

# Lay Theories of Anorexia Nervosa

## *A Discourse Analytic Study*

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## **Abstract**

Previous studies on lay theories of anorexia nervosa have examined the 'accuracy' of lay knowledge, and the identification of factors by family and friends that would encourage early interventions (Huon, Brown, & Morris, 1988, 7, 239-252; Murray, Touyz, & Beumont, 1990, 9, 87-93). In contrast to these approaches, we examine lay theories of anorexia nervosa using a critical psychology perspective. We argue that the use of a discourse analysis methodology enables the examination of the construction of lay theories through dominant concepts and ideas. Ten semi-structured interviews with five women and five men aged between 15 and 25 years were carried out. Participants were asked questions about three main aspects of anorexia nervosa: aetiology, treatment and relationship to gender. Each interview was analysed in terms of the structure, function and variability of discourse. Three discourses: sociocultural, individual and femininity, are discussed in relation to the interview questions. We conclude that, in this study, lay theories of anorexia nervosa were structured through key discourses that maintained a separation between sociocultural aspects of anorexia nervosa and individual psychology. This separation exists in dominant psychomedical conceptualizations of anorexia nervosa, reinforcing the concept that it is a form of psychopathology.

## **Keywords**

*anorexia nervosa, critical psychology, discourse analysis, lay theories*

DESPITE THE PROLIFERATION of papers on anorexia in the literature over the last 30 years, there exists neither a definitive explanation of anorexia nervosa, nor one definitive treatment programme (Bordo, 1993, 1997; Brumberg, 1988; Eckert & Labeck, 1985). Anorexia nervosa is commonly regarded as an enigma or intractable problem that overwhelmingly afflicts young women. Research into lay theories of anorexia nervosa has been primarily concerned with two issues: (1) examining the 'accuracy' of lay knowledge; and (2) elucidating the effects of this knowledge on lay attitudes towards people diagnosed with anorexia nervosa. In particular, research in this area is characterized by attempts to understand lay theories in order to identify factors that may lead family members and friends to recognize potential anorexics and, thus, to encourage them to seek early intervention and treatment (Furnham & Hume-Wright, 1992; Huon, Brown, & Morris, 1988; Murray, Touyz, & Beumont, 1990).

As yet, researchers have not approached the study of lay theories about anorexia nervosa using a critical psychological perspective<sup>1</sup> in order to document and examine the ways in which lay theories are socially constructed.<sup>2</sup> As a result, researchers have made certain assumptions about subjectivity, about the individual-society relationship, and about the nature and impact of lay theories about health problems. As Malson (1995: pp. 87-88) pointed out, these assumptions involve implicit notions of femininity and of identity as unproblematic 'givens', and of 'the individual' as distinct from society (in the absence of adequate theorization about the nature of the relationship between the two concepts, see also Henriques, Hollway, Urwin, Venn, & Walkerdine, 1984; Hepworth, 1994). In particular, the different ways in which lay theories are presented and the functions served by lay theories in reproducing the social and political discourses of particular health problems have not been adequately considered. These assumptions, it is argued here, limit the understanding of both lay theory research and anorexia nervosa, and constrain the ways in which new approaches to prevention and treatment might be conceptualized.

The social constructionist approach to understanding and explaining health problems is very different from traditional psychological theories

which employ constructs such as attributions, attitudes and social representations. The chief assumptions underlying such cognitive constructs are that the main site of activity for psychological investigation is intrapsychic rather than 'between ourselves', and that there is an objective social reality that can be represented subjectively (Stainton Rogers, Stenner, Gleeson, & Stainton Rogers, 1995, p. 145). By contrast, from a critical perspective, people are considered to make sense of the world by drawing on a range of historically and culturally situated representations, ideas and discourses. Understanding is seen as taking place intersubjectively, and as shifting with changes in context, purpose and subject positions.

