

Social and Cultural Considerations in Recovery From Anorexia Nervosa A Critical Poststructuralist Analysis

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New directives in health care research challenge researchers to move analysis beyond that of the individual and focus on social, cultural, and historical processes as interrelated determinants of health and illness. Adhering to a poststructuralist methodology, this article moves the analytic focus beyond individualistic narratives and into social and cultural discourses concerning recovery from anorexia nervosa. This study focused on social and cultural assumptions identified, seemingly as a paradox, through accounts articulated by young women who are in recovery or have recovered from anorexia nervosa. By theorizing outside of an individualized framework, it is possible to foreground the relationships between individualism, health, self-surveillance, women, the body, and the notion of recovery from anorexia. **Key words:** *anorexia nervosa, critical social theory, discourse analysis, poststructuralism, recovery*

NEW DIRECTIVES in health care research challenge researchers to move analysis beyond that of the individual and focus on social, cultural, and historical processes as interrelated determinants of health and illness.¹ This move requires researchers to construct methodological perspectives and methods that theorize data as elements of broader social and cultural systems. Adhering to a poststructuralist methodol-

ogy, this article moves the analytic focus beyond individualistic narratives and into social and cultural discourses concerning recovery from anorexia nervosa. Moving beyond an individual level of analysis provides an additional perspective from which to analyze the notion of recovery. Multiple discrepancies exist in research concerning the definition of *recovery* from anorexia nervosa. The current study provides an alternative framework from which to analyze these discrepancies.

To date, research on recovery from anorexia nervosa has been organized into 2 general categories, both of which theorize and analyze data primarily at the level of the individual. Outcome studies comprise the largest group of studies. Across outcome studies the rates of recovery reported are both conflicting and inconsistent. The second body of literature is qualitative and focused on psychological insights and turning points reported by individuals who are considered recovered. Within this body of research, the

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definition of what constitutes recovery is arbitrary and varies across studies.

The notion of recovery is embedded within social and cultural aspects of how people are constructed as individualized selves in Western influenced societies. This study focused on social and cultural assumptions identified, seemingly as a paradox, through accounts articulated by young women who are in recovery or have recovered from anorexia nervosa. By theorizing outside of an individualized framework, it is possible to foreground the relationships between individualism, health, self-surveillance, women, the body, and the notion of recovery from anorexia. Data analysis is structured within 3 interrelated categories: (1) On becoming healthy: challenging health and fitness rhetoric, (2) The labor of individualism: surveillance of the self, and (3) Escaping the impossible: diet, health, weight, and fitness focused society. Through an analysis of social and cultural discourses, this work extends research to date on recovery from anorexia nervosa, with implications for both clinical treatments for anorexia nervosa in addition to recovery research.

LITERATURE REVIEW

Outcome studies on recovery from anorexia nervosa

Outcome studies on recovery from anorexia present inconsistent results. This disparity reflects conflicting outcome criteria established by researchers, differing lengths of follow-up, and diverse follow-up methods. In general, studies using more stringent criteria covering many areas of functioning present lower figures for what has been deemed full recovery. For example, Steinhausen et al,² in a review of outcome studies of anorexia nervosa, found a 50% rate of recovery

based on weight gain alone. Based only on weight and menstrual regularity, 76% of patients in a study conducted by Strober et al³ achieved recovery. Yet, in another study of weight-recovered anorexics, Windauer et al⁴ report that 12 of 16 patients continued to have restricted eating patterns with nutritional intake less than 90% of their energy requirements. Deter and Herzog⁵ found when somatic comorbidity and psychological functioning were included in their assessment of recovery of 84 anorexia nervosa patients over a 12-year period, the recovery rate was 41%, compared to 54% when recovery was based on physical findings alone.

In a 10-year follow-up of anorexic patients, Eckert, et al⁶ found that only 23.7% of patients were fully recovered based on weight, eating, and weight control behaviors; menstrual function; anorexic attitudes; and social, psychological, sexual, and vocational adjustment. Controlling for duration of recovery at 1-year follow-up of anorexia patients, Herzog et al⁷ report that only 10% of their patients achieved full recovery. Their definition of full recovery required patients to have been asymptomatic for at least 8 consecutive weeks during the 1-year follow-up.

