Virtuous, Visible and Vicious: Narrative Navigations of Identity in Eating Disorders

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List of abbreviations

AN: anorexia nervosa

BN: bulimia nervosa

CAT: cognitive analytic therapy

CBT: cognitive behavioural therapy

CNA: critical narrative analysis

IPA: Interpretative Phenomenological Analysis

ON: orthorexia nervosa

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Preface

Overview

This thesis offers an exploration of the narrative construction of identities through disordered eating practices. The portfolio is divided into three sections that are woven together by the connective thread of the eating disordered identity. I begin by providing an orientation to the three sections that comprise this body of work and end with a reflection on the process of personal and professional development that has shaped the course of this study.

Sections of the portfolio

Section A presents the research study that explored individuals' narrative constructions of their preoccupation with 'healthy' eating. The aim of the research was to address the question: how do individuals make sense of their 'unhealthy' attitudes towards 'healthy' eating? This was investigated through a Critical Narrative Analysis of accounts of this particular experience.

Section B includes a journal article intended for publication within a reputable academic periodical. The publishable piece featured is a condensed version of the research study found in section A. Key aspects of the research findings are presented within this, with a specific emphasis on suggestions for practical applications of the results to clinical practice. The article is intended for submission to the European Eating Disorders Review, which is the publication of the eating disorder charity Beat, who supported the recruitment process of the study.

The final section of the portfolio, section C, presents a case study. The case study is a report and evaluation of a piece of therapeutic work I undertook during the course of my training. This

piece of work demonstrates my clinical work with an individual with anorexia nervosa (AN) and is a further example of the importance of the role of identity in the maintenance of eating disorders. To some extent, it attempts to bridge the gap between the suggestions made in the research study and their applicability to clinical work. The case study provides on opportunity to critically explore the challenges of working with AN and the significance of creating a shared understanding in therapy.

Development of the portfolio

The three pieces of work in this portfolio are linked by the theme of narrative navigations of identity in eating disorders. In the very initial stages of the work, I was inspired by reading several accounts in the media of women who had experienced a pathological obsession with 'healthy' eating. The storied nature of the women's accounts struck me and I was keen to explore the use of narrative as a process of meaning making further. Additionally, their stories reflected my growing awareness of an emphasis on being 'healthy' in my own work with eating disordered individuals, in spite of their often unwell presentations. Subsequently, the question of narrative became increasingly relevant to my clinical work in an eating disorder service. How we use narratives to lineate human experience and create a sense of coherence in an otherwise chaotic world interested me greatly. In particular, I wanted to further explore the notion of *narrative identities* and the process of identity construction through narrative (Langdridge, 2007).

Embarking on my exploration of the 'healthy' identity and the 'unhealthy' side of 'healthy' eating practices, it seemed fitting to employ a narrative inquiry approach to the research. My ambition with this approach was to explore how individuals make sense of their eating attitudes through the narratives they construct. In doing so, it was my aim to investigate the meaning making process inherent in this and how individuals position themselves within the world. Inspired by the

current vogue for ‘healthy’ eating, I was particularly interested in the wider social discourses implicit within these constructions. The intention then being that I would be able to draw on these broader sociocultural discourses to provide suggestions for shaping counselling psychology practice in relation to this emerging field. A narrative inquiry approach therefore enabled me to gain further understanding into this experience, whilst also situating it within the context of the social world in which we are located. Deciding to employ Critical Narrative Analysis further enabled me to engage with critical social theory to illuminate the relevance of sociocultural influences on our lived experiences.

My experience of working with eating disordered individuals further compounded my belief that whilst sociocultural factors are by no means the sole cause of eating disorders, they play a vital role in entrenching unhelpful beliefs and attitudes surrounding food and eating. The challenges I faced working with clients with a diagnosis of AN reflected this, as illustrated by the case study presented within this portfolio. Therefore, my intention with this work was also to highlight the importance of ambivalence in eating disorders and to explore this aspect at depth. Through investigating the concept of ambivalence, the strength of the eating disordered identity emerged. One pertinent aspect of the multifaceted eating disordered identity is that it exists within a cultural sphere that repeatedly strengthens its foundations. The complex interface between the holding of individual values and the reflection of socially constructed values became a central theme of the work.

By linking the experiences of the participants in the research study, who identified as having an ‘unhealthy’ preoccupation with ‘healthy’ eating and the experience of AN recounted in the case study, this portfolio also comprises of an over-arching sub-theme of restrictive eating. As the present work demonstrates, the function of restrictive eating practices is multifarious and multiple meanings and interpretations can be garnered from this. A selection of theoretical

perspectives on this much written about topic is incorporated here. However, priority was given to the meaning individuals attributed to restriction and the role restriction played in the shaping of their identities that emerged through their narratives. I was keen to explore why restriction was so highly prized and the ways in which this approach to eating may or may not be described as restrictive by those engaging in such behaviours. Essentially, I wanted to investigate how identities can become entwined with the most basic, and most complicated, human function of eating.

For the most part, the motivation behind the study was to find a means of prioritising the experience of the individual, whilst also allowing for the consideration of the impact of the wider world. In this respect, I attempted to form an enmeshment of one of the central tenets of counselling psychology that values subjective experience, with a commitment to also moving beyond what Vermes (2017) has referred to as the "individualism impasse in counselling psychology" (p.44). This individualism impasse is addressed through the inclusion of social constructionist and feminist perspectives that seek to move beyond the level of the individual and open up alternative interpretations that have the capacity to empower.

The three sections of this portfolio were inspired by a quest to address the complexities involved in assuaging the distress caused by eating disorders and an attempt to understand the experiences of those with disordered eating further. By prioritising the voices of the individuals who contributed to this body of work, I hoped to increase the opportunities for counselling psychologists to engage in meaningful therapeutic endeavours with eating disorders. The journey I have undertaken in the completion of this portfolio has influenced my conceptualisation of eating disorders hugely and has enriched my learning throughout. The case study in the current work planted the initial seed for acknowledging the prized aspects that encompass an eating disordered identity. However, navigating the research process has invariably broadened

my professional horizons. The process involved in compiling this doctoral portfolio has solidified my commitment to counselling psychology and the value counselling psychologists can bring to informative, innovative and empowering therapeutic practice to engender change.

Section A: The Research Study

A Narrative Exploration of ‘Unhealthy’ Attitudes Towards ‘Healthy’ Eating

Abstract

This qualitative research study employed a narrative method, in order to explore how individuals who consider themselves to have an 'unhealthy' approach to 'healthy' eating make sense of this experience through the stories they tell. Narrative interviews were undertaken with four research participants and the data was subsequently subjected to a six stage Critical Narrative Analysis. This allowed for a multi-layered analytical approach that identified narrative tone and function, the creation of identity through narrative, dominant narrative themes and the opportunity to interrogate the texts further from a feminist standpoint. In particular, attention was paid to the impact of broader sociocultural influences on the narratives. Implications for therapeutic practice with eating disordered individuals are subsequently explored and suggestions are made for the direction of future research.

Chapter One: Introduction

Overview

The aim of the present study is to shed light onto the experiences of men and women who consider themselves to have an 'unhealthy' approach to 'healthy' eating. I hope to gain a further understanding of the meaning individuals attribute to their eating attitudes and how they make sense of their experiences through the narratives they construct. For the purposes of the current work, I loosely use the term an 'unhealthy' approach to 'healthy' eating to describe eating attitudes that prize good health but are also associated with a restrictive diet and emotional distress in relation to food. Whilst diagnostic categories are referred to in order to provide a guiding framework for this piece of psychological research, I hope to take a non-pathologising stance on the topic in able to view such experiences within their broader socio-cultural context.

Orientating healthism

Crawford (1980) created the concept of healthism to capture the emergence of a raised consciousness around health that began to emerge during the 1970's. Healthism serves to prevail as a dominant ideology in relation to good health that has been adopted by Western society (Lee & Macdonald, 2010). Good health is assumed to be achieved by healthy eating habits (Wright, O'Flynn, & Macdonald, 2006), regular exercise (Kirk & Colquhoun, 1989) and a moral obligation to police one's body size (Crawford, 1980). Within this ideology, a slender or athletic body shape is viewed as an indicator of optimum health (Crawford, 1987) and an obese body is emblematic of idleness and moral failure.

Healthism places the responsibility for good health at the level of the individual and therefore considers the solution to health related difficulties to be an individual obligation (Håman, Barker-Ruchti, Patriksson, & Lindgren, 2015). Moreover, it is assumed that responding to the moral duty to control body shape and size through diet, exercise and discipline is a task of relative ease (Crawford, 1980). A plethora of health promoting values can be observed across advertising (Dworkin & Wachs, 2009) and popular media (Lee & Macdonald, 2010). These promoted ideals reflect how healthism influences numerous practices and behaviours surrounding diet, exercise and the maintenance of good health (Håman et al., 2015).

Health promoting practices have the potential to contribute to the development of increased self-surveillance in response to societal pressures to improve health and reduce health risks (Crawford, 2004) and foster unrealistic and unhealthy beliefs surrounding the body. Attempts to conform to socially constructed ideals of health have the capacity to result in damaging behaviours (Rich & Evans, 2009).

The concept of 'wellness'

The constitution of the World Health Organization (1946) defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". These principles have since been adopted to define the contemporary notion of 'wellness', which emphasises proactively improving and maintaining one's health and overall well-being (Global Wellness Institute, 2013). 'Wellness' has therefore developed into a highly lucrative commodity with an apt audience of consumers, who are essentially competing in "a wellness arms race" (Fisher, 2016, p.11). The wellness industry is currently valued at $3.7 trillion (Global Wellness Institute, 2015) and its influence shows no sign of subsiding. The contribution from the healthy eating, nutrition and weight loss sector is estimated to be $648 billion, second only to beauty and

anti-aging products, at $999 billion. These figures suggest that physical appearance and the policing of body size are central tenets to the concept of 'wellness'.

Fisher (2016) argues that 'wellness' has been intentionally constructed to fuel an insatiable thirst for perfect health that can never be quenched. However, whilst a perfect state of health remains elusive for the vast majority of people, the perception of moral superiority that is associated with 'wellness' is an attractive prospect (Fisher, 2016). Chaki, Pal and Bandyopadhyay (2013) have observed that an increased awareness around 'healthy' eating and exercise exists concurrently with the widespread incidence of obesity in the developed world. However, it has been suggested that there is a fine line between choosing to eat carefully in order to improve one's health and developing a fixation on diet to the possible detriment of other areas of life (Chaki et al., 2013). Consequently, a fixation on a 'healthy' diet has the capacity to result in disordered eating attitudes.

Eating disorders

The late psychoanalyst Hilda Bruch (1973) proposed that eating disorders in general are predominantly characterised by the consumption of abnormal amounts of food. This may be in the form of excessive eating that results in obesity, or restricted eating that can cause emaciation and malnutrition. Astutely, Bruch highlighted that all forms of disordered eating are closely linked through shared underlying difficulties. She posited that individuals engage with the misuse of the function of eating in an attempt to disguise problems in their lives and manage what appears to be unmanageable (Bruch, 1973). Although disordered eating may present in many guises, we might assume that there is a common functionality in the effort to assuage emotional distress through increases or decreases in the intake of food.

Today, anorexia nervosa (AN), as defined in the Diagnostic and Statistical Manual of Mental Disorders criteria for AN (5th ed.;DSM-5; American Psychiatric Association, 2013) is recognised by continued restriction of energy intake resulting in low body weight, an intense fear of gaining weight, or persistent attempts to avoid weight gain and a disturbance in the way one's body shape is perceived. Conversely, other variants of eating disorders are often not associated with a significantly low body weight, in spite of the presence of marked shape and weight concerns. Bulimia nervosa (BN) is defined by frequent episodes of binge eating, recurrent compensatory behaviours to prevent weight gain (e.g. self-induced vomiting, laxative misuse, excessive exercise, fasting) and shape and weight used as the dominant means of self-evaluation (DSM-5, 2013). Similarly, binge eating disorder (BED) is characterised by recurrent episodes of over-eating. However, it differs from BN in that any compensatory behaviours are absent. Nevertheless, DSM-5 criteria for BED states that marked distress is experienced as a result of bingeing behaviours.

Situating orthorexia nervosa

Orthorexia nervosa (ON), meaning 'correct' appetite, describes a pathological obsession with eating 'healthy' food (Bratman & Knight, 2000). The term orthorexia nervosa was coined by American physician Steven Bratman (1997), in response to his own experience of becoming fixated on 'proper' nutrition and the recognition that this seemed to be an increasingly common phenomenon. Within the wider scope of recognised eating disorders, ON is a contemporary concept. AN, meaning "nervous loss of appetite", was initially described by Gull in 1874. Over a century later, Russell (1979) originally identified BN as a variant of AN, in the absence of excessive self-control in relation to eating.

Bratman and Knight (2000) identified ON to be a new variant of disordered eating that develops out of an innocent attempt at improving health through diet but results in an obsession that causes considerable psychological and physical disturbance. ON is thought to be characterised by an intensive preoccupation with 'healthy' food, restrictive and ritualised eating patterns, a sense of superiority as a result of adhering to a virtuous diet, extreme guilt or self-loathing in the face of dietary transgressions, eventual social isolation and possible malnutrition (Bratman & Knight, 2000).

Dunn and Bratman (2016) propose that ON is a distinct condition from AN. Whilst dietary restriction appears to be a shared feature, a preoccupation with shape and weight is said to be notably absent in ON. However, establishing this assertion has the potential to be problematic. Rodin, Silberstein and Streigel-Moore (1984) revealed that body dissatisfaction is so endemic amongst women in the West that it has come to represent a "normative discontent". Furthermore, subsequent research has indicated that both men and women frequently experience body image concerns and eating disturbances (Striegel-Moore et al., 2009). This highlights the complexity involved in establishing the absence of shape and weight related concerns in ON, as it could be argued that such preoccupations are commonplace in the general population. In addition, weight control is an integral part of socially constructed ideals of health and wellness (Crawford, 1987). From this perspective, it is difficult to envisage a fixation on health that does not feature attempts at weight control.

A note on diagnosis

The most recent edition of the DSM-5 (2013) outlines eight distinctive diagnostic categories for eating disorders: AN, BN, BED, pica (persistent eating of non-nutritive substances), rumination disorder (repeated regurgitation of food), avoidant/restrictive food intake disorder (ARFID), other

specified feeding or eating disorder (OSFED) and unspecified feeding or eating disorder (UFED). BN is the most commonly diagnosed eating disorder, whilst incidences of AN are fewer (Hoek & Van Hoeken, 2003).

Although eating disorder professionals have reported orthorexic behaviours to be commonly observed in clinical practice (Vandereycken, 2011), ON was not included in the DSM-5 (2013). Therefore, despite a building body of academic literature on the topic that is reviewed in the latter part of this chapter, ON is currently not an officially recognised eating disorder. Bratman and Knight's (2000) positioning of ON as a new variant of disordered eating has thus far not been widely accepted.

Prevalence of eating disorders

Research illustrates that the average prevalence of AN amongst young women is 0.3%, whilst prevalence for BN is 1% and BED is at least 1% (Hoek & Van Hoeken, 2003). More recent statistics demonstrate that in the U.K. alone, more than 725,000 people suffer from an eating disorder (Beat, 2015). BN accounts for the majority of diagnoses (360,764), narrowly above BED (357,261), whilst there are considerably fewer incidences of AN (6,819). Hoek and Van Hoeken (2003) advocate that only a minority of individuals who meet stringent diagnostic criteria for eating disorders will present to mental health services. So it must therefore be taken into consideration that incidences of disordered eating behaviours amongst the general population are likely to be higher than suggested.

Contrary to the popular belief that eating disorders are the preserve of women (Drummond, 2002), men may account for up to 25% of the eating disordered population (Adult Psychiatric Morbidity Survey, 2007). A report from the Royal College of Practitioners (2010) indicated a 66%

rise in male inpatient admissions, confirming an increase in the number of men recognised to have an eating disorder. Although it is undeniable that eating disorders present far more frequently in women, it is likely that men are considerably underrepresented in the eating disorder statistics to date. The rising incidences of eating disorders for men and women do, however, indicate that we exist in a cultural climate that facilitates the expedition of such difficulties.

Variations in aetiology

Addressing the aetiology of eating disorders is a complicated task and there are multiple theories in existence. Ogden (2003) observes that since incidences of eating disorders have been on the rise, interest in the area has increased and there has been a proliferation of models of causation. For the purposes of the current work, I will attempt to provide a brief outline of the aetiology of eating disorders from the three theoretical perspectives I believe to be the most pertinent to the study: cognitive behavioural, psychodynamic and socio-cultural. This is by no means intended to provide an extensive review of the wealth of theoretical literature available, but to offer an overview of relevant theory. The theoretical perspectives have also been selected for their academic credibility (Ogden, 2003) and their relevance to the application of counselling psychology. Whilst they may vary extensively in their formulations for understanding eating disorders, it is thought that a multidimensional approach to the conceptualisation of such difficulties is the most helpful (Szmukler, Dare & Treasure, 1995).

Cognitive behavioural perspectives

From a cognitive behavioural perspective, different variants of eating disorders demonstrate a shared core disturbance: the overvaluation of shape, weight and dietary restriction (Vitousek &

Brown, 2015). Cognitive behavioural models view eating disorders as a learned maladaptive behaviour that is maintained through processes of positive and negative reinforcement (Ogden, 2003). Positive reinforcement might be generated by a sense of self-control and accomplishment through starvation, whilst negative reinforcement includes relief from anxiety and avoidance of distressing affects (Vitousek & Brown, 2015). Particular emphasis is placed on factors that maintain the eating disorder, rather than a focus on possible causal factors, such as early childhood experiences and family dynamics (Garner, Garfinkel, & Bemis, 1982; Slade, 1982). Although cognitive behavioural models for AN and BN initially existed separately, more recent approaches have favoured a transdiagnostic perspective (Fairburn, Cooper & Shafran, 2003).

As a therapeutic intervention, cognitive behavioural therapy (CBT) pays close attention to the series of eating disordered behaviours that perpetuate a vicious cycle of disturbed eating patterns and challenges misappropriated beliefs in relation to the overvaluation of shape and weight. The often unusual, and fruitless, endeavours the eating disordered individual engages in as a means of controlling or influencing their body shape are explained by the central proposition that weight is the dominant index of self-worth (Vitousek & Brown, 2015). As such, these distorted beliefs need recalibrating in order to help the individual to develop healthier attitudes towards to eating. Whilst CBT acknowledges the influence of a sociocultural environment that glorifies homogenous slim or athletic body shapes, attempts to conform to this requirement are considered to be a pathological disturbance involving considerable cognitive distortion.

NICE guidelines (2004) currently recommend CBT as the therapeutic model of choice for the treatment of BN and BED. The picture is more unclear for the treatment of AN, where no one modality has been able to demonstrate superior efficacy (Kass, Kolko & Wilfley, 2013). CBT is a

symptom-focused model and is a time-limited psychological intervention. The suggested duration of CBT for BN and BED is between 16-20 sessions, whilst AN is 30 sessions (NICE, 2004). However, short-term therapies, such as CBT, have been criticised for ignoring the underlying issues that serve to perpetuate the eating disorder (Zerbe, 2015). Furthermore, there is an argument that longer-term therapeutic approaches, such as psychodynamic psychotherapy, may prove to be more cost-effective in the long run, as there is the scope to sufficiently explore additional difficulties that are likely to exist alongside the eating disorder (Dancyger, Krakower, & Fornari, 2013).

Psychodynamic perspectives

Psychoanalytic models of eating disorders offer an alternative conceptualisation of such difficulties by emphasising the importance of the meaning and function of the symptoms (Ogden, 2003). Although there is a vast expanse of psychoanalytic literature available in relation to eating disorders, owing to the scope of the current work, only a very brief introduction is offered here. Early psychoanalytic theory interpreted AN as the result of oral impregnation phantasies (Waller, Kaufman, & Deutsch, 1940). This culminated in the creation a dynamic between self-starvation and female sexuality (Till, 2011), which provided the dominant mode of understanding, until the arrival of the pioneering work of Hilda Bruch. Bruch (1973) reformulated the understanding of eating disorders to incorporate a conflicting relationship between the psyche (inner world) and society (external world) (Till, 2011).

Bruch (1973) argued that eating disorders derived from under-developed ego boundaries as a result of the mother's failure to recognise the child as an individual. Subsequently, AN is emblematic of a struggle to exert control and seek autonomy in the face of familial enmeshment. The lack of sufficient ego boundaries then leaves the individual open to judging themselves

against external standards of self-evaluation, such as the ready absorption of the cultural message that equates thinness with beauty (Bruch, 1973). Bruch's (1973) contributions have been particularly valuable in terms of highlighting the emotional aspects of eating disorders and the interplay between a fragile sense of self and sociocultural influences. However, her theory has also been criticised for placing undue blame on the role of the mother and for creating a particularly gendered view of eating disorders (Till, 2011).

Sociocultural perspectives

A sociocultural approach to the understanding of eating disorders is primarily concerned with the social and cultural context in which they develop. Namely, a sociocultural perspective recognises that eating disorders are primarily a feature in Western populations and are predominantly found in women, rather than men. Gordon (2000) has stressed the importance of acknowledging the wider sociocultural framework of eating disorders in order to begin to comprehend their proliferation in recent years. A cornerstone of this sociocultural framework is the barrage of representations of idealised body shapes for both men and women in the media. The significance of this is illustrated in research that has unanimously shown that viewing such images impacts negatively on the evaluation of one's own body size (Waller, Hamilton, & Shaw 1992; Heinberg & Thompson, 1995; Ogden & Mundray, 1996). More recent research has also indicated the increasing influence of social media on women's poor body image and disordered eating attitudes (Smith, Hames, Thomas & Joiner Jr, 2013).

The role of gender is also considered to be fundamental to sociocultural perspectives on eating disorders. Orbach (1993) and Gordon (2000) have both emphasised the conflict women face in contemporary society between ascribing to traditional gender roles whilst simultaneously adapting to new expectations. Gordon (2000) argues that present day female identity is

inherently conflicted, owing to the multiplicity of demands placed on the female role. These conflicts are then played out through dieting behaviours and the cultivation of thinness. The expression of such dilemmas, through either eating, or not eating, is enabled by a "socially sanctioned pathway" (Ogden, 2003, p.214) that derives specific values from food and thinness. Therefore, questions of identity, gender and social positioning are navigated through eating.

Social constructs of femininity and eating disorders

Susie Orbach (1993; 2009; 2016) has written extensively about eating disorders from a feminist perspective and the changing demands placed on the body in contemporary society. Expanding on the work of Bruch (1973), Orbach (1993) positions eating disorders as a battle for autonomy against the backdrop of social expectations of femininity. Bordo (2003) has explained how Orbach presents AN as being at the extreme end of a continuum on which all women exist, in as much as they are prey to the demands of the culturally constructed notion of femininity.

Orbach (1993) suggests that the "cardinal rule of femininity" (p.41) is that women should be desirable to men and desirability is equated with an ever-diminishing body shape, achieved by dieting. Conversely, fat is then viewed as symbolic of a refusal to conform to feminine ideals (Orbach, 2016). In addition to the notion of desirability, Orbach (1993) highlights that socially constructed femininity requires women to be fundamentally selfless, always prioritising the needs of others above their own. Physical needs, in terms of food and feeding, and emotional needs, hold equal importance here. This notion is supported by Bordo (2003), who argues that the construction of femininity requires women to learn to feed and care for others over themselves and that any wish for self-nurturance is interpreted as greedy indulgence. Food then becomes equated with the denial of emotional need that is stemmed in the pursuit of femininity.

Bordo (2003) asserts that for several decades now, a veritable constellation of factors, including psychological, social and economic, have convened to produce generations of women who experience themselves as deeply inadequate and in need of transforming their bodies in order to feel some semblance of worthiness. From this point of view, eating disorders are considered to be a socially produced consequence of the relentless demands of femininity. However, more recent writing has also illuminated the relationship between the demands of hegemonic masculinity, disordered eating and body dissatisfaction in men (Bordo, 2009; Pope, Phillips, & Olivardia, 2000; Drummond, 2002).

Social constructs of masculinity and eating disorders

Hegemonic masculinity refers to an idealised notion of masculinity that forms a dominant societal narrative about what it means to be male, subordinating femininities and other versions of masculinities in the process (Connell, 1995). In order to align with normative ideals of masculinity, men are required to reject the feminine and adhere to culturally defined masculine behaviours and beliefs that eschew vulnerability and prize physical and emotional control (Courtenay, 2000). Courtenay (2000) has argued that the social construction of men as the stronger sex serves to sustain risks to male health and creates an environment whereby men are expected to conceal emotional distress.

Research has indicated that statistics on eating disorders in men may well be under-represented, owing in part to the perception that eating disorders predominantly occur in women (Pope et al. 2000). Drummond (1990) has cited a fear of being perceived as overtly feminine or weak could account for why so few men present to eating disorder services for treatment, which is a cause for concern. Whilst a preoccupation with obtaining a slender body shape has long been considered to be the 'norm' for women in the Western world, men who exhibit similar

concerns in relation to their appearance are viewed as having an unnatural identification with the feminine (McVittie, Cavers, & Hepworth, 2005).

The shifting cultural expectations in regards to the physical appearance of men would indicate that they are increasingly susceptible to societal pressures to conform to an idealised male body type (Bordo, 1999). However, eating disordered men may struggle to recognise or understand their difficulties owing to the stigma surrounding such issues being located in the female domain (Soban, 2006). Drummond (2002) has highlighted how men are likely to view exercise as a means of asserting their masculinity, rather than as a way of controlling their weight. In this respect, exercise is not considered to be a dieting technique associated with the pursuit of aesthetic ideals, as in the case with women (Drummond, 2002).

A review of the relevant literature

As outlined earlier, ON is characterised by a rigid avoidance of foods believed to be unhealthy, a restricted diet and ritualised patterns of eating (Koven & Abry, 2015). Adherence to such stringent eating practices can result in significant impairment to an individual's quality of life and possible malnutrition (Zamora, Bonaecchea, Sánchez & Rial, 2005). Additionally, the obsession with food quality in ON is said to be fuelled by the desire to optimise health, rather than environmental concerns or religious beliefs (Koven & Abry, 2015). In contrast to the well-established presentations of AN and BN, ON is defined by a fixation on the quality of food, as opposed to the quantity (Bratman & Knight, 2000) and the marked absence of shape and weight concerns (Dunn & Bratman, 2016).

In spite of a resurgence of interest in the topic in more recent years, there continues to be a paucity of research into the concept of ON and additional studies are warranted (Brytek-Matera,

Rogoza, Gramaglia & Zeppegno, 2015a). It is perhaps worth considering that in part, this might be due to the relative recency of the phenomenon, making it difficult to define and diagnose (Oberle, Samaghabadi & Hughes, 2017). This is further compounded by the absence of a valid and reliable diagnostic tool for measurement, providing a challenge to thorough quantitative research that has resulted in a rather circular debate thus far (Missbach et al., 2015).

Studies have been largely limited to non-clinical populations (Bagci Bosi, Çamur & Güler, 2007; Arusoglu, Kabakçi, Köksal & Merdol, 2008; Fidan, Ertekin, Işikay, & Kirpinar, 2010; Ramacciotti et al., 2011; Varga, Konkolÿ, Thege, Dukay-Szabó, Túry & van Furth, 2014; Brytek-Matera, Donini, Krupa, Poggiogalle & Hay, 2015b; Bundros, Clifford, Silliman & Neyman Morris, 2016; Oberle et al., 2017) and there is astonishingly little research into features of ON amongst those with a recognised eating disorder diagnosis (Brytek-Matera et al., 2015a). Conversely, there is evidence to support that in spite of its exclusion from the DSM-5, ON has been reported to be commonly observed in contemporary clinical practice (Vandereycken, 2011). To date, research into this potentially new presentation of disordered eating is overwhelmingly quantitative in nature and calls for the direction of future inquiries have been aimed towards providing a gold standard assessment instrument (Koven & Abry, 2015). However, as ON is a relatively recent phenomenon, consideration of the cultural climate in which it has had the opportunity to flourish deserves further attention but appears to be lacking.

Although the concept of ON was initiated in the U.S some time ago (Bratman, 1997) and has since received relatively extensive media coverage, there is a scant body of North American clinical literature dedicated to its investigation (Dunn & Bratman, 2016). Speculatively, an explanation for this could very well be that health food fanaticism is so well entrenched in the North American psyche that it has not generated the same cause for alarm as it has in Europe. However, thus far ON appears to have garnered little interest in the United Kingdom outside of

the media. The somewhat limited research that does currently exist in relation to ON has been predominantly generated across Europe and Turkey (Zamora et al., 2005; Bagci et al., 2007; Arusoglu et al., 2008; Fidan et al., 2010; Ramacciotti et al., 2011; Varga et al., 2014; Brytek-Matera et al., 2015a; Brytek-Matera et al., 2015b; Missbach et al., 2015; Gramaglia, Brytek-Matera, Rogoza & Zeppegno, 2017). Although helpfully cultural differences have been acknowledged (Gramaglia et al., 2017), the reasons for these differences have yet to be explored.

The publication of the seminal Italian study carried out by Donini, Marsilli, Graziani, Imbriale & Canella (2004) sparked the generation of scientific interest in ON (Dunn & Bratman, 2016). Indeed, Donini et al.'s preliminary diagnostic proposal and measurement tool could be said to have spawned the majority of investigations into ON to date. However, whether ON can be considered a variant of existing eating or obsessive-compulsive disorders (Koven & Abry, 2015), or a new diagnosis in itself, remains a source of continuing debate (Brytek-Matera et al., 2015a).

Issues of measurement

There has been much debate around the quantifiable nature of ON and the complexities of measuring such a concept (Donini et al., 2004; Gleaves, Graham & Ambwani, 2013; Missbach et al., 2015; Koven & Abry, 2015). Bratman and Knight (2000) initially designed a ten-item self-report measure, the Brat-10, in order to identify ON tendencies. The Brat-10 focuses on an obsessive attitude towards healthy eating, time dedicated to meal planning, extent of impairment on daily functioning and impact of dietary transgressions. Answering yes to two or three questions indicates "a touch of orthorexia" and a score of four or more implies that "you are in trouble". Owing to the vague nature of this brief questionnaire and its lack of reliability and validity, the scientific community has, by in large, rejected the Brat-10.

In an attempt to bring gravitas to ON and locate it firmly within the academic literature, as opposed to the media, Donini et al. (2004) proposed a diagnostic measurement tool, the ORTO-15, as a means of establishing ON prevalence rates amongst the general population. Taking the lead from Bratman and Knight (2000), the study defined ON as a "maniacal obsession for healthy foods" and based the requirements for diagnosis on the presence of a combination of both extreme 'healthy' eating behaviours and obsessive-compulsive personality traits. The ORTO-15 was developed as an extension of the Brat-10 and was designed as a 15-item measure to asses attitudes towards food selection (e.g. when you go in a food shop do you feel confused?), beliefs around healthy food (e.g. do you think that eating healthy foods changes your lifestyle?), eating behaviours (e.g. at present, are you alone when having meals?) and the impact of such behaviours, (e.g. do you feel guilty when transgressing?). In order to ascertain whether or not an individual met criteria for ON, Donini et al. relied upon a combination of scores on the ORTO-15, as well as obsessive-compulsive measures taken from the Minnesota Multiphasic Personality Inventory (MMPI).

Donini et al.'s (2004) approach therefore suggested that in order to be considered "orthorexic", participants needed to demonstrate evidence of both 'healthy' eating behaviours and pathological MMPI scores. The initial study revealed prevalence rates of ON to be 6.9%, amongst a sample of 404 participants, with men more likely to report ON tendencies than women. Whilst Donini et al. provided a valued contribution and much needed starting point for further investigations into ON, their decision to employ the MMPI raises some contentious points. Namely, that ON symptoms without the presence of obsessive-compulsive traits risk being overlooked and undiagnosed. Furthermore, obsessive-compulsive disorder (OCD) is commonly observed in eating disorders in general and it has been suggested that their co-existence is the result of a shared etiological relationship (Altman & Shenkman, 2009).

Indeed, the severely restricted diet and associated physical health risks characteristic of ON bare much resemblance to the well-documented and familiar presentation of AN. According to both Bratman and Knight (2000) and Donini et al. (2004), the fundamental difference between the two eating disorders would appear to be that ON is fuelled by a fear of ill health and AN by a fear of fatness. However, building upon Bratman and Knight's original suggestions, Donini et al. also attempted to position the element of obsessive-compulsivity as a defining feature of ON. Whilst obsessive-compulsive personality disorder (OCPD) and (OCD) are equally commonplace in anorexic populations (O'Brien & Vincent, 2003; Young, Rhodes, Touyz & Hay, 2013), they do not form part of the diagnostic criteria for AN in the DSM-5 (2013). Therefore, these components cannot necessarily be said to be unique to ON and perhaps require less prominence than originally proposed by Donini et al.

Rothenberg (1985) has previously suggested disordered eating and obsessionality have long been bedfellows and eating disorders in general could be considered as the modern version of "classical obsessive-compulsive neurosis"(p.45). It also worth considering that Western culture's glorification of slim body shapes and the cognitive impairment associated with restricted eating patterns (Schmidt & Treasure, 2006) combine to cement such fixations. In line with their emphasis on obsessive-compulsive traits, Donini et al. (2004) imply that ON is primarily a personality and behaviour disorder that "has very little to do with trends" (p.151). However, given that more recent research has demonstrated an increase in ON presentations within clinical settings (Vandereycken, 2011), this might well indicate that the phenomenon is indeed influenced by its sociocultural context. Conversely, it would seem that ON has been given the opportunity to grow in an environment that facilitates its evolution. It appears that Donini et al. placed a heightened emphasis on the combination of obsessive-compulsive traits and ON behaviours as a means of distinguishing ON from AN. However, it seems contrary to

acknowledge ON as a newly emerging concept to be investigated, whilst simultaneously declaring it to be detached from current cultural influences.