Within mainstream psychology, Moscovici's (1981, 1982, 1984) theory of social representations comes perhaps the closest to covering the same ground as does the discourse analytic framework within critical psychology. Social representations are conceptualized as mental schemata or images that people make use of in order to make sense of the world and to communicate with each other. These constructs are suggested as a useful framework for understanding the organization of beliefs, attributions and attitudes. However, there have been a number of criticisms of the theory of social representations concerning, for example, its coherence (McKinlay & Potter, 1987) and the way its concepts have been applied in research (Litton & Potter, 1985; Potter & Litton, 1985). It has been suggested that the concept of the *interpretative repertoire* in discourse analysis—which, basically, refers to 'a lexicon or register of terms and metaphors drawn upon to characterize and evaluate actions and events' (Potter & Wetherell, 1987, p. 138)—has a number of advantages in comparison with social representations theory (see Potter & Wetherell, 1987, for a full discussion). For example, it allows the researcher to deal with the complex content and intra-individual variability that is evident in people's talk. Findings of discursive studies suggest that people do not consistently articulate a particular belief system, but draw upon many inconsistent systems in order to make sense of a particular object or event (Wetherell, Stiven, & Potter, 1987).

These issues highlight the reasons for our attention to language in the present analysis. We

examine the ways in which language is used to characterize and evaluate anorexia nervosa because language is the place where forms of social organization and their likely social and political consequences are defined and contested. Post-structuralist conceptions of language within critical psychology stand in contrast to humanist conceptions which present language as neutral, transparent, and a reflection of what it describes (Henriques et al., 1984). From a post-structuralist perspective, language involves a multiplicity of competing discourses. For the purposes of the present study, discourse is defined as follows:

a system of statements which cohere around common meanings and values ... [that] are a product of social factors, of powers and practices rather than an individual's set of ideas. (Hollway, 1989, p. 231)

Any understanding or interpretation of an event, object or concept is made available through a particular discourse related to the event, object or concept (Gavey, 1989). Discourse constitutes, and is reproduced in, social institutions, modes of thought and individual subjectivity. Subjectivity, here, can be taken as referring, as Weedon (1987, p. 32) describes it, to 'the conscious and unconscious thoughts and emotions of the individual, her sense of herself and her ways of understanding her relation to the world'.

Subjectivity is socially produced in discourses (Gavey, 1989). As Potter & Wetherell (1987, p. 109) have described it:

The discursive articulation of certain kinds of selves or human subjects is involved in the reproduction of certain kinds of society. People become fixed in position through the range of linguistic practices available to them to make sense. The use of a particular discourse which contains a particular organisation of the self not only allows one to warrant and justify one's actions, it also maintains power relations and patterns of domination and subordination.

What something means to a person, therefore, can be seen as being dependent on the range of discourses that is available to her/him at particular times. Hollway (1989) has also argued convincingly for the position that discourses

construct particular subject positions. In relation to the present analysis, we are claiming that lay theories are always socially produced because they are constructed through the culturally and historically specific discourses to which people have access.

We argue that it is important to examine the ways in which lay theories of anorexia nervosa are constructed because this will demonstrate the relationship between dominant ideas and the extent to which lay theories serve a function of providing new insights and explanations. Three previous studies have used a similar discourse analytic methodology (informed by the approach of Potter & Wetherell, 1987, and in general by post-structuralist theories) in examining the construction of anorexia nervosa. The 'discovery' of anorexia nervosa was analysed by Hepworth & Griffin (1990) who argued that its status as a medical, scientific entity during the late 19th century was constructed through five discourses. The legacy of this discovery is examined in Hepworth's (1994) study of the individual-society dualism inherent in health-care workers' talk about anorexia nervosa. Malson (1995) also examined the emergence of anorexia nervosa as a distinct disease entity within 19th-century medical discourse. In addition, she reported on two discourses used in interviews by women who had been diagnosed as anorexic (a 'romantic' discourse, which constitutes the thin body as heterosexually attractive; as a signifier of passive femininity defined primarily in terms of the body, and a discourse of 'Cartesian dualism', in which the thin body is constituted as a controlled body; as a signifier of a powerful, disembodied identity). In the present study, the examination of lay theories from a critical perspective is argued to provide a means of analysing the effects of lay accounts on those diagnosed as anorexic. For these reasons, we aim to examine the structure of lay theories through an analysis of discourse.