Interpretative research on recovery

Interpretative research studies concerning recovery from anorexia nervosa are located at an individual level of analysis. Interpretative studies are most often organized around turning points, elements, or factors that eventually lead to behavior change.⁸⁻¹² Turning points leading to recovery included facing a life and death situation,¹⁰ or distinctly remembered moments when they were *bored* and *sick* of being sick.^{8,11}

Within interpretative studies there is a discrepancy of how recovery is defined. Beresin et al⁸ found that 50% ($N = 13$) of

the participants in a study about recovery from anorexia nervosa articulated that full recovery from anorexia nervosa is impossible. Participants expressed that recovery from anorexia could be compared to alcoholism and addictions as “a lifelong illness that can be progressively controlled albeit with less and less effort.”^{8(p425)} All of the participants agreed that recovering is a lengthy, slow process, and all retained excessive concerns about food and weight, yet, they reported that they no longer felt consumed by these concerns.

Garrett¹⁰ interviewed 34 individuals and employed a phenomenological and narrative approach from which to analyze accounts of recovery. She compared the concept of *anorexia nervosa and recovery* to the negative and positive phases in a rite of passage. She operationalized a Durkheimian framework to present the stories of her participants. Garrett reports that the participants in her study define recovery as elastic and many rejected using the word recovery altogether. Garrett noted that the term recovery was imbued with assumptions that did not correspond with her participant’s accounts. The notion of recovery was “*not about perfection, control, resolution or closure, but about continuing transformations.*”^{10(p67)} Thus, her participants rejected the concept of recovery as an end point, but instead described a transformational process not captured in the term recovery. One of the participants in her study stated

The word recovery feels like too final a term and that there is an expectation . . . to always be perfect.^{10(p264)}

Garrett asserts

For those who say they have recovered, recovery is never a fixed point but always an ongoing process. ‘Progress’ is not steady and there are many setbacks.^{10(p69)}

Garrett performed a thematic analysis of her data and reported recovery included the following elements: (a) abandoning obsessions with food and weight, (b) a strong belief that they would never go back to starving, bingeing, or purging, (c) developing critique of social pressures to be thin, (d) having an existential or spiritual sense that their lives were meaningful, (e) believing they are worthwhile and that different aspects of themselves were part of a whole person, and (f) no longer feeling cut off from social interaction.^{10(p67)} Garrett reported that the transformation out of an anorexic lifestyle involved a 3-fold connection with themselves, nature, and others. With the exception of Garrett,¹³ studies to date on recovery^{8,11,12} construct the notion of recovery as thematic categories, with an individualistic focus of analysis. There is a noticeable lack of both outcome research and qualitative studies that critically examine the concept of recovery from social and cultural perspectives.

DATA COLLECTION

Three different types of data were gathered for the study, and while there were noticeable and distinct differences between the 3 presentations of data and the resulting narratives, there were also noticeable similarities. Twelve interviews were conducted with individuals who considered themselves in recovery or recovered from anorexia. Of the participants interviewed for the study, all were women. The mean age of the participants was 24.5 years with a range between 19 and 34 years. The second data type included 2 autobiographical accounts, *Wasted: A Memoir of Anorexia and Bulimia*, by Marya Hornbacher,¹⁴ and the second is a book chapter, “The body politic,” by Abra Fortune Chernik¹⁵

published in *Listen Up: Voices From the Next Feminist Generation*. Hornbacher and Chernik's accounts both present complex accounts located within social and political practices. The third type of data collected emanated from an anorexia support bulletin board message group. This group was followed for a period of 5 years. During that period of time, members posted more than 34000 messages to the group.