Following on from Donini et al.'s (2004) attempts to measure ON, the literature appears to have focused on either investigating the questionable validity of the ORTO-15 (Donini et al., 2005; Janas-Kozik et al., 2012; Missbach et al., 2015), or the prevalence of ON in student populations (Fidan et al., 2010; Poínhos et al., 2015; Brytek-Matera et al., 2015b; Bundros et al., 2016). Alternatively, a slim body of research has been dedicated to medical case studies of 'orthorexic' patients, (Zamora et al., 2005; Park et al., 2011; Saddichha, Babu & Chandra, 2012; Moroze et al., 2015). More in-depth explorations into both the socio-cultural climate in which the phenomenon is situated have been notably absent. However, previous reviews of the ON literature have stressed the need for more empirical-holistic studies into the area, employing qualitative research methods that can garner a deeper understanding of such an entity, (Håman, Barker-Ruchti, Patriksson & Lindgren, 2015). To date, these are lacking.

More recently, further attempts at moving ON towards a more official recognition have been made. Moroze et al. (2015) proposed a set of four over-arching criterion with varying subsets. Criterion A echoes elements of the ORTO-15, such as experiencing guilt after dietary transgressions and excessive preoccupation and worry about healthy foods. Of the seven characteristics listed in criterion A, Moroze et al. suggest at least two must be present for ON to be considered. Further criteria include the significance of the impairment to physical health and every day functioning. In contrast to Donini et al. (2004), exclusion criteria include an exacerbation of symptoms related to OCD, as well as schizophrenia or psychotic disorders, professionally diagnosed food allergies and medical conditions. Whilst the suggestions made by Moroze et al. are sensible and it can be acknowledged that diagnostic criteria would be helpful to strengthen the debate around ON, there is a risk that the literature becomes saturated with

clinical arguments surrounding statistical validity and quests to establish diagnostic criteria take precedence over the lived experience of health food fanaticism.

In further contribution to this argument, Missbach et al. (2015) have observed that the items of the ORTO-15 are potentially misleading and include questions that are not necessarily relevant to the suggested criteria for ON, (e.g., at present are you alone when having meals?). Frustrated by the relative scarcity of clinical literature in relation to ON owing to the lack of a reliable and valid measure, Missbach et al.'s intention was to analyse the psychometric properties of a German language version of the ORTO-15 in a large sample of participants (1029), the majority of whom were female (74.6%). After a confirmatory factor analysis, they revealed the best fitting model to be their altered single-factor structure 9-item scale, ORTO-9-GE. Even so, with 40% of the original questionnaire omitted from the shortened version, 69.1% of participants were revealed to have ON tendencies. Missbach et al. conceded that in spite of their omissions, the ORTO-9-GE was at best a 'mediocre' assessment tool and more valid means of assessing the construct are required. The need for increased validity has also been further reflected in Turkish ,Polish, Hungarian and versions of the ORTO-15, which have all deleted items from the original questionnaire (Aksoydan et al., 2009; Brytek-Matera et al., 2015a; Varga et al., 2014). The unanimous opinion thus far is that clear diagnostic criteria for ON have not been decided upon, nor has a sufficiently reliable and valid assessment tool been designed. Although this poses difficulties for quantitative research into the phenomenon, it does not provide an explanation for the lack of qualitative studies to date.

ON in clinical settings

In an attempt to broaden the debate beyond diagnostic criteria and prevalence rates, Vandereycken (2011) attempted to ascertain whether ON, amongst three other potential new

syndromes (night-eating syndrome, muscle dysmorphia and emetophobia), could be considered as a genuine disorder or was merely the result of media attention. The study administered a series of questionnaires to 111 health professionals working in relevant settings. The majority of these professionals were psychologists (51%) and 25% had 20 years or more experience to date. Participants were presented with potential criteria for diagnosis for ON, night eating syndrome and muscle dysmorphia and then asked to select agree, disagree or neutral for a serious of statements in relation to the disorder, (e.g. I have observed the disorder in practice and this disorder deserves more attention from researchers and clinicians). Proposed diagnostic criteria for ON were taken from Bratman (1997), Donini et al. (2005) and Mathieu's (2005) descriptions of the phenomenon. Of the three disorders investigated, the study revealed ON to be the most commonly observed in clinical practice (66%). In addition, 68.5% believed it warranted further research and consideration from clinicians. Despite the decision to exclude ON from the recently published DSM-5 (2013), Vandereycken's (2011) research serves to highlight the prevalence of unhealthy attitudes towards eating 'healthily', as well as the lack of understanding and need for further studies examining this area.

Vandereycken's (2011) research took the necessary steps towards exploring clinicians' opinions of ON, thus raising awareness around the commonality of the presentation. Through this process, it has helped to validate the existence of ON symptoms and locate them within the framework of eating disorder services. However, due to the use of questionnaires, the extent of the knowledge participants are able to impart is limited. Furthermore, as it is primarily concerned with the opinions of health care professionals, there is no scope to gain insight into the experiences of those who might display orthorexic tendencies. Nevertheless, Vandereycken's study has proved to be invaluable in confirming the surge in health-conscious attitudes amongst eating disordered patients.

Returning to the proposal of a set of diagnostic proceedings inspired by (Donini et al., 2004), several case studies have subsequently been published in the medical literature featuring individuals who appeared to fit diagnostic criteria for ON, thus building slightly on the idiographic research available. The interest in such cases seems to have been generated by their atypical eating disorder presentations that fell outside pre-existing diagnostic criteria (Zamora et al., 2005; Park et al., 2011; Saddichha et al., 2012; Moroze, Dunn, Holland, Yager & Weintraub, 2015). The commonality in the aforementioned case studies lies within their arguments that despite being dangerously underweight, their subjects lacked an explicit drive for thinness and instead displayed a desire for optimum health.

Zamora et al. (2005) detailed the case of a 28-year-old woman who began to make adjustments to her diet in order to improve acne during her teenage years. However her diet became increasingly restrictive and resulted in severe malnutrition and a critically low body weight. Nevertheless, she denied a preoccupation with thinness and was instead intensely concerned with the adverse consequences of combining food groups. Park et al. (2011) reported the case of a 30-year-old man who began a highly restrictive diet in order to cure a tic disorder, ultimately resulting in severe malnutrition and requiring hospital admission. Saddichha et al. (2012) discussed the case of a 33-year-old woman who developed an obsession with eating healthily, without marked concern in relation to shape and weight that resulted in significant weight loss and an inpatient admission. Finally, Moroze et al. (2015) recounted the case of a 28 year-old-male who restricted himself to a liquid diet of homemade protein shakes, as he believed this provided him with a 'pure' way to eat. As in the earlier cases, there was a marked absence of weight and body image concerns yet the resulting weight loss required medical intervention. All of the incidences reported in the aforementioned cases are in line with Donini et al.'s (2004) assertions that whilst a quest for thinness is lacking in ON, such eating attitudes can ultimately

result in a significantly low body weight and malnutrition, as a by product of such a restrictive diet.

The case studies outlined above could, at first glance, be mistaken for examples of individuals with a diagnosis of AN. However, it would seem that the importance placed on thinness and a fear of fat have been neatly replaced by a emphasis on achieving optimum 'health' and a fear of foods that threaten this. The idiographic focus of case studies is a welcome addition to the ON literature, as they can provide a closer examination of a range of presentations. However, due to their medical focus, understandably they cannot offer a further exploration of the context in which a pathological fixation on healthful eating develops. Whilst the common thread of aversion to foods considered to deviate from the path of righteous eating runs throughout each of the studies, little thought is given to the possibility that the quest for the healthiest diet could perhaps also be synonymous with an avoidance of fat, as suggested by Zamora et al. (2005). Furthermore, the shared objective of the individuals featured in the case studies appears to be an irrepressible drive for control over their bodies. Owing to the scope of the work, a deeper exploration into this important element is lacking. Without consideration of this, it is not possible to consider the potential parallels with the well-documented development of AN and the cultural context in which it can flourish. Consequentially, positioning ON as a 'new' and distinct eating disorder is somewhat expedited.

ON in the context of a pre-existing eating disorder

Brtyek-Matera et al. (2015a) highlighted the lack of attention ON has received in the clinical literature, in spite of its marked overlap with the well-established eating disorders. Welcoming a move away from studies into ON prevalence rates in student populations, they assessed tendencies towards ON behaviours in women with a diagnosed eating disorder (AN & BN), in an

attempt to identify possible predictors for the phenomenon. The ORTO-15 was administered alongside measures of eating pathology (Eating Attitude Test-26) and body image (Multidimensional Body-Self Relations Questionnaire) to fifty-two women at the start of treatment at the Polish National Centre for Eating Disorders. Interestingly, they found that those with higher levels of eating pathology demonstrated fewer orthorexic behaviours, whilst those with lower levels of eating pathology were inclined to exhibit more frequent orthorexic tendencies. One hypothesis for this is that ON symptoms are associated with an improvement in previous eating disordered behaviours.

The findings outlined above make a vital contribution to the literature by suggesting that ON symptoms may play a role in the process of recovering from an eating disorder, which would be consistent with previous research (Segura-Garcia et al., 2015). However, whilst the mean duration of illness in Brytek-Matera et al.'s (2015a) study was reported to be 1.85 years (SD = 0.36), whether or not participants had received previous treatment for an eating disorder prior to engaging with the study was not stipulated. Therefore, it cannot be assumed that those with increased ON symptoms and less severe eating pathology were necessarily in recovery. Alternatively, the results could also indicate that increased ON behaviours are a risk factor in the development of an eating disorder. Brytek-Matera et al. further point out that on either end of the spectrum, individuals in the early or late stages of an eating disorder may display more features of ON than those with full-blown eating pathology. From this perspective, ON tendencies are seen to ebb and flow throughout the duration of an eating disorder, rather than viewed as a distinct presentation.

Shedding light onto longer-term perspectives of ON, Segura-Garcia et al. (2015) conducted a longitudinal study, administering the ORTO-15, EAT-26 and Yale-Brown-Cornell Eating Disorder Scale (YBC-EDS) to thirty-two eating disordered individuals (AN = 18, BN = 14) and thirty-two

healthy controls (HC), before the start of treatment and again three years post-treatment. Criteria for ON were met by 6% of HCs, and 28% of eating disordered participants at t0, increasing considerably to 58% at t1. Their findings suggest that ON is prevalent amongst those with an eating disorder diagnosis and supports previous research that has stressed the frequency of incidences of ON observed in clinical practice, (Vanderycken, 2011). Furthermore, Segura-Garcia et al. (2015) noted ON behaviours increased over time, indicating that the phenomenon might be associated with a reduction in AN/BN symptomology.

Bearing this in mind, Segura-Garcia et al. (2015) have increased the evidence base that suggests ON may facilitate a migratory process towards less severe eating disorder presentations. Astutely, the study also observes that whilst these findings make for an interesting contribution to the field of knowledge into ON and associated eating disorders, it is not yet clear whether this 'migratory' phase of ON poses a further risk for relapse following treatment. Therefore, the recovery process may be hindered in the long term. Indeed, the belief that increased ON tendencies are indicative of a relapse into eating disordered behaviours is consistent with Brytek-Matera et al.'s (2015) suggestion that whilst ON may present as health-consciousness at surface level, this might serve to conceal weight and shape related concerns. Furthermore, marked psychological distress may still remain.

With reference to the socio-cultural context of disordered eating, both Brtyek-Matera et al. (2015) Segura-Garcia et al. (2015) acknowledge that in today's climate, ON behaviours are often deemed to be socially acceptable and even admirable to some extent. Although both studies make reference to the current topicality of ON, the scope of their investigations does not allow for them to expand further on the notion of the apparent acceptability of 'healthy' eating attitudes to individuals with an eating disorder diagnosis. Aside from the obvious assumption that 'healthy' eating practices invariably control weight gain to a certain extent, we are none the

wiser as to what other factors might contribute to the appeal of health-related food choices. Brytek-Matera et al. and Segura-Garcia et al. differentiate between a beneficial interest in one's health and the 'unhealthy fixation' present in ON by suggesting that attitudes towards 'healthy' eating become pathological when maintaining such a diet becomes the central focus of one's life and results in significant impairment to everyday functioning. However, as 'healthy' lifestyle choices are currently laudable, it may be difficult to recognise and distinguish adherence to a fashionable diet from a pathological attitude towards eating. Therefore, unearthing ON in individuals may prove difficult, which poses barriers for early detection and appropriate psychological intervention. Conversely, Brytek-Matera et al. consider how the desirability of healthful eating practices could also lead to the overestimation of ON behaviours elicited by self-report measures, as in their study.

Distinguishing ON from AN

Adding to the paucity of North American literature on the subject of ON, Oberle et al. (2017) investigated the relationship between ON, gender, Body Mass Index (BMI) and the personality constructs of narcissism, self-esteem and perfectionism in a sample of 459 college students. The participants were predominantly female (80.8% women, 19.2% men), with an age rage spanning from 16 to 48 years (M = 19.85, SD = 2.79) and came from a diverse range of ethnic backgrounds, (European American 38.1%, Hispanic or Latino 35.9%, African American, 17.0%, Asian American 3.1%, bi-ethnic 3.5% and 2.4% other ethnicity). Citing the questionable validity of the ORTO-15 (Donini et al., 2004), which has been the favoured measure of ON in the vast majority of studies this far, Oberle et al. (2017) chose to assess ON using the Eating Habits Questionnaire (EHQ), (Gleaves, Graham & Ambwani, 2013). The EHQ is a 21-item self-report measure designed as an alternative assessment tool for ON, that specifically measures healthy eating behaviours and their associated difficulties, as well as positive feelings resulting from

such behaviours. The Narcissistic Personality Inventory (NPI; Raskin & Hall, 1979), the Rosenberg Self-Esteem Scale (SES; Rosenberg, 1965) and the Frost Multidimensional Perfectionism Scale (MPS; Frost, Marten, Lahart & Rosenblate, 1990) were also employed to assess the relevant personality traits. Demographics, weight and height were self-reported by participants.

Consistent with previous findings (Bagci Bosi et al., 2007; Valera, Ruiz, Valdespino & Visioli, 2014; Brytek-Matera et al., 2015b), Oberle et al. (2017) revealed that there was no significant difference between gender and ON symptomology. This is in contrast to earlier findings by Donini et al. (2004) that indicated ON was more prevalent in men than women. However, although women reported experiencing increased positive feelings after eating healthily, men reported more healthy eating behaviours in general (Oberle et al. 2017). In attempt to set ON aside from AN, Oberle et al. posit that the lack of significant gender difference distinguishes the two, as AN is dramatically more prevalent in women than men. Nevertheless, they do not offer an explanation as to why this might be.

However, in line with the findings of Fidan et al. (2010) and Asil & Sürücüoğlu (2015), Oberle et al. (2017) revealed a positive correlation between ON symptomology and BMI in men. This was accounted for by two hypotheses. Firstly, that men with a higher BMI are more likely to turn to 'healthy' eating behaviours in order to lose weight. This would also be consistent with feminist theory that suggests men do not see dieting as an acceptable means of weight loss as it is a female practice (Bordo, 1999). Alternatively, Oberle et al. also propose that higher BMI in men is associated with increased muscle mass and therefore could also be indicative of men who simultaneously partake in 'healthy' eating and weight training in pursuit of an idealised muscly physique. Again, this idea also echoes feminist critique that would suggest men who spend time

working out in the gym can be positioned this activity as an example of masculinity and the building of strength, rather than weight loss.

With reference to aspects of personality, Oberle et al. (2017) outline the role of low self-esteem in AN and hypothesise that the vulnerable ego of the anorexic succumbs more easily to the socio-cultural ideal of thinness. In turn, this fuels the drive for perfection so commonly witnessed in AN and the ensuing weight loss results in a welcomed sense of superiority and power that temporarily alleviates low self-esteem but perpetuates the disorder in the long run. From this perspective, Oberle et al. hypothesise that ON might yield a similar pattern, generated by a sense of righteousness induced by resisting temptation and eating a 'morally superior' diet to others. Whilst this seems to be an appropriate suggestion that could be explored further, it does not account for the discrepancy in gender difference found between AN and ON in the case of their work. Therefore, it remains unclear as to why when women are far more likely to develop AN than men, yet the same cannot be said of the development of pathological eating behaviours in ON. Oberle et al.'s study raises the interesting notion that perhaps the highly valued nature of 'healthy' eating in our present society makes it a universally appealing prospect that is not merely the preserve of women, leading to a lack of clear gender differentiation.

Oberle et al.'s (2017) findings also revealed narcissism and perfectionism to be significantly correlated with ON, as they have been shown to be with AN (Steiger, Jabalpurwala, Champgane & Stotland, 1997; Waller, Sines, Meyer, Foster & Skelton; 2007). This could also bolster the explanation for the relationship between men's BMI and ON, on the basis that perfectionistic men seek physical perfection through building muscle and eating a 'healthy' diet. Although the relationship between these two variables is consistent with similar findings in AN, conversely, low-self-esteem was not found to be associated with increased ON symptomology. As a result of this, Oberle et al. (2017) posit that a lack of low self-esteem could be another distinguishing

factor between AN and ON. Although this suggestion does deserve further attention, it is also important to note that a non-clinical sample was employed in the research and therefore it is not necessarily a valid comparison with examples of low self-esteem in eating disordered populations.

However, Oberle et al. (2017) are not alone in their theorising around the role of self-esteem in ON. Mac Evilly (2001) also reports that experts in the UK have suggested that ON differs from the other officially recognised eating disorders, in that it does not start with low self-esteem. This statement seems unlikely for a number of reasons. Without further exploration into the experiences of people who would consider themselves to have a fanatical approach to healthy eating, it is not possible to speculate as to how their forays into dieting for health began and whether they consider low self-esteem to be a triggering factor. Furthermore, whilst low self-esteem might be seen to be a common feature amongst those with a diagnosis of an eating disorder, it does not make up part of the diagnostic criteria and therefore it is uncertain as to why this element would be singled out as a distinguishing feature of ON. Hypothetically, individuals who could be said to meet proposed criteria for ON might well experience low self-esteem if the basis for their self-evaluation is heavily reliant on the ability to adhere to a certain set of dietary rules.

This argument similarly echoes Donini et al.'s (2004) proposal for the classification of ON, which required pathological scores for obsessional personality traits to combine with healthy eating attitudes in order to meet criteria. The absence of low self-esteem and the inclusion of obsessive-compulsive traits as differentiating markers for ON from AN could be said to create an unhelpful contribution to what is already an unclear picture and possibly creates further barriers to official recognition. The complexity of differentiating between clusters of psychiatric diagnoses that share considerable overlap is illustrated by Koven and Abry (2015), as illustrated in Figure

1. In particular, both ON and AN are considered to be ego-syntonic, which could be related to the dysfunctional eating behaviours that act as a protective factor to guard against a fragile sense of self. The similarities and differences between ON and AN continue to substantiate an on-going debate surrounding the classification of the 'new' eating disorder. Whilst Bratman and Knight (2000), Donini et al. and Oberle et al. have attempted to distinguish features of ON that are distinct from AN, it must be acknowledged that significant overlap remains. It could prove beneficial to further contemplate the socio-cultural context in which ON has developed and the extent to which gender plays a role. To date, the question as to why AN is predominantly associated with women whilst ON seems to have a more even distribution across the sexes in unknown. A possible explanation is the recent rise of incidences of eating disorders amongst men (Strother, Lemberg, Chariese Stanford & Tuberville, 2012), however much more research is needed to account for this.

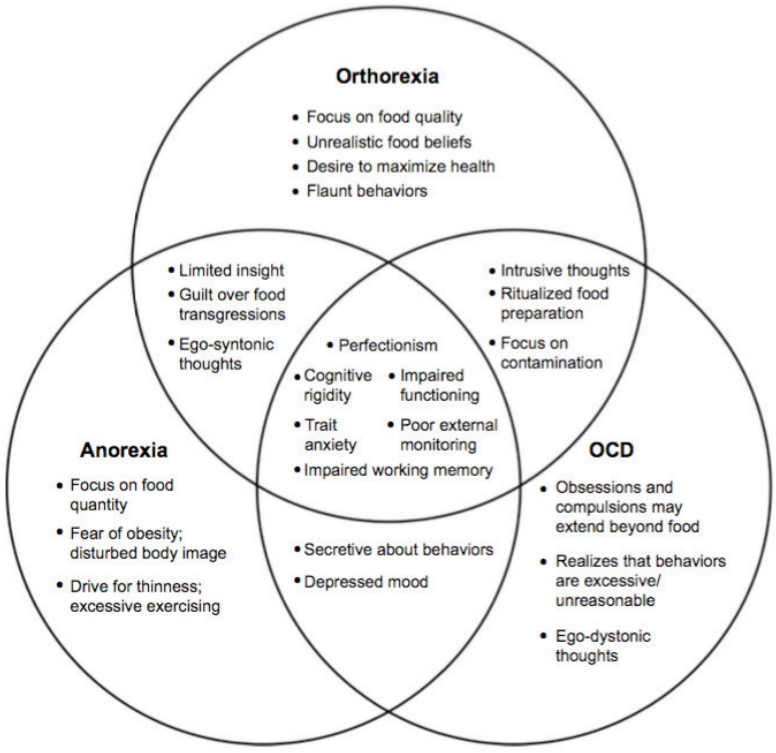

Figure 1 Venn diagram showing unique and overlapping features of orthorexia nervosa, anorexia nervosa, and obsessive–compulsive disorder (OCD).

Occupational hazards

Unsurprisingly, it would seem that members of certain professions in which healthy lifestyle choices are particularly valued, or those engaged in certain activities, might be at a higher risk than others of developing ON. As such, various studies have explored the prevalence of ON in specific populations by administering the ORTO-15 (Donini et al., 2004). Bagci Bosi et al. (2007) found 45.5% of their sample of 318 medical doctors met criteria for ON, whilst Aksoydan and Camci (2009) revealed a prevalence rate of 56.4% amongst performance artists. Alarmingly, Valera, Ruiz, Valdespino and Visioli (2014) discovered as much as 86% of 136 ashtanga yoga practitioners met the threshold for ON diagnosis and Asil and Surucuoglu (2015) found that 41.9% of their sample of 117 Turkish dieticians, were at risk of ON.

The aforementioned studies reveal the commonality of ON tendencies amongst certain health and appearance conscious groups, pointing towards the fact that environment may play a significant role in the shaping of such beliefs and attitudes towards eating. However, whilst initially they might be seen to demonstrate the pervasiveness of healthy eating attitudes across specific groups, some of the prevalence rates appear to be extraordinarily high. In particular, Valera et al.'s (2014) finding that as many as 86% of ashtanga yoga practitioners demonstrate pathological levels of healthy eating. Bearing in mind all of the studies into the relationship between ON and various occupations employed the ORTO-15 as their choice of diagnostic tool, there are some concerns as to the reliability and validity of Donini et al.'s (2004) measure. Returning to the debate surrounding the accurate measurement of ON and diagnostic criteria, the accumulation of these findings provide support for Missbach et al.'s (2015) subsequent argument that the ORTO-15 is an insufficient tool for assessing such an entity.

The need for a qualitative approach

As Håman et al. (2015) have observed, more empirical-holistic research into ON is required. In terms of the generation of qualitative data surrounding approaches to 'healthy' eating, an earlier study by Chapman (1999) that pre-dates all subsequent research into ON, investigated women's experience of dieting in general. It is of note that this study was carried out shortly after Bratman (1997) wrote about the emerging concept of health food fanaticism on the rise in the United States. Chapman interviewed seventeen women in a non-clinical population in order to explore the shifts in how they constructed attitudes to eating for weight loss. Interestingly, her discourse analysis revealed differences between her participant's 'old' and 'new' perspectives on dieting. 'Old' diets were associated with words such as guilt, deprivation and restriction, whilst their current approaches to diet were expressed in terms of being health conscious and mindful of what they put into their bodies.

Chapman (1999) noted how over time, womens' aims shifted from a quick fix in order to lose weight towards a long-term lifestyle change. Conversely, she also astutely observed that whilst the women identified their new perspectives on weight control as a desire to be healthy, rather than to lose weight, their motivation to make dietary changes was predominantly centred on improving appearance rather than physical health. Chapman's research serves to bring to light the nuanced shifts in the acceptability of dieting for weight loss and dieting to be 'healthier'. It is therefore possible that social constructions of 'healthy' eating, which are underpinned by the current fashion for juice cleanses and diets focused on 'pure' ingredients, can mask the development of disordered eating attitudes fuelled by a preoccupation with shape and weight, even if these concerns are not immediately visible to the outward eye.

Furthermore, whilst Chapman's (1999) research could be said to reveal a more positive outlook on dieting, as surely a healthful way of eating is preferable to starvation, more recent data suggests a significant rise in eating disorders in the British population (Health and Social Care Information Centre, 2014) and ON seems to have has emerged an unofficial new variant of pathological eating behaviours (Vandereyken, 2011). Therefore, a change in attitudes and an increased adherence to a healthy diet does not seem to be a protective factor against developing a disordered relationship with food. Further explorations of what it means to be 'healthy' in the current climate are warranted. Especially in light of the assertion that attempts at 'healthy' eating have the capacity to become disordered if the diet becomes increasingly rigid and compulsive (Brytek-Matera, 2012).

Bratman (1997) outlined how as efforts to adhere to a 'healthy' diet become increasingly entrenched and inflexible, guilt is likely to ensue if the diet in question cannot be met. In contrast to this, Chapman (1999) discovered that guilt was an emotion associated with the out-dated and 'old' attitudes towards dieting, rather than the 'new' 'healthy' eating approach.

However, considering the viewpoint that the experience of dieting in itself is innately linked to self-identity (Chapman, 1999) and the construct of self-control is idealised in contemporary society (Hirschman & Thompson, 1993), it is then perhaps possible to suggest that guilt is likely to play a key role in both the development and maintenance of most problematic eating attitudes. Feelings of guilt ensuing from transgressions from a healthy diet could be said to fuel the need for atonement through increasingly restrictive eating habits and the ability to successfully adhere to a chosen way of eating may become a disproportionate marker of ones sense of self. To shed light on this further, more research is required into individuals' 'healthy' eating attitudes, their beliefs around food and their experiences of dietary transgressions. An

additional exploration of how we make sense of our relationship with food and the meaning attributed to eating 'healthily' in contemporary society would illuminate this topic further.

Although outside of the remit of ON, Wright, O'Flynn and Macdonald (2006) provided a vital contribution to qualitative explorations into constructions of health and fitness. They carried out in-depth interviews with thirty-nine young men and forty-five young women over a period of two to five years. Taking a Foucauldian perspective, the interviews were analysed for ways in which young people borrowed from dominant social discourses on health and the body. Interestingly, Wright et al. (2006) found that the ways in which men and women take up knowledge surrounding health and fitness varied greatly. Young men viewed their aspirations for a certain body shape to be achievable through engaging with physical exercise. However, for the young women, 'healthy' eating and exercise were intrinsically associated with the requirement to control one's weight and shape. Unlike the accounts of young men, young women viewed their ideal body shape as fundamentally unattainable and unsustainable (Wright et al. 2006). This fascinating study highlights the role of gender in the way in which men and women shape their attitudes towards diet, health and fitness and provides a launch pad for future investigations into how men and women absorb these social constructions and represent them in their own discourses.

To date, it would seem that the slim but growing body of research into ON does not dispute the existence of such a phenomenon. Nevertheless, exploration into ON at greater contextual depth is sorely lacking. The questionable validity of the ORTO-15 and a lack of official diagnostic criteria seem to have resulted in a rather circular debate that hinges on measurement or questionable prevalence rates. Whilst individual experiences have been presented in the format of medical case studies (Zamora et al., 2005; Park et al., 2011; Saddicha et al., 2012; Moroze et al., 2015) these represent the more severe and unusual end of the spectrum. As Vandereyken

(2011), Brytek-Matera et al. (2015) and Segura-Garcia et al. (2015) have outlined, ON is a common occurrence in eating disorder clinics, which points to a current trend. This also suggests that such behaviours could possibly be more widespread in the general population than we are yet aware of.

Rather than fixate on the ability to draw a line between ON and AN, perhaps we would be advised to pay attention to the considerable overlap between the two and give thought to the current socio-cultural setting that has demonstrably provided an ideal backdrop for preoccupations with 'healthy' eating to flourish amongst both men and women. Lastly, the possible overlap with features of BN is markedly absent from the literature. However, as outlined by Bratman and Knight (2000) guilt as a result of dietary transgressions is a key aspect of ON and compensatory behaviours are likely to exist, irrespective of whether guilt is generated by the prospect of weight gain or dietary impurity. It is perhaps also worth considering that adherence to such strict and virtuous diets could potentially lead to an increased risk of binge eating and subsequent penance through a return to dietary rigidity. Further exploration is needed to shed light on the motivation to be 'healthy' in an attempt to gain a deeper understanding the experience of a preoccupation with 'healthy' eating that might be conceptualised as ON. Without this, it is not possible to ascertain whether the assertion that ON is fuelled solely by a quest for ultimate 'health', rather than a desire to control weight, rings true or not.

Chapter Two: Methodology

Overview

This chapter intends to provide a thorough account of the research methodology and process employed in the current study. The aims of the research are defined, followed by an explanation of the epistemological standpoint of the work. Subsequently, I introduce Critical Narrative Analysis (CNA) and present a rationale for my chosen research method. Following on from this, I outline the methodological procedure and offer an account of the fundamental role of researcher-reflexivity. I draw the chapter to a close by addressing ethical considerations and validity of the study.

Research aims

The current work is an attempt to shed light on individuals' experiences of a preoccupation with 'healthy' eating, which might be conceptualised as ON. It aims to explore the narratives individuals construct in order to make sense of their eating habits and to consider these narratives within their broader socio-cultural contexts. The intention of the study is not to ascertain the relevance of ON as a 'new' variant of eating disorder, or to debate the development of diagnostic criteria. For the most part, it is interested in the experience of this way of eating and how a sense of coherence is formed through narrative. This is facilitated by a CNA of four accounts of fixations on 'healthy' eating. The intention of which is to provide further understanding into an emerging area of eating attitudes within their sociocultural location.

Qualitative Research Methods

A qualitative method was considered to be the most appropriate means by which to meet the objectives of the research. Qualitative research methods focus on subjectivity and experience (Willig, 2012) and are primarily concerned with the in-depth exploration and interpretation of individuals' accounts of their experiences (Smith, 2008). Particular attention is paid to the meanings attributed to such experiences and the context within which they are constructed (Willig, 2008). In doing so, the qualitative researcher aims to "understand the implications and consequences" (Willig, 2012, p.1) of these experiences, both for the individual concerned and the wider world. Researcher reflexivity therefore becomes a pivotal aspect of the overall research process (Willig, 2012). Furthermore, as qualitative research methods predominantly rely on verbal accounts, they view language as an essential component of human understanding (Smith, 2008). With this in mind, I believe they provide a solid framework from which to meet my research aims.

An epistemological standpoint

A paradigm is a set of beliefs and assumptions that provides a framework for understanding the world and in doing so, forms a certain epistemological and ontological position (Langdridge, 2007). Whilst qualitative research as a whole is predominantly concerned with meaning and subjective experience (Willig, 2012), the epistemological underpinning of each approach can vary considerably. Furthermore, the notion of the qualitative researcher as a *bricoleur,* as outlined by Denzin and Lincoln (2017), reflects both the methodological flexibility and complexity involved in defining qualitative approaches. Ponterotto (2005) posits that it is possible for an

approach to fall between two epistemological standpoints, as some qualitative methodologies may exist more comfortably along a continuum than firmly within a particular paradigm. This is true for the current research, which can be said to fall between a post-positivist and a social constructionist paradigm.

A post-positivist paradigm is aligned with the assumption that a fixed reality does exist but that an objective reality is essentially unreachable (Lincoln & Guba, 2000). Whilst my research reflects this belief, it rejects the post-positivist principle that the role of the researcher remains neutral and value free. With this in mind, it leans more towards a constructionist paradigm, working on the premise that the axiological positioning of the researcher is fundamental to the research process. Indeed, the researcher is viewed as a co-constructor of knowledge rather than an objective observer in search of a universal truth (Langdridge, 2007). Furthermore, although it may denote the notion of a singular approximal reality, it firmly believes that such a reality can only be brought into existence through the meanings generated by an inherently social world. Therefore, from an ontological perspective, the research takes a critical realist stance.

The acceptance of a consistent and fixed reality borrows from naïve realism, however from this point on, a critical realist perspective deviates from this considerably by aligning itself with more constructionist-leaning principles. Alongside an acceptance of an objective reality, critical realism posits that we can only know the world through our own experiences (Howitt, 2010). It acknowledges that knowledge is context specific and as such, is shaped by the social world within which it is situated. With this in mind, a critical realist approach assumes that data needs to be interpreted in order to access its underlying meanings and therefore cannot be viewed simply as a direct reflection of reality (Willig, 2012). Guba & Lincoln (1994) emphasise that ‘reality’ can only ever be known imperfectly. In order to discover more about the underlying mechanisms that govern the experiences revealed in the research, a critical realist approach employs variations of pre-existing theoretical knowledge as a lens through which to view the

data. Central to a critical realist standpoint, as outlined by Willig (2012), is the recognition that the research participants themselves are unlikely to be aware of the underlying structures that shape their experiences and behaviours.

In light of the aforementioned paradigmatic and ontological positioning of my research, I believe its epistemological stance can comfortably be described as contextual constructionist. A contextual constructionist epistemology holds the belief that all knowledge is both contextual and subjective and therefore it is possible to gain insight into a particular phenomenon through varied accounts of the same experience (Willig, 2008). This approach also assumes that knowledge can be generated through the relationship between the language featured in the accounts and the context within which they are created (Willig, 2008), making it a suitable framework for narrative inquiry. My research has echoes of a phenomenological standpoint in as much as it is interested in rich descriptions of personal experience. However, it then moves beyond this by engaging with the broader societal context. This departure from the phenomenological marks the inclusion of social constructionism, which eschews direct representations of reality through talk and is instead concerned with how individuals construct their realities within a particular context (Wells, 2011).