## Method

The qualitative methodology, discourse analysis, was used in this study because we aimed to identify and examine the linguistic structure of participants' accounts, as well as the variation in, and functions of, specific uses of talk. The argument of critical psychology is that all

knowledge and language is socially constructed. Particular structures of language use have certain purposes and functions and, as a consequence, examination of language use is expected to reveal considerable variation. These components of discourse analysis (construction, variation and function) are particular to Potter & Wetherell's (1987) work. Although discourse analysis is not a unified approach to qualitative data analysis, one feature outlined by Potter & Wetherell (1987, p. 160), is shared by all forms:

Participants' discourse or social texts are approached *in their own right* and not as a secondary route to things 'beyond' the text like attitudes, events or cognitive processes. Discourse is treated as a potent, action-oriented medium, not a transparent information channel.

### *Participants and analysis*

Ten participants, five women and five men were included in the study. All participants met the following criteria: aged between 15 and 25 years, self-reported as having middle to upper socio-economic background, and with no history of an eating disorder. Their ages and socio-economic status reflected the groups that are reported to be most vulnerable to anorexia nervosa (Garfinkel & Garner, 1982) and, for this reason, it was assumed that participants would be familiar with anorexia nervosa.

Semi-structured interviews were carried out that included questions about three key areas: causes of anorexia nervosa; appropriate treatment for anorexia nervosa; gender and anorexia nervosa. The interviews were transcribed in full and examined in relation to linguistic patterns, variation and consistency—both within and across accounts. Through reference to major themes, particular discourses were identified along with variation within these discourses. Discussion of the functions of these discourses follows, with extracts from the interviews serving as linguistic evidence.

### **Analysis/discussion**

In this article we concentrate on the most dominant themes in participants' talk: these we have labelled a sociocultural discourse, a dis-

course of the individual, and a discourse of femininity. Our focus on these discourses is based on key research questions about the ways in which lay theories are used to construct common aspects of anorexia nervosa, including ideas about social and individual factors in relation to anorexia nervosa, statements about treatment, and explanations of gender.

### *Lay accounts of the aetiology of anorexia nervosa*

Participants' talk about the aetiology of anorexia nervosa was structured through two key discourses: sociocultural and individual. Participants were asked the question, 'What do you believe to be the cause or causes of anorexia nervosa?' In relation to the sociocultural discourse, participants attributed a source of blame for anorexia nervosa to factors that they understood as being external to the individual, such as society, the media, family and friends. The extracts below provide examples of this type of talk.

(1) Sally: ... the media body image that's got through women's magazines and it's, you know, the way that women are portrayed, portrayed throughout both media and in society, in families. Type of idea of the beautiful woman as being the good woman. Um, and that beautiful woman recently has become thinner and thinner ...

(2) Felix: ... I do think the media has got a lot to do with it. Um, the fashion industry. Um, (. ) it's sort of, um, sort of society's perception of what men want in a woman ...

(3) Alice: ... media definitely, definitely ... and, you know, patriarchy and the family home and cos it's middle class, it's a lot of achieve, achieve, achieve, control. You're gonna do this. You're gonna go to school, and then you're gonna go to uni, and you're gonna do great things. And you've gotta have a perfect body, and get really good marks at school, and lead this perfect life—and that's all personified in the media portrayals of what women are gonna be ...

In these accounts, anorexia nervosa is talked about as a response to external pressures on the individual. In particular, the media are cited as a source of pressure because they present images

of the 'ideal' woman and the perfect body which has become 'thinner and thinner' over time. For Alice (3), the media presented not only the ideal female body but also the ideal of achievement for a young woman whose family had middle-class values. Young women, for this participant, were exposed to pressures to 'go to uni', 'do great things', and 'have a perfect body'. In the above accounts, factors external to the anorexic woman—the media, society, family and friends—are constructed as constituting a powerful web of causality.