A poststructuralist methodology employed for this study and the key components of this methodology and the concepts are briefly outlined below. A comprehensive orientation to poststructuralist theory is beyond the scope of this article and is provided elsewhere.^{16,17}

Discourse and social construction

From a poststructuralist perspective, the accounts that individuals articulate are theorized as originating from broader social and cultural discourses. The word *discourse*, as used in this article, refers to broad social and cultural metanarratives or dominant discourses. From a poststructuralist approach to language, a discourse is spoken about in relation to a discursive object, such as mental health or anorexia nervosa. For example, psychological discourses about anorexia nervosa are often organized around individual and family pathology and notions of individuation and separation. Feminist discourses are structured around woman, society, and issues of control. Medicalized discourses are constructed around brain chemistry and the physiological consequences of starvation. Each discourse constructs a particular slant on how to delineate and interpret the behaviors in which self-starving individuals engage.

By theorizing discourse in this manner, it is possible to move the analytic focus away from the individual. Instead, the

focus is on how social and cultural discourses construct individuals. In eating disorder research, this theoretical orientation shifts data analysis away from individuals and families by contributing a social and historical analysis of the contemporary *self* and how those understandings interface with the construct of recovery. One assumption of this methodological perspective is that the accounts that individuals articulate are learned, and are dependent upon, the social discourses to which they have access.¹⁸⁻²¹ Therefore, even though accounts may be spoken through individuals, the accounts are theorized as emanating from broader social and cultural discourses. Hence, the intent of this methodology was not to present a truth that could be verified by the study of individual participants, or for that matter, multiple truths concerning recovery. Instead, the aim of this study was to analyze, through the narratives of young women, how the notion of recovery is located within social and cultural practices.

Subject positioning

Another key concept within poststructuralist theory is that of subject positioning. The notion of subject positioning is one entry site from which to consider and analyze how individual stories are constituted from social, cultural, and historical discourses. As a concept, *subject positioning* is a theoretical space enabling a textual analysis of how people dialectically move between many different positions in the stories they tell:

With positioning, the focus is on the way in which the discursive practices constitute the speakers and hearers in certain ways and yet at the same time is a resource through which speakers and hearers can negotiate new positions. A subject position is a possibility in known forms of talk; position is what is created in and through talk as the

speakers and hearers take themselves up as persons.^{22(p15)}

Subject positioning occurs on different levels. People can position themselves in alliance with, or in opposition to, a particular discourse. For example, it is possible to position oneself against the master discourse concerning the need for control in the lives of women who develop anorexia nervosa. At another level of subject positioning, individuals position themselves in different ways in the conversations in which they engage that are dependent upon the context in which the conversation occurs. For example, how one responds to questions (and the positions taken up within those responses) will differ if a person is engaging in a formal interview as opposed to a social event. Yet, these levels of subject positioning necessarily overlap because the positions of a person in relation to social, cultural, and historical discourses are also preformed through conversational moves.

Lastly, the positions that individuals take up, align with, negotiate, and neglect also constitute individual subjectivity.^{17,22-24} Subject positioning, however, is not necessarily intentional or deliberate. The subject positions that are available to individuals also fold back and construct how individuals construct their sense of self. The decision to take up one subject position over another is also determined by discourses that constitute people in ways that they desire some positions over others. Individuals are not without agency as positioned subjects, but neither do they have free reign over which positions they occupy, as those positions are always dependent upon available and circulated social and historical discourses.^{19,20,22,25}

The levels of analysis employed in any study are determined by the research

questions being asked. In this study, the focus is on the interaction between young women and how they both position themselves and are positioned within broader social and cultural discourses concerning the idea of recovery.

DATA ANALYSIS: READING RECOVERY

The findings of the study suggest that young women who no longer self-starve are positioned within a matrix of conflicting subject positions concerning normative standards for women and the body. The analysis for this study went beyond the level of the individual, paradoxically, by using the narratives that individuals articulate.

Three different sections of data analysis outlined below include (1) On becoming healthy: challenging health and fitness rhetoric, (2) The labor of individualism: surveillance of the self, and (3) Escaping the impossible. Each section is nested in each of the other sections. The sections foreground different aspects of how people are constructed as selves in Western influenced societies, and how these individualized selves perform in response to dominant discourses concerning weight, fitness, health, and recovery.

