison Bell, a Master's level graduate student in the department of Counselling Psychology at the University of British Columbia, is undertaking this project as research for a graduate thesis.

Principal Investigator: Richard Young ED. D. Department of Educational, Counselling Psychology and Special Education, The University of British Columbia.

The purpose of this study is to provide an in-depth exploration and description of the common themes of the experience of disordered eating among gifted female adolescents (ages 15-18). You have been asked to participate in this study based on your self-identification as fitting the advertised criteria or by responding to a letter of contact given to you by a third party. In doing so you have identified yourself as an individual who as an adolescent (age 15-18) experiences/experienced disordered eating and have been classified as gifted through participation in a gifted program at school, assessment from a professional with expertise in gifted psychotherapy, or IQ testing which yielded results of 130 or above.

The study will involve approximately 6-10 participants who will engage in an in-depth interview to share their experience of disordered eating with Alison Bell. If you agree to participate the initial interview will last approximately 1-2 hours. After the interview has been transcribed an additional interview, approximately 1 hour in length, will be scheduled to go over the transcript with you to ensure its accuracy and so that you may have the opportunity to add any further information you wish. All interviews will be audio recorded.

Your identity and participation will be kept strictly confidential. Only Alison Bell and Dr. Richard Young will have access to your identifying information. All interview transcripts and audio-recorded interviews will be identified only by a code number and kept in a locked filing cabinet. Any other individuals involved in the data analysis or transcription of data will only identify data from your interview by code number. You will not be identified by name in any reports or presentations of the completed study. Data stored on computer files will be accessed only through secured passwords and stored with no identifying information. Consent forms will be stored in a secured filing cabinet separate from any data collected.

You will receive a small gift, with an approximate value of \$15 should you agree to participate in this study.

Sharing the experience of disordered eating may be an emotional experience for you. Should you experience psychological distress and are currently receiving treatment or psychotherapy

Appendix H

Parental Consent Form

Title of Study: A Phenomenological Inquiry of the Experience of Disordered Eating Among Gifted Female Adolescents

Alison Bell, a Master's level graduate student in the department of Counselling Psychology at the University of British Columbia, is undertaking this project as research for a graduate thesis.

Principal Investigator: Richard Young ED. D. Department of Educational, Counselling Psychology and Special Education, The University of British Columbia.

The purpose of this study is to provide an in-depth exploration and description of the common themes of the experience of disordered eating among gifted female adolescents (ages 15-18). Your daughter or the minor for whom you are the legal guardian has been asked to participate in this study based on self-identification as fitting the advertised criteria or by responding to a letter of contact given to her by a third party. In doing so your daughter or the minor for whom you are the legal guardian has identified herself as an individual who as an adolescent (age 15-18) experiences/experienced disordered eating and was classified as gifted through participation in a gifted program at school, assessment from a professional with expertise in gifted psychotherapy, or IQ testing which yielded results of 130 or above.

The study will involve approximately 6-10 participants who will engage in an in-depth interview to share their experience of disordered eating with Alison Bell. Participation will include the initial interview, which will last approximately 1-2 hours. After the interview has been transcribed an additional interview, approximately 1 hour in length, will be scheduled to go over the transcript to ensure its accuracy and so that the participant may have the opportunity to add any further information she wishes. All interviews will be audio recorded.

Participant identity and participation will be kept strictly confidential. Only Alison Bell and Dr. Richard Young will have access to identifying information. All interview transcripts and audio-recorded interviews will be identified only by a code number and kept in a locked filing cabinet. Any other individuals involved in the data analysis or transcription of data will only identify data from the interview(s) by code number. Participants will not be identified by name in any reports or presentations of the completed study. Data stored on computer files will be accessed only through secured passwords and stored with no identifying information. Consent forms will be stored in a secured filing cabinet separate from any data collected.

Participants will receive a small gift, approximately \$15, in value should they participate in this study.