The sociocultural discourse construes anorexia nervosa as a social problem and in so doing produces certain beneficial functions for the speaker. First, the location of the problem indicates that changes to cultural representations of women may decrease the incidence of anorexia nervosa. Second, the sociocultural discourse avoids victim blaming which implicates the individual woman in the onset of the perceived pathology of anorexia nervosa. Therefore, the sociocultural discourse enables speakers to talk about anorexia nervosa in such a way that presents them as being aware of current women's issues and the impact of dominant ideals concerning women and femininity.

In contrast to the sociocultural discourse, the discourse of the individual constructs the cause of anorexia nervosa in terms of factors internal to the individual, such as personality. The extracts below illustrate this style of accounting.

(4) Helen: ... I mean, OK, the media has a certain influence about what is beautiful, but I mean, you know, if you think you're beautiful no one can dictate your shape. Um, if you think you're beautiful then you're not going to go to certain extremes to change that ...

(5) Julia: ... People deal with situations differently, whereas one situation might turn you into an anorexic, another like, you know, another person, just a stronger personality. So, you know, you have to make life decisions all the time. Every day you're making like a decision, and one decision may turn out to be really, really important and turn into anorexic, anorexia, whereas you can make that decision and I think that all depends on the personality and how strong you are.

(6) Sally: ... I'd probably agree with what the general opinion is, that it is sort of a media body-image that's being pushed, but I also think that the blame can't entirely lie with this, with the media and with, sort of, society's view pushing. So I think it is, in the end, up to the individual.

In these accounts, although external influences and, particularly, the media are acknowledged as contributing to anorexia nervosa, the cause is located in relation to individuals. The external factors are separated from the individual because they only have a 'certain influence' (Helen, 4) on the individual.<sup>3</sup> Internal factors are talked about in these accounts in ways that maintain this separation: individuals can choose not to go to 'certain extremes'; that 'it is, in the end, up to the individual'; that a framework of individual difference operates, and that those individuals who do not develop anorexia nervosa have a 'stronger personality'.<sup>4</sup> This discourse of the individual is underpinned by the notion that there is an essential core to psychology, which in some instances is referred to as 'personality', or as the site from whence 'choice' emanates, or which can be used as an explanation for individual differences.

A function of employing the discourse of the individual is that the problem of anorexia nervosa is constructed as no bigger than the individual who becomes diagnosed. Anorexia nervosa, therefore, is not presented as a clear consequence of social and cultural problems. Rather, the individual diagnosed with anorexia nervosa becomes the end-point for the explanation of causality.

The way in which both the sociocultural and individual discourses function together to construct anorexia nervosa as individual pathology is illustrated below in the context of one participant's responses. These extracts are presented in the order in which they occurred in the interview.

(7) Int: How would you describe an anorexic person?

Julia: ... I see it as a big self-esteem problem, rather than like a, um, I mean it's like, it's obviously psychological, obviously. I think it's all psychological, and it's all to do with society, society puts so much pressure on people to be thin and stuff ...

(8) Int: What do you believe to be the cause or causes of anorexia?

Julia: Oh, society and, yeah, bad body image, and um, yeah, people. Like, I think it's all like, sort of, what people talk about, people around you, people's opinions. Like, if someone told you all your life that you're unattractive or fat or something, you're going to be constantly aware of it . . .

(9) Int: Do you see anorexic-like behaviour in so-called normal people?

Julia: . . . Yeah, like it's up to you to sort of take control of your own situation and, um, I mean, you can blame the outside influences as much, you know, you can. I mean there's society, you know, has to take lots of blame, but then you really sort of, still, there's . . . lots of onus has to be on yourself at the same time. You have to take responsibility for yourself, your personality, how you deal with things . . .

In extracts (7) and (8), although she does mention the psychological dimension (self-esteem, body image), Julia also draws on a sociocultural discourse whereby 'society', 'people around you', and 'people's opinions' are sources of pressure that lead to anorexia. Later, in extract (9), a discourse of the individual is again employed through reference to the notion of 'personal responsibility' which reinforces the concept that there is something different about individuals who have anorexia nervosa that in some way sets them apart from other people. As Brown (1996, p. 178) has pointed out, in relation to health issues in general, if factors within the individual are constructed as determining health then, ultimately, it is the person her- or himself who is portrayed as bearing final responsibility for her/his health.