On becoming healthy: challenging health and fitness rhetoric

From the perspective of medical and psychological communities, gaining weight is considered as one of the indications of recovery. One master discourse concerning recovery exchanges the notion of dieting to extreme, to another that focuses on becoming healthier. Paradoxically, by buying into a recovery (becoming healthier) discourse, one has to both affirm the rhetoric of health and

fitness and alternatively, resist many of the same discourses. The following excerpt illustrates how one young woman positions a recovery discourse in opposition to master discourses about health and fitness. This position of recovery entails not becoming healthier, but consuming unhealthy foods and refusing to diet:

Recovery from anorexia nervosa is like a mandate to do what everyone else is working not to do. I feel proud every time I eat a box of French fries. I work diligently to incorporate fat into my diet. I am careful not to eat too many fruits and vegetables. Nutrasweet tops my list of foods not to eat. Fat tops my list of foods to eat . . . And I love my body. (on-line story of recovery)

This young woman positions herself in opposition to the diet and weight loss industry, yet she does not escape a position in which she continues to scrutinize her body and weight. She is simultaneously claiming a counternarrative in opposition to cultural norms for women by *not* eating too many fruits and vegetables, by *not* using Nutrasweet, by eating fats, and by taking the subject position of loving her body. The inclusion of food preferences in her account informs her readers that her surveillance of self did not disappear with her recovery. Likewise, loving one's body continues to require an attentiveness and awareness about the body. Thus, one counternarrative concerning recovery rejects health and fitness constructions concerning the consumption of dietary fat, not-dieting, and gaining weight, rather than aligning oneself with societal standards of what it means to be a woman, a thin woman, a dieting woman, or a healthy woman.

Focus on the body and food continues, but is transformed into 'healthy' eating and 'healthy' exercise, as explicated in the following conversational exchange (P = Pam; S = interview participant):

P: So do you ever have a desire to go back into it now or wanting to lose weight or over-exercise?

S: No. I never want to go back. Well, I want to be healthy. I want to make sure that I eat healthily and I'm not going to fill my face with junk food or anything. (Laughs) . . . Exercise is good for you. It can help you live longer, . . . but a moderate amount of exercise. I don't have to be an athlete; I'm not training for the Olympics, so why run six miles a day . . . So I walk. That's my primary mode of exercise, is taking a walk, taking a nice refreshing walk.

Eating (enough, but not too much), gaining weight (enough, but not too much), and exercising (enough, but not too much), are encompassed within master discourses concerning mandates of health or, how one becomes fit and healthy. Moving the analytic spotlight in recovery away from the individual and instead at broader levels of analysis highlights hidden assumptions concerning health and fitness. Focusing on health and fitness for young women attempting weight restoration ironically places them within many of the same discourses from which the eating disorder emanated.

The labor of individualism: surveillance of the self

Individuals are also positioned within social, historical, and cultural discourses that constitute the self as an individualized self on which one toils and works. The practice of self-surveillance persists even after one is no longer self-starving. In the following interview excerpt, the interviewee positions herself as *forgetting to eat*, yet she is also *aware* of this forgetting:

Like, I had lost touch with myself so much that I didn't know that I had lost so much control. Whereas, like, during college during stressful

times, and even now during stressful times—because I don't think for me that it will ever go away; I think that it will always be present in my life at some point or in some part of me—but I know that during really stressful times, I tend to quote, unquote, forget to eat and (laughter), um—but I'm always pretty aware of it. Like, I know I'm not eating. (interview excerpt)

Locating herself in multiple positions, she forgets to eat, yet concurrently recognizes her awareness of forgetting, indicating an ongoing process of self-surveillance. Her account, alongside of the other accounts in this section, emphasizes not an individual, but a cultural fixation with self-monitoring and supervision. That is, people self-scrutinize and discipline not only food and their bodies, but the notion of the self has also become a commodity that one continually dissects and examines. This examination of the self is also built into *treatment* programs for people with eating disorders. Chernik challenges master discourses concerning programs requiring a *dissection* of the past:

In the hospital, I examined my eating disorder under the lenses of various therapies. I dissected my childhood, my family structure, my intimate relationships, my belief systems. I participated in experiential therapies of movement, art and psychodrama. I learned to use words instead of eating patterns to communicate my feelings. And still I refused to gain more than a minimal amount of weight.^{15(p78)}