Choosing a narrative methodology

During the initial stages of the research, I considered employing Interpretative Phenomenological Analysis (IPA), as outlined by Smith and Osborn (2003). However, throughout the process of investigating a suitable methodological approach for the current work, I was aware that I was seeking an avenue that would allow me to pay considerable attention to the wider sociocultural positioning of the topic, in addition to prioritising subjective experience, which would not be accommodated by IPA. As outlined earlier, I was fundamentally interested in

the function of narratives and did not want to lose this aspect by prioritising themes within a purely phenomenological approach. Additionally, Discourse Analysis (DA) was also considered as a potential approach, but was later discarded. The concept of identity had started to appear as an area of interest to me and it was not felt that DA had the capacity to address this, owing to the lack of focus paid to inner experience. I was attracted to the idea that narrative research methods have the capability to offer a dual signature in their combination of social constructionist and phenomenological perspectives (Hiles & Cermák, 2008).

Given my research question, the aims of the work and its epistemological positioning as outlined above, it became apparent that the question of narrative was going to be pivotal to the work. I was inherently interested in how individuals construct narratives as a means of both communicating and making sense of their experiences. It was not only the content of the data that I wanted to be able to analyse, but *how* and *why* that content was delivered. Therefore, a narrative method presented as the most appropriate methodological approach. Whilst I felt IPA offered the opportunity to delve into the richness of personal experience, I also wanted to find a way of prizing the positioning of each individual's account, in addition to situating this in context.

During the very initial stages of the research process, I had become aware of a number of recent articles published in the media detailing the 'real-life' experiences of people who had become fixated on following a 'healthy' diet and was struck by the storied nature of these accounts and their current cultural relevance. I therefore favoured an approach that allowed for an exploration of the wider context in which narratives are created. In this section, I aim to introduce narrative inquiry in its broader sense, before I expand upon my chosen narrative method, Langdridge's (2007) CNA, and provide a rationale for selecting this particular approach.

The relevance of narrative

Narrative can be described as the story of a sequence of events told to a particular audience in order to convey meaning (Hinchman and Hinchman, 1997). The psychologist Jerome Bruner (1986) suggested that there are variations in the ways in which we acquire knowledge and posited that our knowledge of the world can be formed in two distinct traditions: through a paradigmatic means of scientific thinking or by way of narrative. Murray (2008) asserts that narrative theory denotes that "we are born into a storied world" (p.113) and our lives are lived through the construction and exchange of stories. Indeed, narrative can be said to be central to human existence and experience (Crossley, 2000). It is through the telling of stories that we give meaning to our lives (Josselson, 2011).

The concept of narrative has long been present in the field of psychology, dating back to the work of Freud and Jung (Hiles & Cermák, 2008). However, Riessman (2008) refers to the 'narrative turn' in human sciences, signifying a shift in the exploration of meaning making sparked by several seminal publications in the 1980's by Sarbin (1982), Mischler (1986), Bruner (1986) and Polkinghorne, (1988). It offered a new way of conceptualising reality and provided a means of making sense out of life events that often go against the quotidian, (Murray, 2008). Polkinghorne (1988) expanded upon the notion of narrative further by emphasising that narratives serve to create the semblance of a whole out of what are otherwise unconnected events. They therefore play a vital role in the creation of meaning and structure amongst the chaos of life (Hiles & Cermák, 2008) and are essential to shaping our own identities (Murray, 2008). With this is mind; the telling of stories can be viewed as an inherent part of our understanding of ourselves, the worlds we inhibit and the process of forging identity. Furthermore, by applying a hermeneutic, as advocated by Ricoeur (1984), the implication is that

not only is narration a meaning making process but that there is also an audience who equally tries to grasp this meaning (Bruner, 1991).

Both Labov (1997) and Bruner (1991) consider the concept of time to be a central characteristic of all narratives. According to Labov (1997), narratives follow a sequential order of a beginning, middle and end and feature characters that help to comprise the story. It is the organization of these events, which gives them their significance and sense of lucidity (Bruner, 1991). In keeping with the theme of temporality, the event being narrated has ended before it is constructed (Murray, 2008). Furthermore, Chase (2005) highlights that in addition to providing a description of events, narratives also serve as a vehicle for communicating thoughts, emotions and interpretations. The shift in focus from a historical truth based on facts to a narrative truth elicited from personal experience is outlined by Spence (1982). Yet it is also of importance to note that narrative truths offer a constructed account of a subjective experience (Josselson, 2011) and can only ever achieve verisimilitude (Bruner, 1991).

It is acknowledged that broader societal discourses are apparent in narratives (Wells, 2011). In this respect, narrative psychology can be viewed as being aligned with social constructionist principles, in so much as it acknowledges the central role language plays in forming one's identity (Crossley, 2000). Narrative inquiry focuses on how self-identity is constructed and how we choose to present ourselves to the outside world, (Wells, 2011). Indeed, Crossley (2000) implies that through narrative, we choose to present a particular version of the self over others and that there are various social and psychological implications in doing so. Narrative accounts of events are "not emitted in a vacuum" (Murray, 2008, p.116) and are shaped by their social context. This suggests that when considering narrative analysis, attention should also be paid to context in addition to language, theme and tone.

For the purposes of narrative research within the social sciences, narratives are usually constructed within an interview setting and are likely to consist of accounts of lived experience (Riessman, 2008). Experience-centred narrative research is aligned with the phenomenological assumption that experience gains a place in consciousness through the telling of stories (Squire, 2013). Further to this, Squire (2013) outlines how an experience-centred approach works on the assumption that narratives are inherently human, represent experience, display processes of transformation and are both meaningful and sequential. This framework for experience-centred narrative research derives from the work of Paul Ricoeur (1984; 1991) that postulates the creation of narrative is what makes us human. Furthermore, Ricoeur (1991) emphasises the process of *emplotment,* whereby experiences are organised through narrative in order to create coherence and meaning. However, When conducting experience-centred narrative research, Squire, Andrews and Tamboukou (2013) stress the importance of acknowledging that the same phenomenon can be produced a in a myriad of different of stories, which may vary considerably over time. Therefore, the narrative research interview provides but one of these representations.

Crossley (2000) and Riessman (2008) point to the co-constructed nature of narrative research, highlighting the role of the researcher as a receptive audience. This implies that what is accounted for and what is omitted within the research interview are of equal importance. Wells (2011) suggests that the capacity of the audience to understand the story and the meaning that lies wherein will "depend ultimately on a shared socio-linguistic context" (p.63), rather than the specific content being relayed. As a Trainee Counselling psychologist on placement within an eating disorder service and also as someone who on a broader level inhabits the same socio-cultural world as my participants, I believed I would be well positioned to elicit such narratives and attempt to decipher the meanings inherent in the accounts.

The importance of the co-constructed nature of narratives raised the question of how the research could be a mutually beneficial process. With this in mind, Chase (2005) asserts that the opportunity to narrate a significant life event has the potential to facilitate positive change. I believe narrative research methodology is well suited to the area of eating disorders and diets, as it enables participants to begin to create a coherent description of the emergence and lived experience of their eating attitudes. This in turn allows the researcher to gain an understanding into the meaning making process inherent in the formation of such beliefs and behaviours. Additionally, it requires the researcher to consider the wider societal narratives that are available for the narrator to draw on and pay attention to the relevance of their cultural framework.

Critical narrative analysis

Wells (2011) refers to narratives as being "culturally framed" (p.5). In this respect, narratives are a reflection of the wider societal discourses at play, as well as being essential to the shaping of individual identities (Crossely, 2000; Langdridge, 2007; Riessman, 2008 & Wells, 2011). Highlighting the relevance of viewing narratives within context, Josselson (2011) suggests that through the construction of stories, narrators offer an insight into both their internal world and the broader social world within which they exist. Expanding upon the idea of identity being shaped by narrative and the significance of context, Crossely (2000) denotes that broader concepts of power and control are inherent within the stories we tell about ourselves and our interpretation of events. With this in mind, I wanted to select an analytic approach that would enable me to give equal importance to the subjective experiences and social dimensions inherent in the narratives. Furthermore more, I wanted to have the opportunity to critique the sociocultural aspect, rather than merely acknowledge it. Langdridge's (2007) critical narrative analysis (CNA) therefore presented itself as a unique strand of narrative inquiry that would allow for a multi-layered exploration at an appropriate level of depth.

Langdridge's (2007) CNA presents the opportunity for a complex, yet highly engaging, method of analysis. Drawing from the work of Edmund Husserl (1927), CNA adopts a phenomenological stance in as much as it considers knowledge to be the product of experience. In this respect, subjectivity is highly prized. However, unlike more well established qualitative research methods, such as IPA, CNA extends beyond a purely phenomenological perspective. As well as prioritising the voice of the individual and their recounted experience, CNA seeks to bridge the gap between phenomenology and discursive psychology through engagement with critical social theory and Ricoeurian hermeneutics (Finlay, 2009).

Langdridge (2007) asserts that CNA bears many similarities to other, perhaps more commonly known, forms of narrative analysis advocated by Dan McAdams, Michael Murray and Donald Polkinghorne. However, he outlines how his own method features some fundamental differences. The function and tone of narratives are investigated, alongside their thematic content and, most crucially, a hermeneutic of suspicion is adopted to interrogate the text further. This latter element is heavily influenced by the work of the French philosopher Paul Ricoeur, who argued for a different method of interpretation, a *hermeneutic of suspicion*, based on the need to discover underlying meaning. Through a hermeneutics of suspicion, Langdridge proposes that new interpretations are generated, thus opening up the possibility of casting doubt over "the initial empathetic account of meaning" (p.44).

Whilst CNA can be said to be a phenomenologically informed approach with story-telling at its heart, I was drawn to its efforts to move beyond an acknowledgement of the impact of a wider social discourse on the narratives and instead engage directly with social theory as a lens through which to view the text. The recognition of the cultural and social relevance of each narrative therefore seemed to me to indicate a break away from phenomenology towards a more constructionist perspective, as supported by Ashworth (2003). Crossely (2000) argues a social

constructionist view is particularly pertinent to a narrative approach as narrative research methods serve to shed light on the inextricable link between social structures and the self. Indeed, the link between the social and the self appeared to me as being of utmost importance when considering my research subject, eating attitudes. Essentially, dieting can be viewed as being innately linked with self-identity (Chapman, 1999) and my decision to explore the experience of a current trend in eating habits points to the socially embedded nature of such a phenomenon. My aim therefore was to facilitate an analytical standpoint that could allow for the dual importance of these aspects, whilst championing the concept of narrative as vital to the human process of meaning-making, as posited by Bruner, (1986).

Employing a feminist lens

When taking into consideration the possibility of employing a hermeneutic of suspicion in the analytic process, I was clear that I wanted to incorporate a feminist lens through which to view the data. The considerable contribution feminist theory has made to the field of eating disorders made it a suitable choice. Furthermore, as my small sample included both men and women, it opened up the opportunity of viewing social constructions of masculinity and femininity from a feminist perspective.

Striegel-Moore (1994) stresses that feminist psychology requires self-conscious reflexivity and careful attention to context in the attempt to procure knowledge about a particular topic. This therefore sits well with narrative approaches, such as CNA, that prioritise researcher reflexivity and sociocultural context. Bordo (2003) posits that disordered eating is an inherently cultural difficulty that is allowed to bloom in an environment that accelerates its growth. This view can be extended to incorporate societal demands placed on both women and men and provides the

opportunity to examine how these broader sociocultural issues are reflected within the narratives in question. From this perspective, I was able to hold onto the value of a phenomenological approach, whilst also paying attention to the context and wider discourses at play.

Methods

Recruitment

Langdridge (2007) highlights both the idiographic and complex nature of CNA when designing a study of this nature. Qualitative research is primarily interested in an in-depth analysis of a limited number of accounts, however CNA is perhaps suited to an even smaller number, when taking into account the complexity of the analytical method and the scope of a particular study. Whilst CNA is often advocated for case study work, I wanted to be able to expand slightly beyond this, without losing the space to allow for the intricacies of the research framework. Therefore, I aimed to recruit four participants.

A recruitment poster was designed with the aim of attracting participants aligned with my research criteria. I was aware that when I began to design this flyer, I needed to pay careful attention to the wording used. Owing to the sensitive nature of my research question, I had to bear in mind that essentially I was asking participants to come forward on the basis that they were able to acknowledge that their attempts to be 'healthy' potentially constituted a disordered eating attitude. As is reflected in the introduction to the study, I had to contend with a societal message that healthy must always mean good and therefore had the capacity to conceal damaging ways of eating. In line with the non-pathologising stance I hoped to adopt for the study, eligibility criteria were kept broad in order to allow for the inclusion of individuals irrespective of whether of whether they had received treatment for an eating disorder or not.

I positioned the request for participants by asking questions featuring the common language of 'healthy' eating. For example, *do you think you could be obsessed with eating clean?* I chose the word *clean* as is frequently featured in the media and conjures a notion of current ideals of 'healthy' eating that commonly involve the exclusion of several food groups. E.g. foods 'free' from gluten, dairy or sugar. The flyer specified that attempts to adhere to these diets was driven by the desire to be 'healthier', rather than as a necessity to alleviate a diagnosed medical condition, such as removal of gluten from the diet as a result of coeliac disease.

Additionally, I listed a number of possible attributes in order to prompt potential participants to consider whether they fit the criteria. For example: *do any of the following apply to you: feeling guilty when you eat food not considered to be clean*. My choice of wording was designed to attract participants who specifically identified with this way of eating and who acknowledged that they experienced psychological distress as a result of their eating habits. For an example of the recruitment poster, please refer to Appendix A.

Once finalised, I distributed the flyer on the notice boards of local health food shops and the City University psychology department. In addition to this, I sent an electronic copy of the recruitment flyer to my research supervisor, who agreed to distribute it amongst the clinicians in her private practice. In turn, clinicians would distribute it to their patients who fit with my research criteria. Several patients expressed an interest in taking part in the study and their therapists then emailed me to suggest I initiated contact with them. The eating disorder charity Beat was also an avenue for recruitment. Beat kindly advertised my study on their website and interested parties were able to contact me via email to discuss participation. Finally, I capitalised on the use of my own social networks by advertising my study via Facebook and inviting interested parties to message me privately, should they be interested in taking part.

I contacted potential participants through a combination of email and telephone, providing them with a brief outline of my study, before asking them if they considered themselves to meet the criteria and would be interested in taking part in the research interview. If they agreed to participate, participants were advised that the interview would last approximately one hour and take place at City University, at a time to be arranged that was convenient for them.

Interview Process

Pilot interview

Langdridge (2007) notes that piloting can be helpful for testing out an interview schedule and obtaining reflective feedback. As I was a novice at conducting research interviews, I had some anxieties about the process and was aware of my lack of experience. My initial interview took place with a young woman who was receiving treatment for an eating disorder from a clinician at my supervisor's private practice. During the interview, unfortunately it transpired that the participant frequently engaged in binge eating junk food and self-induced vomiting, fitting with a diagnosis for bulimia nervosa. In between these periods, she attempted to be 'healthy' as a means of compensating for the binges. However, as the bingeing and purging occurred on a relatively regular basis, it was not apparent that she was fixated on 'healthy' eating and therefore she was not best placed to answer the research question. In my naivety, I had failed to explore this with her sufficiently before beginning the interview process. This was an important learning step for me and I was able to use this initial meeting as a pilot interview and reflect on my questions and interview style. Subsequently, I had a brief telephone conversation with potential participants before arranging an interview date, in order to receive an overview of their current eating habits and ascertain whether they were in fact suitable contributors.

Interview process

Following my initial pilot interview, a total of four individuals, two men and two women, agreed to take part in narrative interviews pertaining to their difficulties with 'healthy' eating. Four interviews was deemed to be enough to meet the research aims and allow for the complexity of the research method with the time frame of the current work. Interviews took place on site at City University, this enabled my safety and provided a secure setting for participants. Due to the sensitive nature of the research, it was imperative that participants felt they were able to talk freely and in confidence throughout the interview. All interviews were recorded on two separate audio-recording devices and then uploaded onto password encrypted iron keys in order to maintain confidentiality.

Before the interviews took place, I had had prior contact with the participants either via telephone or email, in which I had outlined the process so that they had a clear idea about what to expect from the experience of being interviewed. Anonymity and confidentiality were stressed in addition to my gratitude at their agreement in taking part. I agreed to meet participants in the foyer of City University and then escorted them upstairs to a meeting room where all my interviews took place. Prior to commencing the interview, I presented them with an information sheet (see Appendix B) in relation to my study and gave them some time to read it through. I then asked them if they had any questions for me and if there was anything at that particular stage that was unclear. Participants were also informed that we could stop the interview at any point if they so wished and were under no obligation to answer questions they did not feel comfortable answering. At the start of the interview process, I advised participants that the interview would take approximately one hour, allowing for leeway either side in the case of a lack of or wave of data and that the interview would be audio recorded. Once participants had

digested the information sheet and agreed to proceed, I gave them a consent form to sign before commencing the interview (see Appendix C).

The research interviews were conducted with the aide of a semi-structured interview guide as is common in qualitative approaches (Willig, 2008). When creating this guide, I referred to the suggestions made by Langdridge (2007) when designing a semi-structured interview protocol for the purposes of narrative research. Langdridge's suggestions build upon McAdam's (1993) recommendations for conducting narrative interviews that include specific types of questions to elicit narrative material, such as a turning point in the series of events or the best and worst of times. A copy of the semi-structured narrative interview guide for the current research can be viewed in Appendix D.

Questions were largely open ended and the semi-structured nature of the interview enabled me to expand upon various issues as and when they arose during the course of the interview. Reissman (2008) highlights the need for flexibility during the process of narrative interviews and I intended to give participants the opportunity to talk freely about their experiences within the framework of the research question. As mentioned previously, narrative research interviews are a process of co-construction (Wells, 2011) and it was important that as the researcher I acknowledged by role as a receptive audience. Once the interviews had drawn to a close, I presented participants with a de-brief sheet (see Appendix E).

Data Storage

Upon completion of the interviews, I transferred the audio-recordings onto a password encrypted iron key before transcribing them verbatim on my personal computer. Digital interview transcripts and audio-recordings were stored both on the iron key and filed on my computer, which was

also password protected. In addition to this, I kept hard printed copies of interview transcripts in a locked filing cabinet at home. Once submission of the study has been reached, all existing data, in the form of audio files and transcriptions, will be destroyed.

The six stages of critical narrative analysis

As discussed earlier on this chapter, I applied Langdridge's (2007) six-stage analysis to the data from my research. Below I provide an outline of how each of these six stages was applied. For a complete guide to CNA, please refer to Langdridge (2007), chapter 8.

Stage 1: A critique of the illusions of the subject

The audio recordings of the research interviews were transcribed verbatim, with any identifying features deleted in order to maintain participant confidentiality. Once the data was transcribed, I read through the transcripts several times in order to familiarise myself with the texts at depth and begin what Langdridge (2007) refers to as a process of "reflexive engagement" (p134). As recommended, I took the time to consider what the significance of my chosen topic was to me by writing my reflections in my research journal and considering the ways in which my beliefs might impact upon my understanding of the data I was presented with. This was aided by Langdrige's questions designed to encourage a reflexive approach; an example can be found in Appendix H.

In keeping with my chosen method and in order to gain a further understanding of my preconceptions of the research topic, I then subjected myself to an appropriate hermeneutic of suspicion. This step in the initial stage of analysis requires engaging with a suitable critical social theory with the aim of being able to illuminate one's own assumptions in relation to the topic at

hand. I re-read my initial writings in my research journal and came to the conclusion that feminist theory would be a relevant hermeneutic from which to critique my own assumptions. This stemmed from my own gender position and my experiences on clinical placement within an eating disorder service, where to date my clients have predominantly been women.

Stage 2: Identifying narratives, narrative tone and rhetorical function

The second stage of the analysis involved identifying the narratives within the text. In order to delineate the narratives, I returned to the texts and re-read them several times. Langdridge (2007) points out that it is possible for one interview to contain several different strands of narrative as well as a central story. He suggests that it is likely that there will be one over-arching narrative that ties in with the research aims, in addition to other interwoven stories throughout. For example, control may be an over-arching theme alongside additional narratives of being perfect and successful. At this point, I also examined the texts for what Langdridge (2007) refers to as "shifts in content" (p.137), paying particular attention to the addition of new characters or a change of scene within the narratives.

The texts were then interrogated further so as to identify shifts in narrative tone. For example, comic, tragic, optimistic or pessimistic tones will reveal differing meanings within a narrative. The content of the narrative may be exposed as being in juxtaposition to the tone, providing an alternative interpretation. Whilst identifying narrative tone, I was also mindful of noting the rhetorical functions of the accounts. Langdridge (2007) asserts that by identifying the rhetorical functions at play, for example justifications for actions or criticism, a greater understanding of the narrative tone can be achieved. Subsequently this can then be used to strengthen the overall argument formed throughout the analytical procedure.

Bakhtin (1986) posits that talk of any kind can be viewed as dialogic, as it always exists in response to other talk. With this in mind, paying attention to the rhetorical function of the narratives enables a further understanding of the experiences that are relayed through disourse. Additionally, Bruner (1990) asserts that individual stories are often interlaced with canonical narratives that reflect dominant societal constructions of how lives should be lived. By working through the data to identify the various rhetorical functions and considering the placement of the canonical narratives at play, I was able to begin to locate the participants' stories within their wider societal framework. An example of an annotated transcript can be viewed in Appendix F.

Stage 3: Identities and identity work

The third stage of analysis overlaps with the second stage as it leads on directly from unpicking the rhetorical function of the text. It involved re-engaging with the interview transcripts, which by now I had become very familiar with, in order to examine how the self is created through the telling of the story. This function serves to explore the kind of person the narrative helps to construct, how this relates to what I already knew about the participants (in terms of their gender, sexuality, age etc.). Particular attention was paid to how this sense of self is positioned in relation to the eating attitudes of the narrators. It is important to note how the process of developing an essence of a sense of self for each narrator is largely informed by the rhetorical function of the narrative. For example, the rhetoric employed denotes whether the individual views herself as a victim or a hero within the context of their story.

Stage 4: Thematic priorities and relationships

In the fourth stage, I returned to the texts once more to identify the over-arching themes in the narratives. I systematically worked through the transcripts, noting several themes down in the

margins that emerged in each individual narrative as I went along. The aim here is to seek out the dominant themes presented within the stories, rather than breaking down the texts into first and second orders, as is common in most versions of thematic analysis (Langdridge, 2007). It was important to me to prioritise the coherence of each narrative in its entirety. As I made notes in the margins of the transcripts, I kept in mind the work I carried out in stage 1 in relation to my own personal views on the research topic and jotted down any relevant notes in my research journal. This was to ensure a continuous process of reflexivity throughout the work.

As I repeated this cyclical process of theme identification for each narrative, I compiled a table of dominant themes and their associated sub-themes for each narrative (see Appendix G for an example). This enabled me to begin to cluster themes together and to identify common themes that emerged across all narratives. Additionally, I was then able to gain a different perspective on the over-arching themes and also consider how in some cases particular themes appeared to be specific to male or female only narratives.

Once this process was completed, I cross-referenced each theme with the annotated transcripts, allowing me to consider the context in which the over-arching themes appeared. This was a re-iterative process that involved the refining of the thematic categories and the relationships that exist between them. During this analytical stage, I occasionally returned to the audio recordings of the narratives, as advocated by Langdridge (2007).

Stage 5: Destabilising the narrative

The penultimate stage in the analysis marks a clear distinction between CNA and other forms of narrative analysis, as the text is subjected to a critique in the form of a relevant critical social theory. The theory is then used as a lens through which to view the text and offer further

interpretations. This element of political critique is built upon Ricoeur's (1981) assertion that all talk originates from some form of ideological position, as one can never have a perspective from '*nowhere'.* Based on this principle, CNA offers an alternative to naïve phenomenology (Langdridge, 2007). The objective of the critical analysis is not to uncover hidden meaning through the inclusion of a hermeneutic of suspicion but instead to open up "future possibilities for the narrative" (Langdridge, 2007, p.150).

As outlined previously in this chapter, I considered feminist theory to be an appropriate hermeneutic of suspicion from which to critique the text. Indeed, I believe feminist perspectives on eating disorders have made an invaluable contribution to the understanding of what is often considered the mystifying psychological and physical infliction of an eating disorder. In order to execute this, I initially spent considerable time familiarising myself with key feminist texts on eating disorders. Primarily, the writings of Orbach (1993; 2009; 2016) and Bordo (1999;2003). Subsequently, I re-read the transcripts several times with a critical eye, paying particular attention to the identities that were being created through the narratives. By doing so, I aimed to provide an alternative angle on the meanings generated in the data.

Stage 6: A critical synthesis

The final stage in the analysis comprises of a synthesis of the findings. As is evidenced by the analytical steps outlined above, this was a complex task that generated a myriad of different interpretations. Langdridge (2007) emphasises the importance of prioritising the voice of the narrator throughout the analytical process and I was keen to maintain the coherence of each narrative in spite of the multitude of analytical stages the texts had been subjected to. Therefore, I returned to the original transcripts once more and re-read each account, holding in mind the dominant themes, the identities presented to me and the addition of a feminist *lens.* As I went

along, I made further notes in my research journal as I identified links between themes, identities and notions of femininity and masculinity as raised from feminist perspectives.

This final stage involved a further cyclical process of returning to my own initial assumptions in relation to the research topic and reflecting upon both the overarching themes across all four narratives, the individual narratives and my own critical perspective in order to arrive at a synthesis of research of findings. Once more, this was a highly re-iterative process that led me to circle back to the transcripts, themes, and individual narratives and enabled me to consider both the subjective experience of meaning-making inherent in the stories and the evidence of broader socio-cultural influences at play.

Ethical Considerations

Ethical approval was granted by City University before recruitment began. Ethical guidelines as proposed by the British Psychological Society (BPS) were adhered to at all times. Participants were required to consent to take part in the study after being provided with sufficient information and were guaranteed both confidentiality and anonymity. In further keeping with BPS guidelines, I took responsibility for protecting participants from physical and mental harm and did everything in my power to ensure this. Owing to the sensitive and highly personal nature of the research question, I made sure I carried out a thorough de-brief post-interview with my participants and provided them with a de-brief information sheet (see Appendix E), which signposted them to relevant eating disorder help services should they require. Additionally, all the participants had my contact details should they have any difficulties in relation to the study once the interview process was complete.

Ethical considerations of research in psychology have increased in importance in recent years (Langdridge, 2007). Narrative inquiry, in particular, needs to recognise the ethical question mark over the delicate matter of whom the story being told belongs to (Wells, 2011). Squire (2013) points to the complexity of this issue when taking into account that narrative analysis essentially consists of the re-telling of another's story, which comes laden with responsibility and the risk of misrepresenting the narrator. In order to attempt to address these issues in my own research, I intended to listen to my participant's stories without judgement and with respect, as proposed by Clandinin and Huber (2010). Furthermore, in the presentation of my analysis, I stressed throughout the interpretations made were my own and not intended to be received as an endeavour to offer an absolute version of events. The role of researcher reflexivity is of paramount importance here, so that the researcher is able to claim responsibility for the interpretations being made (Josselson, 2007).

Confidentiality

Precautions were taken in order to protect participants' confidentiality at all times, as outlined previously. Identifying information, such as individual's names, was changed and biographical details were altered so as to preserve confidentiality and increase anonymity. The appendices provided in the current work feature an extract from an interview transcript, as opposed to the transcript in its entirety, for the purposes of confidentiality. Equally, extracts from the transcripts that appear in the results chapter do not feature names or obvious identifying features.

Reflexivity

Qualitative research generally assumes that the researcher will influence the study (Yardley, 2008) and in turn, Ponterotto (2005) highlights the impact of the research process on the inner-

world of the researcher. Willig (2008) describes how inevitably the researcher will influence and guide this process through a combination of their knowledge of theory (epistemological reflexivity) and their own thoughts and assumptions (personal reflexivity). Throughout the study, keeping a research journal that enabled me to reflect on my contributions to the project and my general thoughts during the process proved to be invaluable. I began this reflexive process by carrying gout a reflexivity interview with myself, using the guide provided by Langdridge (2007) (see Appendix H). The vital importance of the process of researcher reflexivity is highlighted by Willig (2008) who advocates the need for reflexivity in order to guard against the possibility of the researcher imposing their own meanings onto the data. Therefore, adequate attention to reflexivity on behalf of the researcher strengthens the validity of the research.

My decision to employ CNA as my research method required considerable commitment to researcher reflexivity. In addition to contemplating my influence on the study, CNA required me subject my own assumptions in relation to the topic to a critique using an appropriate hermeneutic. Indeed, reflexivity is a central component of Langdridge's (2007) method and stresses the value in the researcher acknowledging how their own background and experiences will influence the questions being asked and the data they have co-created. I gave thought to why I chose this particular topic and its personal significance for me. This in-depth critique of my own assumptions enabled me to bring a raised awareness of my own privilege and unconscious biases to my research and in doing so, lead me to acknowledge the ongoing impact on my personal and professional development, as outlined by Sciarra (1999).

It was important to note how my thinking in relation to my research had two significant influences. One being my own clinical work within an eating disorder setting and therefore my pre-existing experiences with individuals who are eating disordered and my interpretations regarding the development of their difficulties. The other being the very fact that I too am part of the same

broader societal context as my participants and am receptive to similar, if not the same, social discourses surrounding what it means to eat 'healthily'.

Evaluation of methodology

Validity

Validity refers to the extent to which research manages to successfully meet its aims and can be viewed as particularly challenging in terms of qualitative methods (Willig, 2008). Langdridge (2007) points to the necessity for the researcher 'to be fully present to the phenomenon being investigated' (p.155), which I strived to do throughout my study. The validity of the work, however, largely lies on the foundations of a critical realist perspective that believes in the existence of a fixed reality but denies the possibility of unveiling an objective truth. This can be demonstrated through my choice of narrative methodology.

Polkinghorne (1989) provides explicit guidelines for validity within qualitative research, emphasising the importance of taking into consideration the influence of the researcher and ensuring transcriptions are accurate. I was able to guarantee this through my reiterative analytic process, which saw me return to the texts and original audio recordings of the interviews on numerous occasions. However, Langdridge (2007) also advises adherence to Yardley's (2000) guidelines for ascertaining the validity of qualitative research. Yardley's (2000) suggestions were created in the context of health psychology so should be particular pertinent to the current work. She stresses the importance of attention to context, rigour, coherence and transparency and finally, impact and importance.

Equally, Willig (2008) suggests validity in narrative methods can be derived by evaluating to what extent interpretations are grounded within the contexts they originated from. Working on the premise that context is a fundamental aspect of my chosen methodology, I attempted to bear this in mind at all times. Verbatim quotes are presented in the results chapter so as to strengthen validity and I hope that I have been able to distinguish between the voice of the participants and my own interpretations.

Generalisability

I am aware that the current study uses a very small number of participants. As outlined previously, this was intended to maximise the ability to engage with the complicated nature of conducting a CNA without jeopardising the idiographic nature of the research or reducing the depth of the method. The aim of the research is to shed light onto the experiences of men and women who consider themselves to be excessively preoccupied with a *'healthy'* diet and whilst this research does attempt to make comment on this, the findings cannot be generalised to all people who attempt to follow 'healthy' diets.

Qualitative research, on the whole, involves relatively small numbers of people and therefore raises difficult questions in terms of the generalisability of the findings. However, Finlay (2009) suggests that qualitative researchers can concern themselves with the transferability of the findings. That is to intone that the meanings located in qualitative studies have significance and relevance if applied to other individuals. I believe the findings outlined subsequently in the current work are relevant to broader discussions around the meaning of 'healthy' eating in contemporary society that have a valid contribution to the field of psychology and eating disorders.

Methodological issues

Recruitment

In line with a non-pathologising approach to the current work, I was keen not to impose limits on potential participants by excluding those with a diagnosis of an eating disorder. However, I had not anticipated the difficulties I would encounter when trying to recruit from non-clinical populations. Ultimately, the eating disorder charity Beat and the network of clinicians at my supervisor's private practice proved to be the most lucrative sources. Distributing my flyer in health food shops did not generate any interest in terms of participants. As mentioned previously, I considered how individuals with an intense preoccupation with 'healthy' eating might be heavily invested in such attitudes and therefore adverse to considering any problems that might arise as a result. Furthermore, it is well documented that eating disorders are frequently associated with great ambivalence and shame surrounding disclosure, thus potentially posing a further barrier to recruitment. Those individuals who participated in the current study who were already engaged in psychological treatment for such difficulties were therefore in a stronger position to risk discussing such matters within the setting of a research interview. An alternative perspective might also be that there are relatively few people who identify with this particular preoccupation amongst the general population.

Chapter Three: Critical Narrative Analysis

"The really important thing is narrative…We travel along the thread of narrative like high-wire artistes. That is our life."

-Angela Carter

Overview

As outlined in the previous chapter, the data generated from the study was subject to a six-stage Critical Narrative Analysis (Langdridge, 2007). The following chapter begins by engaging with the first analytical stage, a reflexive statement that critiques the illusions of my own subjectivity. Subsequently, the four participants are introduced with brief biographical details. Stage two: identifying narratives, narrative tone and function, and stage three: identities and identity work, are then presented consequentially for each participant. This enables the individual narratives to be considered at the level of an appropriate contextual depth and ensures that the essentially idiographic nature of CNA is not lost. Finally, stage four: thematic priorities and relationships, allows for an amalgamation of the findings from across the four narratives and four over-arching themes are discussed. Additionally, a further two themes specific to male and female narratives are outlined. Stage five: destabilising the narrative and stage six: a critical synthesis of the findings, are presented within the ensuing chapter, permitting further exploration of the narratives from a feminist standpoint and a final reflection on the findings from the analysis.

Stage one: a critique of the illusions of the subject

Before beginning the process of analysis, it was important that I paused to engage in a period of reflexivity (Langdridge, 2007), in order to consider my own underlying assumptions in relation to the concept of ON. This subsequently enabled me to subject these assumptions to an appropriate hermeneutic of suspicion, allowing for the development of a different perspective. In my research journal, I wrote a number of paragraphs outlining my views on the topic and how my position in the world might influence these views. In particular, I considered how being a young white woman places me just within the demographic most likely to suffer from an eating disorder, perhaps indicating my affinity to the subject.