One of the key consequences of including multiple factors, social and individual, within explanations of causation is that the individual who is diagnosed with anorexia nervosa is constructed in a particular way. This construction inevitably draws on the primary humanist notion of the existence of an essential core of individual psychology. Davies (1991) argued that the humanist construction of the person is characterized by three main features. Identity is assumed to be unified, continuous, rational and coherent within 'normal' people. The individual

is assumed to be part of, but essentially different from, the collective or society. Finally, identity necessarily implicates agency, rationality, coherence and, therefore, 'normality'. The choices that an individual makes are indicative of her/his 'normality'. Those who do not make rational choices are assumed to be 'abnormal' agents. These abnormalities are generally attributed to ideas such as inappropriate socialization. Socialization is conceptualized as the process whereby society's norms and values become internalized as part of the individual.

The use of the sociocultural and individual discourses, by drawing on the humanist conception of individual psychology, constructs anorexia nervosa as being separable from social contexts and structures. The humanist conception, then, is a particular construction of the individual that maintains the notion that there are individual aspects of psychological functioning that have been previously internalized from social values through processes of, for example, socialization. In contrast to this, Gottlieb (1984, p. 107, cited in MacSween, 1993, p. 81) argued that a sociological understanding of psychology would involve 'the theorisation of the manner by which the outer is reproduced in the inner, the way the social structures become mental ones'. In the face of changing social and cultural pressures, young women (and, in some cases, young men) are explained—through the use of a humanist framework of sense making—as being able to effect changes, to make choices and decisions, or to take responsibility for themselves. Those who become anorexic are assumed to have the capacity or internal consistency to achieve any of the above.

### *Lay accounts of the treatment of anorexia nervosa*

In response to a question concerning how anorexia nervosa might be treated, 'What do you think is appropriate treatment for anorexia?', participants' talk focused on treatment that aimed to work with psychological aspects of the individual.<sup>5</sup> The following extracts illustrate the nature of the talk produced in this context.

(10) Helen: . . . I think you've really got to start with mental therapy and counselling . . . if you're going to cure it, then you're going to have to deal with the problem. Like you can't

really change the media or change the past or change your parents or change your friends, um, you're just going to have to deal with that person and their problems, and they're going to have to let go of all their hurt or whatever, their problems, deal with self-esteem in one way or another . . .

(11) Julia: . . . a retraining of how you perceive your body, and a retraining of how to eat . . . I mean it's just, it's all, like it's totally retraining your mind. . . . They need like therapy. Like I mean (.) you know, sort of like, eating therapy. Like, you know, just like seeing why, why do you think, you know, why you didn't eat, and why you should eat . . .

(12) Clive: . . . counselling (.) yeah by a trained psychologist who's familiar with eating disorders . . . getting them to (.) have a positive image about their own bodies instead of a negative one . . . You'd probably have to look at your body and say, well, you know, your body needs this, this, and this to survive and you're only giving it this.

In these accounts, the individual with anorexia nervosa is portrayed as the focus of treatment. Therapy is constructed as a process that deals with 'that person and their problems', with 'self esteem', with 'retraining of how you perceive your body', with 'getting them to have a positive image about their own bodies'. These accounts illustrate the perception of anorexia nervosa as an individual problem which is articulated through notions of 'self-esteem' and the need for 'retraining'. The common aim of treatment is portrayed as getting individuals with anorexia nervosa back on the right (rational/coherent/normal) track of thinking about their bodies. Despite the significance of the media and the social pressures mentioned earlier in the interviews by the participants, notions about required treatment are firmly situated within an individual realm of psychotherapy. Helen (10), for example, states that 'you can't really change the media', 'parents' or 'friends' as a justification for the individual approach. Factors that are acknowledged to have contributed to the onset of anorexia nervosa are presented as being incapable of change, and the problem, for this participant, is relocated to one of dealing with 'self-esteem'.