Laboring and working on the self does not dissipate or waste away in recovery, instead, it is redefined. Chernik continues to position herself within a feminist discourse, decentering, yet not completely negating a psychoanalytic approach to treatment:

I spent my remaining month in the hospital supplementing psychotherapy with an inde-

pendent examination of eating disorders from a social and political point of view. I needed to know why society would reward my starvation and encourage my vanishing.^{15(p79)}

Laboring on the self may take many forms, and the labor in recovery from self-starvation often exchanges a 'physical' labor for an examination of psychological, emotional, or sometimes 'spiritual' labor. The young woman quoted below continues to work on the self, by not looking in the mirror, by attempting to refuse her own gaze:

Even now, I can't look in the mirror. I just try not to. If I go past the thing, I do not look at it. I do not know why, but it's just the way it is. (interview excerpt)

As in self-starvation, the 'self' in recovery continues to be defined through acts of labor, self-discipline, and self-surveillance, as explicated in detail in the following interview excerpt. In this excerpt, another young woman locates herself as recovering, yet the mental energy required to maintain such a location, to be in constant supervision of the self, is labor-intensive:

I still obsess about food. And when I was working in the public schools all fall, I mean, teachers—all these teachers in the staff room, I mean, just doughnuts and all these just gross stuff and then they talk about how, oh, they shouldn't. Well, then don't buy it, you know, don't bring it in here. But at the same time, I was obsessing about it completely. I want a piece of that banana bread or whatever it is; it looks so good. Then it would just become this huge thing, larger than life and I had to have it, oh, what a terrible person for having it. I'm still going through that; I'm fighting that. But it's getting a lot better. I'm finding that I don't need to starve myself to have a body that I feel okay with. It's not perfect, and I still have my fat nights, fat days. Every time I go in the bathroom, I lift up my shirt to look at my stomach and my waist and it just sets my mood.

So I still have those little things, but I do consider myself recovering definitely because I'm no longer starving myself... Now I'm moving on. Maybe I'll be careful not to eat—maybe I'll just watch what I eat a little bit for the next few days, but nothing extreme. (interview excerpt)

If the category of anorexia nervosa is constructed around a discipline of the self, it does not translate that recovery requires a nondisciplined self. Individuals who embark on recovery are embroiled in multiple subject positions and disciplinary practices. What it means to be a person in Westernized cultures is constructed upon a disciplined self, thus, the notion of recovery from self-starvation would be located outside of cultural discourses about the self if they were to require this self-discipline to cease. Chernik calls forth the image of a warrior:

Armed with this insight, I loosened the grip of the starvation disease on my body. I determined to recreate myself based on an image of a woman warrior...^{15(p81)}

The recovered self is not transformed into a nondisciplinary self that no longer scrutinizes one's thinking and behaviors. Such a position counters Westernized constructions of how self-hood is performed. This tangle of different expectations seems to deposit individuals in a sort of 'recovering' borderland, as Hornbacher alludes:

This is the weird aftermath, when it is not exactly over, and yet you have given it up.^{14(p286)}

In review, the process of recovery is located within collective understandings of what it means to be a person in cultures constructed upon individualism. One of those understandings pertains to health care practices dependent upon self-discipline and self-surveillance. Attempting to become healthier by gaining weight, young women in recovery

continue to be nested within these cultural discourses. This obsession with the self is evident in the media, popular psychology books, movies, advertisements, and everyday lunch conversations. Hidden within messages concerning dieting, weight loss, nutrition, exercise, and becoming healthy and fit are messages that educate individuals to self-monitor and self-survey their bodies and their minds. Stepping outside surveillance practices, for individuals diagnosed as anorexic, is impossible.