Although I have never had an eating disorder myself, I am certainly not exempt from societal pressures to eat well and exercise in order to present the 'best' version of myself. Like many women before me, I remember being acutely aware of my appearance in comparison to others from a very young age and am familiar with the complex combination of negative emotions that pool together into the experience of 'feeling fat'. Being a woman in Western society leaves me susceptible to all the demands of a socially constructed femininity. I too can be absorbed into the vortex of never ending self-improvement through diet, exercise, make-up and fashion. It would be trite for me to argue that appearance and controlling my weight to a certain degree are not features of my life.

In addition, I took into account my role as a Trainee Counselling Psychologist within a specialist eating disorder service and how this clinical knowledge may have informed my preconceptions in terms of the origins and underlying structures of eating disorders. I contemplated how this could increase the risk of me taking a pathologising approach to the topic, whilst also inadvertently allowing myself to be blind to the endemic nature of dieting and body dissatisfaction in doing so. It is necessary to acknowledge that these elements are all likely to

have had an impact on the questions I chose to ask and the subsequent data I helped to produce.

Prior to conducting my research, I had a preconceived view that an obsessive attitude towards 'healthy' eating was unlikely to exist entirely separately from a fear of fatness. Indeed, it is my view that whilst I can acknowledge the influence of a neoliberal fixation on self-improvement (Gill and Scharff, 2013), it is our pervasive preoccupation with a slender physique that provides an environment in which an obsession with a 'healthy' diet can flourish. My own beliefs, which formed the basis for my interest in the topic at hand, are aligned with Bordo's (2003) assertion that our bodies are always "constituted by culture'" (p.142). Bearing in mind the roles played by gender in disordered eating, engaging in a feminist hermeneutic seemed to be appropriate. I considered my own contact with both traditional and social media and my lack of immunity from the influence of the current 'clean' eating trend. Over the past two years, I have become aware of how eating a diet devoid of gluten, dairy and sugar has become increasingly commonplace and something I have encountered both in my therapeutic work within the eating disorder service and amongst my own friends. Was I hoping to hear my own frustrations with a society that glorifies the perfect reflected in the answers to my questions?

Chernin (1983) has referred to the 'tyranny of slenderness' women are subjected to and whilst I believe it continues to be the case that the preoccupation with diet and body shape remains disproportionately appropriated to women, the unexpected contribution from men in the current research highlighted several issues for me. Namely, my assumption that the 'feminine' domain of disordered eating led me to believe that men would be unlikely to come forward for the study. It is of note that in doing this, I had bought into notions of normative masculinity and femininity that served to illuminate my own cultural embededness. Upon reflection, I have been able to contemplate how unwittingly I had absorbed the wide-held belief that masculinity protects

against eating disorders, while femininity is viewed as a risk factor (Till, 2011). This opened up my assumption that whilst women use diet and exercise to control their weight, exercise alone is deemed a more socially acceptable means of weight management for men.

A significant motivation for the current research was initially prompted in part by a desire to challenge the ideology of the 'clean' eating movement. Bordo (2003) has referred to the "spiritual perfection (and) fantasies of absolute control" (p.151) that accompany extreme diet and exercise and points to how these are devoid of embodied pleasure. I was aware of the consistent thread of control that seeped through all of the narratives presented to me, irrespective of gender. I came to consider how these might have been manifestations of individual anxieties. However, upon engagement with a hermeneutic of suspicion, I was able to reflect upon an alternative perspective that outlines how in the current climate, our bodies are simply one of the very few domains that remain available to us where we are able to exert a semblance of control, (Bordo, 2003). It is impossible for me to separate myself from such influences and I wondered if this occurred to the participants over the course of our interviews? Did they assume with certainty that I would be able to share in their experiences to some extent? By engaging with this process, I hope I have been able to provide a sense of transparency in terms of my own subjective experience and some of the pre-existing assumptions I bring to the work.

Stages two & three: an introduction to participants, identifying the narratives, narrative tone and rhetorical function and identity work

Before the individual narratives and consequent identity work are presented, a brief introduction to each participant is provided in an attempt to situate them within their cultural and relational contexts. The narratives constructed by each individual are identified and their tone and rhetorical functions are explored at depth, before their identities are considered. The function of

this analytical stage is aligned with the work of Paul Ricoeur (1991), who considers our identities to evolve as products of the stories we construct. Participants are featured in the order in which the interviews took place and pseudonyms have been used in the interests of confidentiality.

Oliver

Oliver was a 19-year-old White British man who had recently finished school and had just embarked upon his first term at university. It was his first experience of living outside of the family home. He was well-educated and came from a middle-class professional background. Oliver grew up in London and identified himself as Jewish.

Narratives, narrative tone and function

The master narrative elicited in Oliver's story is a tale of atonement that recounts his recovery from an eating disorder. Throughout this narrative, he alternates between describing his past and present lived experience, in an effort to both separate and contrast the two. Within his master narrative, there exist other narratives, including stories of youth, friendship, social media and traditional family roles, which interlace with broader canonical narratives (Bruner, 1990). Canonical narratives are personal stories that can be said to be illustrative of wider societal discourses, Langdridge (2007). Through these various constructions, Oliver tries to make sense of his disordered eating and the rhetoric largely seeks to explain, and subsequently justify, his experience within the framework of the research interview. Despite Oliver's efforts to produce a narrative of atonement from his eating disordered past, he appears to conclude with an

uncertain ending, illustrative of his continuing journey towards recovery and some of the on-going battles he faces.

The narrative tone predominantly alternates between optimistic when referring to the present and tragic when describing the past. Oliver begins his narrative by setting the scene in terms of his stage of life, "…sort of the end of the last year of GCSE's". It marks the beginning of his story, when his eating disorder emerged and there is a sense of foreboding about the tale he is going to tell. His tone appears slightly apprehensive, suggestive of a reticence. The rhetorical function initially serves to justify why the problem developed, perhaps providing legitimacy to his experience, "…it was quite an intense time in terms of study". As Oliver's version of events unfolds, the tone is increasingly tragic and the rhetoric surrounding his narrative moves towards one of explanation, as he seems more eager to confirm how difficult things became, "…everything you did in life was surrounded by food or exercise".

As Oliver goes on to introduce new settings and characters, he explains how his eating disorder impacted upon different areas of his life, in particular his friendships. Creating a tone of pathos, he explains that there were times when he felt "…so bad" about his appearance he had to "…cancel social arrangements…and exercise". The tragic tone persists in his depictions of his friends concern for him and the influence of social media. He describes people he viewed online as having "…the most amazing lives" and how he once aspired to that too. Subsequently, his tone becomes pessimistic as he accuses social media of selling "a lie" and calls it "a killer". His criticisms seem to provide a justification for the development of his difficulties and also enable him to apportion blame, positioning himself as the victim.

On occasion, Oliver's tone is one of incredulity at his former self and his narrative seems to serve as a 'lesson learned' now that he has seen the light and 'come to his senses', in terms of his attitudes towards food. This is evident in the split he presents between his former and current

self, "…back then, it was very much skinny is good". Within this, he constructs a mini-narrative in which he places himself in the role of 'the recovered' as he observes a girl on the street "…who definitely had a problem" before reflecting "…wow", that was him once. As Oliver explains his new outlook, there seems to be rhetorical engagement with confusing canonical narratives that simultaneously prize appearance and also deem it to be superficial. This can be observed in his comment that he has his "…whole life to live" and does not want to "…look back and think god, I spent the last ten years caring what my abs look like".

Oliver employs an analogy of the "…Angel and the Devil" to explain his experience of disordered eating. Inadvertently, this feeds into a canonical narrative surrounding the 'wicked' or 'dirty' nature of certain foods, in comparison to the 'pure' or 'clean' status of others. His tone allows a glimpse into the desperation he felt as he battled between his two opposing sides. One that urged him to "…go out and have fun" and the other to "… just have a nice healthy meal go to bed". There is an increasingly tragic tone in his descriptions of his past, in particular as he presents a dramatic account of his tendency to over-exercise:

> "…let's do twenty more press-ups, let's do more, let's do more and more until you're literally fainting in the gym. You're like literally I can't…I can't… your body is screaming stop, stop, like you're killing yourself, but your head is just like come on…come on…keep going". (Lines 322-325).

Following on from this, there is an immediate shift towards a more optimistic tone as Oliver returns to the story of his 'present' self, asserting that he now knows "…exactly when to stop". Shifting again to the past, Oliver introduces a new setting in the form of 'Christmas Day'. He seems to criticise the counter-view that the festive season is a time to "indulge" and mocks people who "…all sit around and eat as much as we can". Initially, this seems to place him in a

position of superiority over others, however his tone changes to one of sadness tinged with bitterness as he considers how everyone else was having a "…nice festive time" whilst he was outside "…sweating and running". In keeping with his apparent aim to narrate a tale of atonement, he returns to the present once more, keen to emphasise that "now" he views "food as fuel".

Oliver appears to contradict himself at points during his narrative, creating a sense of confusion. Whilst he explains how he would try to "…go for under 1000" calories each day, he then distances himself from this by stating that he "…was never a calories counter". It is possible that these contradictory avowals give way to canonical narratives that posit dieting and weight loss are the realm of women and therefore Oliver is eager to assert his masculinity within the story of his eating disorder. Nevertheless, his narrative expresses his desire to convey the seriousness of his past difficulties, which he manages through pathos and drama, in particular in his examples of straying from his dietary plan. Oliver describes feeling he had "…committed a crime" and likens his sense of guilt to feeling as if he had "…killed a child".

> "I remember after that I was like…wow…I feel like, I feel like I've just killed a child or something. Like...I feel like…I…oh my god I feel awful". (Lines 510-511).

There is a shift in the narrative as Oliver recalls a change in his own perspective that prompted him to address his eating difficulties. His tone is somewhat exhausted when describing the relentlessness of his pursuit, "…it was never over it was always going to continue". However, he swiftly counteracts this using a comic tone to mock himself for being "…rubbish…boring. You are that annoying gym twat" and essentially attempts to make light of his suffering. His use of humour in the narrative is perhaps in line with his desire to paint a picture of himself as a carefree and fun loving young man, despite the tragic tone that often betrays this. Indeed, his

turning point arrives when he returns from a music festival having “wrecked” his body and finding himself in a “…bad state mentally”. The tragedy in his story is explicit as the narrative reaches its climax and Oliver recalls crying in a nightclub toilet from exhaustion and taking cocaine so he could avoid being “…the guy who leaves early”. Following this incident he recalls it being a “…dark time” and he was “…kind of in a dark place”, triggering him to make a change.

This ‘turning point’ arises as Oliver leaves home for university and seems to embark upon a ‘new life’. This is accompanied by an optimistic tone, marking a departure from his “dark” past and signifying a new beginning. Nevertheless, there is still rhetorical work being carried out in the justifications implicit in the portrayal of his new eating habits. Oliver provides justifications for why he needs to eat but the effect does not seem to be entirely convincing,

> “…I’ve realised that my body needs these things, it’s not about wanting, it’s like, your body really needs it”. (Lines 785-786).

His tone is full of pride as he explains to me how “…everyone wants to eat like me now”. Although Oliver’s optimistic tone when describing his current eating habits is dramatically different from the tragic tone employed to convey the difficulties in his past, the content of the narrative is not markedly different and he seems to recognise this. Using a slightly more sombre tone, he begins to explain how his eating remains relatively restrictive. His fear of “processed stuff” is evident in the whispered voice he uses when uttering the words and he confesses he still is not “…daring enough” to eat chocolate. Furthermore, with some apprehension, he confesses to having negative views of “overweight” people who he considers to be “depressing”. This points to a canonical narrative that places health at the level of individual responsibility and associates fat with failure and poverty, whilst exalting slenderness and linking it to success.

Despite the optimistic tones employed during the descriptions of his current 'new' eating habits, Oliver concludes on a sadder note. His tale of redemption seems to rather lose momentum and there is a return to pathos as it dawns on him that in spite of the many improvements he has been able to implement, his journey has not yet come to an end.

"…I'm still kind of going down the, you know, I really want it but I can't, because it's not that good for me". (Lines 846-847)

Although his narrative suggests he has been able to pull himself out of his "dark" place, his attitude towards food remains conflicted in spite of his shifting perspective of what it means to eat 'healthily'.

Identity

From the outset, Oliver can be seen to establish his identity as a 'young person' and he positions himself within a canonical narrative that aligns youth with fun and a carefree attitude, rather than a time of potential emotional turmoil and adjustment. Throughout the story he constructs, he exhibits some confusion over his desire to be associated with this particular identity and the reality of his lived existence. Whist Oliver frequently refers to the "darkness" and "misery" he experienced as a result of his eating disorder, he also describes himself as a "big fan of clubbing", emphasising that he "love(s) going out and having fun" before conceding that preserving this image was difficult when he was "mentally and physically drained".

In keeping with his youthful identity, Oliver's story expresses both the pressure he feels to maintain his physique and also his belief that this should come naturally to him, as he assumes

other people his own age can “eat whatever they want really and stay in shape”. The juxtaposition of these beliefs paves the way for an internal battle of identities, between the carefree youth and the unhappy victim. As the narratives Oliver elicits take on a more tragic tone, he can be seen to position himself more firmly within the role of ‘victim’. In particular, this is evident in his criticisms of both social and mainstream media, to which he can attribute blame. He refers to social media as a “killer” and describes it as a “lie”. Equally, he suggests the “media” in general “has led to people like (me)” having negative connotations of overweight individuals, diminishing his personal responsibility for holding these views.

Furthermore, Oliver’s narrative is peppered with references to fitness and muscle that are associated with his concept of being ‘healthy’. The extent to which he aligns himself with his ‘healthy’ identity is explicit in his explanation that he considers his lifestyle to be akin to his “personality”. This is made more appealing by his assertions that his peers covet this persona, as they cannot achieve it themselves. However, early on his narrative, he is eager to point out that “it is no longer women” who are the only people who can suffer from an eating disorder and seems aware of straying too far from a normative masculine identity. In seeking to distance himself from appearing vain or being guilty of what might otherwise be considered a feminine preoccupation, he asserts that for him “it was never about calories” and makes repeated reference to his “chest”, “muscles” and “abs”. Indeed, the gym plays a significant role in his life and holds equal importance for him in the pursuit of weight control as diet, feeding into ideas of hegemonic masculinity.

James

James was a 33-year-old White British male who worked in the media. He was born in London and had spent some time living abroad in Europe. He was university educated, middle-class and described himself as being in a committed relationship with his girlfriend but lived alone.

Narratives, narrative tone and function

James' master narrative charts his evolving eating attitudes over time, to arrive at a place of increased balance. The rhetorical function at the start of James' narrative provides an explanation as to where his interest in 'healthy' eating originated. He begins by citing his parents as his initial influence and refers them as "hippies" who were "…interested in new social movements". He describes being brought up as a vegetarian and he relays a story in which he accidentally ate meat during nursery school; the tone is tragic and he recalls crying and feeing that he had "betrayed" his parents. He appears critical of his parents' attitudes as he remembers being both excluded from and fearful of "the meat-world" and how his mother had a menacing book "all about e-numbers". The tragic tone persists and James condemns his parents for being "dismissive" and "strict". Furthermore, if he was "…caught eating sweets" they would be "very unimpressed". This narrative forms the basis for his experiences and provides a platform through which he can justify his eating attitudes.

A new narrative of rebellion emerges that chronicles the emergence of James' own tastes away from his parents' disapproval. As he gets older, he describes being "…desperate to get into the meat world", which points towards notions of hegemonic masculinity that preserves meat for men in order to enhance their strength. Indeed, his narrative positions entry to this meat-eating world as somewhat of a rite of passage to manhood. A justification for James' turn to meat eating is provided in his assertions that he was playing "tons of sport" and was "very active" at the time. Interwoven into this justification is a criticism of his parents' food choices and his tone

is slightly mocking as he chides that "…two bits of tofu a week…just wasn't quite cutting it". James explains that his parents' unconventional attitudes meant that food remained one of the few avenues available for his own rebellion. In addition, he recognises the existence of the canonical narrative in his story, as illustrated below.

> "…I guess I sort of identified this kind of macho culture for eating meat and that sort of… and obviously I was, you know, becoming a young man and I was sort of playing sports and I kind of saw the two in hand of like alcohol and meat actually, this kind of like boozing and also eating lots of meat". (Lines 114-119).

Moving away from his meat-eating persona, James returns to a narrative around 'healthy' and organic food. The rhetorical work being done continues to explain his attitudes, both past and present, although there seems to be some conflict surrounding this. Initially, the tone is optimistic as he explains liking "…the whole idea of organic food" and knowing it is "good". However, there is a shift as the tone becomes tragic and James reflects upon his "anger" towards his parents and how he wanted to "…get away" from what they represented. His narrative reflects his struggle to define his identity in adolescence. A new setting is introduced when James moves to university, where cooking and social eating becomes a significant part of his life and he describes himself proudly as being "…very much into organic food".

A narrative shift follows these descriptions, when James leaves university and is working in a restaurant. Justifications continue to pepper his accounts of his eating attitudes and illustrate canonical narratives around ethical food production. He describes his interest in food and cooking as his "identity" and explains how he wanted to be "on top" in terms of knowledge. Within this is a smaller narrative, which he refers to as "a redemption", James describes

coming to the realisation that his parents “were right” all along and their once unusual attitudes were now deemed “cool”. His tone is optimistic during this account and he is vindicated.

In response to the question asking whether ‘healthy’ eating had ever proved problematic for him, James’ tone is apprehensive and the rhetoric employed uses justification once more. He says a kebab would make him feel “sick” and labels them as “disgusting” and “repulsive”. However, he counteracts this by asserting that he loves to eat meat at a “nice Turkish place”, re-positioning himself as a less ‘fussy’ eater. Further allowances are made for eating meat and salt are evidenced in James’ descriptions of himself as “very active” and using food as “petrol”. In reference to ‘unhealthy’ food choices, James can be seen to criticise those who do not care for their bodies and calls them “slobby” and “cheap” in a contemptuous tone. Unwittingly, his narrative reveals how he uses food as an aspect of his own self-care, which is an echo of how his parents’ demonstrated their love for him through protecting him from ‘unhealthy’ foods.

In contrast, James is effusive when discussing the merits of organic food, yet also appears hesitant to explore disturbances to his “routines”. He justifies his eating pattern by referring to his “very fast metabolism”. He positions himself as being someone who is “totally on top of” what they eat and seems to block further exploration of this by explaining that he simply does not allow his routine to “get broken”. He can be seen to protect it fiercely. Evidence of what Bakhtin (1986) has referred to as ‘fighting talk’ is demonstrated throughout James’ account and I wondered if having volunteered to participate in the study, he found himself eager to distance himself from any notion of having an ‘unhealthy’ attitude towards ‘healthy’ eating. His dislike for certain food types is expressed in his admission that he finds “milk” to be “disgusting” and that “oil” makes him feel “weird”. However, these assertions are swiftly followed by a rhetoric that seeks to explain and justify his choices.

> “I feel a lot of the kind of badness, like chemicals, hormones and things like that are in the fat”. (Lines 416-418).

> “The same with milk, I feel with milk I kind of get very disgusted by sort of the standard milk there is because it's, the whole idea of homogenisation and actually it's the milk of like a million cows”. (Lines 422-425).

In response to a question on the possible negative impact of his eating attitudes on his relationships, James refers to “girls” in general and describes being “disgusted at like girls eating stuff” in a pessimistic tone. Upon his own admission, he calls himself “judgmental” and criticises women who eat “sugar” when they are “trying to lose weight”. Deflecting the question as to the impact of his own eating habits, he instead presents a canonical narrative that encourages women to diet and avoid certain foods in order to comply with a societal ideal of a slim female body. Subsequently, he justifies his criticisms of “carbohydrates and sugar” as they “make you fat”, before reflecting in a confessional tone that he is “actually quite obsessed with being thin”. This revelation marks a pivotal shift in James’ account and his narrative returns to focus on his subjective experiences, as opposed to criticising others as a means of deflecting from what is seemingly a key aspect behind his motivation to eat ‘healthily’.

Following on from James’ admission that he is “obsessed with being thin”, the narrative he constructs becomes slightly confused. This is perhaps illustrative of his discomfort at his revelation and is indicative of broader narratives of masculinity that eschew diet and concern with appearance as female realms. James seems to want to justify his assertion but is unsure which narrative thread he wants to follow and offers several explanations.

> “Um I just, eh, well and I was fortunate- so I had, I did a load of, I've always, I've never been kind of fat at all, I was never kind of, and I've always been in sort of decent shape, I would say and then, and then, and then obviously it's kind of more like the cult-, like I would say like male culture to kind of be a bit thinner. I remember actually looking at like my best friend being like he's actually really thin you know”. (Lines 525-532).

Within this, James elicits several mini-narratives, which each position him differently. Although initially his tone is optimistic as he explains his natural fortune in terms of body shape, as he moves on to appropriate blame to “male culture” and compare himself to a “thin” friend, the tone becomes increasingly pessimistic. The pressure to maintain a desirable physique can also be seen in James’ explanation that he “did a load of pilates” and would not want to “lose” the benefits of that, which serves as his justification for eating a “very, very low fat diet”. Being “thin” emerges as something that requires constant work to maintain and is also experienced as an enjoyable state in James’ descriptions of his love for “strong diuretic tea”. This dialogue is followed by a return to criticisms of the “disgusting” eating choices of others that bolster his approach to ‘healthy’ eating. Nevertheless, despite James’ allegiance to a “very low fat diet” and “thinning” tea, he contradicts this recounting eating “butter” and “loads of patisseries” that he justifies because he knows he is “going to work them off”. This allows him to re-position himself as someone who knows the value of balance and perhaps distances himself from a more obsessive stance, where his preoccupation with being thin is veiled by his dedication to ‘healthy’ eating.

When posed the question if he has ever had concerns about his eating habits, James’ tone is relentlessly optimistic in spite of deeming himself to be “obsessive” and describing himself as someone who has “always been obsessive in some ways”. He clearly states he has “never really thought of it as damaging” and openly defends his position by explaining that he has always felt

his decisions were “justified…because it’s healthy”. His justifications extend further as he describes the “enjoyment of…a healthy body” and ‘healthy’ eating as being “liberating”. An explanation for the oppositional concepts of being both obsessed and liberated is not offered. James subsequently refers to drinking beer as an example of his “double standards” and employs a hushed tone of voice as if it is something he does not want to admit to. His claim that he “loves” to “drink a load of beer all day long” sees a return to a canonical narrative of normative masculinity and establishes his position as a ‘real man’. James then reflects that in the past he has been “too obsessed with organic stuff”, enabling him to position himself as someone who has now successfully achieved a balance between ‘healthy’ and pleasurable choices.

Continuing his narrative around a sense of balance in relation to his eating, James’ tone remains optimistic as he recalls experiencing “the different extremes from like macho meat eater to like organic obsessive” and explains that now he feels “settled”. However, the dietary journey elicited in this narrative does not remain settled for long, as James’ tone swiftly shifts to one of pessimism and he returns to his criticisms of others. He chastises his friend for drinking “beer” and eating “bagels”, as he considers them to “just make you fat”. This outburst is unprompted by an interviewer question and reinforces the repeated rhetoric of justification throughout the narrative, which is perhaps suggestive of the fragility of his position and his need to defend it so vehemently. In answer to an ensuing question about his opinions on ‘fat’, James maintains a pessimistic tone, admitting he has “negative views towards fat people” and feels “disgusted by them”, which he blames on “the press”. Within this narrative of fat, James positions himself as superior, saying that he is “from a kind of Metropolitan elite” where everyone “does exercise”.

Consequently, James appears eager to mark a shift in this narrative and move away from his critical stance. His tone becomes tragic as he recalls attending a lecture on “all of our prejudices”

and realising he was “horrendously fattist”, which once again he blames on “the media”, as a justification for his views. Lastly, in keeping with the tragic tone, he comments that he no longer “hates” fat people but just feels “a bit sorry for them now”. James assumes that they “can’t enjoy” life and in doing so, illustrates canonical narratives that affirm fat as ‘bad’. Returning to his position of superiority, James’ narrative comes to a close shifting to an optimistic tone as he expresses his wish to be a “paragon of healthy eating” but not an “extremist”. A balance that is seemingly difficult to strike.

Identity

From the start of his narrative, James positions himself as someone who is different from the norm. Initially, his identity is very much constructed in relation to his family, who lived an alternative lifestyle living in “squatted housing” with “communal food”. James takes on the role of victim when describing growing up as a vegetarian and disliking his difference. His parents’ eating attitudes led to him feeling excluded from the food on offer at other children’s parties and he refers to the “carob bars” he was permitted instead of chocolate as “nightmares” and the “last thing” he wanted to eat. He is excluded from the world of both meat and sweets. He constructs a picture of a rather joyless existence in relation to food in childhood and of being at the mercy of his parents’ choices. However, he recounts an increased sense of agency in later adolescence and he shifts from the role of victim to rebellious meat eater. James presents himself as a “meat eating male” and aligns himself with a “macho-culture” of “alcohol and meat” that affirms his masculine identity.

James narrative tells the story of his changing eating attitudes over time, which is accompanied by shifts in the various identities he constructs of himself. Departing from his macho meat-eater phase, he positions himself as a gastronome and refers to himself as “an epicure” and a “bon

vivant". Both of these descriptions evoke images of pleasure, enjoyment and a care-free attitude that are in contrast to the person James presents himself as throughout his narrative. However, these concepts are offered as an integral part of his sense of self and despite admitting being "obsessive" about food, James goes on to express his belief that he is "a better person for it". This in turn paves the way for the construction of his ethically and morally superior status in relation to diet. James confesses to being a "snob" in terms of the food choices of others and admits to being "fattist". His narrative concludes with him presenting himself as someone who can "inspire" others to "eat and cook", further solidifying his identity as an expert eater with valuable knowledge to impart.

Rachael

Rachael was a 27-year-old White British woman who was engaged to her long-term boyfriend and in the process of planning her wedding. She lived on the outskirts of London with her fiancé, and enjoyed her job in marketing. Rachael had a university degree and was from a middle-class background.

Narratives, narrative tone and function

Rachael's master narrative explores her longstanding and complex relationship with dieting across her lifespan. Within this, she includes several other narratives of family dynamics, sibling relationships and settling down with a partner. She initially positions herself as someone who has been "obsessed with food" since childhood. Her tone is bright and optimistic as she explains how she loved cookery programs on the television and enjoyed cooking. Rachael describes how starting ballet classes brought her a new awareness of her body and her tone shifts to a sadder note as she recalls realising that she was "an odd looking shape" in comparison to other girls.

She remembers how this prompted her to consider making changes to her diet and subsequently, she can be seen to provide a number of justifications for restricting her dietary intake. These include trying “the low-carb” thing as it could provide “more energy…for my dance” and also having “IBS”.

A narrative of family is interwoven throughout and Rachael employs the rhetorical function of explanation to frame her preoccupation with her diet and shape. She explains how whilst her mother and younger sister are “naturally very slim” and are “these little diddy people”, she is “broader”. Her father is described as being “overweight and has type two diabetes” and Rachael’s tone is tinged with sadness as she expresses her fear that she “could end up” like him. Although she justifies being “obsessed with healthiness” in order to prevent becoming like her father, she also constructs another narrative within this of sibling rivalry as she acknowledges that she was also “very competitive” with her middle sister, who she was determined “not to be as big as”.

References to the breakdown of her parents’ marriage and forging relationships with stepsiblings interleave in Rachael’s story. She appears to construct a complex web of narratives that alternates between describing an account of disordered eating and emotional trauma and a keen interest in diet for the purpose of optimum health. Whilst having “IBS” as a teenager is cited as a factor in adjustments to her eating patterns, upon further exploration of this, Rachael’s tone becomes tragic and she recalls how there was “other stuff going on” at the time. Continuing in the vein of pathos, she explains that she “suffered from bulimia from the age of about 11”, which she hid from her family. This marks the beginning of a narrative of disordered eating, departing from her initial story created around “healthiness” and an interest in cookery.

Rachael frames the narrative of her eating disorder within the context of the breakdown of her parents’ marriage. She explains that her father left the family home, moving in with his new

partner and her two daughters, one of whom was a ballet dancer liker her. Furthermore, she asserts that unlike her, her stepsister was “a typical kind of looking baller dancer”, once again eliciting an undertone of sibling rivalry. A canonical narrative lies within this with the introduction of the right or wrong female physique and the adjustments needed in the form of diet and exercise in order to correct what does not constitute the perfect body and make oneself more acceptable. Rachael recounts a particular incident where her father told her she “didn’t really have the body of a dancer” and whilst this is seemingly a hurtful comment, her tone appears bright and optimistic. This story is also presented alongside describing herself as having “always been a daddy’s girl” and the “cookie-cutter daughter”, perhaps in an attempt to convince herself and her audience of her place as number-one. However, giving way to tragedy, Rachael subsequently explains how this comment made her feel.

> “Rubbish…I was already really low in self-confidence and low in self-esteem and so…and I was already struggling with the fact that…it was very close to when my parents did split, so I was already coping with a Mum who didn’t really know what to do and had gone to pieces”. (Lines 119-123).

This tragic narrative sees Rachael refer to herself as being “a mess inside” and she explains her need to “gain control over something” at this point in her life. She makes multiple references to the need to be “in control” and for her eating to be “correct” in order for her to feel “safe and secure”. Returning to the narrative of family, Rachael explains how she liked that her restrictive eating enabled her to “get attention” and she “liked that it made me different from my sisters”. The tone elicited is pessimistic and evocative of the unhappy home environment of that time.

A new setting emerges with the introduction of university, which also signifies a shift in Rachael’s narrative and centres around the loss of control. Having largely concealed her struggles with

food from her parents, she refers to starting university at the time where “everything really broke down”. Paradoxically, the eating that had enabled her to feel safe began to terrorise her.

> “I was really kind of inanely categorising everything and it started to become less fun. It started to feel more out of control, like it was controlling me”. (Lines 156-159).

Additionally, the chaos of university seems to serve as a point from which to compare her current eating habits and help her to produce a narrative that tries to convince both herself and the listener that she has now recovered. Moving to an optimistic tone, Rachael explains that her eating at university was “even stricter than I am now!” She follows this statement with the assertion that she is “relaxed now”, before conceding that her “other half would say differently”. I wondered if her admission that her partner would not agree with her provided her with a means of maintaining her eating disordered persona from a distance. Her previous eating pattern is referred to as “restrictive” and is recalled in an upbeat tone that seems to mock the rigid rules she used to live by, as if they no longer applied.

> “I had this thing about crackers for a really long time. I could eat four crackers, that was okay but any more than that wasn’t ok”. (Lines 182-184).

However, Rachael swiftly returns to the narrative of her present eating, rather contraindicating her belief that her current attitude towards food is “relaxed”. She justifies consuming sugar on the weekends, as she believes cutting it out could lead to her being “a paranoid obsessive person all the time”. However, she also talks of the need to have “enough rules that I feel like I’m on top of it” and explains that she would not eat things that might make her “fat”. Rachael justifies the rules she imposes on herself with the claim that she has carried out “extensive research” into nutrition that she encounters “on the internet”. Further justifications for her

research-based knowledge are evident in her claim that she tries her “best to keep to reputable sites”. She can be seen to criticise nutrition bloggers who “have no basis in science”, which serves to situate her in a position of superiority. Rachael explains how she prefers information she considers to be “grounded in truth” and therefore provides her with an increased sense of certainty and semblance of control. She subsequently rubbishes the NHS for “not understanding eating disorders”. However, this statement seemed to reveal her exasperation.

Rachael defends her approach to ‘healthy’ eating by explaining how “to the outside world everything looks normal”. Further justifications for her attitudes serve to align with canonical narratives about the body as a commodity and a project for improvement.

> “I quite like being seen to be a healthy training fit one who cares about what goes into her body, who works hard for it, who is good at that stuff”. (Lines 282-286).

However, there is also some confusion in the positioning of her narrative. Rachael asserts that “a healthy lifestyle is one that is balanced” but also remarks in a sad tone that she has not achieved this. Once more she is faced with the paradox of balance and obsession.

> “Mine is a little less balanced because I know I should probably not be obsessing quite as much as I do”. (Lines 294-296).

Following on from this, she details various food types she deems to be “wrong”, such as “butter” and “carbs” and others, such as “protein or green vegetables” that she vehemently insists that she “loves”. The tone is pessimistic as Rachael describes what she associates with carbs; “Gaining weight. That’s just being bad”. Rachael moves towards a sadder note as she reflects that despite avoiding many carbohydrates, she does not “have coeliac disease” and instead

explains that she struggles to digest some foods owing to “years of abuse from purging all the time”. Once again, her narrative returns to a story of disordered eating that is presented as a separate entity to her current version of ‘healthy’ eating.

When asked to discuss her present eating habits, Rachael constructs a narrative of domestic life and family. She calls herself a “feeder” and describes enjoying “feeding” her partner. Canonical narratives of masculine and feminine stereotypes are evoked as she details how she ensures she always has a smaller portion than him; this is justified by her comment that this is because “he’s a guy”. This narrative continues with the introduction of a new setting at her partner’s family home. Rachael refers to this as being “a really difficult environment” as her partner’s sister “had issues as well”. She explains how she has to have the smallest portion at the table, and in doing so she exerts her special position as the one who eats the least. Additionally, her comments give away her intention to restrict.

> “It’s just a way of feeling like you definitely know you can’t be having enough because you’re having less than everyone else”. (Lines 415-417).

Rachael gives further insight into her thought processes and explains how she can determine “the correct amount” by making sure she is consuming the least in comparison to others. Afterwards, she comments in a bright and humorous tone “it sounds really insane doesn’t it!” Perhaps this can be viewed as an attempt to detract from the disordered quality to her eating that appears to linger in spite of the narrative of recovery strives for. However, there is also an element of pride in this exclamation and I wondered if she wanted me to be impressed with the length of her efforts and dedication to the cause? The tone then becomes increasingly tragic as Rachael recounts the fall out from transgressions to her strict eating plan.

> "I will start to get panicky…then I'll probably spend the next couple of hours going up and down to the mirror upstairs just to check how I look and I'll keep touching my stomach and I'll keep thinking about it and I'll just walk around very agitated for quite a while". (Lines 453-461).