Julia (11) and Clive (12) also talk about treating individuals, with such treatment involving 'counselling' or 'eating therapy'. Treatment is discussed in terms of the needs of the individual for therapy and for food. In Julia's account, treatment involves questioning the person about her/his eating: 'Why do you think, you know, why you didn't eat and why you should eat?'. In Clive's account, treatment involves telling the person 'your body needs this, this, and this to survive'. Both participants, in proposing these treatment options, assume that the problem of anorexia nervosa is about individual eating and body image.<sup>6</sup>

In contrast to these ways of talking about anorexia nervosa as the expression of individual problems, one participant talked about the possibility of the problem arising from past or current conditions.

(13) Kate: . . . the more important part is actually why is this person doing this, and looking at possible causes and, I guess, involving the family or friends and the person who's anorexic, um, in trying to find out what's going on and, um, why's this person doing this. Is it something they haven't been able to resolve from their past or is it current, present conditions that requires the family or the other people to rethink what they're doing and what they're saying, and that they actually do have an influence on this person. Um, so I think you have to look at the person's environment, psychological environment to find out why this happened . . .

Kate's account of what constitutes the appropriate treatment for anorexia nervosa involves counselling of people other than the affected individual; people such as family or friends. Treatment requires 'the family or other people to rethink what they're doing and what they're saying', thereby not defining the problem and site for treatment solely within the individual's psychology. However, the overall focus for treatment is retained within the individual sphere as Kate describes the problem as 'something they haven't been able to resolve from their past', or that it is about the person's 'psychological environment'. Although other people are brought within a discussion of treatment, they are talked about as exerting an 'influence' on the individual with anorexia

nervosa. This form of accounting, once again, maintains a separation between individual psychology and social relations.

None of the participants discussed the possibility of change at a societal or cultural level.<sup>7</sup> In their accounts of treatment, at least, they appealed to the notion of anorexia nervosa as an individual dysfunction and psychopathology. One of the major consequences of the construction of anorexia nervosa as a psychopathology is that the person who is diagnosed with anorexia nervosa is identified as the site of problems and this, in turn, requires individual change rather than social change (Hepworth, 1993; Hepworth & Griffin, 1995). Related to the construction of anorexia nervosa as psychopathology is its overwhelming prevalence among women. In the next section, we discuss examples of how the participants elaborated on anorexia nervosa through reference to its occurrence in females rather than in males.

### *Lay accounts of gender and anorexia nervosa*

Given that previous accounts produced by participants had referred to anorexia nervosa as being a female problem, and that they had also referred to a sociocultural discourse of media pressures for women to be thin, beautiful and high achievers, they were also asked about their understanding of male anorexia nervosa in the following question, 'How do you explain male anorexia nervosa?' The ways in which participants constructed male anorexia as anomalous are illustrated in the following extracts.

(14) Sally: ... I don't know whether it would be a feeling of (.) um, whether it was sort of a feeling of inferiority as far as intellectual capacity goes, and they decide to depend on their looks or depend on their appearance and their body image, um, or whether they were just in slightly out-of-the-ordinary homes as they grew up, that sort of swayed from the norm in many ways. Therefore they've sort of grown up, I hesitate to say, with slightly feminized views of themselves ...

(15) Max: ... I think guys that are really thin and think, oh that's the way I've got to be and stuff, I think that's strange. I'd say well, hey mate, I wouldn't worry about it, sort of thing. Um, and I suppose, like, that's the sort of type

of person that would suffer from things that, um, these very self-conscious and, um, just concerned and almost wound-up in themselves. Um, and maybe I look at that and the problem's already there. See that's the thing, if they're already thinking oh well I've got to look like that, well maybe that's a signal that maybe something's already wrong, um, and then it goes back to, to the sort of person you are ...