Escaping the impossible: diet, health, weight, and fitness focused society

Individuals who no longer refuse food and gain weight are also positioned in opposition to a culture in which dieting, food restriction, and exercise are considered normal:

With friends, I have to be careful because if somebody gets going off on the subject, I can really get myself involved. People will start talking about dieting, sometimes I will not say anything, and I will be quiet about it. My friends who I had when I was in my eating disorder, I still find myself being kind of careful around them if I'm around them and I'm eating something. And they will be like; it is so good to see you eating that. And you just wish they would not say that. (interview excerpt)

This young woman demonstrates that because she had an eating disorder in the past, her friends continue to observe and comment on her food intake. This level of observation continues whether or not she eats. Because she is aware that her friends are observing what she is or is not eating, she also monitors herself. Dieting and talking about weight loss are integral conversational and connection ingredients of the culture of young women.

When an individual takes steps to discontinue the work of self-starvation, another set of subject positions are generated concerning women, the body, food intake, food refusal, exercise, and weight management. Hence, women who are trying not to diet and trying not to lose weight find it difficult, if not impossible, to step out of this culture:

Though I am critical of diet culture, I find it merely impossible to escape. Eating disorders have woven their way into the fabric of my society. On television, in print, on food packaging, in casual conversation and in windows of clothing stores populated by ridiculously gaunt mannequins, messages to lose my weight and control my appetite challenge my recovered fullness.^{15(p82)}

Chernik determines that it is impossible to escape from a dieting and weight loss society. Developing an awareness of how bodies are culturally and socially shaped does not extricate her from having a body-awareness or from self-surveillance. Chernik positions herself in the midst of a society that produces eating disorders, yet struggles to remain outside of it:

Finally at home in my body, I recognize myself as an island in a sea of eating disorders, a sea populated predominantly by young women.^{15(p82)}

Chernik is critical of a culture that creates women obsessed with food, body, and weight. As someone who positions herself as recovered from anorexia nervosa, she does this in part by claiming a position that is different than the majority of her peers, who, despite their feminist philosophies, continue to self-monitor their diets and bodies:

The majority of my peers—including my feminist peers—still measure their beauty against anorexic ideals. Even among feminists, body

hatred and chronic dieting continue to consume lives.^{15(p83)}

Chernik constructs her account that is positioned in opposition to other feminists:

In feminist circles I have found mentors, strong women who live with power, passion, and purpose. And yet, even in groups of feminists, my love and acceptance of my body remains unusual.^{15(p83)}

Writing for a feminist book and committed to a feminist storyline, she offers an account of actively resisting the cultural pressures to remain thin. Chernik maintains her position as a good feminist by positioning herself as different from *other* feminists who continue to be shaped by negative social standards set for women:

Out in the world again, I hear the furious thumping dance of body hatred echoing every place I go. Friends who once appeared wonderfully carefree in ordering late night French fries turn out not to eat breakfast or lunch. Smart, talented, creative women talk about dieting and overeating and hating the beach because they look terrible in bathing suits . . . I had looked forward to rejoining society after my years of anorexic exile. Ironically, in order to preserve my health, my recovery has included the development of a consciousness that actively challenges the images and ideas that define this culture.^{15(p82)}

Chernik's position of recovery does not place her back into a sea of *normality*, but paradoxically, challenges the society and culture that she had hoped, when self-starving, to rejoin. Hornbacher affirms Chernik's sentiments:

But when you decide to throw down your cards, push back from your chair, and leave the game, it's a very lonely moment. Women use their obsession with weight and food as a point of connection with one another, a commonality even between strangers.^{14(p283)}

And yet, as Chernik and Hornbacher elucidate in the above extracts, *leaving the game* is complex. Hornbacher also de-centers the notion that one recovers completely locating recovery on a continuum on which one can be considered *mostly* well. Hornbacher positions herself in opposition to a medical discourse in which one can be considered cured:

It is not a sudden leap from sick to well. It is a slow, strange meander from sick to mostly well. The misconception that eating disorders are a medical disease in the traditional sense is not helpful here. There is no "cure." A pill will not fix it, though it may help. Ditto therapy, ditto food, ditto endless support from family and friends. You fix yourself. It is the hardest thing that I have ever done, and I found myself stronger for doing it. Much stronger.^{14(p284)}

Hornbacher poses recovery as an uneven balancing act, between seeking help outside of the person and fixing oneself. Nevertheless, she states that one does not get fixed, really, one can only get mostly well. While she does not discount the usefulness of pills, therapy, food, and support, her calling up the notion that *you fix yourself* also affirms cultural discourses concerning individualism. In other words, within an individualistic culture, health and illness become the ultimate responsibility of the individual.