This account is indicative of the rising anxiety Rachael experiences when her ability to control her eating and her body is compromised. The distressing impact of these transgressions is elaborated upon further in an increasingly pessimistic tone and Rachael explains how during these occasions that "nothing" can help her feel better and she wants to "curl up in a ball and go to sleep". This prompts a narrative of winning and losing, in which Rachael describes "straying outside the rules" as feeling like she has "failed". She asserts that she does not "do failing" and recalls failing her driving test several times, which she found to be "horrendous". There is a return to pathos as she reflects that her experience is "very isolating", especially as it is something she hides from her friends and family. In keeping with the tragic tone, Rachael creates drama by constructing a narrative within this that extols the support of her partner during these difficult times.

> "He's been there right from the start of when I was trying to recover to now. So he has sort of been the one who's kind of held doors shut so I can't get through to the bathroom…he does know how to help me but he can't help me". (Lines 497-502).

Switching to an optimistic tone, Rachael returns to emphasising how different she is now. She refers to being "perfectly okay" and "quite happy with how I am at the moment". However, in spite of her optimistic start, her tone becomes tragic once more and she proclaims that "no one would really understand". She returns to criticise the NHS for not understanding eating disorders and the tone turns increasingly pessimistic as Rachael mockingly declares the GP would not

think anything was the matter if she just told them she thought about healthy eating “a bit too much”. This serves to increase the bleak sense of isolation her suffering brings now her difficulties are less visible to others. She appears caught between an argument that seeks to exonerate her ‘healthy’ eating attitudes and the sadness expressed about her continuing struggles with food. Rachael attempts to strengthen her narrative of recovery further by framing her approach to eating in a new light, accompanied with a brighter tone.

> “Back then I was very much, I just wanted to lose weight that was my sole focus. Now it’s more about I want to be strong and I want to be physically fit and I want to – I want to progress with that. So my focus has come a lot more round to building a stronger body than losing weight. I’m not bothered about losing weight any more in the same way because I know if I continue in the way I’m doing I won’t”. (Lines 606-613).

This serves to justify her current habits, yet is not entirely convincing in the context of her narrative up until this point. Whilst she seeks to argue that her primary concern has evolved from a pursuit of thinness to a pursuit of physical strength, her fear of fat and need for control remain. Rachael seems to recognise this and the tone is tinged with tragedy once more as she reflects that recently she has considered the possibility that she is not as “free” from her eating disorder as she would like to think. When asked to explore this further, the element of pathos is evident and Rachael’s fighting talk subsides, taking on a confessional note. She admits that she knows she is “under-eating chronically every day” but when she considers increasing her diet, “panic sets in”. This admittance undermines her previous discourse around health and physical strength and highlights the tension she encounters between her aspirations and her lived reality. The confusion surrounding her position is expressed again as she then returns to the rhetoric of justification with her insistence that she will “always be one of those people that wants to eat healthily”.

A new narrative of the point of change emerges as Rachael outlines her shift in body ideal from thin to strong. Initially, the tone is one of sadness and she paints a picture of being metaphorically stuck. She recalls that "nothing was changing" and she felt "tired" and unwell "all the time". Her tone becomes optimistic when inspiration arrives in the form of a female fitness blogger and Rachael explains how she decided to focus on "building a bad-ass body", rather than being "thin". Whilst her aspirations in terms of her body might have changed tack, Rachael's narrative continues to illustrate her insatiable quest for physical improvement and elusive perfection. She frames this transition in a positive light by explaining how it enabled her to become interested in how her "body felt rather than how it looked". The narrative constructed around fitness is one of strength, empowerment and gaining confidence. However, within this there is evidence of the emergence of more "rules", which contradict how "flexible" Rachael considers herself to be. Although she aims for five workouts per week, she explains she would "never do less than four", which is defended by her claim that "four is the correct number" and sees her position herself as the wilful master of her body, determined that it will not disobey her. Viewed within a broader societal context, Rachael's attitude is reminiscent of a society that extols physical perfection and views the body as a blank canvas to be manipulated and controlled into its ideal form.

As is the case throughout the narrative, Rachael's optimism is short lived and a return to tragedy quickly follows. In spite of the positive affirmations in relation to her exercise regime, a considerable unhappiness with her body remains. She explains that she "self-checks a lot at work" and wishes for a "flatter stomach". Although not liking her appearance leads her to have a "rubbish day", Rachael then seeks to reacquaint herself with a body-positive image by stating she is "quite happy" with how she looks. It seems the narrative constructed attempts to persuade

her audience once more that she has recovered from her eating disorder, yet her frequent contradictions somewhat discredit her efforts.

At the end of her story, Rachael's tone is tired and tinged with sadness. Her comment that she would "like not to think about it (eating) anymore" is evocative of how exhausting her experience is. In a pessimistic tone, she resignedly says that that is unlikely to happen and she seems more aligned with a narrative of disordered eating than recovery or health towards the end. Rachael tries to give conviction to her 'healthy' eating habits and fitness regime, however stories of obsession and control are interwoven throughout the narrative, ultimately constructing a tale of a multifarious and troubled relationship with her body and food that continues to plague her.

Identity

Rachael portrays herself in the role of the 'good girl' from early on in her narrative. She describes herself as being both "a daddy's girl" and the "cookie-cutter daughter". Through this construction, the notion of the perfect self emerges. However, she says that whilst she never "visibly broke rules or boundaries", she rebelled in secret and kept many things from her parents. This perhaps indicates the contradictions she encounters in the creation of her own identity. In her struggle to present a perfect self within her family environment, she feels disconnected and isolated, which is exacerbated by the breakdown of her parents' marriage. Rachael presents herself as having to be the "strong one" sister and as an "inward bottle it up kind of person" when she felt like a "mess inside". With the creation of this narrative, she emerges as the victim of her parents' separation and the development of her eating disorder is framed within the context of her fighting against this identity and struggling to "gain control over something".

Rachael can be seen to strive for the creation of a perfect self in several guises within her narrative. Her partner is key to her story in helping her battle her eating disorder and also providing her with a more stable emotional life. She refers to their recent decision to marry and in doing so appears to migrate from the role of the 'good girl' to the role of the 'good wife'. Rachael frequently mentions being "a feeder" and enjoys cooking for her fiancé and baking cakes for him that she herself will never eat. She positions herself as the 'selfless provider' within their domestic life, by serving her partner much larger portions than she allows herself, even stating that she does not "bother" to cook at all in his absence. Indeed, she makes a clear distinction between "cooking for my other half" and herself. The insinuation is that cooking for her "other half" aligns her with the role of the 'good wife' and allows her to demonstrate care and affection for him through food. Conversely, the prospect of nourishing herself is met with disdain. Throughout, Rachael's quest to be the perfect version of herself can be witnessed in her repeated references to the "correct" food types, portion sizes and number of workouts she must accomplish to reach her goals.

Martha

Martha was a 38-year-old White British woman who lived alone in London. She was due to return to her nursing training in the near future, having needed to take some time off as a result of her eating disorder. Martha had experienced several inpatient admissions for the treatment of an eating disorder in the past, the last of which was approximately six months prior to our meeting. As well as training to be a nurse, she was an aspiring writer. Martha was university educated and middle-class.

Narratives, narrative tone and function

From her first utterances, Martha frames her interest in 'healthy' eating within the context of "the anorexia and the eating disorder". In doing so, she begins the construction of her story as someone who has long suffered from disordered eating. To clarify her position, she makes a distinction between "people who take healthy eating too far" and her own difficulties, giving her narrative gravitas. The rhetorical work being carried out from the start appears to provide a justification for her preoccupation with 'healthy' eating, as she has had a troubled history with food. Martha frames the development of her eating disorder by explaining how she was involved in "Olympic gymnastics" at school and was interested in researching the training regimes of successful gymnasts. The tipping point arrived when she went through puberty and sacrificed sport to pursue her academic interests and her body shape changed. Although the content of this opening discourse is tragic, Martha employs a comic tone and she laughs whilst joking that she "was never going to become an Olympic gymnast". Nevertheless, she is keen to position her gymnastic abilities at school as Olympic-level, highlighting her commitment to the pursuit.

As the narrative of the development of her eating disorder proceeds, the tone becomes pessimistic. Martha describes an unhappy time at secondary school and recalls feeling negatively about the way she looked and thinking that she had "let herself go". The weight she gained post-puberty and as a result of no longer exercising to an Olympic standard, is then used to justify her interest in 'healthy' eating and is positioned as a "genuine attempt to eat healthily", in spite of acknowledging the elimination of entire "food groups". This speaks to canonical narratives surrounding the female body that both prize a slender physique and view the body as a project for self-improvement. Returning to her jocular tone to disperse the sadness of her story, Martha laughs as she admits that she was never "overweight" but found it difficult to adjust from "being quite muscular…to fleshier".

When asked how she felt about the changes in her body shape, Martha reverts to a tragic tone and describes feeling “ashamed” and “embarrassed”. She apportions blame to the “media” for fuelling her fear of “fat and sugars” and further justification for her keen interest in health is provided with reference to her father, who she says had an “unhealthy diet” and “developed heart problems”. Throughout Martha’s narrative, she repeatedly bolsters her eating attitudes with allusions to the benefits to her health in an attempt to validate the decisions she has made. However, recurrent episodes of inpatient treatment within eating disorder services are interleaved in her story, illuminating the struggles she has experienced as a result of her desire to be as ‘healthy’ as possible.

There is extensive rhetorical work carried out in the form of further justifications for Martha’s beliefs around eating. She states her opinions are informed by “evidence based” information and that she tries to “be rational”, which sees her try to create a logical argument for her experience. Her tone is optimistic when stressing her enjoyment for “health” and “healthy food”. Conversely, a sadder tone is elicited as she recalls making herself vomit in the past if she consumed something “perceived as unhealthy”. In recounting this, Martha reveals the negative aspects of her rigid adherence to a ‘healthy’ diet and the extent of her desire to rid herself of ‘unhealthy’ foods. Her tone continues to be tragic as she expands on this by explaining how previously she had deemed food “for enjoyment rather than health” to be “self-indulgent or unnecessary”. Within there seems to be a sub-narrative of deprivation as joy and pleasure are excluded from the act of eating.

Momentum gathers through the use of drama in Martha’s narrative; she refers to going to “extremes” and becoming “obsessed” with certain dietary rules that she set for herself. This comes to a climax as she tells the story of when she became fixated on eliminating salt from her diet to the point where her “sodium levels were really low”. Despite the danger she placed

herself in, Martha seems to view this incident as outside the remit of her anorexia. This view highlights a broader view of stereotypical perceptions of eating disorders and is suggestive of how disordered eating behaviours that appear to be health-orientated are more easily concealed or possibly not given the attention they warrant.

> "The salt thing…definitely…I mean there's nothing, there's nothing eating disorder per se, there's no calories in it or anything…" (Lines 97-99).

Martha's master narrative is of the long journey to recovery and she frequently gives examples of the severity of her eating habits in the past juxtaposed with her improved present attitudes. Her tone is optimistic as she justifies eating "fats", as she now considers them to be "necessary" for good health. However, a sadder tone creeps in as she concedes her "problem with sugars" continues and that she lacks "motivation to change that". Martha defends this by pointing to insufficient "evidence" on the benefits of sugars and seeks to justify this further by alluding vaguely to a "family problem processing sugars". Nevertheless, she concedes this is likely to be "irrational" and can be seen to return to a brighter comic tone and mocks herself.

> "And now it sounds so silly, it does sound silly when I say that I thought that perhaps I should stop eating broccoli because it had a higher sugar content than other things!" (Lines 152-153).

A new narrative emerges when Martha describes a setback to her recovery. She begins in an optimistic tone and explains that she had been doing well following on from another inpatient admission and had recently started training to be a nurse. However, her narrative takes a sadder turn as she explains how managing eating at work became increasingly challenging and she experienced a considerable setback.

> "And little by little things began to kind of slip away and the calorie counting got really bad again and the sugars thing got more and more extreme…I just got more obsessed again". (Lines 143-146).

Martha attempts to lighten her narrative again by returning to a comic tone and making a joke out of only being able to eat cucumber for breakfast, despite the obvious sadness of this act. However, tragedy prevails as she explains how in the past her restrictive eating led her to binge eat and purge afterwards. The tone is one of pessimism and Martha appears critical of herself by saying that she hates "sounding like somebody who thinks I should indulge myself with food". Her narrative expresses feelings of unworthiness and there is a sense of despair. Sadly, she explains how being a nurse would allow her to feel she could treat herself at the end of the working day. Martha constructs food as something she is often undeserving of and needs to earn. At times she appears to want to distance herself from her own narrative and frequently resorts to humour in order to do so. This is explicit in her comments that there is "stigma" around eating disorders and she mocks herself for being the "woman on the bus eating a fat-free yoghurt with a teaspoon". The comic value of this statement detracts from the sadness of believing she is undeserving of a treat and that her training as a nurse appears in part as an effort to demonstrate her worthiness to exist.

References to eating disorder services and spells as an inpatient pepper Martha's account of her experience of 'healthy' eating and she appears eager to create a new narrative surrounding her present life. She states that she is the most well she has ever been and feels able to eat a "relatively wide range of food, except sugars". Martha explains how she no longer counts calories and this fact is used as validation of her wellness. Nevertheless, she recounts avoiding oil and sticking to fat-free dairy products. Within this, she offers a mini-narrative of going out to a

restaurant with her mother, which she had not been able to do for several years. Whilst this is positioned as a tale of achievement, there is an element of sadness in the story as she recalls feeling “worried” the following day and woke-up feeling “fat”. It seems her worry is directed at weight gain, rather than a possible negative impact on her overall health. Her tone shifts to one of pessimism and she describes feeling “dirty and contaminated” after eating certain foods. Sensing these accounts steer her off the pathway of her recovery narrative, Martha switches to an optimistic tone and justifies these unpleasant feelings.

> “I know that sounds kind of like I still have a problem with it but I think it’s just that I’m just so not used to eating it”. (Lines 260-261).

When asked what the term ‘clean eating’ means to her, Martha returns to the setting of one of her inpatient admissions and refers to two women with whom she attended a nutritional education group. She describes feeling angry that their opinions on ‘clean’ foods were informed by “myths and inaccuracies” and seeks to position herself as someone who is better informed. Martha’s criticisms extend further to people who are “not qualified to give information” and her tone is tinged with anger as she remembers seeing a nutritionist who she subsequently found out had suffered from anorexia. Her annoyance subsides briefly as she reflects that that despite her rage, it has “to some extent affected” her as well. However, her fury in regards to clean eating is then framed by an altogether different argument. Martha passionately declares that she is incensed by “the whole avocado thing” and worries a lot about “the water shortages and ecological consequences”. She is critical of the ‘clean’ eating trend for “promoting a glossy lifestyle” and concludes that she is “more concerned with Brexit at the moment than sugar”. This impassioned and persuasive rhetoric aims to dissociate her from the fickleness of a fad diet but it is not entirely successful. Eventually her tone shifts to a sadder and softer note, admitting that

she would still “walk miles” to find a sugar-free alternative, in recognition of her inability to achieve a complete separation from her eating disordered peers.

Continuing with the narrative that seems to seek to separate her from current fashions in terms of diet, Martha asserts that she likes to “confound stereotypes”. She laughs and uses a comic tone to mock “organic” foods and their cultural associations. Returning to a familiar argument, she explains her lack of interest in organic food stems from the dearth in “evidence” that proves it is beneficial to ones health. In particular, she singles out a popular ‘clean’ eating blogger and criticises her for having “style over substance”. Although Martha appears familiar with the remit of so-called nutritionists on social media, she see seems to feign disinterest in them too.

> “I think she’s probably one of the better ones I have to say, from what I’ve, I don’t really…I haven’t read any of her books. Has she brought a book out? I don’t know. But I’ve seen people posting her recipes”. (Lines 376-378).

The tone of her argument is pessimistic and she blames the trend for its capacity to trigger “people who already have a history of disordered eating” and for keeping them “trapped”. The narrative turns increasingly tragic as Martha recalls her own experiences of living with an eating disorder.

> “It’s like whole days have literally been taken up with the eating disorder and half the night as well and every waking moment has been thinking about what I can eat next and what I can allow myself and would that be ok…you are so hungry you can’t think about anything else anyway”. (Lines 392-395).

She paints a bleak picture of how she has suffered in the past and makes a brief reference to "worrying about weight", a topic that is largely avoided within her health-centred rhetoric. In addition, the recurrent setting of inpatient facilities arises once again, serving as a signifier of the gravity of her situation. Although Martha tries to revert to an optimistic tone and return to her narrative of recovery, the tiredness in her voice betrays her ongoing "worry about the sugars". Indeed, the challenge of being more flexible in terms of her eating is framed within the eco-based justification that "it would go to waste and food wastage is a big problem".

The tragedy in Martha's narrative continues as she reveals the negative impact her eating disorder has had on her romantic relationships. In a sad tone, she remarks that she does not think she will ever have children and her voice trails off as she says she has "probably left it a bit late now…" Regaining a sense of optimism, she employs a persuasive rhetoric to position her "vocation for nursing training" as a counter-argument for remaining childless. In doing so, Martha seems to fulfil her wish to care and nurture others, although this is at the expense of her own needs that remain unmet. Additionally, the dedication to her "vocation" points to a wider canonical narrative that frames childless women as unusual and requires them to defend this decision within an acceptable framework. Although she remarks that her "fertility probably isn't great", Martha also provides an additional defence for her childlessness that absolves the role of her eating disorder:

> "I hate to sound like a terrible pessimist but I don't think I want to bring a child into a world with so many…I don't know...I think globally, environmentally, politically, economically the world's not in a good place". (Lines 521-523).

Martha's narrative oscillates between descriptions of the misery and severity of her eating disorder, humorous anecdotes that act as a deterrent from the tragedy of her situation and

attempts to provide a logical argument to defend her eating practices. Optimum health is presented as the ultimate driving force behind her decisions, however there is a narrative of unworthiness that interleaves throughout her story that is heavy with sadness. Although the return to her nursing training is presented in an optimistic tone, the melancholy is evident in her comment that she does not "deserve a treat at the moment" and that she even feels "ashamed" for wanting a "treat". Ultimately, whilst Martha's story of recovery has seen her journey far from where she has been in the past, her narrative presents an ongoing battle with her relationship to food and a great deal of rhetorical work is employed to counter-act this.

Identity

As outlined previously, Martha establishes herself as someone who has suffered from "anorexia" and an "eating disorder" from the very beginning of her narrative. It is an identity she both defines herself by and seeks to escape, highlighting the complexity of her relationship with herself and to eating. A high-achieving, ambitious and gifted self is constructed at the start of the narrative and is often implicit in Martha's rhetoric. The development of her eating disorder is framed within the context of being involved in "Olympic gymnastics" and she gives this up due to her academic abilities and commitment to being "a violinist". In spite of these achievements, Martha's sense of worthlessness is pervasive throughout her account of her experiences of 'healthy' eating and she often appears as the victim of her eating disorder. This is implicit in her many references to different spells in inpatient eating disorder facilities and her tragic narrative surrounding her aversion to fruit. Not only is it deemed as too high in sugar but also as too brightly coloured and visually appealing, therefore "unnecessary".

Martha attempts to present herself as different to other eating disorder sufferers. On the whole, she avoids alluding to a fear of fat or weight gain, although this is evident on some occasions.

Instead, she provides moral justifications for her beliefs in relation to food and eating. Indeed, within these arguments she constructs a morally superior and intellectual self that serves to separate her from the canonical narratives of eating disordered women. World politics, money, ecology and the environment are frequently cited as reasons to avoid certain foods and wastage. In doing so, Martha creates an intellectual and ethical basis for her eating disorder. However, ultimately her fervent rhetoric does not succeed in being entirely convincing and she often returns to the position of victim following on from these oratories. Equally, she mentions online friendships she has made with other eating disordered women, signifying her identification with this group.

Stage four: thematic priorities

Stage four involves identifying the overarching themes within the narratives, as presented in the following section. Initially, the predominant themes that emerged across all narratives, both male and female, are described. Subsequently, dominant themes within male, and then female, narratives are given. Quotes from each of the four participants are provided throughout, demonstrative of their relationship to the themes. Six themes are presented overall, four pertaining to all four narratives and a further two for men and women. A plethora of themes surfaced within the narratives, however recurrent themes were identified as being predominant and warranted further exploration as to their meanings for the purpose of the current research. As outlined by Langridge (2007), the purpose of this stage is to seek out the major themes within the text, without losing a sense of the overall cohesive narrative.

Cross-narrative themes

Recovery journey

Although the present study did not aim to explore recovery from an eating disorder and in fact was initially aimed at those who recognised themselves to continue to have an 'unhealthy' relationship with 'healthy' eating, all four narratives could be said to have a central theme of recovery. A dominant feature of all the narratives was the journey each individual had been on in order to try and arrive at a place of increased balance. The question of temporality was key to these accounts and the narratives frequently shifted between the past and the present in an attempt to validate the recovery process. Experiences in relation to food and eating often appeared in dual form, how one was 'then' and what one is like 'now'. It is significant to note that this 'dual form' was not prompted by the researcher's questions.

> Oliver: So, like, back, back then when it was really bad…but now! A healthy meal for me now I usually have, like I've got my greens, I'll have some sort of fish. (Lines 405-406).

> James: "So, at university I was way too obsessed with organic stuff…but yeah now I just do feel more kind of, a lot more settled about it." (Lines 757-758).

> Rachael: "Well, back then it was different. Back then I was very much, I just wanted to lose weight…Now it's more about I want to be strong." (Lines 608-609).

> Martha: "I would say now, I really enjoy health, a lot of healthy food." (Line 73).

According to Elsbree (1982), all narratives feature one or more of five basic plots. One of which is 'taking a journey'. This is evident in the narratives in question. However, in spite of the rhetorical work carried out in the stories, there seem to be a plethora of contradictions to the notion of the journey to recovery evidenced in all accounts. Indeed, considering oneself

‘recovered’ remains elusive for all of the participants, although they all equally strive to present themselves as such.

The ‘healthy’ body

Keeping fit and adhering to a ‘healthy’ diet is positioned as a laudable achievement that serves to ward off the perils of chronic disease and weight gain. Inherent within this is the notion of taking responsibility for oneself. The ability to exert control over the body and achieve peak health in the process appears to be linked with an increased sense of certainty, and therefore security, in an otherwise uncontrollable world. Staying ‘healthy’ is viewed as something to be revered, which boosts narrator’s sense of self and provides them with a platform from which to judge both themselves and others. In the eyes of the narrators, the individual has sole accountability for maintaining their health and others should also strive to be as ‘healthy’ as possible. Those who do not make the same efforts are viewed as moral failures.

James and Oliver revile those who do not “stay in shape” and Martha and Rachael express their fears that they will up like their fathers, who were overweight and suffered with heart disease and diabetes. Although there is an abundance of rhetorical work carried out across all narratives on the merits of being ‘healthy’, physical appearance and adjustments to the body abound and act as the barometer for what is and is not ‘healthy’, irrespective of the possible negative consequences. For Oliver, Rachael and Martha, their interest in ‘healthy’ eating developed in response to a desire to change their bodies in some way. Martha and Rachael are prompted to consider their diets for the purposes of achieving an ideal figure for gymnastics and ballet and Oliver suddenly becomes aware of his physique whilst on holiday with a more muscular friend, of whom he is envious. Whilst James was born into an environment that placed considerable

emphasis on health foods, he is not exempt from the allure of a lean physique and expresses his desire to maintain this.

James: “I did a load of Pilates and kind of like my body did actually change quite a lot and got like, as I say now, I kind of don’t want to lose that…” (Lines 534-535).

For Oliver, physical appearance seems to be the driving force behind his desire to eat ‘healthily’ and he describes being “thin” as being his sole purpose in the past. Friends’ positive feedback in relation to his appearance served to encourage his strict eating and exercise regime and is demonstrative of how healthful practices can fail to generate concern from others. Equally, Rachael’s approach to ‘healthy’ eating is driven by her need to control her weight above all else. Although in recent years she describes being orientated towards a strong rather than a thin body shape, the rigidity of her routines around diet and exercise remain. Whilst she has shifted her focus from losing weight to maintaining weight, the element of fixation continues to thrive.

> Rachael: “I’m still thinking about food and healthy eating and keeping it correct.” (Lines 759-760).

The notion of ‘healthy’ appears to be an embodied experience that is perceived in terms of physical appearance. Practices that might be thought of as extreme or inflexible by others are not considered to be ‘unhealthy’ in any way by the narrators. Indeed, maintaining a ‘healthy’ body is positioned as making one morally superior and as something others would admire.

> Rachael: “I quite like being seen as a healthy person.” (Line 283).

James: “I want to be, yeah, like a beacon of, you know, a paragon of like healthy eating.” (Line 902).

Oliver: “It’s kind of nice. Because everyone wants to eat like me now.” (Lines 755-756).

Conversely, Martha talks the least about her body and the absence of the topic weighs heavily throughout her narrative. Her aversion to it is felt in her concerted efforts to rationalise her eating attitudes. However, having managed to eat dinner at a restaurant with her mother, she wakes up in the morning terrified of weight gain, equally as fearful of the loss of control over her body as her counterparts. Indeed, references to specific food types interleave throughout the narratives. Green vegetables are cited several times as examples of ‘safe’ foods that do not threaten weight gain, unlike sugar, which is positioned as tempting and dangerous. Its danger seems to lie in its ability to both makes one ‘fat’ and induce a loss of control during its consumption. In the case of Oliver and Martha’s narratives, the extent of their aversion to sugar stretches to fruit.

> Oliver: “Even fruit was sugary, like, ooh, you’re having fruit, it’s got a bit of sugar in it, you can’t have that extra sugar, it might affect your goals.” (Lines 402-404).

> Martha: “I thought that perhaps I should stop eating broccoli because it had a higher sugar content than others things…I went from eating an apple for breakfast to carrots and then carrots were too sweet as well so perhaps it had better be a cucumber.” (Lines 152-155).

In all accounts, being ‘healthy’ is associated with a lean physique devoid of excess flesh. The body seems to be viewed as separate from the self and as something that must be controlled, contained and honed into optimum condition. The ‘healthy’ body in the following accounts is also viewed almost exclusively as existing in dichotomy to the mind. The quest for physical health is prized over and above any mental toll that may be endured and is ultimately always associated with preventing weight gain.

Creating a sense of self

Across all narratives, narrators can be seen to construct their sense of self through the way in which they eat. Food and the process of eating are not viewed as a necessary means of survival or as a source of enjoyment and pleasure, but as a way of creating an identity. The narrators situate their commitment to a 'healthy' diet at the heart of their moral fibre and despite the similarities that can be found between the four accounts, each individual presents their attitude towards 'healthy' eating as a unique quality that serves to differentiate them from others. Although adhering to a strict diet in the name of health is often described as an exhausting and all-consuming process, it can also appear as a badge-of-honour and is considered to be a distinguishing feature of their character to be embraced. However, the fragility of the constructed 'healthy' self is revealed in the desperate consequences that are suffered by the narrators when they consume something that does not align with their healthful persona and their curated identity comes under threat. Both Rachael and Martha can be seen to describe the distress and panic they experience as a result of eating sugary or oily foods.

> Rachael: "I can get very panicky and it really does, it ties my stomach up in knots and I just don't feel good and nothing will make me feel better…I just want to curl up in a ball and go to sleep and wake up in a new day so I can start again". (Lines 466-471).

> Martha: "I find it difficult if I eat out if something is like really obviously oily, it makes me…it makes me feel dirty and kind of contaminated." (Lines 259-260).

Equally, both James and Oliver can be seen to have severe reactions to eating outside their self-imposed rules. Like Rachael, James feels the effects of his transgression for several hours.

The gravity of their responses seems to highlight the magnitude of their investment in their 'healthy' eating practices and to what extent they are tied to their sense of self, in terms of how they view both themselves and others. Veering away from this seems to cause them to feel disorientated and fearful.

> James: "I remember I bit into like, I remember it was like a Reeses (chocolate) thing or something like that and I just couldn't eat for hours. Like all the energy exploded on my tongue and I felt really awful." (Lines 550-552).

Oliver has a similarly catastrophic response to eating what he considers to be an excessive amount of nuts that lowers his mood for the rest of the day.

> Oliver: "I had like a 200g thing of cashews and it would like I have eaten a million nutellas and I'm going to die…And I would just be so depressed, just, it would, I'd just be depressed all day." (Lines 464-470).

The narrators all expressed a shattering of their self-esteem when unable to meet their impossibly high standards of diet and exercise, which culminated in a marked sense of failure. Conversely, the capacity to adhere to their self-imposed rules and routines results in an increased sense of self-worth that is bolstered by their ability to position themselves as morally superior to others as result of their dietary choices. The realisation that 'healthy' eating does not provide a universal moral framework for how each individual appraises their own inherent value is absent across the majority of narratives. Instead, the commitment to the narrators' 'healthy' eating cause is strengthened by their sense of superiority and pity for other less health conscious individuals. In this respect, they illustrate the ego-syntonic nature of their obsession.

James, in particular, can be seen to assert his position as a health connoisseur by describing himself as a “better person” for eating ‘healthily’.

> James: “You get judgmental on what, you know what other people are sort of eating and you think, phew, why are you putting that into your body?” (Lines 508-509).

Furthermore, he does not reserve his criticism of those who fail to meet his high standards.

> James: “You know I look at people handing around hobnobs and I just think that’s disgusting.” (Lines 545-546).

Oliver appears to find his sense of self through his ability to eat well and be the ‘healthy’ one amongst his friends. He talks of how unlike his peers, he never really had a particular talent to single him out as ‘special’ until he started his quest for a ‘better body’. His dedication to health and maintaining his physique provides him with an opportunity to define himself.

Oliver: “This was something I like, thought I could pursue. Whatever that was. Whatever that pursuing was. But that’s what I fell into. Being in shape. Being in shape was something I could have over my friends who were really successful at some things.” (Lines 635-639).

The prizing of being fit and healthy is also evident in Oliver’s beliefs around the positive impact of eating ‘healthy’ foods and the detrimental effects of not doing so.

> Oliver: “Unhealthy food equals to unhealthy life and unhappy life.’ (Lines 952-953).

Equally, Martha explicitly states that she enjoys the admiration that arises from being viewed as a ‘healthy’ person. From her perspective, the laudable qualities attributed to being fit and in

shape are also highly prized by others and a possible source of envy. Although there are times when she admits that her eating patterns are not quite as stable as she would like them to be, the enticement of being looked up to for her efforts spurs her on and further boosts her brittle sense of self.

> Rachael: “I quite like being seen as a healthy person, which is another reason I think why I don’t want to stop.” (Lines 282-284).

Conversely, Martha expresses a sense of shame in her acknowledgement that her self-worth is intrinsically tied into food. I wondered if this insight was particularly pertinent to her narrative owing to her numerous treatment episodes for her eating disorder?

> Martha: “I just feel…ashamed of being somebody who sees food as a rewarding thing. (Lines 621-622).

Nevertheless, in keeping with the remainder of the narratives, she is able to carve out an angle from which to salvage her sense of self in the form of her damning criticisms of ‘clean’ eating trends and their predilection for expensive gluten-free products. Within these criticisms, she can be seen to create a platform from which she can position herself as being superior and ward off her acute feelings of worthlessness.

> Martha: “And the gluten thing…and it costs a fortune!...I think that’s narcissistic. I think that’s very self-indulgent and it’s alright if you can afford to live like that and to…umm, if that’s what you want to devote your life to that’s fine but I think there are causes, which deserve more attention.” (Lines 328-331).

Although all narrators seem to portray fundamentally fragile senses of self, they counteract this throughout with the construction of a superior self that provides a buffer against the frailty of their abilities to value themselves as they are.

Contradictions

I became aware of how narrators could be seen to experience various internal conflicts throughout their stories, evident in the contradictory statements that arose during the course of the interviews. Indeed, numerous contradictions emerged, often making their arguments appear brittle and confused. I considered how this illustrated the tension that existed between how they would like to be seen, in particular in relation to the laudable qualities of 'healthy' eating and the actuality of their lived experience. Moreover, some of the viewpoints or claims that are expressed in the narratives seemed to be examples of wishful thinking in light of later revelations that occurred.

At times, narrators were well aware of their own contradictions and could acknowledge the inconsistencies within their own idiosyncratic sets of rules. Conversely, some contradictory statements only became apparent to me through the process of analysing the transcripts and reflecting on the discrepancies between certain angles that were pursued.

Oliver seems eager to distinguish his experience of disordered eating from what might be viewed as a typical approach to dieting. This is particularly pertinent in his assertion that he was never a "calorie counter". However, he does refer to calories on several occasions both in terms of knowing the specific calorie content of different foods and also commenting on his previous aspirations to limit himself to low quotas of calories per day. The juxtaposition of these claims highlights the challenges he faces in constructing a narrative that allows him to portray a version

of himself that he deems to be acceptable. Equally contradictory comments are represented in his attitude towards “indulging” in food, something he tells me he does not “ever think about”. He subsequently describes times where he has been “desperate for cake”, suggestive that indulging in forbidden foods might play on his mind more than he would care to admit. Oliver becomes caught between presenting the ‘healthy’ version of himself and his desire to honestly depict some of his struggles. Rachael expresses a similar conflict in terms of sweet treat-like foods. Like Oliver, she claims it is something she is above in some way, knowing the perils it has come to be associated with.

> Rachael: “It’s just like I don’t do sugar, and even now I don’t really do sugar.” (Lines 188-189).

However, within the same commentary, she immediately contradicts this by proclaiming that she loves “sugar” and “sweets”, which she allows herself on occasion. There appears to be a clash between what she aspires to and what she actually achieves in her ‘healthy’ approach. I considered how this could also be representative of the mental battle she faces in terms of denying herself what she craves and the misalignment of her cravings with the virtuous image she aims to cultivate. Her narrative seems to attempt to convince me as her audience of her righteous approach to eating but the contradictory aspects of her story leave a confused impression. I wondered about my role as the co-constructor of these narratives. Narrators seemed to want to convince me of their dedication to ‘healthy’ eating, as if I might be in the position of thinking less of them if they were unable to reach their own goals. Yet their admittances to transgressions or even thoughts about transgressing also seemed to serve as an example that they could still be ‘normal’ and acted as a way of defending against the notion that their eating disorders had diminished less than they would like to believe.