In Sally's account (14) of male anorexia nervosa, there is an appeal to a framework of individual differences to explain these men's difference from other men. Men who are diagnosed with anorexia nervosa are explained as 'having a feeling of inferiority as far as intellectual capacity goes', or there is something different about the homes in which they were brought up that 'swayed from the norm'. As a consequence of these differences, men have 'decide[d] to depend on their looks', or they grow up with 'slightly feminized views of themselves'. This account draws directly on a discourse of femininity about anorexia nervosa in which anorexic women have been commonly explained as having a preoccupation with body image and appearance (see Littlewood, 1995, for a review). For a male to show similar symptoms means, for this participant, that it is a consequence of his feeling of intellectual inferiority. This type of explanation reinforces the notion that anorexia nervosa in females and males is also different. In contrast to this difference, the other reason that Sally provides for male anorexia nervosa draws on the notion of a process of socialization that results in males becoming feminized. In this sense, male anorexics are atypical men and would-be females. Anorexia nervosa, then, in both females and males, is presented as being influenced by female stereotypes.

Max's explanation (15) draws on anorexia nervosa as a manifestation of psychopathology; he states that 'the problem's already there', that 'something's already wrong', and that it is a matter of the 'sort of person you are'. The males who have anorexia nervosa are also presented as being different in some way from other males—they are 'wound-up in themselves'—but Max's explanation does not emphasize that they are in any way more feminine.

The discourse of femininity associates specific qualities with being female and presents these qualities in opposition to those characteristics which are held to be synonymous with masculinity, and which are integral to the social construction of anorexia nervosa (Hepworth & Griffin, 1990). Femininity is characterized by the female–male dualism in which each sex is viewed as being fundamentally different (Davies, 1991). This construction normalizes femininity and erases all difference between women in relation to class, sexuality and ethnicity, insisting that all women aspire to achieve a certain standard of ideals (Bordo, 1989). As a consequence of this discourse, and the overwhelming number of diagnoses of anorexia nervosa in women, these qualities have dominated common conceptions and explanations.

One of the consequences of the discourse of femininity is that accounting for anorexia nervosa in males is problematic. The participants overcame this problem by continuing to draw on the discourse of femininity, and explained male anorexia nervosa as a result of individual males having become feminized, in terms of ‘something’s wrong’ with the man, and that this may indicate their suffering from a psychopathology that characterizes anorexia nervosa. These respondents’ explanations of male anorexia nervosa are consistent with earlier research carried out by Hepworth (1993) in her analysis of British health-care workers’ accounts. Male anorexia nervosa simultaneously reinforces the notion that there is a common psychopathology to anorexia nervosa and, yet, challenges the dominant conceptualization of it being a problem of women and of women’s ‘preoccupation’ with body image. However, the explanation of male anorexia nervosa also demonstrates the effects of discourse in structuring language use around existing ideas about femininity and masculinity.

## Conclusion

The aim of this research was to analyse lay theories of anorexia nervosa. We were not concerned with examining the accuracy of lay knowledge; rather, we conceptualized anorexia nervosa as a discursive object and examined some of the discourses that construct lay theories. We argue that although sociocultural fac-

tors were acknowledged as being contributory to anorexia nervosa, their conceptualization as separable from individual psychology maintained the dominant idea that anorexia nervosa is a manifestation of psychopathology. Further to this, talk about treatment was structured through the discourse of the individual, whereby s/he would receive therapy, and/or eating behaviour and body image would be ‘retrained’ within a framework that promotes a positive body image.

The accounts presented within this study construct anorexia nervosa as a dysfunction within individuals. In this way, lay theories reinforced existing humanist perspectives of the individual that prioritize individual responsibility and agency. In order to postulate beyond individual dysfunction, it is argued that we need to theorize the broader aspects that are involved in the construction of the person and subjectivity. Similarly, it is necessary for research to go beyond conceptualizations of femininity as an unproblematic ‘given’, and of ‘the individual’ as essentially distinct from society (Malson, 1995).