Both Chernik and Hornbacher present a problematic notion of recovery. Chernik positions herself as one who is recovered in a nonrecovered world, one where women, even feminists who resist social and cultural expectations pertaining to women, are obsessed with the body, weight, and food. Hornbacher, on the other hand, presents herself as mostly well and critiques a medical model of anorexia nervosa whereby one can be cured. Chernik positions herself as an ex-self-starving feminist, and positions her audience as the recipients of her insights.

In her account, by stating that "Even among feminists, body hatred and chronic dieting continue to consume lives," and "... even in groups of feminists, my love and acceptance of my body remains unusual," she positions herself other than other feminists, and by so doing, other than most of her audience.

Leaving the game of weight loss and entering into one less focused on food, the body, and exercise is challenging for young women recovering from anorexia. Given the societal prioritizing of health and fitness which entails focusing on food, weight, what one eats or does not eat, and feeling guilty for either over- or underconsumption, it is understandable that the definition of recovery is so illusive. By refocusing the level of analysis to social and cultural discourses, however, it becomes clear that what is at stake here is not individual pathology, but a cultural pathology constructed upon individualistic ideals.

DISCUSSION

Locating individual stories within cultural discourses is one method of analyzing social and cultural dimensions of health. The employment of a poststructuralist methodological approach extends current research and challenges analysis located at the level of the individual. This analysis reframes the inconsistencies in reported recovery rates from anorexia nervosa, highlighting the notion that recovery from anorexia nervosa is integrally embedded in social and cultural practices. This is particularly true with respect to the labor of individualism and how one learns, at an early age, to self-monitor and focus emotional, intellectual, and physical energy on oneself.

Three different master categories surfaced in this study. Each category is

dependent upon intertwined assumptions concerning individualism, selfhood, and the body. It is impossible to step outside of these discourses, as the discourses construct the very notion of how selfhood is preformed in Western influenced cultures. Assumptions concerning health and fitness are also interwoven with individualistic notions of personhood; yet, the constructs of health and fitness are too often dealt with as transparent concepts in health care research.

By theorizing recovery from anorexia nervosa at a higher level of analysis, it becomes clear that most clinical work in eating disorders assumes a Westernized medical model of health and illness in which treatment is targeted at either the individual or family. By approaching the clinical treatment of anorexia nervosa from broader social and cultural level of analysis, alternative treatment options are made available for young women. For example, one treatment implication would be to recognize and focus on societal and cultural constructs pertaining to women, society, and the construction of individualistic selves in the treatment setting. Challenging societal discourses in which individuals are socialized to self-discipline and self-surveil their bodies and their minds is another point of departure. Likewise, preventive work in the field of eating disorders must entail challenging cultural discourses concerning a societal obsession with self-monitoring and self-surveillance resulting from in-

doctrination into individualistic ideals. Finally, critically examining and redefining 'recovery' within an individualistic, food, and weight-focused society should be integrated into any treatment program.

The results from this study suggest that individuals choosing to stop self-starve are not able to step outside of a societal obsession with health, fitness, food, and weight. The cultural space individuals step into, when they stop self-starvation, is not fundamentally different than the space occupied when starving. That is, most women in Western influenced cultures survey their food, weight, and bodies such that the process of self-surveillance becomes the expected norm. The research presented in this article is in contrast with work that focuses on individual psychological traits, processes, and accounts that are theorized and analyzed at the level of the individual (eg, personal pathology, pathological traits, dysfunctional families). The discrepancies in definitions of recovery found in qualitative research, and the variable rates of recovery in outcome studies may be in part due to a lack of utilizing higher levels of theorization pertaining to the constructs under study. Questions concerning the notion of recovery, for example, what is recovery and who recovers, cannot be queried outside of a concurrent analysis of social and cultural assumptions concerning women, the body, weight, exercise, and how selves are constructed within Western influenced cultures.

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