Both Rachael and Martha generate further contradictory ideas through their shared interest in what they deem to be evidence based and reputable 'healthy' eating websites. It is of paramount importance to them that they are seen as knowledgeable in their field and would not waste time on websites by unqualified sources who may provide dubious advice, thus placing themselves in a position of superiority. Whilst Rachael gives an impassioned speech about her preference for scientific sites, ultimately she contradicts this statement and concedes that perhaps she is less discerning than she makes out.

> Rachael: "But I do just basically read obsessively anything." (Lines 262-263).

Although Martha positions herself as someone with a great deal of knowledge in relation to food and health, this information does not seem to have a considerable impact on her choices. Ultimately, her decisions are informed by what is the least fattening option.

> Martha: "I just tend to buy fat-free; I don't know why, it's just habit I suppose. I don't cook with oils because I don't like the- or I don't use oils in dressing." (Lines 257-258).

According to Martha, she has progressed greatly in her eating from periods of time where she has been so unwell she has required hospital admissions. Whilst the fact that she is now discharged from treatment and planning on returning to her training as a nurse is indeed evidence of the achievements she has made, there are areas that remain as considerable problems for her. She continues to be averse to all sugars, including fruit, of which she is vocal. However, when she also reveals how she avoids fats and oils, her food choices are perhaps unearthed as more rigid than she would like and unfortunately suggest that contrary to her claim to be "doing really well" in terms of her diet, swathes of foods continue to be forbidden territory for her. Fruit continues to be off limits.

> Martha: “I suppose the main thing for me is that I’m eating a relatively wide range of foods, except sugars.” (Lines 227-228).

Furthermore, although Martha attempts to separate herself from other ‘healthy’ eaters whom she considers to be vacuous and indulgent in their pursuit of a “glossy” lifestyle, she is also aware of the element of hypocrisy involved in this as she concedes that she is just as capable of making considerable sacrifices to source her preferred ‘healthy’ food choice.

Martha: “I’d still probably walk miles and spend a lot of money to find something that didn’t have any sugar in it at the moment, which kind of contradicts what I’m saying a little bit.” (Lines 332-334).

Equally, in spite of her fears of processed foods and the risk of developing ill health as a result of ‘unhealthy’ eating, the contradiction in terms is apparent in her penchant for Diet Coke and her use of it as a substitute for a meal if necessary. I understood the allowance for Diet Coke and its chemical ingredients as an exemption from Martha’s rigid approach to ‘healthy’ eating owing to its zero calorie content. Ultimately, as it poses no threat to weight gain, its possible negatives are overlooked and it is ‘safe’ in spite of clearly not constituting a ‘healthy’ item.

> Martha: “I know I will end up going without or just buying a can of Diet Coke, which again, you know, Diet Coke is full of chemicals but at least not sugar!” (Lines 338-340).

I contemplated how the contradictions evident in the narratives reflected the complicated nature of each narrators’ relationship with food and eating. Each individual was the maker of his or her own idiosyncratic framework of acceptability, held up by a myriad of justifications completely unique to them. Just as Martha does not offer much in the way of explanation as to why she will

allow herself to consume the chemicals in Diet Coke, James also struggles to comprehend some of his choices that might seem at odds with his general stance on 'healthy' eating.

> James: "I did get very much into organic food at university but also I'd go out and then I'd, and then I'd have like a chicken burger you know and actually get…and then actually I didn't. You know, it wasn't very nice kind of meat and stuff like that but I was able to kind of overlook that in some ways." (Lines 161-166).

James cannot seem to make sense of his decisions in his own mind, almost as if his occasional penchant for fast food is so far removed from his 'healthy' identity that it appears as an inexplicable anomaly to him. Aware of the incongruous nature of these dietary discrepancies, it appears that he might begin to detail the side effects of such a transgression, only to quickly change his mind and deny any negative consequences. James' ability to overlook eating outside his usual routine is also in stark contrast to the damning judgments he issues to the school children he sees buying "fried chicken" at lunchtime, who he condemns for just "not making enough effort". His stance on alcohol is equally confusing. On the one hand he professes that he will drink beer "all day long" and on the other, he later describes himself as being "very very careful" about drinking and preferring to stick to clear spirits, which he finds to be "appealing" and "clean".

I repeatedly considered my role as co-producer of the narratives and their receptive audience, reflecting on how narrators might wish to be presenting themselves to me through their discourse. However, I was also struck by how narrators expressed the perplexing nature of their eating attitudes through the contradictions that emerged in their stories. It occurred to me how challenging it is for them to navigate their way through their own moral maze in relation to food and eating. In my attempts to explore their subjective experience with them, we revealed a somewhat disorientating process.

Male narratives

Pride in the physical

In contrast to female narratives, male narrators explicitly expressed fat-phobic views and pride in their abilities to cultivate an athletic physique. They were overtly fearful of fat and held contemptuous views of overweight individuals that were absent from the female narratives. Their criticisms of other people stressed the importance of individual responsibility in maintaining an optimum physique and those who did not manage to do so were painted in a pitiful light. Akin to following a 'healthy' diet, both James and Oliver viewed staying in shape as a commendable quality to possess and a further platform from which to create a sense of superiority. The ability to have a fit body is viewed by them as a symbol of success and buoys them up against any prospect of failure in the wider sense. Their disdain for people who are overweight highlights their connection between the capacity to exert control over the body and being a happy, successful person.

> Oliver: "If I hear the words McDonalds, I envision a fat guy, with like, I don't know, tracksuits coming out…." (Lines 868-870).

> Oliver: "When I hear the words like, crisps, chocolate it just makes me feel like…I don't know, lethargic, tired…" (Lines 892-894).

Building on this further, James is overtly damning of obese individuals and views their reluctance to avoid weight gain and take the same level of pride in their appearance as him as shameful and abhorrent.

James: “For some obese people I actually feel quite disgusted by them. There's like a guy in Tesco and I actually kind of like feel kind of like, he smells and I kind of feel it's quite horrid when I have to like go near him if I'm honest. Um…and I just think that like they're, you know they, like they should be slightly ashamed of themselves.” (Lines 822-827).

Falling out of line with notions of hegemonic masculinity that are averse to preoccupation with appearance, both men consider their diets extremely carefully and chastise others for eating foods that are deemed to be ‘incorrect’ and might lead to weight gain. They take immense pride in their appearance and are not hesitant to discuss this. I wondered if this signified a shift away from historical ideals where economic success was viewed as the ultimate achievement for men, irrespective of body shape. The preoccupation with slenderness, more often than not associated with women, is endemic within the male narratives. Oliver is wary of carbohydrates as he associates them with weight gain and expresses his attitude towards them in a matter of fact way, almost as if it is an obvious rule to follow for someone who cares about their physique.

Oliver: “Ooh, no carbs. Carbs equal fat. Carbs you will get fat.” (Lines 555-556).

Similarly, James criticises his friend for not watching what he eats and positions his argument as if the rules by which he abides should occur to everyone. Those who do not adhere to such rigid standards are viewed with contempt and lacking in self-respect.

James: “He’s trying to, you know, trying not to have a beer belly, it’s like, don’t drink so much beer and don’t, like, don’t eat bagels because they like, you know they just make you fat! (Lines 799-800).

Female narratives

Eating disorder as tribe

The female narratives demonstrate an attachment to having an eating disorder and both women position it as a defining characteristic. Unlike either of the male narratives, both women present themselves as individuals within a wider eating disorder community. It is akin to belonging to a tribe and in various ways they seek to simultaneously identify themselves with and detach themselves from their counterparts, dependent on the context of their discourses. The element of competition in relation to their eating disorders is visible in the stories Martha and Rachael tell. In Rachael's case, there is an undercurrent of competition with her future sister-in-law. Eating disorders are a source of common ground for them and Rachael paints a picture of them honing in on one another through their shared obsession.

> Rachael: "I actually noticed she had the same problem as me and so we've kind of, we talk about it sometimes but we have to be careful because we can trigger each other off." (Lines 549-552).

Although their shared suffering is viewed as a comfort of sorts, Rachael hints at the unspoken rivalry between them.

> Rachael: "I love her tummy. She loves my legs and we both have bits of each other that we completely want. So we compare those bits of each other, all the while really liking what the other person looks like, but not really telling them that. Just constantly comparing. And so you start to analyse what they were eating what they were doing and then you start to see if you could do it too…" (Lines 576-583).

Conversely, Martha expresses her sadness and shame at being associated with other eating disordered women and does not wish to identify with this 'tribe'. She refers to the "stigma" that eating disorder carry and described working hard over the years to untangle herself from the web of anorexia.

> Martha: "I don't want to look like that stereotype woman who has an eating disorder." (Line 182).

Nevertheless, like Rachael, she possesses the same instinct that hones in on others who exhibit similar difficulties. Martha does not seem to partake in the element of competition that Rachael finds herself in, but instead takes on a different role as an elder and educator within the eating disorder community. I wondered if this was in part due to Martha being ten-years older than Rachael and also that her eating disorder narrative appeared more severe, owing to her multiple references to inpatient admissions in the past.

> Martha: "There's a whole recovery community but to be honest I'm trying to distance myself from that because I don't think it's...I have this horrible compulsive helper thing going on." (Lines 266-268).

Martha and Rachael appear to have adopted their eating disorder as a core aspect of their identity and neither of them seems to envisage a life without it. There is a sense that they have accepted this as part of their very being and although it ebbs and flows throughout their lives, they view it as a constant in some capacity or another. Martha might dislike the negative connotations of having an eating disorder, but she also seems to consider it as an innate part of herself, which she finds mirrored in the experiences of others. Conversely, Rachael does not

express a desire to detach herself from her eating disorder. Although she has managed to achieve a greater sense of balance than previous years, she admits she is not ready to picture her life free from its control. For both women, having lived with an eating disorder for the majority of their lives, a life without this inherent aspect of themselves remains frightening and unchartered territory.

Chapter Four: Discussion

Overview

This chapter begins with the final analytical stage of critical narrative analysis, providing the opportunity to destabilise the narratives through engaging with a feminist critique of the text. Subsequently, a synthesis of the research findings is presented and considered in relation to relevant psychological theory and existing literature. The applicability of the findings to counselling psychology and the potential implications for therapeutic practice are also explored. To conclude, an evaluation of the research is offered, alongside considerations for the direction of future research and limitations of the study.

Part One: Destabilising the narrative

"Eating has become a psychological, moral, medical, aesthetic and cultural statement".

- Susie Orbach, Fat is a Feminist Issue (2016).

During the final analytical stage, the narratives are subjected to a critique through the hermeneutic of feminist theory, allowing for an additional layer of exploration and discussion. I recognise that feminist theory in itself is a broad concept incorporating a wide range of varying perspectives. For the purposes of the current research, I chose to focus on a selection of perspectives from feminist theorists who have written extensively on both eating disorders and the body in a wider capacity. The work of Susie Orbach (1993) seemed particularly pertinent in relation to offering a feminist perspective on AN, which she positions in its widest sense as a fear of food and what it can do. Expanding the argument beyond eating disorders, both Orbach

(2009; 2016) and Susan Bordo (1999; 2003) illustrate contemporary culture's troubling obsession with the body from a feminist standpoint. Bordo (1999) also offers an illuminating perspective on the male body and how feminist theory can be used in order to shape this view.

Navigating femininity

As outlined previously, Orbach (1993) has argued that AN consists of two principal processes; the denial of emotional need and the drive for thinness. Whilst the drive for thinness is the most easily identified process and might appear superficially to be the principal motivating factor in an eating disorder, it is the disavowal of emotional need and fear of experiencing emotion that could be considered to be at the core of AN. Whilst Orbach has positioned AN as the "metaphor of our time" (p.4), her feminist critique of eating disorders extends to restrictive eating practices amongst women in general, viewing AN at the far end of a continuum. In writing about the anorectic's struggle, Orbach considers the denial of emotional need that lies at the heart of starvation to be a process that is fundamentally shaped by a patriarchal society.

Femininity is comprised of three fundamental demands that continuously serve to undermine a woman's sense of self and therefore her ability to recognise and respond to her own needs Orbach (1993). These demands are that women must define themselves in relation to and through connection with the other, duly anticipate and meet other's needs and defer to them, never prioritising their own. According to Orbach, the disavowal of needs is transmitted via the mother-daughter relationship from infancy, as the message that women's' needs are somehow unacceptable and unimportant passes down from generation to generation. From this perspective, the mother cannot be blamed for a process that is essentially ingrained in the psyche of women through the sociocultural environment in which they are located. Subsequently, women learn to ignore and suppress their desires by responding to the need of

the other before their own. In doing so, they are unable to recognise their own wishes. The fostering of a fragile sense of self ensues, which flounders during adolescence when separation and individuation from the family arises and the young woman begins to navigate her way to femininity (Orbach, 1993).

Orbach's (1993) theory for the origin and development of disordered eating is reflected in the descriptions Martha and Rachael give in terms of when their difficulties began. Similarly, both of their accounts reveal how they struggled with their changing bodies in early adolescence and how their commitments to gymnastics and ballet respectively provided an arena from which they could begin to judge and compare their bodies against others. An awareness of their flaws against a backdrop of what Orbach terms as already "shaky foundations" (p. 26) leaves them feeling exposed and inadequate. The changing pubescent body is experienced as something that is outside of the young woman's control and the sense of insecurity in the self then becomes transmuted into a tangible insecurity of the body. Martha refers to the horror she experiences at becoming "fleshier", whilst Rachael describes developing an acute awareness of her body being the "wrong shape". For Rachael in particular, her eating disorder emerges during a particularly turbulent time in her life when her parents separate. Not having a language to express her distress or the space to be heard, she focuses on adjusting her body in the attempt to become the perfect daughter and "bottles up" her emotions. In her young mind, being thin is synonymous with perfection. Orbach's argument that rigid control over food and denial of hunger can be viewed metaphorically as control over and denial of unmet emotional need is evident in both women's accounts.

In addition to the acknowledgement that women have historically been viewed as an object of pleasure for men and their journey towards femininity involves experiencing the societal pressure to conform to a narrow ideal of beauty, Orbach (1993) also highlights the paradoxical

nature of women's relationship with food. She suggests that women are required to simultaneously feed others whilst denying their own desire for the same food. Food can therefore be considered to take on a symbolic status. Just as women become adept at feeding others and restraining themselves, they learn to prioritise the care of others whilst denying their own needs. Examples of this are explicit within the female narratives. Martha's desire to care for others is implicit in her wish to train as a nurse, although she remains quite unwell herself. Tragically, she explains that only by proving her worth by nursing others will she feel that she will be entitled to a "treat". Similarly, Rachael can be seen to strive to be the 'good girl', pleasing others and ignoring her own needs.

In contrast to Martha, Rachael is further down the "passage of femininity" (Orbach, 1993, p10.) as she is engaged to be married to her boyfriend and is preparing for their marital home. Nevertheless, she too finds her purpose in caring for others and frequently refers to the joy she finds in cooking meals and cakes for her fiancé that she will never eat herself. This directly reflects Orbach's suggestion that women "must hold back the their desires for the cakes they bake others" (p.41), as they comply with a societal message to deprive and deny, whilst viewing food as an enemy to be overcome. Both women exemplify Orbach's view that women are psychologically and culturally primed for a life in the service of others whilst their own needs remained buried. Although Rachael and Martha believe they have progressed from their more traditionally recognised eating disorder paths to a place of 'healthy' eating, their diets remain restricted and they continue to engage in a relentless battle they can never seem to win.

In terms of the body, Orbach (1993) highlights how problematic achieving a stable body image is for women, as a woman's perception and experience of herself is shaped by cultural factors that extend beyond her. She suggests that women's bodies provide their foundation for self-concept and therefore their sense of self mirrors how acceptable or unacceptable their body is at any

given moment. Essentially, a woman's body shape can remain static whilst being on the receiving end of a myriad of projected feelings. Embodying the new glorification of an athletic rather thin female body type, Rachael details how her attitude towards her body has improved since she took up weight training and her focus is now on being "strong". However, unfortunately this positive outlook appears to be brittle concept as deviation from her diet can see her rapidly return to self-loathing or ending the day "bloated" can leave her feeling that she has "failed". In these instances, how Rachael perceives her body from one day to the next alters how she experiences herself. When she deems her body to more acceptable, her mood and sense of self are briefly elevated. However, the slightest threat to this is accompanied by a crashing fall that sees her plummet into failure and worthlessness. Conversely, how women feel about themselves is also reflected in how they feel about their bodies, adding to the pervasive sense of instability that is heightened in eating disordered individuals.

In contrast, Martha's account differs in its absence of references to her body and I considered how perhaps this reflected the complexity of her relationship to it. Her narrative simultaneously describes her desperate attempts at controlling her body through what she does and does not eat, whilst also avoiding any allusion to it. I reflected how these oppositional entities mirrored the dual nature of thinness that Orbach (1993) has observed to be a "dominant motif for all anorectic women" (p.66). This 'dominant motif' is explained as the concurrent representation of thinness as both ultra-feminine and rejecting of femininity, creating oppositional forces that strive to negotiate an individual's identity. Similarly, Martha is at once consumed with the ultra-feminine in her efforts for thinness and rejecting of this in her refusal to acknowledge her own body. Furthermore, her narrative frequently includes impassioned references to the plight of the environment, global economics and concerns for others with eating disorders. As Orbach notes, the anorectic woman can easily identify the needs of others and champion their rights whilst failing to acknowledge her own or allowing herself to respond to them.

Hegemonic masculinity

Thomas (2002) has suggested that male bodies have a valuable contribution to make to feminist theory. The vulnerability of the male body is repressed in order to allow for the social construction of heteronormaltive masculinity and these unwanted aspects, synonymous with weakness, are then displaced onto the feminine (Thomas, 2002). Bordo (2003) asserts that viewed within a feminist framework, the majority of men, alongside women, are equally embedded within sociocultural practices that they did not themselves create and by which they are often tyrannised. Considering attitudes towards the male body in contemporary society, Bordo (1999) positions consumer capitalism as the driving force behind an increasing male preoccupation with appearance, rather than women's changing expectations over time. From this perspective, men's bodies also become projects for improvement with the revival of the Greek idea that a good body equals a good mind, Bordo (1999). As Oliver's narrative suggests, he pushes himself to "get in better shape" and "be better".

Bordo (2003) posits the shape and size of one's body has become increasingly synonymous with the notion of internal and personal order, so that physicality becomes a symbol of the individual's moral, emotional and spiritual state. The muscular body then demonstrates to the outside world that one cares about one's appearance and suggests self-discipline and "control over infantile impulse" (p.195). Conversely, fat becomes associated with the inability to control oneself and is viewed as a marker of inherent laziness and moral failure (Bordo, 2003). Oliver and James' accounts both echo this by illustrating their disdain for fat people, which is accompanied by references to the inferior economic, social and moral status of such individuals. In light of this, I wondered to what extent a fear of the possibility of facing a similar fate propelled

their efforts to maintain a slim and athletic physique, without which they would be subject to the same damning judgments of moral ineptitude they reserved for others?

Faced with the duality of the demands of contemporary masculinity, the male narrators struggle to strike a balance between cultivating their bodies whilst avoiding being seen to have a feminine preoccupation with appearance. Bordo (1999; 2003) has alluded to the double bind both men and women find themselves in, in their attempts to navigate socially constructed notions of masculinity and femininity. The muscular male physique has emerged as the "aesthetic norm" (Bordo, 1999; p.185) for both heterosexual and homosexual men and Oliver's narrative reflects this notion. He explains how he has been influenced by advertisements of men's bodies that he understands as being presented as "normal", even when he is aware that the images he views are likely to have been subject to digital manipulation. Magazines about "muscle and fitness" featuring articles on "how to get a six pack in a month" entice him and he voices his concerns that if he fails to meet these ideals he risks others perceiving him negatively.

In order to counteract the double bind required by the ideals of masculinity, Oliver and James exert their manliness by repeated allusions to their maleness. James might take a great sense of pride in maintaining his physique and scorn those who do not but he is also keen to position himself as a "meat-eater" and capable of drinking beer for several hours with other men. Equally, whilst Oliver's obsession with 'healthy' eating sees him become dangerously underweight, his narrative is peppered with references to "muscle", "fitness" and his "chest and abs". When he finds himself in an emaciated state, his goal continues to be one of muscle and physical strength. Unlike women who attempt to shrink themselves out of a fear taking up space, both literally and metaphorically, men are encouraged to be stronger, asserting their authority in their domain and concealing any signs of weakness. Hinting at the avoidance of emotional vulnerability and not wanting his masculinity to come into question, Oliver comments how he

was “obviously” not going to confess he had an eating disorder to his personal trainer. Positioning themselves as physically fit and in prime shape seems to be of importance to both male narrators. Albeit unconsciously, their stories illustrate their need to be associated with physical strength that lies at the heart of hegemonic ideals of masculinity, irrespective of the cost to their psychological health. Subverting what Chernin (1981) has referred to as the ‘tyranny of slenderness’, the male narratives display what Gill, Henwood and Mclean (2000) term the ‘tyranny of the six-pack’.

Part Two: Synthesis and discussion

Synthesis of narratives

The present study intended to explore the ways in which people positioned themselves in relation to their ‘healthy’ eating attitudes and the meaning they attributed to such practices through the process of narrative construction. Squire (2013) alerts us to the benefits of experience-centred narrative research that allows for a hermeneutic approach to narrative analysis, with the aim to deepening our understanding of the subject in question. Personal narratives, as presented in this case, usually incorporate a temporal sequence of events that are definitively human, illustrate transformation of some kind and involve the development and articulation of meaning (Squire, 2013). The focus of the current work was very much aimed at trying to illuminate how the narrators understood their experiences and how they made sense of this through the stories they told.

Moving beyond a framework of pure phenomenology, employing CNA enabled me to pay particular attention to the sociocultural locations of the narratives produced and question these further. Whilst this made for a piece of work I have found to be personally enriching, it also

provided the added complexity of an almost overwhelming range of perspectives. This presented a challenge in terms of synthesising the findings. I ensured to return to my principal motivation throughout this reiterative process, which was to privilege the voice of participants in line with the phenomenological nature of the work, as advocated by Langdridge (2007). Wherever possible, I have attempted to convey my understanding of the narrator's perspectives, as well as offering an alternative analytic lens through which to view the narratives. That being said, it is also important to consider how a psychological framework undoubtedly shaped my understanding of the stories being told to me.

The narratives in the current work were viewed in terms of their capacity to illuminate the experiences of the narrators in order to further understand 'unhealthy' attitudes towards 'healthy' eating, rather than to explain why they might develop. However, such is the nature of narrative research, that in telling their stories, narrators presented coherent sequenced accounts of the onset and development of their eating difficulties and ever evolving attitudes towards food over time. This seemed to echo Squire's (2013) assertion that narratives are indeed an "essential means of human sense-making"(p.50). In line with what Bruner (1990) has described as humans' innate affinity with telling and understanding stories, I reflected how forthcoming the narrators were with their stories and how in many ways they seemed eager to have the opportunity to tell them. In particular, before starting the interview process, Oliver expressed his enthusiasm for participating in the research, as he hoped that his contribution would help to increase other's awareness about the unseen dangers of 'healthy' eating habits. As MacIntyre (1984) has suggested, all stories act as morality tales in one capacity or another.

McAdams (2006) proposes that identities are shaped by the stories we tell about ourselves, furthermore these stories are either presented as narratives of redemption or contamination. The redemptive tale is one in which obstacles are overcome and where we can witness triumph over

adversity and create a more positive ending. In this respect, redemptive narratives are fundamental to our process of meaning making and have positive implications for psychological wellbeing (McAdams, 2006). Conversely, McAdams suggests that contamination narratives tell stories that go from good to bad and are likely to consist of vicious circular plots that entrap the narrator. It is therefore unsurprising that we have a predisposition towards redemptive narratives and that they have a pivotal role to play in terms of how we understand our lives and give meaning to them.

Narrators in the current work can all be seen to present what might be termed as redemptive narratives. Their collective stories attempted to portray challenging experiences that had improved over time, giving them the opportunity to construct a more positive outlook for the future. Oliver, Martha and Rachael told stories of recovery from disordered eating that saw them take flight from troubled pasts and attempt to create a more optimistic outlook for the future, with varying degrees of success. Equally, whilst James did not tell a tale of eating disorder recovery, he presented his story as a journey towards a place of increased balance, in contrast to his previous eating attitudes, which he deemed to be more “obsessional”.

Throughout the analytic process, I was aware of how important it seemed to narrators to tell a redemptive tale and I considered my role as both co-constructor of the narratives and as their receptive audience. Within the narratives were sometimes dramatic accounts of the extent of the distress participants had suffered as a result of their desperation to eat the “right” food and control their bodies. At times these made for bleak stories and I wondered if presenting these past experiences alongside references to their reformed ways served to protect them from returning to the misery of before and as a means of projecting them into a brighter future. In this respect, the redemptive narratives served as a protective factor for the narrators and perhaps accounts for the repeated rhetoric of justification that appeared across all narratives.

All of the narrators appeared to be heavily invested in their notion of the tale of redemption, which perhaps enabled them to lay the foundations for the rhetoric of justification that was often implicit with the accounts. Salzer (1998) has referred to how defending narratives exist as a means of justifying actions, particularly if criticism is anticipated or feared. Although I found myself wanting to invest in these positive renditions of overcoming adversity, or even just establishing a greater sense of balance, as in James' case, it was difficult to overlook the sense of uncertainty and insecurity that lingered in the stories. Undeniably, the narrators had made significant achievements in terms of addressing their eating disorders and relaxing their rigid attitudes towards diet. However ultimately they do not seem convincing and they can be seen to acknowledge this to varying degrees. McAdams (2006) points out that in spite of their many positive attributes, sometimes redemptive narratives fail to succeed but nonetheless can provide important insights into the way we view ourselves and the world around us.

In order to allow for the creation of a redemptive narrative (McAdams, 2006), the majority of the stories being told to me featured a 'turning point', from where things started to improve. In the cases of Oliver, Rachael and Martha, they all described what might be deemed as 'low points', which galvinised them to make positive changes in terms of their eating habits and how they cared for themselves. The ability to recognise the extent of their misery and the toll on their physical health as a result of the relentless pursuit to eat 'correctly', or achieve a certain body shape, paved the way for narrators to construct a more positive identity. Becoming so unwell then allowed them to reposition themselves as 'survivors', rather than 'victims'. An obsession with 'healthy' eating was then presented as an obstacle that had managed to be overcome.

Turning points in narratives provide further opportunities for individuals to construct identities and generate meaning-making from their experiences, especially when such experiences may

have been challenging or traumatic (McAdams, 2001). In contrast, James' story did not employ a turning point in the same manner as the remainder of the narratives. As he had never suffered from a recognised eating disorder or had been so impaired by his eating attitudes that he had been prompted to seek psychological intervention, he did not present a particular 'low point' that generated change. Conversely, his turning point is when he leaves home and goes to university, marking the start of his dedication to 'healthy' eating and a significant event in the construction of his identity as an "epicure". Across all accounts, certain events are presented as opportunities for positive change, enabling narrators to provide a coherent structure and make sense of their experiences.

Whilst it is imperative to recognise that the narratives reflect the lived experiences and perspectives of the narrators, it is also important to consider how narrative is "intrinsically social to some extent" (Squire, 2013, p.59). Building on the notion that individuals draw on dominant cultural discourses in order to shape and make sense of their experiences (Willig, 2003), I was also interested in how broader sociocultural narratives were reflected in the stories being told to me. Male narrators repeatedly defended their eating attitudes by emphasising the importance of "being in shape". I noted how both James and Oliver used the exact same choice of words in these instances and reflected how the term 'to be in shape' refers explicitly to one's external physical appearance, suggestive of the societal pressure they feel to maintain their physiques. The justifications they employed in order to defend their practices seemed to be positioned as responses to the cultural demands of masculinity. As Josselson (2004) suggests, interpretation in narrative research may also involve considering implicit meanings that lie beneath the surface of what is being depicted.

Expanding on the rhetoric of justification across all narratives, narrators frequently positioned their dedication to 'healthy' eating as a force of good. Presenting themselves as 'good' people

was not limited to the ability to avoid becoming ‘fat’, but also as a responsible citizen in some cases. Avid online research into health, ethical considerations of animal produce and the effect on the environment emerged as further rationale for an invested interest in ‘healthy’ eating. I wondered if by doing this, narrators were attempting to prove their worth to me? Arguments that involved moral and ethical considerations, as well as decisions taken in the name of ‘health’ and wellness, served to counteract the narratives surrounding weight gain and a fear of fat, which were not accompanied by the same sense of pride. Allegiance to a ‘healthy’ lifestyle provided narrators with the opportunity to reflect the perceived morality that has been seen to accompany a commitment to taking responsibility for ‘wellness’ (Fisher, 2016). Equally, Orbach (2016) has noted how eating certain foods has become akin to holiness and consuming in this fashion is to “accord oneself with a sense of goodness” (p.xiii). The need to be admired seemed to be paramount to this argument.

Contrariwise, narrators shared their frustrations with societal demands for perfection and positioned themselves as victims at the mercy of a manipulative media. Although they were often aware that the images of physical perfection and idealistic ‘healthy’ lifestyles they were presented with were often nothing more than unattainable illusions, they were not able to escape from the grasp of these aspirational fantasies. This further provided evidence of how narratives inherently reflect the sociocultural location in which they are situated (Salzer, 1998). Narrators often expressed their distress at being slaves to the relentless pursuit of self-improvement through diet and exercise, yet also presented themselves as intrinsically attached to distorted ideals. Understandably, this left them feeling trapped. Frosh (2007) has observed how we find ourselves in conflicting societal discourses, leaving us feeling torn and fragmented. Narrators implied that they were encouraged to strive for self-improvement and optimum ‘health’ but were also expected to do so with ease and enjoyment, not betraying the undercurrent of sacrifice or obsession that so often tormented them.

Martha mocked the “glossy lifestyle” sold to her by ‘health’ food bloggers, but the comic tone was underpinned by the tragedy that has beset her whist struggling to overcome her eating disorder. I interpreted this to be an example of the denial of both her physical and emotional needs. However, I also shared her skepticism in relation to the abundance of ‘healthy’ eating celebrities and was aware how the narratives presented to me seemed to simultaneously reflect narrator’s lived experiences and the cultural ground in which we are all embedded. Squire (2000) suggests that both researchers and research participants are concurrently cultural critics and cultural performers. Throughout the research process I attempted to hold this in mind and consider my role as co-constructor of these narratives and how my own views might have helped to shape the data that was generated. It is likely that by having chosen to research the topic at hand, narrators might have automatically viewed me as having taken a critical stance on the current vogue for ‘health’ and wellness but also as someone who shared in their interests.

Controlling the body

The quest to achieve optimum health was positioned as a laudable achievement by all the narrators who contributed to the present study. However, as the narratives revealed, this quest often came at a high price. In line with previous research that has indicated a fixation on a ‘healthy’ diet can result in a significant impairment to quality of life (Zamora et al., 2005), the current research reflected similarly damaging experiences, even if less extreme. As the only participant not to have experienced an eating disorder or suffered from a detrimental effect on his physical health as a result of his diet, James’ account still acknowledged the negative impact of his eating attitudes on his personal relationships. His narrative then reconvened alongside the remainder of the accounts in expressing a strong desire to avoid weight gain and exert control over his body. Remaining thin, or at least free of any excess flesh, was highly prized by all narrators.

The purpose of the current work was not to ascertain whether or not the participants met the proposed diagnostic criteria for ON, but to look more broadly at the experience of being preoccupied with 'healthy' eating, using such criteria as a guiding framework. In contrast to previous literature on ON, the present study did not align with the assertion that shape and weight concerns are absent in those with a fanatical approach to 'healthy' eating (Bratman & Knight, 2000; Koven & Abry, 2015). Conversely, the present study supported earlier research that indicated ON is associated with body image concern and disordered eating (Brytek-Matera, Donini, Krupa, Poggiogalle & Hay, 2016). Bearing in mind Bordo's (2003) view that eating disorders can only flourish in a certain environment, this was not a surprising result. I reflected on the pervasive reach of the thin/muscly body ideal in the Western world and considered how if one is susceptible to the constructed notion of optimum 'health', it might be unlikely that the same individual would remain immune to the pressures of an idealised body shape. The 'healthy' body after all, is not synonymous with being fat.

As outlined earlier, the notion that ON is distinguishable from AN by its marked absence of shape and weight related concerns has been supported with findings from medical case studies, (Park et al., 2011; Saddichha et al., 2012; Moroze et al., 2015). However, at the heart of this still lies an overwhelming desire to gain control over the body and mediate anxiety. Martha's story of her desperate bid to reduce her salt intake resulting in "dangerously low sodium levels" and Oliver's depiction of himself pushing himself to breaking point in the gym illustrate the extreme lengths narrators go to in order to control their bodies through diet and exercise. Orbach (2009) has argued that "body anxiety is as fundamental as emotional anxiety" (p.142) and asserts that the ability to recognise this is imperative to easing psychological distress. Continuing along this vein, Orbach further suggests that in spite of successful attempts to challenge many of the binaries that have previously placed constraints on issues of race, sex and class, the body

continues to be split into ‘good’ or ‘bad’. The good body is one that is lean and the bad is one that is fat. Success therefore becomes inextricably linked with the ability to control one’s body.

More recently, Dunn and Bratman (2016) have proposed a new set of diagnostic criteria for ON, in light of the building body of literature surrounding the subject. Whilst they previously emphasised the lack of weight and shape related concerns in the phenomenon, their latest suggestion cites positive body image being excessively reliant on self-defined eating practices as a valid criterion. However, as the current research demonstrates, if positive body image is reliant on adherence to a certain diet, shape and weight is likely to play a fundamental role in this. Controlling one’s weight and paying excessive attention to diet can both be viewed as a means of self-improvement. Inherent within this process is the underlying suggestion that without such interventions one is not enough.