It is further argued that the way in which we conceptualize a particular phenomenon has implications for the way in which, for example, health problems are addressed in the development of future strategies. As Eccleston, Williams, & Stainton Rogers (1997) have pointed out in this regard, a shift in analytic focus from pathology and behaviour to the social and linguistic practices in terms of which particular health and illness identities are constructed offers the potential of enriching understanding through the re-evaluation of unexamined assumptions, and an orientation to the possibility of multiple subsystems of explanation.

Future directions for the prevention and treatment of anorexia nervosa will necessarily involve working with a range of discourses that inform health-care workers about anorexia nervosa (Hepworth, 1998). In this study, there is evidence that lay theories of anorexia nervosa were constructed in ways that are consistent with dominant discourses about women, psychopathology and individual treatment. We conclude, therefore, that lay theories of anorexia nervosa contribute to the reproduction and maintenance of existing concepts and practices. Further to this, critical approaches to lay theory

research on anorexia nervosa have the potential to examine the relative usefulness of this form of theory for developing the field. Discourse analysis, in particular, offers a means of developing an understanding of anorexia nervosa by analysing the functions served by various discourses or multiple subsystems of explanation in maintaining and reproducing dominant ideas about this category, women and identity.

## Notes

1. By critical psychology, we are referring to a general approach which draws on postmodern theorizing, and emphasizes a scepticism about, or questioning of, received psychological knowledge. It involves the critical examination of ways in which particular areas of interest in psychology have become constituted: how and why they have been 'knowledged into being' (Stainton Rogers, Stenner, Gleeson, & Stainton Rogers, 1995, p. 13). It is an approach which seeks alternative forms of conceptualization around psychological issues.
2. However, see Eccleston, Williams, & Stainton Rogers (1997) for a social constructionist approach to the ways in which people make sense of the causes of chronic pain. As is the case with anorexia nervosa, the social scientific study of pain has become fixed within orthodox medical and psychological paradigms, and it is only recently that different approaches have been taken which address social and linguistic practices in the construction of meaning.
3. Although the dominant representation of the person in western culture (and in traditional psychology) is that of an important causative agent fundamentally separate and distinct from situational and contextual considerations, this humanist view does not exhaust the potential for theorizing about the individual-society relationship. Brown (1996), for example, noted that, in discussions on the nature of stress and its effects, interview participants sometimes constructed clear-cut boundaries between the person and social influences/the environment (as described here in relation to the aetiology of anorexia), but sometimes they did not. In this latter type of description, both the individual and the environment were constructed as being subsumed into an overall experience of 'life-in-general' or 'everyday life'.
4. This account contrasts with the way in which some self-reported bulimics talked about anorexia (Brooks, LeCouteur, & Hepworth, 1998). Bulimic participants in this interview study constructed anorexia nervosa as indicative of great strength and

power on the part of the anorexic individual, and of an ability to control. A discourse of control was also reported by Hepworth (1993, 1998) as a way in which some health-care workers explained the cause of anorexia nervosa. In addition, Malson (1995) identified a discourse of control as one of the themes characterizing the talk of the anorexic participants whom she interviewed.

5. We acknowledge that a question framed in terms of the word 'treatment', which is part of a medicalized and individualized discourse, may have prompted responses from participants from within the same discourse. It is the case, however, that a range of treatments encompassing therapeutic communities, feminist approaches, and groupwork also circulate within popular discourse. We can only work within the context of what was said on *this* occasion of interview in which participants reproduced an individual model that was focused on psychopathology. From a discourse analytic perspective, the researcher's questions are necessarily constructive and set part of the functional context for the answers provided. For this reason, we have examined participants' talk in explicit relationship to the interview questions.
6. See Banks (1992) for an alternative conceptualization generated from an interpretation of the understandings of contemporary anorexics which suggests that notions such as 'distorted body image' and 'fear of fatness' can be seen as contemporary *medical* readings of an historical continuum of female asceticism as a pathway to self-definition.
7. Again, it should be emphasized that we acknowledge, within discourse analytic work, that failure to articulate a theme in the context of an interview does not necessarily indicate that a participant might not be willing to produce that particular theme on another occasion, in response to a different line of questioning, or that s/he might not agree with that theme if asked directly.

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