In response to the increasing prevalence of AN and the ever-waxing influence of the diet and beauty industry, Orbach (1993) previously observed that the contentment the anorectic wishes to arrive at through thinness remains elusive. Later work has continued to reflect this relentless pursuit beyond AN to incorporate all aspects of what might be termed as the ‘self-improvement’ industry (Bordo, 1999; Dworkin & Wachs, 2009; Orbach, 2009). Equally, I would argue that the narrative accounts presented in the current work reflect a similar struggle. Whilst the narrators strive for their goal of optimal health, fitness and thinness, satisfaction ultimately evades them. Indeed, as the health and wellness industry has evolved as an ever more lucrative commodity, it becomes increasingly idealistic and garnering a perfect state of health is revealed as impossible (Fisher, 2016).

Creating a sense of self

As I returned to the texts on multiple occasions throughout the analytic process, I became aware of the fragile sense of self that seemed to pervade the narratives. The justifications narrators repeatedly returned to in order to defend their attitudes towards 'healthy' eating appeared, in part, to serve as persuasive arguments. At times, I felt that narrators were trying to convince me of the merits of being 'healthy'. Beneath the surface of this rhetoric, seemed to be an attempt to win over my admiration and respect for their cause. Their approach to food and diet seemed to be so intrinsic to shaping their identities and creating a sense of self that the prospect of their cause being seen as disingenuous seemed unbearable. The attitudes towards 'healthy' eating expressed by narrators were constructed in such a manner as to form their core sense self and provide them with a base from which to shape their identities. The extent of this is highlighted by Oliver's assertion that his health-orientated lifestyle is his "personality". There is no allusion to the essence of the person behind this judiciously created persona. Indeed, the physical body is represented as the entirety of the self.

Narrators conveyed feeling proud of their extensive knowledge of 'healthy' foods and ability to appear to adhere to a coveted diet. The sense of self they managed to construct through this was often positioned as being a defining feature. Rachael, James and Oliver all shared enjoyment at feeling that others admired them for this aspect of themselves and liked being seen as 'healthy' people. An understanding that this carefully constructed identity was not so much unique to them but a reflection of their absorption and internalisation of a sociocultural ideal was absent. Vandenbos (2006) has described identity as a collection of psychological and physical characteristics that are unique to a particular individual, whilst a sense of self is defined as the experience of identity and uniqueness. However, the identities that emerged in the narratives presented to me seemed to spring from unstable foundations. This resulted in a struggle to navigate towards a solid, if not, unique experience of self. This finding further echoes Orbach's (2009) assertion that the body and how it is managed has become a central focus of

discourse surrounding self-created identity. In these instances, identity is formed by borrowing from and investing in available social constructs.

The role of the self has previously been considered to be pivotal in the development and maintenance of eating disorders (Sands, 1991; Strober, 1991; Reindl, 2001). In psychodynamic terms, eating disorders have been referred to as "disorders of the self" Sands (1991,p.35), as they are thought to develop as a result of a chronic disturbance between a child and its caregiving environment. Whilst it is not within the scope or intentions of the current work to hypothesise as to the origins of the eating disorders or eating attitudes of the participants or to attempt offer a psychological formulation of their experiences, I reflected on the fragility of the sense of self that came across in the narratives and to what extent it seemed to underpin the stories being told to me. Narrators all described experiences during their formative years in childhood and adolescence that left them with feelings of inadequacy and of being deficient in some way. This is evident in James' realisation that being a vegetarian excluded him from the "meat world", Oliver's negative comparison to his friend's athletic physique and Rachael and Martha's developing bodies that pushed them outside of balletic and gymnastic ideals. Such experiences appeared as pivotal moments in the narrators' capacity to feel that they were 'enough' and from where sprang a quest for external sources of validation. I interpreted this sensitivity to disappointments and slights as an indicator of a fragile self-esteem, as outlined by Kohut and Wolf (1978). Conversely, Kohut and Wolf (1978) suggest that a strong sense of self provides a base from which various successes or failures can be withstood.

In her extensive exploration of women's accounts of recovering from bulimia nervosa, Reindl (2001) refers to the importance of a sense of self. This concept is presented as sharing some similarities with the existing psychological theory of the self (Kohut, 1971; 1977) but is essentially concerned with the embodied experience of oneself, described as "the activity of

sensing" (Reindl, 2001, p.11). Reindl observed how self-experience is sensed through an intentional and conscious process, which involves the capacity to turn one's focus inward in order to consult one's own experience. At its core, she explains how sensing the self is a matter of being attuned to one's subjective experience and of being able to identify with such an experience "with mind, body and spirit" (p.12). In addition to developing the capacity to consult inwardly, Reindl stresses the importance of being able to both know one's subjective experience and trust it. The contradictions that weaved throughout all of the narratives, often giving the accounts a disorientating feel, struck me as being examples of narrators' struggles to sense their own experience. They frequently seemed confused as to their own positions in the world and having strived to use 'healthy' eating as means of constructing an identity and a sense of self, this too appeared to be fragile. The ability to consult inwardly, as Reindl advocates, seemed to be greatly compromised, due to their lack of trust in their own experience. Without such a capacity, external factors, such as body shape and diet, served as their compass for navigating their self-experience. Moreover, an excessive focus on these aspects of themselves seemed to stunt any possible development of a more authentic self.

Zerbe (2015) has suggested that restriction, over-exercising and the quest for physical perfection can be understood as a false self phenomenon. The psychoanalyst and paediatrican D.W. Winnicott proposed the idea of a false self that limits the opportunity for the development of a true self. The function of the false self is to hide the true self, by becoming compliant with the demands of the environment (Winnicott, 1960). In essence, the false self is a defense against the vulnerability of the true self. Orbach (2009) explains how rather than being considered as inauthentic, the notion of the false self refers instead to the overdevelopment of particular elements of the self, at the expense of others. As a result, the potential to explore the true self does not arise. Therefore, eating disorders and obsessive eating practices can be viewed in terms of representing a false self that is shaped by the expectations of the environment. I

understood narrators allegiance to their eating attitudes as both a means of creating a sense of self and as a way of masking the opportunity to explore a more authentic version of themselves.

The fragility of what might be viewed as a false self was illustrated in the narrators' descriptions of their reactions to their dietary transgressions. Narrators expressed acute feelings of guilt when they either ate too much or ate something they perceived to be 'unhealthy'. In these instances it seemed that their very sense of self was under threat. Bratman & Knight (2000) identified disproportionate guilt in the face of dietary transgressions as a key aspect of ON and the current research supported this claim. However, the origins of this guilt have not previously been expanded on further. Looking at eating disorders from the perspective of the development of a protective false self that manifests in the creation of a 'healthy' identity can further illuminate our understanding into individuals' investment in such practices, in spite of the negative consequences.

Men: Male pride

Chernin (1983) posits that society conditions women to dislike and mistrust their bodies, whilst men are socialised to take pride in theirs. However, taken from a social constructionist perspective, this can also serve as an example of the expectations of a socially constructed masculinity. Previous literature has indicated that men can use the development of an athletic physique as a means of shaping their masculine identities (Mischkind, Rodin, Silberstein & Striegel-Moore, 1986; Pope at al., 2000). In this respect, the cultivated male body can become a source of pride and a symbol of masculine ideals, as reflected in the current work. Pride in the physical is attributed to the male narratives and the men can be seen to grant themselves a superior social status through their efforts to maintain an athletic physique via diet and exercise. This is in contrast to the female narratives that exude self-criticism and demonstrate solidarity

with other eating disordered women. The common ground for the women is not their pride in achieving a desired body shape but a relentless dissatisfaction with themselves, largely measured by their ability or inability to control their appetite.

Pope et al. (2000) recognised that men have become increasingly preoccupied with their bodies and weight in recent years. Moreover, whilst men might restrict their eating alongside engaging in exercise, they are unlikely to identify this as a means of controlling or losing weight (Drewnowski, Kurth & Krahn, 1995). James and Oliver repeatedly referred to physical activity and its role of keeping them "in shape". This is consistent with previous findings that have indicated how men in contemporary society locate a vast proportion of their masculine identity in the ability to reduce body fat and improve physical musculature (Drummond, 1996; 1999; 2002; Pope at al., 2000). Further qualitative research into the experiences of men with eating disorders has also supported this by revealing how efforts to improve physical appearance are viewed as attempts to alleviate conflicts in identity (Robinson, Mountford & Sperlinger, 2012). Additionally, the male narratives in the present study reflected an aversion to being associated with the 'feminine' realm of dieting. These findings echo Drummond's (2002) research that explored the experiences of eight men with an eating disorders and revealed how dieting and disordered eating were considered to be a feminine phenomenon that should not affect men.

In contrast to female narratives, male narratives expressed great pride in being able to control their bodies and maintain a desirable physique. Not only has cultivating a fit body enabled them to successfully navigate the formation of a masculine identity, it has also provided them with a sense of achievement. Essentially, they pride themselves in having won a battle against fat and can then chastise others who have failed to do the same. Being overweight is deemed to be undesirable and unattractive in Western society (Tiggeman & Rothblum, 1988). Rothblum (1992) has outlined the widely held belief that fatness is associated with poverty, as it is an indicator of

a lack of education around nutrition and the inability to afford or exercise healthy food. These ideas are evident in the stories James and Oliver tell. Extending this further, Orbach (2009) observes how adhering to a certain diet and cultivating a desirable body shape has become a means of indicating ones membership to modernity, whilst failing to meet these coveted criteria is associated with rejection, shame and fear. In contemporary society, being 'in shape' is therefore not only desirable but a measure of the moral worth of a person (Featherstone, 1991).

Women: Friend and foe

As observed earlier, Chernin (1983) has referred to the 'tyranny of slenderness' that women in the Western world are subject to and considers how submitting to this societal demand diminishes women's growth and expression, in both a social and physical context. Orbach (2009) has highlighted how for girls and women in particular, body preoccupation has become so second nature as to be almost invisible. Body dissatisfaction is the norm and therefore attempts to manipulate the body are viewed as natural. The constant battle to avoid weight gain is therefore associated as an intrinsic part of being a woman and identified as a universal female experience. In the current work, female narratives expressed a sense of solidarity with other eating disordered women that served to unify them. Having experienced the misery of several years of disordered eating, they described a feeling of kinship towards other women with similar struggles. In doing so, they seemed to acknowledge the notion of belonging to an inner-circle of women with eating disorders, with whom they could identify.

This finding supports previous research into social identities amongst women with eating disorders that revealed eating disordered women identified themselves as being part of an 'in-group' (Ison & Kent, 2010). Belonging to a tribe, as expressed by the female narrators in the present study, was considered to be a positive feature of having an eating disorder. In essence,

they derived their sense of self through identifying with others afflicted by the same troubles. Indeed, affiliation with other eating disordered individuals may lead to the creation of a positive identity derived from having an eating disorder, which has the potential to contribute to resistance to treatment or ambivalence around change (Giles, 2006; Ison & Kent, 2010). This builds on Serpell, Treasure, Teasdale and Sullivan (1999) and Nordbo, Espeset, Gulliksen, Skarderud and Holte's (2006) suggestion that acknowledging aspects of eating disorders that are highly valued by individuals is imperative for effective psychological treatments. Therefore, the feeling of belonging to a group may serve as a valued component for some individuals.

In keeping with female narrators' allegiance to their eating disorder, the health and wellness craze acted as a means of providing a more legitimate avenue for their obsessive stance on food. Notably, both women positioned themselves as being in recovery from an eating disorder, whilst also using the eating disorder as a means of shaping their identity. It remained an ever-present feature of their lives. I wondered whether a fixation on 'healthy' eating could be viewed as a stepping-stone in the recovery process, or merely a side step? Martha and Rachael's narratives described their move away the more destructive eating disordered behaviours of their pasts, yet their stories implied that their fixations on food continued to dominate their thoughts. Furthermore, food and diet remained their primary means of self-evaluation. Whilst orthorexic tendencies have been associated with lower levels of eating pathology in a sample of women engaged with an eating disorder service (Brytek-Matera et al., 2015), research has also indicated that ON symptoms in those in recovery increase over time (Segura-Garcia et al., 2015). Deciphering whether a commitment to 'healthy' eating in those attempting to recover from an eating disorder can be viewed as beneficial or not poses a challenge.

Exploring the shift from AN to ON further, an invested interest in being 'healthy' and maintaining a 'fit' body were presented as a force for good. Unlike total starvation, being 'healthy' was

viewed as socially acceptable and more digestible for others. Implicit in the discourse around 'health' is the assertion that one is not 'ill'. A turning point for Rachael in the story of her eating disorder is her switch from idealising a 'skinny' to a 'fit' body. Bearing more resemblance to the male narratives, she asserted how important exercise was for her and how she was increasingly interested in gaining strength through building muscle. This echoes Dworkin and Wachs' (2009) research signifying the migration from a traditional 'thin' body ideal towards a more athletic physique. However, similar to her past experience of an eating disorder, Rachael's newly packaged approach to 'health' and 'fitness' continued to tantalise her with the same promises of satisfaction and perfection that never delivered. In spite of this, she remained dedicated to these pursuits and championed their benefits.

Despite the many negative consequences, ultimately Martha and Rachael remained tightly bound to their eating disorders. Sands (1991) has suggested that eating disorders come to be viewed as omnipotent in their capacity to mediate a number of distressing emotional states, such as shame, anger and depression. As a result, rituals surrounding food and eating come to represent a trusted self-object for the individual and are therefore ardently defended when challenged (Sands, 1991). The women's allegiance to their idiosyncratic attitudes towards 'healthy' eating was palpable throughout their narratives. They remained entrenched in their rituals. Whilst both of them professed to want to be free from their eating disorders, it seemed difficult for them to contemplate creating a life and an identity for themselves free from both its constraints and support.

Health as culturally constituted

Although sociocultural factors may not be the sole driving force behind the development of eating disorders, it would be naïve to ignore the pivotal role they play in shaping what essentially

emerges as an attempt to manage emotional distress with deeply destructive consequences. Whilst I acknowledge the small sample featured in the present research cannot possibly provide grounds for generalisability of the findings, it is worth observing that the four narrators were all relatively young with ages ranging from 19 to 36. It is possible that this is a reflection of the current vogue for 'healthy' eating, with younger generations perhaps more susceptible to the influence of trends. The youngest narrator, Oliver, was the only participant to describe a descent into disordered eating directly as a result of an attempt to become more 'healthy'. This occurred during adolescence, a period in life where identities are formed and when eating disorders are likely to develop (Ogden, 2003). Oliver's story appeared at times to provide a cautionary tale against falling into the trappings of the 'healthy' lifestyle extolled by today's media.

Alternatively, Rachael and Martha developed an increased focus on 'healthy' eating that seemed to offer an alternative pathway along their attempted journeys to recovery. The emergence of this 'pathway' does seem to be a new phenomenon and therefore is likely to be supported by a certain sociocultural environment that welcomes its development. As mentioned earlier, additional research has pointed to this newly observed pathway to recovery (Brytek-Matera et al., 2015; Segura-Garcia et al., 2015). Conversely, although James grew up with an entrenched set of beliefs in relation to 'healthy' eating, it was only when he embarked upon his time at university and recognised 'healthy' eating could be "cool" that he regained his interest in it. Without this cultural affirmation, it might have bypassed him. Therefore, all narratives explored in the present study reflected broader sociocultural discourses around the benefits of health-promoting practices, illustrating the increase in self-surveillance that is associated with being 'healthy' (Crawford, 2004) and the sense of moral superiority that can accompany this (Donini et al., 2004).

Implications for counselling psychology and therapeutic practice

Serpell et al. (1998) have suggested that cognitive therapies for the treatment of AN have largely focused on the influence of external positive reinforcement in the maintenance of the disorder, such as initial positive feedback from others or increased care and attention from loved ones. However, they suggest this might be at the expense of considering the fundamental role of internal reinforcements, such as a sense of achievement and superiority over others at being able to master a restrictive diet (Serpell et al., 1998). In the case of the present study, 'healthy' eating attitudes have equally been revealed as being highly prized. Furthermore, they provide a platform from which notions of moral superiority can be projected to a largely receptive audience. Therefore, paying attention to the role of client's highly valued aspects of an eating disorder and their beliefs around 'healthy' eating is likely to play an important part in providing a meaningful approach to psychological therapy to address such difficulties.

To date, there is no clear evidence for a superior treatment model for AN (Carter et al. 2010), and although it has been suggested that ON may be addressed with CBT (Koven & Abry, 2015), there is no research to demonstrate this. Furthermore, as Koven and Abry (2015) have drawn many parallels between ON and AN, we might expect them to share similar therapeutic challenges. Arguably, the complexities inherent in orthorexic presentations, as outlined by the current study, might merit a more integrative approach to therapy that can account for the multifaceted nature of ON. Counselling psychology's emphasis on subjective experience and a holistic approach to therapeutic interventions is well placed to incorporate this into clinical practice.

Additionally, counselling psychology is dedicated to translating research findings into effective therapeutic practice. The concept of identity has proved to be a pivotal feature of all of the

narrative accounts presented here and suggests that matters of identity formation and a sense of self are particularly pertinent to fanatical attitudes towards 'healthy' eating. Psychological interventions that attempt to ameliorate ON symptoms need to take these complicated concepts into careful consideration. The delicacy of such issues is illustrated by Zerbe's (2015) assertion that the majority of individuals who receive treatment for an eating disorder are likely to struggle to construct an identity for themselves outside of this remit. However, in more optimistic terms, Dare, Eisler, Russell, Treasure & Dodge (2001) revealed that psychodynamic therapy for AN that enabled the development of a core sense of self reduced symptoms over time.

Considering therapeutic options further, it is important to bear in mind the culturally embedded nature of eating disorders and the endemic body dissatisfaction amongst women, and increasingly among men too. From this perspective, it seems trite to invest heavily in therapeutic interventions that lack the scope to acknowledge this. After all, the fragile self that cleaves to the 'healthy' identity does so on the assumption that it is to be revered. A feminist perspective continues to offer a vital contribution to increasing our understanding of this field. As Orbach (1993) states, feminism allows us to hear the stories of eating disordered women with "different ears" (p.9). Along with Bordo (1999), Pope et al. (2000), Drummond (2002) and Soban (2006), I would also argue that several decades later, it also provides us with an alternative perspective on men's apparent increasing preoccupation with their bodies. By allowing for the incorporation of a sociocultural framework in therapy that includes feminist and social constructionist principles, counselling psychologists have the opportunity to explore 'post-individualistic' philosophies of therapy that encourage more socially transformative means of practice (Vermes, 2017).

Feminist theory allows us to cast a critical eye on medical and mechanistic models of eating disorders and encourages us to query the preponderance of brief symptom focused therapies

that dominate the landscape of psychological treatment (Bordo, 1999). According to cognitive behavioural models, the core psychopathology of eating disorders is presented as the over evaluation of shape and weight (Fairburn, 2003). However, as Bordo (1999) observes, once deconstructed, this psychopathology is revealed as a "widespread cultural disorder" (p.55). Moreover, additional context needs to be given as to how this over evaluation comes into being at the expense of other areas of life. Addressing the deeper conflicts of identity that lie within this over evaluation is required, as suggested by Zerbe (2015). In the case of the present study, it would be helpful for therapeutic interventions that aim to alleviate obsessional attitudes towards 'healthy' eating to account for the revered nature of health-promoting and self-improvement practices in the current climate and consider these in light of using the body as a means of identity construction.

Previous research has shown that society's tendency to view AN and BN as female difficulties creates barriers to correctly diagnosing and signposting men to treatment (Copperman, 2000). The inclusion of male accounts in the current work further indicates the need for more awareness surrounding eating disorders in men. Although the present study is a modest contribution to the slim body of research into ON and attitudes towards 'healthy' eating in the broader sense, I hope that it has been able to provide some valuable insight into the area from a male perspective. Whilst men and women might present with similar eating disorder symptomology, the meaning they attribute to such behaviours within their sociocultural contexts is likely to differ (Soban, 2006). In this respect, it would be helpful for clinicians to hold the expectations and demands of hegemonic masculinity and femininity in mind, as they have the potential to shape individuals' experiences of themselves and contribute to the continuation of stigma.

However, therapeutic work with both men and women who present with ON must delve deeper than the surface symptoms in order to generate lasting change and an improved sense of self. As outlined earlier, Orbach (1993) argues that the fixation on thinness characteristic of AN is in actual fact a tangential concept, as the true function of the illness is to illustrate that starvation is a successful strategy for denying unmet emotional needs. Taking this view into consideration allows for an alternative understanding of the differences and the similarities proposed between AN and ON. If the pursuit of thinness is in many ways peripheral to AN, we can allow ourselves to consider the pursuit of health as equally peripheral to ON. The commonality between them lies in the disavowal of unmet emotional need and the investment in control over the body as a means of protection against vulnerability. Inherent within this, is a social backdrop that supports this strategy. Therefore, the opportunity to form a therapeutic relationship in which these core fears can be explored seems vital to the process of constructing a sense of self that does not hinge on the external attributes of slenderness and perfect health.

Conclusion

Orbach (1993) has linked a preoccupation with food and diet to a fetishisation of the female form. More recently we have witnessed the battle against 'fat' morphing into a desirable aspiration to be 'healthy' (Orbach, 2016). Perhaps over time what we have come to observe is a culture that fetishises all forms, as the body itself becomes a blank canvas for improvement for both men and women. Self-improvement through diet and exercise are laudable concepts in today's cultural sphere and may be particularly appealing prospects for individuals with an already fragile sense of self. A sociocultural environment that supports the notion that good health is equated with moral superiority also needs to be considered. As Ricouer (1981) observes, it is impossible to have 'a view from nowhere'.

The widely accepted idea that health-promoting practices are always a force for good can serve to conceal their potential to have a damaging effect on both physical and psychological wellbeing. Paradoxically, attitudes towards 'healthy' eating may prove to be 'unhealthy'. As outlined previously by Brytek-Matera et al. (2015a), a 'healthy' façade may hide eating disorder symptoms. Psychological interventions that seek to alleviate the distress caused by a fixation on 'healthy' eating must acknowledge the revered nature of the 'healthy' identity and the importance of a sociocultural environment that encourages constant self-surveillance and self-improvement. Lastly, therapeutic interventions for eating disorders would be advised to continue to challenge the preponderance of idealised homogenous body shapes that seem to be closely tied to dominant concepts of the 'healthy' body.

Part Three: Evaluation of the study

Limitations of the current study and suggestions for future research

The aim of the current work was to further understanding into the experience of being preoccupied by 'healthy' eating and to explore the meanings individuals attribute to such an eating attitude through the narratives they construct. A broad approach was taken to the investigation of this topic, in order to avoid taking a pathologising stance that sought to define a particular variant of eating disorder. Instead, 'healthy' eating was employed as a loosely defined term to incorporate the intention of improved physical health and overall wellbeing. The study adopted an expansive analytic method, CNA that allowed for a multi-layered approach to the data, incorporating phenomenology, narrative inquiry and engagement with critical social theory through the inclusion of a hermeneutic of suspicion.

In his comprehensive guide to CNA, Langdridge (2007) warns about the arduous nature of the method, even with a very small numbers of participants. The decision to employ CNA in its entirety as a means of analysis meant that the sample size in the present work was limited to four participants. This was to allow for a richness of exploration and to ensure the idiographic nature of CNA was not lost and the depth of the six-stage analysis could be accommodated. However, this decision also ensured that the findings for from the current study are not generalisable, as is the case in the majority of qualitative research, (Willig, 2012). It was hoped that by providing further insight into this particular experience and opening up alternative perspectives, the findings could generate other possible avenues for inquiry. Furthermore, the findings have the capacity to spark alternate discussions around the topic of ON.

Although the sample size was very small, it was also homogenous in that all participants were white, middle class and relatively young. This helps when alluding to similarities between narratives. Nonetheless, these observations cannot be taken to be representative of all experiences of ON. Moreover, narrative research methods allow for multiple interpretations (Squire, 2013), my contribution to the area being but one. Alternative interpretations may be equally valid. Future research would also benefit from a more diverse sample that allows for further consideration of the impact of the roles of gender, class, ethnicity and sexuality on ON. However, such an investigation was beyond the scope of this work.

It must also be acknowledged that the inclusive attitude towards the topic meant that participants' experience of the phenomenon differed to an extent. Considerable variations existed in terms of ON as an extension of a previous eating disorder, ON experienced in isolation and what might be viewed as tendencies towards ON. Future research might focus on orthorexic presentations in individuals who have not previously received a diagnosis of an eating disorder, in order to establish the prevalence of such a concept outside of the picture of

recovery. Conversely, further research into ON as a mediating pathway on the road to recovery in eating disordered individuals warrants further interest. In light of the findings from the present study, research that has the capacity for follow-up interviews would be welcome. Although ON has been viewed superficially as a step to recovery from AN and BN (Segura-Garcia et al. 2015), it is questionable as to whether these behaviours are also associated with a decrease in psychological distress over time or pose a risk to relapse. A more in-depth exploration into ON in those trying to recover from an eating disorder is required.

Lastly, the research in question raised several issues around constructions of gender and ON. The contribution from a male perspectives in the present work illuminated my own assumptions and also shed light onto how men make sense of their eating attitudes in contrast to women. Although it is not my intention to present a binary understanding of gender, for the purposes of this research, there appeared to be a clear difference between how male and female accounts positioned themselves in relation to their eating attitudes. In order to diminish stigma, more research into the experiences of men with eating disorders is sorely needed, as advocated by Robinson, Mountford and Sperlinger (2012).

Reflexivity

Reflexive engagement has been a defining aspect of this research study. I understood that the method I chose to undertake involved considerable efforts on the part of the researcher in relation to an ongoing process of reflexivity. However, in my naivety as both a qualitative researcher and a novice at CNA, I underestimated the impact this would have on me both personally and professionally. My reflections evolved over the course of the work and at times were a source of anxiety as I grappled with the multitude of questions that arose from a reflexive approach.

Langdridge's (2007) guidelines for encouraging researcher reflexivity were extremely influential and important to me throughout the process of this project (see Appendix H). My understanding of my positioning in the current work oscillated between that of outsider and insider. In some respects, I very much felt to be an insider, in so much as I am of the same demographic as the research participants and find myself situated in a shared sociocultural location with them. I am just as much exposed to the demands of femininity and the ideologies of the 'healthy' body as they are. In conversation with my research supervisor, Dr Courtney Raspin, I reflected on my own experiences of feeling guilty when I eschewed going to an exercise class for watching television or spending time with friends. However, in more ways I am an outsider. Never having experienced an eating disorder, I can only identify with the wider societal pressures to conform to certain standards of physical perfection. In this respect, their narratives informed my understanding of their experiences of disordered eating but I could not share in them.

Langdridge's (2007) approach specifically highlights the need to acknowledge the co-productive nature of psychological knowledge. Undeniably, my professional interest in eating disorders and my experiences working therapeutically with eating disordered individuals had a considerable impact on the knowledge I helped to co-create. In part, this research was inspired by my juxtaposing encounters with clients with very disordered eating attitudes and a strong investment in the idea of being 'healthy'. This led me to repeatedly return to the question of what it means to be 'healthy' and to reflect on the myriad of meanings inherent in this for different people. I was able to consider how as humans we are all susceptible to the social constructions of dominant ideologies in some shape or form. Adopting these often distorted beliefs seems to be a process of social osmosis if left unchallenged. Therefore, experiences and attitudes outside of the realm of those who develop a diagnosable eating disorder become equally important.

As outlined previously, I found one of the most surprising aspects of this research study to be the inclusion of men in the sample. Predominantly, surprise at my own position of naivety and unintentional willingness to fall into the trap of assuming women would be far more likely to identify with my research question than men. Although I had concerns around losing sight of prioritising participant experience with the inclusion of a hermeneutic of suspicion, the additional knowledge I gained from studying feminist perspectives and the impact of constructions of gender on eating disorders has been invaluable to me. Rather than risk distorting the texts, I do believe this has given me the opportunity to apply an alternative perspective on ON that navigates the way for more careful and constructive thinking around the topic.

Ponterotto (2005) has drawn attention to the impact the research process has on the inner world of the researcher. Indeed, this study has helped me to shape by own understanding and approach towards my work as a counselling psychologist working with eating disorders. The interviews carried out enabled me to consider the complexity of eating disorders and the importance of the search for identity. The ongoing struggles of the participants involved in the current work illuminated the benefits of therapeutic approaches that prize the client's subjective experience and understanding of their difficulties for me. Overall, it has contributed considerably to the shaping of my ideas around creating a therapeutic environment in which the client might be able to risk loosening their grip on their eating disordered identity in the search to uncover a more authentic self. Furthermore, a self that might have the confidence to challenge, if not reject entirely, the demands of dominant sociocultural ideologies.

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Appendix A: Recruitment poster

CITY UNIVERSITY LONDON

DO YOU THINK YOU COULD BE

OBSESSED WITH EATING 'CLEAN'?

Do any of the following apply to you?

- **Trying to follow a gluten-free, sugar-free, alkaline, vegan or paleo diet to be healthier**
- **Increasingly pre-occupied with eating *clean* or *pure***
- **Feeling guilty if you eat foods that are not *clean***
- **Restricting or eliminating whole food groups from your diet**
- **Spending disproportionate amounts of time preparing meals**
- **Becoming anxious or distressed when unable to plan and prepare your own food**
- **Finding your social life is impacted by eating this way**
- **If YES, we are looking for volunteers to take part in a study of their eating attitudes and experiences**

If you are interested in taking part, you may be asked to complete a brief questionnaire and answer some screening questions via telephone.

If eligible for the study, you would then be asked to participate in a 1:1 interview with the researcher lasting approximately one hour. This is confidential and anonymous.

This research is undertaken as part of the Professional Doctorate in Counselling Psychology (DPsych)

For more information or to take part, please contact [redacted]

(supervised by Dr Courtney Raspin, [redacted]

This study has been reviewed by, and received ethics clearance through Research Ethics Committee, City University London PSYETH (P/L) 14/15 246.
If you would like to complain about any aspect of the study, please contact the Secretary to the University's Senate Research Ethics Committee on 020 7040 3040 or via email: [redacted]

Appendix B: Information sheet

Participant information Sheet

Title of study: *Exploring 'unhealthy' attitudes to 'healthy eating'.*

We would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

The study is being conducted as part of the Professional Doctorate in Counselling Psychology, (DPsych). This study aims to gain further understanding into how people experience unhealthy attitudes to healthy eating and how they make sense of this within their cultural context.

Why have I been invited?

You have been invited as you have identified with having an unhealthy approach to eating healthily and have responded to an advertisement recruiting participants to the study.

Do I have to take part?

No. Participation in the study is voluntary and you are able to withdraw from the study at any stage. You will not be penalised or disadvantaged in any way for choosing to withdraw. You do not have to answer any questions that you are not comfortable with. If you are currently enrolled as a student at City University, taking part in this research will not affect your grades.

What will happen if I take part?

- You will be invited to an attend a one-on-one interview at your convenience
- You will meet the researcher once.
- The interview will last for approximately one hour.
- The interview will be audio-recorded by the researcher.
- The interviewer will transcribe the interview and analyse the text in detail.
- Interviews will take place at City University, London.

What do I have to do?

You will be required to attend an interview and answer a series of questions posed to you by the researcher.

What are the possible disadvantages and risks of taking part?

The nature of the research means the interviewer will be asking some personal questions, which could cause distress to the participant.

What are the possible benefits of taking part?

The participant has the chance to contribute to the knowledge in this particular field.

What will happen when the research study stops?

Data will be stored securely with no identifiable personal details. If the study is stopped all data will be destroyed.

Will my taking part in the study be kept confidential?

Yes, the data will be transferred from the audio recording device to an iron key which is password protected and kept in a locked cabinet by the researcher. No identifiable personal details will be kept in conjunction with the recorded data, protecting the participant's anonymity.

What will happen to the results of the research study?

The study will be submitted as the researcher's doctoral thesis. The results of the study may be published in an academic journal but the participant's contribution remains anonymous in line with confidentiality.

What will happen if I don't want to carry on with the study?

The participant is free to withdraw from the study without an explanation or penalty at any time.

If you would like to complain about any aspect of the study, City University London has established a complaints procedure via the Secretary to the University's Senate Research Ethics Committee. To complain about the study, you need to phone [redacted]. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is Exploring Unhealthy Attitudes to Healthy Eating.

You could also write to the Secretary at:

[redacted]
Secretary to Senate Research Ethics Committee
Research Office, E214
City University London
Northampton Square
London
EC1V 0HB
Email: [redacted]

Who has reviewed the study?

This study has been approved by City University London Psychology Department Research Ethics Committee, approval number *[*PSYETH (P/L) 14/15 246*]*

Further information and contact details

Researcher: [redacted]

Supervisor: [redacted]

Thank you for taking the time to read this information sheet.

Appendix C: Consent form

1.	• I agree to take part in the above City University London research project. I have had the project explained to me, and I have read the participant information sheet, which I may keep for my records. • I understand this will involve being interviewed by the researcher for approximately one hour and consenting to the interview being audiotaped.	
2.	This information will be held and processed for the following purpose: *As part of the Professional Doctorate in Counselling Psychology* • I understand that any information I provide is confidential and that no information that could lead to the identification of any individual will be disclosed in any reports on the project, or to any other party. • No identifiable personal data will be published. The identifiable data will not be shared with any other organisation. • Please be aware that there are limits to confidentiality if conflict with safeguarding responsibilities should arise, in line with the BPS code of ethics. • In the case of a breach of confidentiality in the interests of safeguarding, participants would be fully informed.	
3.	• I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalized or disadvantaged in any way.	
4.	• I agree to City University London recording and processing this information. • I understand that this information will be used only for the purposes set out in this statement and my consent is conditional on the University complying with its duties and obligations under the Data Protection Act 1998.	

5.	• By singing below, I am agreeing that I am over 18 years of age and consent to participate in this research. Name: …… Signature: …… Date: …… Researcher signature: ……..	

Appendix D: Debrief

DEBRIEF INFORMATION

Thank you for taking part in this study!

Now that it's finished we'd like to explain the rationale behind the work.

Orthorexia Nervosa is a term coined by the American physician Steven Bratman (1997) and translates from the Greek to mean 'correct' or 'righteous' appetite. It signifies an obsession with 'healthy' eating and whilst it is not an official diagnosis, the phenomenon has been reported to be commonly observed in clinical practice. However, there is very little research on this emerging area and the current study aims to investigate the topic further, by exploring people's experiences through interviews, such as the one you have just kindly participated in.

Further help…

If participating in this study has raised concerns for you or has distressed you in any way, please feel free to contact the researcher who will be able to signpost you to further help or contact Beat, the eating disorder charity, for more resources.

[redacted]

www.b-eat.co.uk

Helpline: 0345 636 1414

We hope you found the study interesting. If you have any other questions please do not hesitate to contact us here:

[redacted]

[redacted]

Ethics approval code: *[*PSYETH (P/L) 14/15 246*]*

Appendix E: Narrative interview guide

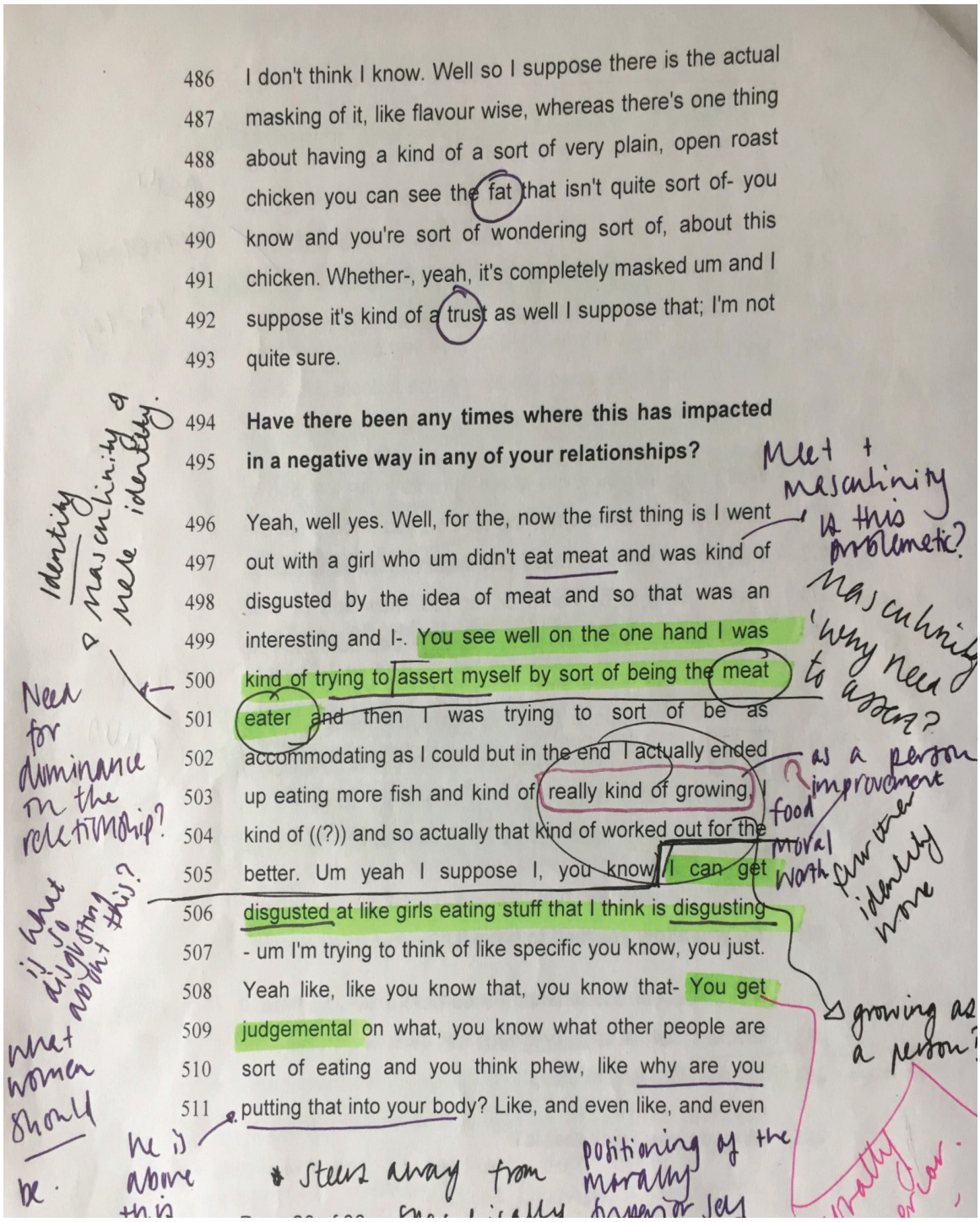
Introduction to narrative interview

I am interested in your approach to healthy eating and what this means to you. In particular, I am interested in how you developed an interest in healthy eating and your experiences of eating in such a way. There are a few topics I would like to explore with you, however, I would like you to feel that you can talk freely about all areas of your experience. There are no right or wrong answers to the questions and the interview is a semi-structured format, allowing us to have flexibility as the interview progresses. I would like to hear your personal version of events and accounts of your experiences as they happened to you.

Narrative interview prompts

- Can you begin by telling me initially how your interest in healthy eating began?
- How did this interest develop further for you?
- Could you tell me about what has influenced your way of eating?
- How did you feel when you began to eat this way?
- How would you describe your diet at that time- what did it consist of…?
- Are there any rules you have around eating- can you tell me about them?
- Can you tell me about a time you broke a rule?
- How does eating in this way impact your life?
- Can you tell me about a time when your diet might have impacted on other people, for example family and friends?
- Can you describe to me how others reacted to this?
- Can you tell me about a time when following this diet was particularly hard or easy?
- Are there any other important memories that stand out?

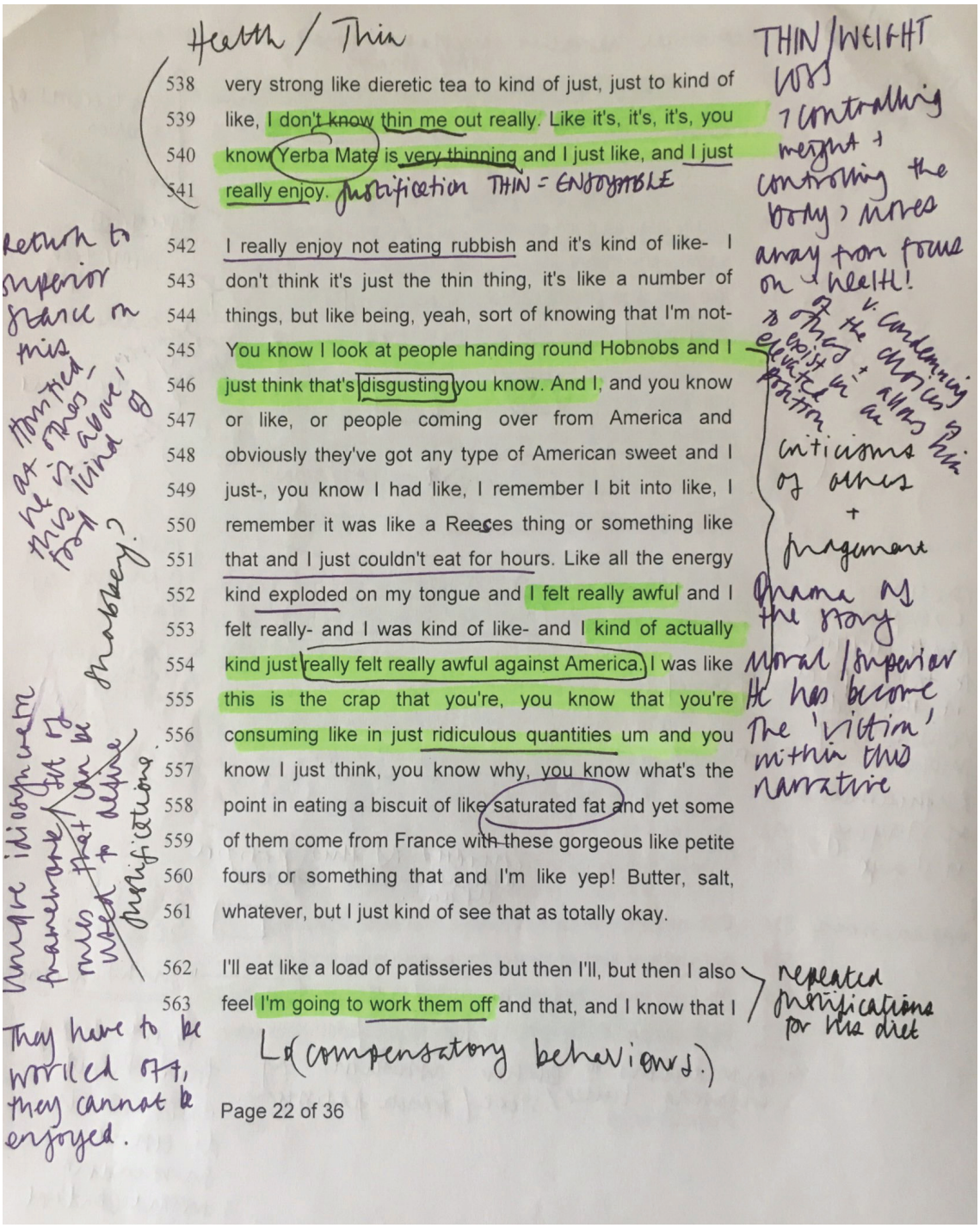
Appendix F: Excerpt from James' narrative transcript



I don't think I know. Well so I suppose there is the actual masking of it, like flavour wise, whereas there's one thing about having a kind of a sort of very plain, open roast chicken you can see the fat that isn't quite sort of- you know and you're sort of wondering sort of, about this chicken. Whether-, yeah, it's completely masked um and I suppose it's kind of a trust as well I suppose that; I'm not quite sure.

Have there been any times where this has impacted in a negative way in any of your relationships?

Yeah, well yes. Well, for the, now the first thing is I went out with a girl who um didn't eat meat and was kind of disgusted by the idea of meat and so that was an interesting and I-. You see well on the one hand I was kind of trying to assert myself by sort of being the meat eater and then I was trying to sort of be as accommodating as I could but in the end I actually ended up eating more fish and kind of really kind of growing, I kind of ((?)) and so actually that kind of worked out for the better. Um yeah I suppose I, you know, I can get disgusted at like girls eating stuff that I think is disgusting - um I'm trying to think of like specific you know, you just. Yeah like, like you know that, you know that- You get judgemental on what, you know what other people are sort of eating and you think phew, like why are you putting that into your body? Like, and even like, and even



Health / Thin

538 very strong like dieretic tea to kind of just, just to kind of
539 like, I don't know thin me out really. Like it's, it's, it's, you
540 know Yerba Mate is very thinning and I just like, and I just
541 really enjoy. justification THIN = ENJOYABLE

542 I really enjoy not eating rubbish and it's kind of like- I
543 don't think it's just the thin thing, it's like a number of
544 things, but like being, yeah, sort of knowing that I'm not-
545 You know I look at people handing round Hobnobs and I
546 just think that's disgusting you know. And I, and you know
547 or like, or people coming over from America and
548 obviously they've got any type of American sweet and I
549 just-, you know I had like, I remember I bit into like, I
550 remember it was like a Reeses thing or something like
551 that and I just couldn't eat for hours. Like all the energy
552 kind exploded on my tongue and I felt really awful and I
553 felt really- and I was kind of like- and I kind of actually
554 kind just really felt really awful against America. I was like
555 this is the crap that you're, you know that you're
556 consuming like in just ridiculous quantities um and you
557 know I just think, you know why, you know what's the
558 point in eating a biscuit of like saturated fat and yet some
559 of them come from France with these gorgeous like petite
560 fours or something that and I'm like yep! Butter, salt,
561 whatever, but I just kind of see that as totally okay.

562 I'll eat like a load of patisseries but then I'll, but then I also
563 feel I'm going to work them off and that, and I know that I

Ld (compensatory behaviours)

THIN/WEIGHT USED TO CONTROL weight + controlling the body > moves away from focus on health!

v. condemning of others choices

criticisms of others + judgement

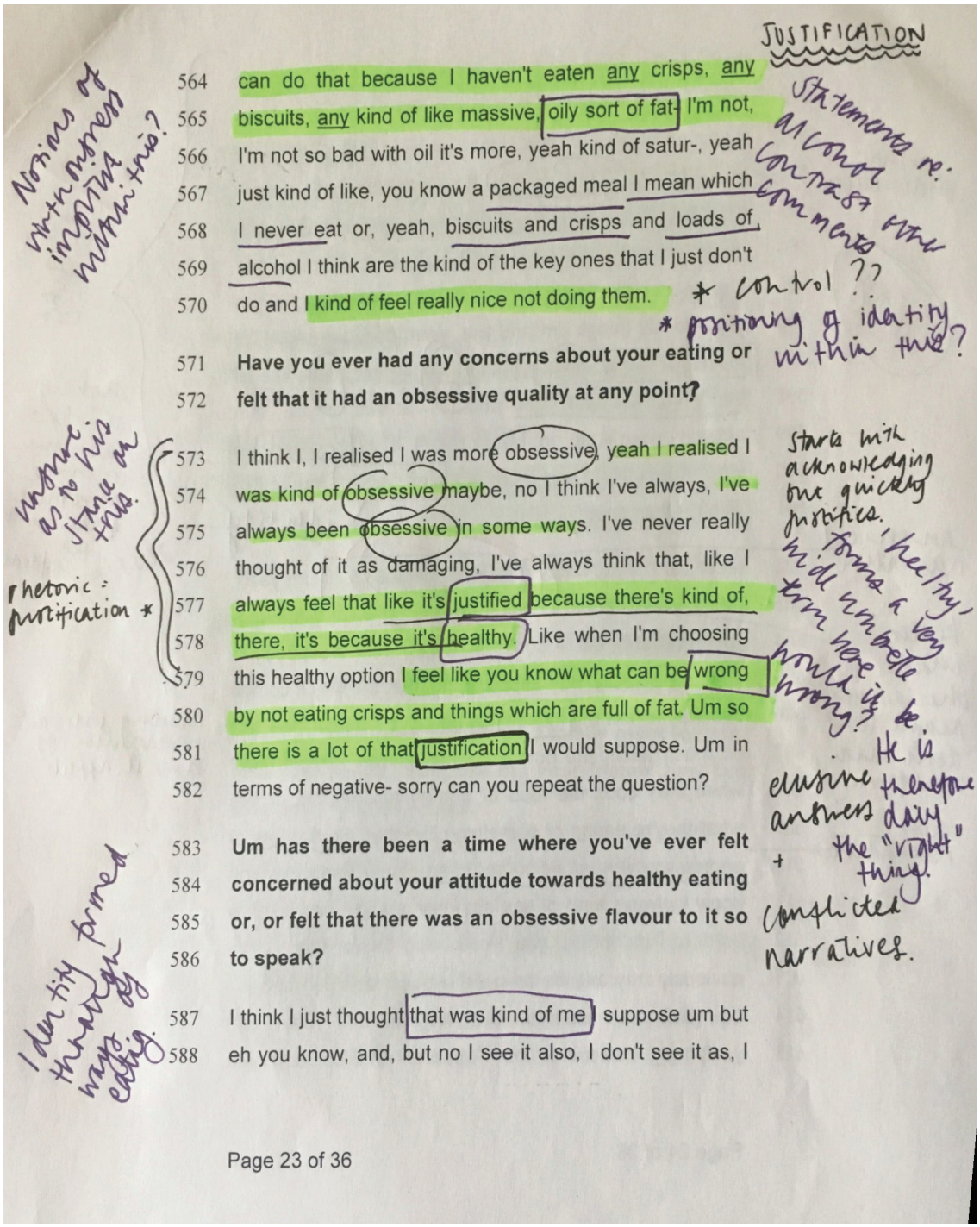
drama of the story

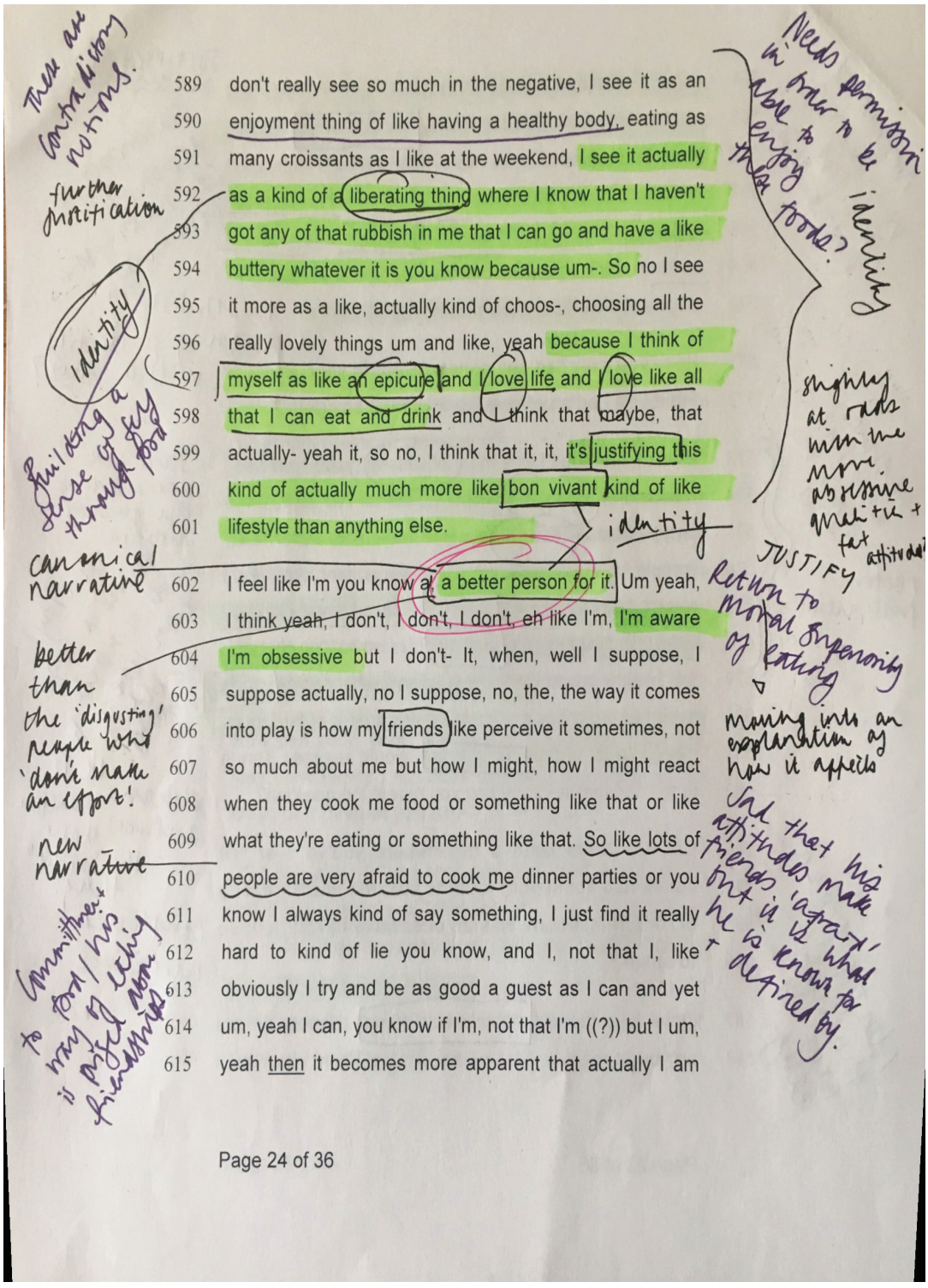
moral/superior He has become the 'victim' within this narrative

return to superior stance on this

repeated justifications for this diet

They have to be worked off, they cannot be enjoyed.


JUSTIFICATION
can do that because I haven't eaten any crisps, any
biscuits, any kind of like massive, oily sort of fat- I'm not,
I'm not so bad with oil it's more, yeah kind of satur-, yeah
just kind of like, you know a packaged meal I mean which
I never eat or, yeah, biscuits and crisps and loads of
alcohol I think are the kind of the key ones that I just don't
do and I kind of feel really nice not doing them.
Have you ever had any concerns about your eating or
felt that it had an obsessive quality at any point?
I think I, I realised I was more obsessive, yeah I realised I
was kind of obsessive maybe, no I think I've always, I've
always been obsessive in some ways. I've never really
thought of it as damaging, I've always think that, like I
always feel that like it's justified because there's kind of,
there, it's because it's healthy. Like when I'm choosing
this healthy option I feel like you know what can be wrong
by not eating crisps and things which are full of fat. Um so
there is a lot of that justification I would suppose. Um in
terms of negative- sorry can you repeat the question?
Um has there been a time where you've ever felt
concerned about your attitude towards healthy eating
or, or felt that there was an obsessive flavour to it so
to speak?
I think I just thought that was kind of me I suppose um but
eh you know, and, but no I see it also, I don't see it as, I
Page 23 of 36


589 don't really see so much in the negative, I see it as an
590 enjoyment thing of like having a healthy body, eating as
591 many croissants as I like at the weekend, I see it actually
592 as a kind of a liberating thing where I know that I haven't
593 got any of that rubbish in me that I can go and have a like
594 buttery whatever it is you know because um-. So no I see
595 it more as a like, actually kind of choos-, choosing all the
596 really lovely things um and like, yeah because I think of
597 myself as like an epicure and I love life and I love like all
598 that I can eat and drink and I think that maybe, that
599 actually- yeah it, so no, I think that it, it, it's justifying this
600 kind of actually much more like bon vivant kind of like
601 lifestyle than anything else.
602 I feel like I'm you know a, a better person for it. Um yeah,
603 I think yeah, I don't, I don't, I don't, eh like I'm, I'm aware
604 I'm obsessive but I don't- It, when, well I suppose, I
605 suppose actually, no I suppose, no, the, the way it comes
606 into play is how my friends like perceive it sometimes, not
607 so much about me but how I might, how I might react
608 when they cook me food or something like that or like
609 what they're eating or something like that. So like lots of
610 people are very afraid to cook me dinner parties or you
611 know I always kind of say something, I just find it really
612 hard to kind of lie you know, and I, not that I, like
613 obviously I try and be as good a guest as I can and yet
614 um, yeah I can, you know if I'm, not that I'm ((?)) but I um,
615 yeah then it becomes more apparent that actually I am
Page 24 of 36
identity
identity
JUSTIFY

Appendix G: Male narrative table of themes

Naughty/Cheat	**Staying in Shape**	**Obsession**	**Media**
whatever naughty thing I did	kids my age can eat whatever they want and stay in shape	it starts to dictate and become an obsession	I think the biggest problem we have nowadays in terms of this whole healthy eating and exercise is the media
cheat food	I was very much concerned about staying in shape	at university I was way too obsessed with organic stuff and I kind of looked much more down on other bit,	you look at buses and you see guys looking incredible
I can have that because I will work it off	I remember the point where I realized…you know, I need to maybe get in shape	I just got obsessed with it	I'm a big fan of like instagram and everything like that…I'm seeing all these fitness models and all these inspirational quotes and the food they eat and the amount of exercise they do
	Being in shape was something I could have over my friends who were really successful at some things.	I'm quite obsessed with being thin	like on instagram, on instagram the people, like social media is a killer
	I did loads of pilates & my body did change a lot		twitter, facebook, instagram, you realise how much of a lie it is really
	I'll eat like a load of patisseries but then I'll, but then I also feel I'm going to work them off		the media portray it that way
			I'm not like a really mean person, I just kind of got obsessed with it, like that it is you know sort bent by

			the media and you know

Extremes	**Parents**	**Friends**	**Youth**
So I would literally take it to extremes	and they're thinking do we want to tell his parents? Is it serious enough yet to make it a thing?	like my friends we would all be out at you know a restaurant obviously all my mates would be ordering burgers and chips whatever…and I would just be going for salad with literally nothing in it	I'm a big fan of clubbing I love going out and having fun, drinking and all of that…being a young person, b
I would always take things to the extreme…I…I think I'm an extreme person. Definitely an extreme personality so, you know, if, I start doing something I will, I will really pursue it and go for it.		My social, I mean I'm a very very social person, I'm not, I don't want to be that but I have a lot of friends,	You're, you, you're just 19/20 years old go out and have fun kind of thing.
until you're literally fainting in the gym		god, don't be boring	I was you know becoming a young man and I was sort of playing sports and I kind of saw the two in hand of like alcohol and meat actually, this kind of like boozing and also eating lots of meat.
you're body is screaming stop, stop, like you're killing yourself, but your head is just like come on…come on…keep going.		my friends are afraid to cook for me	

Appearance / Fitness	**Shame/Hiding**	**Being Different**	**Calories**
I don't want to look back and think god, I spent the last ten years caring what my abs look like kind of thing	it's very difficult to hide something like that because you know, you don't, you don't want everyone to view you as that.	They just, they got used to that. It was just oh he's got his food it's fine.	that's got too many calories in it
the whole fitness thing was just, how do you look?	you're obviously not going to tell him, oh I have an eating disorder, did you know? You hide these things.	my friends are afraid to cook for me	I was never a calories person
oh my god I look good, right ok let's do ten minutes more running	They should be ashamed of themselves	It's just me	
I'm obsessed with being thin		I think of myself as like an epicure	
I got very lean, I didn't want to lose that			
Indulgence	**Guilt**	**Sugar**	**Carbs**
you might indulge, you might go mad	I'd feel like I had committed a crime in the morning! I would wake up and I'd be like man…that was an awful thing I did last night. B	Sugary. Anything that literally had like more than two grams of sugar in it. It was like, oh my god, that's full of sugar (whispered) And it's not, you know, fruit is natural sugar. Fruit is good for you. That's the difference, you don't	Carbs equal fat. Carbs you will get fat. The conventional hit the gym, if you want to lose weight cut out carbs. I was like, cool. Rule number one

		even look at food as nutritional values. You don't think it's great. Great multivitamins. Great..you know, nutritionally fruit is really good for you. I'd just think of it as, it's got sugar in it. Can't go near than, man. Can't go near it. Don't touch that.	
I would bloat myself out because I was so hungry, you can't stop. You cannot stop.		The same with alcohol, it's like, look the reason-, you know it's like that was so kind of you know full of carbohydrates and sugar	it's like that was so kind of you know full of carbohydrates and sugar and you kind of think why are you-?
I'll eat croissants all weekend		why are you eating sugar if you're trying to lose weight? You know, why are you eating sweets, why are you having a single sweet if like, you've-, you know you're going to the gym and, and you're trying all of this?	don't eat bagels because they like, you know they just make you fat!

Food as fuel	**Obesity**	**Deserving**
I've realized that my body needs these things, it's not about wanting, it's like, your body really needs it. You need these proteins, you need these carbs, you need these fats. You need them, to kind of, enjoy life really.	don't eat bagels because they like, you know they just make you fat	Some moments I'm like…you've trained hard, you've eaten well recently, all that sort of thing.
I use food as petrol	I did realise that I was horrendously fattist	I can have that because I will work it off

I need to feed like, you know, you know that's my petrol basically	for some obese people I actually feel quite disgusted by them.	
	I don't sort of hate fat people anymore I just feel a bit sorry for them now.	
	they can't enjoy like…life	
	If I hear McDonalds I envision a fat guy	
	Carbs equal fat, you will get fat	

Appendix H: Reflexivity interview, Langdridge (2007).

Below are a series of questions that a researcher might wish to reflect on in the context of a research project taking reflexive issues seriously:

1) Why am I carrying out this study?
2) What do I hope to achieve with this research?
3) What is my relationship to the topic being investigated? Am I an outsider or an insider? Do I empathise with the participants and their experience?
4) Who am I, and how might I influence the research I am conducting in terms of age, sex, class, ethnicity, sexuality, disability and any other relevant cultural, political or social factors?
5) How do I feel about the work? Are there external pressures influencing the work?
6) How will my subject position influence the analysis?
7) How might the outside world influence the presentation of the findings?
8) How might the findings impact on the participants? Might they lead to harm and, if so, how can I justify this happening?
9) How might the findings impact on the discipline and my career in it? Might they lead to personal problems, and how am I prepared am I to deal with these should they arise?
10) How might the findings impact on wider understandings of the topic? How might your colleagues respond to the research? Does the research have any implications for future funding (of similar research and/or related organisations? What political implications might arise as a result of the research?

From: Langdridge, D. (2007). Phenomenological psychology: Theory, research and method (p.59). Harlow, Essex: Pearson Education.

Section B: The Publishable Paper

Journal article for submission

This article is intended for submission to the European Eating Disorders Review, edited by Professor Fernando Fernandez-Aranda. It has an impact factor of 2.912. The publication has one of the largest reaches of academic journals dedicated to the eating disorders. Additionally, the European Eating Disorders Review is the affiliated professional publication for the eating disorder charity, Beat. The journal is committed to advancing treatment and best practice in the field of eating disorders. Beat also kindly aided the recruitment process of the current study. As such, it seemed fitting to select their journal as the preferred avenue for publication. The guidelines for publication can be located in the appendix to the article.

Narrative Explorations of Experiences of Orthorexia Nervosa

Joanna Harvey & Courtney Raspin

Research Location:

City University

Department of Psychology

Northampton Square

London

ECIV 0HB

Correspondence

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Email: [redacted]

Tel: [redacted]

Appendix A: Submission guidelines for the European Eating Disorders Review

Author Guidelines

Manuscript Submission

European Eating Disorders Review has now adopted ScholarOne Manuscripts, for online manuscript submission and peer review. The new system brings with it a whole host of benefits including:

- Quick and easy submission
- Administration centralised and reduced
- Significant decrease in peer review times

From now on all submissions to the journal must be submitted online at http://mc.manuscriptcentral.com/erv. Full instructions and support are available on the site and a user ID and password can be obtained on the first visit. If you require assistance then click the Get Help Now link which appears at the top right of every ScholarOne Manuscripts page. If you cannot submit online, please contact Maurine Balansag in the Editorial Office (EEDRedoffice@wiley.com).

Illustrations must be submitted in electronic format. Save each figure as a separate file, in **TIFF** or **EPS** format preferably, and include the source file. We favour dedicated illustration packages over tools such as Excel or Powerpoint. Grey shading (tints) are not acceptable. Lettering must be of a reasonable size that would still be clearly legible upon reduction, and consistent within each figure and set of figures. Supply artwork at the intended size for printing. The artwork must be sized to the text width of 7 cm (single column) or 15 cm (double column).

Manuscript style. All submissions, including book reviews, should be double-spaced and clearly legible.

The first page should contain the **title** of the paper, full names of all authors, the address where the work was carried out, and the full postal address including telephone, fax number and email to whom correspondence and proofs should be sent. The name(s) of any **sponsor(s)** of the research contained in the paper, along with **grant number(s)** should also be included.

The second sheet should contain an **abstract** of up to 150 words. An abstract is a concise summary of the whole paper, not just the conclusions, and is understandable without reference to the rest of the paper. It should contain no citation to other published work. Include up to five **keywords** that describe your paper for indexing purposes.

- **Research articles** reporting new research of relevance as set out in the aims and scope

should not normally exceed 6000 words with no more than five tables or illustrations. They should conform to the conventional layout: title page, summary, introduction, materials and methods, results, discussion, acknowledgements and references. Each of these elements should start on a new page. Authors may not find it necessary to use all of these subdivisions, and they are listed here only as a guide.

- **Review articles** should offer a synthesis of current knowledge in a field where rapid or significant progress has been made. The text should ideally not exceed 7000 words, 50 references and 5 figures or tables.
- **Brief reports** should concisely present the essential findings of the author's work and be compromised of the following sections: Abstract, Introduction and Aims, Method, Results, Discussion, and References. Tables and/or figures should be kept to a minimum, in number and size, and only deal with key findings. In some cases authors may be asked to prepare a version of the manuscript with extra material to be included in the online version of the review (as supplementary files). Submissions in this category should not normally exceed 2500 words in length.
-
- Brief reports bring with them a whole host of benefits including: quick and easy submission, administration centralised and reduced and significant decrease in peer review times, first publication priority (this type of manuscript will be published in the next available issue of the journal).
- **Case Reports** The journal does not accept case reports for publication. Authors of case reports are encouraged to submit to the Wiley Open Access journal, Clinical Case Reports www.clinicalcasesjournal.com which aims to directly improve health outcomes by identifying and disseminating examples of best clinical practice.

Reference style . The APA system of citing sources indicates the author's last name and the date, in parentheses, within the text of the paper.

Section C: The Case Study

Working with Valued Aspects of Anorexia Nervosa

The Professional Practice Component of this thesis has been removed for confidentiality purposes.

It can be consulted by Psychology researchers on application at the Library of City, University of London.

Appendix A: Cognitive-Interpersonal Formulation

Early Experiences and Predisposing Factors

- Busy, chaotic family, tendency to be overlooked
- Mum was often pre-occupied, felt I had to fight for attention
- Anxious and confused when older siblings and Dad left the family home aged 6
- Horrified when suddenly vomited on the carpet of a friend's house aged 6
- Always quite a shy and timid person
- Sisters always appeared more confident, liked being looked after by them

Core Beliefs

- I am weak, powerless and vulnerable
- I am not good enough

Attitudes, Rules and Assumptions

General

- I must stay in control, if not, I will be more vulnerable
- I'm not able to cope like other people
- If I am not different to others, I will be forgotten and overlooked

Anorexia Specific

- If I can control my eating, I am less weak
- If I restrict my eating, I can stay in control of my body and feel safe
- Being able to stick to a rigid diet proves I am good at something

Triggers: why anorexia?

Restricting my eating helped me to control my fear of vomiting, eating differently and staying a small size made me feel cared for and special

Functions of my anorexia and beliefs about it

Intrapersonal (within me)

- Keeps me safe
- Keeps me in control
- Stops me from vomiting as I eat little and stick to the same thing
- I feel powerful because not everybody can stick to a strict diet, even though they would like to

Interpersonal (with others)

- Care: my family treat me as special and are always worrying about me and looking out for me
- People don't expect as much from me, they see me as doll like and younger than my years
- Other people might be envious of my slim frame, they always complain how they can't stick to a diet but I can

Other factors that maintain my anorexia

- Effects of starvation, feeling bloated, full and sick after eating
- Feeling anxious and nauseous before eating

Behaviours

- Restrict eating, stick to safe foods in snack form
- Eat separately to my family
- Hide feelings from others